

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

Understanding Domestic Violence

Definitions, Scope, Impact & Response



The Annie E. Casey Foundation

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Understanding Domestic Violence is the first in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ ***Understanding Domestic Violence: Definitions, Scope, Impact and Response***
- ◆ Building Effective Partnerships with Domestic Violence Programs
- ◆ Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- ◆ Screening and Assessment for Domestic Violence: Attending to Safety and Culture
- ◆ After Disclosure: Responding to Domestic Violence

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Understanding Domestic Violence

Healthy marriage and relationship (HMR) programs funded by the federal government are required to consult with local domestic violence programs and all, regardless of funding source, have been encouraged to think carefully about how domestic violence issues will be identified and addressed within these programs. This Guide, the first of five that comprise a Resource Packet designed for relationship and marriage educators and program administrators, provides a working definition of domestic violence and an introduction to the network of domestic violence services that has been built in the United States over the last 30 years. An overview of key research findings related to the scope of domestic violence and its impact on adults, teens and children is also included. As in any field, domestic violence advocates and researchers are engaged in clarifying and refining basic definitions and terms to reflect emerging concerns, new realities, and increasingly diverse communities, and these will be identified here as well. A list of key domestic violence resources appears at the end of the Guide.

What is domestic violence?

It is sometimes confusing for healthy marriage and relationship practitioners to sort through the broad range of terms use to describe violence and abuse within intimate relationships. Domestic or family violence, battering, spouse abuse, intimate partner violence, and intimate terrorism are all in common use, sometimes interchangeably but often ascribed different meanings. Some of these terms are defined in federal and state statutes, which of course vary across jurisdiction; others are more commonly used in research settings or within the social service field, with varying degrees of precision as to the types of behaviors or characteristics they encompass.

Domestic violence, the term we'll use here, is most usefully understood as a pattern of abusive behaviors – including physical, sexual, and psychological attacks as well as economic coercion – that adults and adolescents use against an intimate partner. It is characterized by one partner's need to control the other, and the intentional and instrumental use of a range of tactics to secure and maintain that control.¹ Domestic violence includes behaviors that frighten, terrorize, manipulate, hurt, humiliate, blame, often injure, and sometime kill a current or former

intimate partner. This is the type of intimate violence most often reported to authorities, and domestic violence victims are more likely to seek social and health services as well as legal protections. Domestic violence, defined in this way, is highly gendered, nearly always perpetrated by a man against his female partner.

Some scholars have distinguished domestic violence from what has been termed “situational couple violence”² and what lay people might refer to as “fights that get out of control.” This is when a disagreement between a couple turns into an angry, nasty, two-way argument that then can escalate into physical violence – e.g. hitting, shoving, biting or worse. Or when intimate partners use violence against each other to express anger, disapproval, or to reach an objective, such as stopping a partner from drinking or being unfaithful. Situational couple violence, based on the research of Johnson and others, is as likely to be perpetrated by women as men, although women are more likely to sustain injury.³ In situational couple violence, one or both partners appear to have poor ability to manage their conflicts and/or poor control of their anger.⁴ These fights often involve the use of verbal abuse – cursing, yelling, and name-calling – and can involve high levels of jealousy, including accusations of infidelity. However, the violence and emotional abuse of situational couple violence are not accompanied by a chronic pattern of controlling, intimidating, or stalking behaviors and fear of one’s partner is typically absent.⁵

As should be obvious to all readers, both what is labeled situational couple violence and domestic violence are problematic and have no place in healthy relationships. However the latter is far more likely to result in injury or death and raises the most serious concerns about participation in relationship and marriage education programs.

Those providing HMR education should never underestimate the potential seriousness of all forms of abuse and violence between intimate partners. While situational couple violence appears less likely to escalate over time than violence characterized by coercive control, and sometimes stops altogether on its own or with intervention, some couples have a recurring pattern of such violence that is extremely dangerous.⁶ Intimate partner violence should never be viewed as a natural consequence of conflict. Most people respond to interpersonal conflict in non-violent and non-abusive ways. In contrast, partners who batter a partner use violence and abuse to resolve relationship conflicts and maintain control. They tend to be carriers of this behavior from one relationship to the next. These distinctions, always critical, have taken on particular significance in the context of relationship and marriage education.



A key challenge for those working in the relationship and marriage education field is to understand how to recognize and respond to domestic violence and also, whenever possible, work to prevent it. (For a fuller discussion, see *Building Bridges Between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs: A Preliminary Guide*, found at www.clasp.org.)

What does the data tell us?

Experts in the field acknowledge that violence between intimate partners is virtually impossible to capture with absolute precision, although published statistics are unquestionably alarming. The prevalence and incidence of abuse between intimate partners is difficult to measure as it often occurs in private and victims are reluctant to disclose such abuse to anyone because of shame or fear of reprisal. Most intimate partner victimizations are not reported to the police. In one study, only one-fifth of all rapes, only one quarter of all physical assaults, and only one-half of all stalking perpetrated against female respondents by intimates were reported to the police.⁷ In addition to the social stigma that inhibits victims from disclosing their abuse, varying definitions of abuse used from study to study make measurement challenging.

How big is the problem and who does it affect?

To further understanding of intimate partner violence, sexual assault, and stalking, the National Institute of Justice and the Centers for Disease Control and Prevention jointly sponsored the National Violence Against Women Survey (NVAWS). This national survey was conducted from November 1995 to May 1996, involved a sample of 8,000 women and 8,000 men, and collected data on women's and men's experiences with violent victimization. Key findings from the NVAWS include:⁸

- ◆ Women experience more intimate partner violence than do men: 22% of surveyed women, compared with 7.4% of surveyed men, reported that they were physically assaulted by a current or former spouse, cohabiting partner, boyfriend or girlfriend, or date in their lifetime; 1.3% of surveyed women and 0.9 % of surveyed men reported experiencing such violence in the previous 12 months. In this study, physical assault was defined as “behaviors that threaten, attempt, or actually inflict physical harm. The definition includes a wide range of behaviors, from slapping, pushing and shoving, to using a gun.”
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- ◆ An estimated 1.3 million women are victims of physical assault by an intimate partner each year, and an estimated 4.5 million intimate partner violence physical assaults occur annually.
- ◆ Nearly 25% of women have been raped and/or physically assaulted by an intimate partner at some point in their lives, and more than 40% of the women who experience partner rapes and physical assaults sustain a physical injury.
- ◆ Approximately 1 million women and 371,000 men are stalked annually in the United States, and 87% of stalkers are men. Over 80% of women stalked by a current or former intimate partner are also physically assaulted by that partner.

The National Domestic Violence Hotline, has received over 1.8 million calls for assistance since February 1996, when it opened its phone lines. The Hotline currently averages over 17,000 calls a month, and even that number spikes when there is a highly publicized domestic homicide or trial or following a public awareness campaign providing information about the Hotline.

What else should HRM educators understand about domestic violence?

- ◆ Domestic violence in all its forms, including sexual assault and homicide, occurs across all relationship structures – dating, cohabiting, and marital relationships, with the highest rates between separated and divorced couples.⁹ False allegations of domestic violence occur infrequently, and there is significant *underreporting* of domestic violence.¹⁰
- ◆ Domestic violence occurs in all racial and ethnic groups, although reported rates vary significantly. Asian/Pacific Islander women and men tend to report lower rates of intimate partner violence than do women and men from other racial and ethnic backgrounds, and African-American and American Indian/Alaska Native women and men report higher rates. These variations in reported rates, which diminish when other socio-demographic and relationship variables are controlled, may reflect differences in respondent's willingness to disclose intimate partner violence as well as social, demographic, and environmental factors.¹¹
- ◆ For women of color, high rates of poverty, poor education, limited job resources, language barriers, and fear of deportation increase their difficulty finding help and support services.¹²
- ◆ Each year over 300,000 pregnant women in the U.S. are battered by the men in their lives, often the father of their child.¹³
- ◆ Compared to a man, a woman is far more likely to be killed by her spouse, an intimate acquaintance, or a family member than by a stranger. In 2005, more than 12 times as many females were murdered by a male they knew (1,574 victims) than were killed by male strangers (129 victims) in single victim/single offender incidents in 2005. Of victims who knew their offenders, 62 percent (976 out of 1,574) were wives, common-law wives, ex-wives, or girlfriends of the offenders.¹⁴

- ◆ Victims in violent relationships often have trouble gaining access to services, taking part in public life, and receiving emotional support from friends and relatives.¹⁵
- ◆ The cost of intimate partner violence against women in the United States in 1995, including all types of services estimated and all types of victimizations, totaled \$5.8 billion. Updating these estimates to 2003 dollars, costs would be over \$8.3 billion. This includes \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives.¹⁶

How does domestic violence impact children?

- ◆ Slightly more than half of female victims of intimate violence live in households with children under age 12.¹⁷ Conservatively, at least 10% to 20% of children are estimated to be exposed to intimate partner violence yearly, with as many as one third exposed at some point during childhood or adolescence (3.3 million to 17.8 million youth).¹⁸
- ◆ Absent intervention and support, many of these children are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem. They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.¹⁹
- ◆ However, many children appear to survive such exposure and show no greater problems than non-exposed children. The resilience literature suggests that as assets in the child's environment increase, problems he or she experiences may actually decrease. Protective adults, including the child's mother, relatives, neighbors and teachers, older siblings, and friends may all play protective roles in a child's life, as does the child's larger social environment (extended family, church, sports, social clubs) if it acts to provide support or aid to the child during stressful times.²⁰

A primary target of federally supported marriage promotion efforts is single mothers living in poverty. We know from research and experience that poverty and domestic violence are interwoven. Significant numbers of low-income women are battered, and the violence they experience often makes the climb out of poverty impossible. Poverty, in turn, makes it more difficult to end domestic violence and heal from its affects. Many domestic violence victims use welfare and child support as the economic bridge out of a violent relationship – as many as 30% of women receiving welfare report abuse in a current relationship.²¹

Domestic and sexual violence, as children and/or as adults, is not a theoretical possibility here, but a reality for too many impoverished women, and particularly those targeted by federally-funded healthy marriage initiatives. Recent research by Edin and Kefalas²² and Cherlin, Burton et al.²³ sheds new light on this reality and suggests that there may be even more direct – and complex – relationships between the victimization of girls and women and their relationship decisions.

What about violence in teen dating relationships?

- ◆ Twenty-five percent of eighth and ninth graders in one study indicated that they had been victims of dating violence, including eight percent who disclosed being sexually abused²⁴ In another study, among female students between the ages of 15 and 20 who reported at least one violent act during a dating relationship, 24 percent reported experiencing extremely violent incidents such as rape or the use of weapons against them.²⁵
- ◆ In a study of 724 adolescents between the ages of 12 – 18, one in every eight pregnant girls reported having been physically assaulted by the father of their baby during the preceding 12 months. Of these, 40 percent also reported experiencing violence at the hands of a family member or relative.²⁶

Taken individually or as a whole, these data reflect the scope and impact of intimate partner violence in the U.S. and underscore the importance of those working with families and children to understand its impact and support intervention and prevention efforts.

Building the advocacy and services network

Services for battered women, their children, and other abuse victims are a critical component of a community's response to domestic violence. Over the last three decades, a sea change has occurred in the public's recognition of domestic violence as a serious societal issue. In the 1970s and early 1980s, grassroots activists identified three urgent tasks: securing shelter and support services for abused women and their children; enhancing protections and safety, often by improving laws and the police and court response to domestic violence; and changing

community attitudes and responses. These advocates organized the first shelters and safe homes for battered women and their children, and worked hard to put basic legal protections in place, train police and health care providers, and increase public awareness.

In 1981, Congress established the Family Violence Prevention and Services (FVPSA) Program, the first federal funding stream to provide much needed financial support for core services throughout the country. In 2007, FVPSA provided approximately \$100 million to over 1,500 community-based domestic violence programs through formula grants to States and Tribes. Many community-based domestic violence programs also receive support from the federal Victims of Crime Act (VOCA) program, and from state and local sources. The Violence Against Women Act (VAWA), passed in 1994, was the first federal legislation to acknowledge domestic violence and sexual assault as crimes and continues to provide federal resources to encourage coordinated approaches to combating intimate violence.

Community-based domestic violence programs typically provide 24-hour crisis hotlines, individual and group counseling, support groups for victims and their children, legal and medical advocacy programs, and a full range of children's services. Over 1,200 of the 2,000 domestic violence programs in the U.S. also have shelter facilities providing emergency shelter to family members not safe in their own homes. These programs guide abuse victims to protection and service options available under domestic violence laws. They also help victims develop safety plans for themselves and their children. Practitioners working with families and couples can provide vital support by helping victims to safely access these resources.

Expanding the Network

In addition to local direct service programs, State, Tribal, and Territorial coalitions have been also established; comprehensive training and technical assistance networks have been developed; and collaborative efforts to enhance health care, criminal justice, social services, and community responses to domestic violence have been initiated. These programs and services are funded through many different state, federal, and private foundation funding sources.

In September 2007, 1,346 out of these 2,000 domestic violence programs participated in the second National Census of Domestic Violence Services (NCDVS), conducted by the National Network to End Domestic Violence. This Census collected an unduplicated, non-invasive count of adults and children who received services from local domestic violence programs during the

24-hour survey period. Since approximately 69% of local domestic violence programs in the U.S. participated, this Census provides a powerful glimpse but remains an undercount of the actual number of victims reaching out for services on this day.

During the survey period, 53,204 adults and children requested and received services from the 1,346 local domestic violence programs that were able to participate in the Census. Participating programs reported that over 7,707 requests for services from adults and children went unmet because the programs did not have the resources to fully respond – e.g., not enough emergency shelter beds to accommodate the person calling in, or no advocate to accompany someone to court or to the hospital. On the survey day, participating programs answered over 20,500 hotline calls from victims and their loved ones, and provided education sessions to almost 30,000 members of the community. (A copy of the *2007 National Census of Domestic Violence Services* can be found at www.nnedv.org.)

Domestic violence services: Key issues to consider

Since many HMR programs may be unfamiliar with the nature and scope of the services provided by domestic violence programs, this section of *Understanding Domestic Violence* identifies key issues that are important to domestic violence victims, some of which are explored in more detail in other Guides that are part of this Resource Packet. This section also provides a more detailed description of the community-based domestic violence services that have been developed over the past 30 years.

- ◆ **Victims are often reluctant to disclose domestic violence incidents.** They fear that their complaints will not be taken seriously, that they will be blamed for their partners' violence, that they will lose custody of their children, that their source of family economic support will be jeopardized, or that this information will be shared with their abusive partner. In light of these reasonable fears, it is critical to make victim safety issues a high priority.

- ◆ **Many abuse victims are unaware of the legal options, services, and support systems available.** Abusers often isolate victims and control the information they need to become financially independent and physically safe. Do not assume that someone else has already provided information about the local domestic violence hotline or support group, or the option to have an abuser arrested or obtain a civil protection order from the court. This information can be life saving for some victims and their children.
- ◆ **Domestic violence service delivery and advocacy are rooted in confidentiality and privacy, which are crucial to victims seeking safety from abusive partners.** The confidentiality of a victim's conversations with a domestic violence advocate may be protected by state statute, and federal funding for domestic violence services requires programs to safeguard the privacy of records and information about those to whom they have provided shelter and other services. Domestic violence programs take confidentiality very seriously.

Safety planning

Safety planning must be understood as a process. Simply stated, a safety plan is each victim's unique strategy to reduce the risks generated by a partner's abuse and control.

A victim's safety plans might include strategies for staying as well as for leaving, and may have short and long-term timeframes. A short-term plan might be to feed the children early so their partner won't hit them during dinner. A longer term plan might be to save \$10 a week from the food money that is doled out to them until they can save enough to get a bus ticket to their mother's house in the next state over. Or they might plan to leave their abusive partner after the kids are through high school and out of the house or after they get their GED.

Of necessity, these safety plans change – as the abusive tactics change, so must their safety plan change. Many aspects of a victim/survivor's safety plan may remain hidden, even from advocates, and certainly from others with whom they have not yet built a trusting relationship.

Domestic violence programs are first and foremost crisis intervention agencies, responding to emergency situations that might be quite dangerous to the women, men and children involved, as well as to the advocates themselves. Crises occur daily, whether on the hotline or in

the shelter, in court or the emergency room of the local hospital, and these must take precedence over other issues of a less urgent nature. The work of domestic violence programs is difficult and exhausting, with demand for services far outstripping resources. While many domestic violence programs have secured strong community support and have diversified and stable funding, many others operate on a shoe string and scramble to cover essential costs.

- ◆ **Core services of most domestic violence programs include a 24-hour confidential crisis hotline.** These hotlines provide callers with information about legal options and referrals to a full range of community services. Most importantly, hotlines provide the caller with a safe place to talk about the abuse they are experiencing, while also supplying them with the support and information to help develop immediate and long-term safety plans. Calls to crisis hotlines can be made anonymously if necessary, although confidentiality is typically guaranteed.
- ◆ **Due to the great danger that is often present in domestic violence cases, 24-hour access to secure, temporary, emergency shelters is critical for women and children not safe in their own homes.** While the vast majority of domestic violence victims will neither need nor seek shelter, access to safe shelter is a matter of life and death for many battered women and children. Emergency shelter for male victims of domestic violence is usually provided through hotels, host homes, or other types of shelter. In addition to beds and cribs, domestic violence shelters also typically provide bedding, food, and the day-to-day necessities needed by families who have fled a violent home.

It is important to become familiar with the screening and intake procedures for shelter programs in your area. These procedures are designed to secure the safety and confidentiality of all shelter residents. Be aware that due to limited funding, domestic violence shelters are often full to capacity.

- ◆ **Most domestic violence programs maintain a full set of community referrals.** These typically include listings of legal, medical, mental health and other professionals willing and able to provide assistance to victims of abuse on a *pro bono* or reduced rate basis.

- ◆ **An increasing number of domestic violence programs are culturally-specific in their approach.** These programs are typically organized by and for a particular racial or ethnic community and provide a new range of culturally-relevant services to African American, Latino, and Asian-Pacific Islander survivors. They often arise from a critique that traditional interventions and services are not responding well to marginalized community and new approaches are necessary.
 - ◆ **As funding permits, most programs also provide other services and supports for domestic violence victims and their families.** Additional services may also include regular support groups for battered women, their children, and other victims of domestic violence; court accompaniment; medical and social services advocacy; transportation to advocacy appointments; assistance with children's education and other issues; and community education and training. An extensive network of batterers intervention programs has been developed over the past 15 years as well, most commonly providing specialized groups for abusers within a coordinated community response and serving as a referral option for the courts.
 - ◆ **Increasingly, domestic violence programs have developed comprehensive follow-up services for sheltered and non-sheltered victims of abuse.** These include second-stage or transitional housing programs offering a full range of job training, educational, childcare and supported living services. In some communities, specialized services have been designed for older survivors, abuse victims exposed to HIV/AIDS, victims of abuse within gay and lesbian relationships, immigrant victims, and children witnessing domestic violence.
 - ◆ **Overall funding for domestic violence programs remains limited in the face of the need.** While some states have at least one domestic violence program in every county, there are still too many areas, particularly in rural, low population states, where a victim must travel more than 150 miles to reach the nearest domestic violence shelter or support group or advocacy services. The lack of programs is particularly acute for Native American women and within migrant and immigrant communities, and access to services remains limited for women and children with disabilities and older women in abusive relationships.
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Current trends in intervention and prevention efforts

There are several areas in which current efforts are particularly focused. They present additional opportunities for broader community collaboration and partnership among domestic violence programs, healthy marriage and relationship programs, and fatherhood programs, as well as others who are concerned about the health and safety of families and communities.

- ◆ The growing recognition of the co-occurrence of domestic violence and child abuse is underscoring the need for enhanced collaboration between domestic violence, child abuse services, the courts, and the community to protect children and their non-abusing parent.
 - ◆ Community and corporate leaders – both men and women – are putting energy and resources behind efforts to engage boys and men in violence prevention activities.
 - ◆ There is increased attention being paid to the development of innovative, multi-faceted prevention strategies to reduce the incidence of family violence, including expanded work with schools, runaway and homeless youth programs, and other youth serving agencies.
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Endnotes

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General domestic violence resources

NOTE: For a listing of state domestic violence coalitions, and other public and private organizations involved in domestic violence intervention and prevention activities, go to www.vawnet.org, and click on “Organizational Links” on the top toolbar.

NATIONAL DOMESTIC VIOLENCE HOTLINE

800-799-SAFE

800-787-3224 (TTY)

www.ndvh.org

The National Hotline provides support to victims in crisis and those trying to assist them, and is a particularly important resource for victims living in areas in which there are no local services or for victims exploring relocation. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services.

NATIONAL TEEN DATING ABUSE HELPLINE

866-331-9474

866-331-8453 (TTY)

<http://loveisrespect.org>

The Helpline and loveisrespect.org offer real-time one-on-one support from trained Peer Advocates who offer support, information and advocacy to those involved in dating abuse relationships, as well as concerned parents, teachers, clergy, law enforcement and service providers.

Both the NDVH and the Teen Dating Abuse Helpline are operated by the Texas Council on Family Violence.

National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300

Harrisburg, PA 17112

800-537-2238

TTY: 800-553-2508

www.vawnet.org

Family Violence Prevention Fund

383 Rhode Island Street, Suite 304

San Francisco, CA 94103-5133

415-252-8900

TTY: 800-595-4889

www.endabuse.org

Culturally-specific domestic violence resources

Asian and Pacific Islander Institute on Domestic Violence

450 Sutter Street, Suite 600
San Francisco, CA 94108
415-954-9988, ext. 315
apidvinstitute@apiahf.org

Institute on Domestic Violence in the African American Community

290 Peters Hall
1404 Gortner Ave.
St. Paul, MN 55108
877-643-8222 (877-NIDVAAC)
www.dvinstitute.org

National Latino Alliance for the Elimination of Domestic Violence (ALIANZA)

P.O. Box 672, Triborough Station
New York, NY 10035
800-342-9908
www.dvalianza.org

Sacred Circle

National Resource Center to End Violence Against Native Women
722 Saint Joseph St.
Rapid City, SD 57701
877-733-7623
www.sacred-circle.com

Women of Color Network

6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
800-537-2238
TTY: 800-553-2508
<http://womenofcolornetwork.org>

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

Building Effective Partnerships with Domestic Violence Programs



The Annie E. Casey Foundation

This resource packet was prepared by Anne Menard for the
National Healthy Marriage Resource Center (NHMRC)

with generous support from

The Annie E. Casey Foundation

The National Resource Center on Domestic Violence serves as
the NHMRC's domestic violence partner.

Building Effective Partnerships is the second in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ Understanding Domestic Violence: Definitions, Scope, Impact and Response
- ◆ ***Building Effective Partnerships with Domestic Violence Programs***
- ◆ Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- ◆ Screening and Assessment for Domestic Violence: Attending to Safety and Culture
- ◆ After Disclosure: Responding to Domestic Violence

About the Author: Anne Menard is an activist who has worked on policy, practice and research issues affecting domestic violence and sexual assault survivors since the mid-70s. She is currently the Director of the National Resource Center on Domestic Violence, a federally funded project of the Pennsylvania Coalition Against Domestic Violence. Previously, she has served as senior consultant to the Family Violence Prevention and Services Program of the U.S. Department of Health and Human Services; consultant to the NHMRC, The Lewin Group, and MDRC providing assistance to federally-funded healthy marriage projects in developing their response to domestic violence issues, Executive Director of the Connecticut Coalition Against Domestic Violence; and, co-director of Connecticut's largest domestic violence program.

Acknowledgements: Special thanks to Mary Myrick, Theodora Ooms, Patrick Patterson and Ellen Holman for their support and guidance in the preparation of this Guide, as well as to domestic violence advocates too numerous to mention, excellent collaborators all.

Building Effective Partnerships

There are many positive reasons for healthy marriage and relationship (HMR) projects and domestic violence programs to work together cooperatively. The directive from federal and state funders for healthy marriage grantees to consult with domestic violence experts is often what initially prompts HMR practitioners to involve domestic violence advocates in program design and implementation. While forced collaborations are sometimes necessary, they are less effective, meaningful and long-lasting than those borne of a self-identified and shared commitment to address common interests, such as ensuring that programs being offered are safe and appropriate for all participants.

Successful collaborations involve creating connections between people and purpose, and sometimes require building bridges where none previously existed. In many communities, there will have been limited or no prior contact between marriage projects and domestic violence programs. In others, a strained relationship may already exist. Identifying common ground, creating a shared sense of purpose, and building mutual trust will be key to not only building collaborative relationships, but sustaining them over time.

Described below are some of the opportunities and challenges inherent in building respectful and meaningful collaborations with the domestic violence advocacy community, as well as suggestions for how to proceed.

Building Bridges Between the Healthy Marriage, Responsible Fatherhood, and Domestic Violence Fields

In May of 2006, the National Conference of State Legislatures and the National Center for Law and Social Policy sponsored a meeting at the Wingspread Conference Center that brought together 30 participants to:

- Open a dialogue between leading representatives from healthy marriage, responsible fatherhood, and domestic violence fields;
- Discuss current tensions and misunderstandings;
- Explore areas of common ground; and,
- Identify possible avenues for cooperation, collaboration and joint action

Many of the recommendations included here are drawn from the report generate from this Wingspread Conference, found at: www.clasp.org.

Key first steps

- **Invite domestic violence experts from your community to the table**

If your project is statewide or multi-site, the state domestic violence coalition might be the logical first contact (for a list of state coalitions, go to www.vawnet.org and click on “Organizational Links” in the top toolbar). Your state coalition can also help identify the community-based domestic violence programs that should be included in early and ongoing collaborative efforts.

- **Spend time sharing information about your program**

Make time to answer questions about your HMR project, including the specific relationship and marriage education activities you plan to provide or are already offering in the community. Respond to questions and concerns honestly and with an open mind.

- **Learn more about the scope and impact of domestic violence**

Increase your understanding of domestic violence and the dynamics of power and control in intimate relationships. Learn about not only the impact of domestic violence in your community, but the intervention and preventions systems that are in place. (For an introduction to this information, see *Understanding Domestic Violence*, Guide #1 in this Resource Packet.)

- **Learn more about the domestic violence services provided in your community**

It will be important for you to understand exactly what domestic violence services and interventions are available in the communities you are serving. Ask about their experiences working with the communities, families and individuals that your program targets.

Acknowledging Concerns

“Many in the domestic violence community are concerned that the implementation of healthy marriage and responsible fatherhood programs may threaten the lives and safety of women and their children by inadvertently ignoring the risk of domestic violence among program participants. They also fear that women in abusive relationships will be encouraged to marry, stay married, or remain with a cohabiting partner. They also fear that participation in healthy marriage and responsible fatherhood programs will not be truly voluntary if it is linked to other services and benefits.”

~ *Building Bridges: A Preliminary Guide (2006)*

As noted in *Understanding Domestic Violence*, Guide #1 in this Resource Packet, domestic violence programs are first and foremost crisis intervention agencies, responding daily to emergency situations that might be quite dangerous to the women, men and children involved, as well as to the advocates themselves. Even at the state domestic violence coalition level, a significant amount of advocacy efforts are urgent and time-sensitive, which must take precedence over other issues of a less urgent nature. The work of domestic violence advocacy organizations is difficult and exhausting, with demand for services far outstripping resources.

Do not make assumptions about the adequacy or stability of your domestic violence partner's funding or their capacity to take on new work and responsibilities, or their interest in doing so. While many domestic violence programs at the local and state level have secured strong community support and have diversified and stable funding, others operate on a shoe string and scramble each year to cover essential costs. Often the funding that they do have is for designated purposes. All of these realities affect the ability of domestic violence programs to respond to requests from community partners for training and consultation without compensation.

- **Spend time articulating shared values and developing a common language**

It will be important for the domestic violence advocates to hear that you care as deeply as they do about safety as the cornerstone of healthy relationships and marriage. The terms that each field uses – domestic violence, safety planning, healthy marriage, healthy relationships, marriage and relationship education – are often not well understood by those outside that particular field and *misunderstandings* can easily arise.

- **Develop a shared understanding of and commitment to cultural competence. As necessary, identify other community partners to bring to the conversation**

Some HMR programs are rooted within specific cultural communities, with staff from the community and programs that members of that community have shaped and endorsed. Others will be bringing relationship and marriage education to communities that are new to them, and working with families and couples whose cultural, racial, religious identities and experiences might be quite different than their own. This is also true of domestic violence programs. Frank conversations about what it means to provide culturally relevant,

respectful and appropriate services, and the ways in which attitudes towards relationships and marriage, as well as domestic violence, are culturally framed can be very important at this stage in the partnership building process.

“Cultural competence” in the marriage education field refers to the ability to understand the specific cultural differences – the shared values, attitudes, beliefs, customs and traditions, history, and institutions – that may affect couple, marital, and family behavior in a specific population group or subgroup.¹

Discussions about the significance of culture, race, ethnicity, and gender to your work together may lead you to identify other community organizations or groups that could be invited to your discussions. These might include (other) culturally-specific organizations, responsible fatherhood programs, and/or child advocacy organizations. The goal here is to expand your understanding of diverse experiences and needs and the domestic violence supports and community resources available to those families served by your program.

Why are these first steps important?

In general, the marriage education and domestic violence fields do not know each other well, and each has its own unique history, language, funding streams, and approach to serving its constituents. There may also be very different understandings and perspectives on community and family needs. The missions of each field can sometimes appear at odds with the other – for example, marriage education programs focus on keeping couples together, and domestic violence advocates work with many victims who are trying to separate from a current or former partner.

For these reasons and more, spending time getting to know each other first, rather than jumping immediately into program planning or protocol development, is essential. As the *Building Bridges Preliminary Guide* underscores, “When planning to collaborate across fields, it is important first to spend some time creating a trusting relationship. Without intentional and strategic action this might not happen. Meetings that do not include strategies to encourage open and constructive dialogue may only exacerbate misunderstandings and bad feelings. What is intended to be a productive discussion may turn into an acrid debate.”



This sometimes means bringing in a meeting facilitator to help establish ground rules, ensure respectful listening and constructive discourse, and identify how and when the groups can move forward together. Taking time to learn about each other, voice concerns, seek and receive reassurance, identify shared values, and recognize shared constituents will all help inform and frame the nature and scope of the partnership.

If, even with a facilitator, communication and a sense of shared purpose cannot be established, you may simply not be ready to work together collaboratively. However, at a minimum, you will need to put in place a referral process to help you address any domestic violence issues that arise as you provide marriage education services in the community.

Identifying Common Ground

During the *Building Bridges* discussions, conference participants identified several shared goals and principles – common ground upon which collaborative work among domestic violence, healthy marriage and responsible programs could be built:

- Ending family and intimate partner violence and supporting and encouraging healthy relationships, healthy marriage, and responsible fatherhood.
- Promoting child well-being by ensuring that children grow up in a family environment that is free of violence and in which relationships are respectful, responsible and healthy.
- Ensuring safety for all family members.
- Building cross-field cooperation and collaborations that are meaningful and respectful.

Defining the nature of the collaborative

Once you and your local domestic violence have gotten to know each other better, you will be more prepared to identify what you will be doing together. There are many ways for HMR programs and domestic violence programs to work together productively, whether at the local or state level. During the *Building Bridges* conversations in 2006, both existing activities, already in place in some communities, and those that seem promising were identified:

- **Establish common ground**

Participate in common-ground dialogues or similar forums, in order to understand each other's perspectives, build trust, and plan joint actions.

- **Cross-train**

To facilitate mutual understanding and cooperation, arrange for HMR staff to receive ongoing training on domestic violence issues from your domestic violence partners, and for domestic violence program staff to have an opportunity to learn more about the relationship and marriage education services you are offering to the community.

- **Formalize your relationship**

If you reach the point in your discussions that you are planning joint activities with agreed upon objectives, you might want to formalize your relationship. This can take at least two forms. The first is a Memorandum of Understanding (MOU), which allows you to express in writing how you have agreed to work together.

The elements of an MOU are straightforward and should be developed jointly with your partner –

- 1) a description of what you intend to do together
- 2) the timeline for the joint activities you plan to undertake together (these activities can be quite specific, such as planning a community event, or more general, such as continuing to meet monthly to discuss issues of common interest)
- 3) a description of the specific tasks that each collaborative partner is agreeing to take responsibility for, either as lead staff or as part of shared responsibilities
- 4) a description of how costs associated with activities or the ongoing collaboration will be handled.

Each of the organizations who are part of the MOU should identify a lead contact to ensure implementation of the MOU and resolution of any issues that arise.

You may also want to develop a more formal contract with a domestic violence partner for specific training or technical assistance services related to the design, implementation and evaluation of HMR services. This contract for consultation might flow from protocol development work (see below) or arise at other points in your collaboration.

- **Co-locate staff and activities**

For example, a domestic violence advocate might be invited to present on domestic violence resources during relationship and marriage education classes, and a healthy marriage program could offer a relationship education class in a women's shelter.

- **Cross-reference each other**

Reference your partnership and your community's domestic violence resources in organizational brochures, websites, and other materials as appropriate. Where appropriate, ask that your domestic violence partner refer to your partnership and the services you provide as well.

- **Emphasize shared goals**

In public education and promotional materials, articulate your shared interest in supporting healthy and safe relationships and marriage.

- **Where possible, combine prevention efforts**

Join forces to design and implement primary prevention activities. One example includes developing joint strategies to counteract pervasive cultural and media messages that glorify violence of all kinds, especially towards women, and target youth and young adults. (For more, see *Building Bridges: A Preliminary Guide*.)

Jointly developing domestic violence protocols

In addition to the types of activities described above, which will help to build and nurture the personal and professional relationships and shared purpose that are so critical to a successful collaboration, you can and should also look to your domestic violence partner for technical assistance and consultation related to program design and implementation issues. How will your program identify and respond to domestic violence issues? Domestic violence experts can be helpful in some or all of the following areas:

- Reviewing and enhancing current responses to domestic violence within your agency or system, including policies, procedures and written materials designed to identify and respond to the needs of domestic violence victims and address confidentiality issues
- 

- Reviewing marriage education activities to ensure that safety and confidentiality issues are addressed for domestic violence victims and those at risk
- Identifying appropriate responses when past or current domestic violence is disclosed during recruitment or intake, or by program participants
- Providing training of program staff on domestic violence issues

All of these can be incorporated into a collaborative protocol development process or handled as discrete activities. As partnership roles are clarified, you also need to talk about the types of financial or programmatic resources needed and available to support the involvement of domestic violence experts in your program design and implementation. (See also *Developing and Implementing Domestic Violence Protocols*, Guide #3 in this Resource Packet.)

Keeping the partnership alive and healthy

Like any ongoing relationship, collaborative partnerships between healthy marriage projects and domestic violence programs will require “care and feeding” to remain productive, healthy and strong. Leadership and staff turnover might affect not only the completion of joint activities but the sense of shared purpose. Interest may wane as the collaborative work becomes more routine. Disagreements over the best approach to take or how to solve a problem may lead to conflicts. Below are some tips for cultivating ongoing, beneficial partnerships with domestic violence programs.

- **Keep lines of communication open**
Identify liaisons with each domestic violence partner, and establish regular points of contact. This ensures that all communication is not just in response to problems.
- **Commit to addressing issues as they arise in an open, honest manner**
Before problems arise, decide how issues will be brought up for discussion. These issues could include the normal challenges of blending different communication styles and ways

of working. It will also be helpful to anticipate the issues that are specific to these collaborations, such as:

- How will you proceed if the domestic violence program doesn't feel that HMR program staff members are implementing the protocol that you mutually developed?
- How will you address the project if the HMR program staff did not feel that the domestic violence training they've received from the state coalition or local program fully prepared them to work with domestic violence issues?

Commit to bringing in a facilitator when a problem is particularly complex or intractable and the discussion is likely to be a difficult one.

- **Document your work together, both in terms of process and programming**

This will be particularly important as you are developing a shared language, when misunderstandings and miscommunication are more likely. This can be as simple as identifying at the beginning of every meeting or conference call who will take notes and make sure that they are distributed to participants.

- **Take time to assess your work together**

Ask yourself what's working? To what or to whom can you attribute that? What hasn't worked as well as you had hoped, and why? If you have documented your work together, as suggested above, this will help when you periodically reflect on both your accomplishments and the opportunities that you've not yet explored.

- **Take time to celebrate successes**

Completing a list of community resources, jointly writing a letter to the editor, or co-sponsoring a community forum should all be noted as successes and celebrated. Individual and organizational leadership should be honored and supported.

- **Update your Memorandums of Understanding and any contracts you have in place at least annually**

This provides both of you the opportunity to clarify or modify how you will work together in the upcoming year.

- **Continue to struggle with the hard issues**

During the *Building Bridges* conference, two particularly tough and complex issues were identified as needing ongoing attention from healthy marriage, responsible fatherhood and domestic violence programs: respecting diversity and responding in culturally competent ways; and developing program guidelines for addressing domestic violence concerns.

These issues remain critically important at the national, state, and local levels and answers will only emerge from more experience and continued cross-field dialogue.

The process of building collaborative partnerships is challenging under ideal circumstances. It requires hard work and persistence. Identifying common ground, creating a shared sense of purpose, and building mutual trust will be key to not only building collaborative relationships, but sustaining them over time.

For more information

A copy of *Building Bridges Between Healthy Marriage, Responsible Fatherhood and Domestic Violence Programs: A Preliminary Guide*. (2006) by Ooms, et al. can be found at www.clasp.org.

Another helpful resource is the *Collaboration and Partnership Guidebook: Fatherhood Practitioners and Advocates Against Domestic Violence Working Together to Serve Women, Men, and Families* (2007) by Boggess, et al.. More information is available at www.cffpp.org

Endnote

¹ Ooms, T. *Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the Issues?* Couples and Marriage Brief #10 March 2007, Center for Law and Social Policy. Available at www.clasp.org.

General domestic violence resources

NOTE: For a listing of state domestic violence coalitions, and other public and private organizations involved in domestic violence intervention and prevention activities, go to www.vawnet.org, and click on “Organizational Links” on the top toolbar.

NATIONAL DOMESTIC VIOLENCE HOTLINE

800-799-SAFE

800-787-3224 (TTY)

www.ndvh.org

The National Hotline provides support to victims in crisis and those trying to assist them, and is a particularly important resource for victims living in areas in which there are no local services or for victims exploring relocation. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services.

NATIONAL TEEN DATING ABUSE HELPLINE

866-331-9474

866-331-8453 (TTY)

<http://loveisrespect.org>

The Helpline and loveisrespect.org offer real-time one-on-one support from trained Peer Advocates who offer support, information and advocacy to those involved in dating abuse relationships, as well as concerned parents, teachers, clergy, law enforcement and service providers.

Both the NDVH and the Teen Dating Abuse Helpline are operated by the Texas Council on Family Violence.

National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300

Harrisburg, PA 17112

800-537-2238

TTY: 800-553-2508

www.vawnet.org

Family Violence Prevention Fund

383 Rhode Island Street, Suite 304

San Francisco, CA 94103-5133

415-252-8900

TTY: 800-595-4889

www.endabuse.org

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Developing Domestic Violence Protocols



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Developing Domestic Violence Protocols is the third in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ Understanding Domestic Violence: Definitions, Scope, Impact and Response
- ◆ Building Effective Partnerships with Domestic Violence Programs
- ◆ ***Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues***
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- ◆ After Disclosure: Responding to Domestic Violence

About the Author: Anne Menard is an activist who has worked on policy, practice and research issues affecting domestic violence and sexual assault survivors since the mid-70s. She is currently the Director of the National Resource Center on Domestic Violence, a federally funded project of the Pennsylvania Coalition Against Domestic Violence. Previously, she has served as senior consultant to the Family Violence Prevention and Services Program of the U.S. Department of Health and Human Services; consultant to the NHMRC, The Lewin Group, and MDRC providing assistance to federally-funded healthy marriage projects in developing their response to domestic violence issues, Executive Director of the Connecticut Coalition Against Domestic Violence; and, co-director of Connecticut's largest domestic violence program.

Acknowledgements: Special thanks to Mary Myrick, Theodora Ooms, Patrick Patterson and Ellen Holman for their support in the preparation of this Guide, and to the countless domestic violence advocates and survivors whose knowledge and experiences continue to inform this work.

NOTE: Much of this material was adapted from an earlier paper entitled *It's Not Healthy If It's Not Safe: Responding to Domestic Violence Issues within Healthy Marriage Programs* by Anne Menard and Oliver Williams, Ph.D., Executive Director of the Institute on Domestic Violence in the African American Community (2005, 2006). For a copy: www.clasp.org/publications/marriage_dv.pdf.

Developing Domestic Violence Protocols

Since 2002, over 300 healthy marriage and relationship (HMR) programs and initiatives have received funding from federal and state government sources. There is emerging consensus among policy makers, funders and practitioners that responding to domestic violence issues within these programs is extremely important. This is reflected in the federal requirement that all Administration for Children and Families healthy marriage and responsible fatherhood grantees consult with domestic violence experts. However, given the diversity of these programs – the nature of the interventions and activities, the backgrounds and credentials of the providers, the settings in which they are offered, and the diversity of the communities and individuals being served – we are still learning the best ways to do this safely and well. Site-specific domestic violence protocols have developed as important tools for programs that want to ensure a thoughtful, effective and consistent approach to domestic violence issues.

Why are domestic violence protocols helpful?

While for some the term “protocol” might conjure up rigid rules of etiquette or inflexible procedures, we are using the term here more broadly and flexibly: a domestic violence protocol articulates, in writing, a program’s plan for identifying and responding to domestic violence issues. Within the HMR initiative context, a well-structured and thoughtfully implemented domestic violence protocol can help ensure that domestic violence issues within families targeted by the project are safely, routinely and consistently identified and appropriately addressed. Essentially, a good protocol is a tool to help make sure that adequate supports and safeguards are in place for families dealing with domestic violence. The protocol can be an important resource for anyone involved in the project, providing concrete guidance and clarifying roles and responsibilities for different project partners.

Another important term to define is “domestic violence.” Domestic violence is most usefully understood as, “a pattern of abusive behaviors – including physical, sexual, and psychological attacks as well as economic coercion – that adults and adolescents use against an intimate partner. It is characterized by one partner’s need to control the other, and the intentional and instrumental use of a range of tactics to secure and maintain that control”.¹ Domestic violence includes behaviors that frighten, terrorize, manipulate, hurt, humiliate, blame, often injure, and sometime kill, a current or former intimate partner.

Under this definition, it is possible to distinguish between the use of singular acts of “low-level” physical aggression – sometimes referred to as “fights that get out of control” – and behaviors and tactics that serve to assert or maintain control over a partner and leave them fearful and intimidated.² While both are problematic and have no place in healthy relationships, the latter is far more likely to result in injury or death and raises real concerns about participation in relationship and marriage education programs. (For a fuller discussion, see *Understanding Domestic Violence*, Guide #1 in this Resource Packet.)

The discussion that follows draws from lessons learned from working with many federally-funded healthy marriage programs and initiatives that were required by the Administration for Children and Families to develop site-specific protocols during 2004 – 2006.³

Key considerations in protocol development

As described earlier, HMR programs are as notable for their differences as for their similarities. These variations in program design, populations served, curricula and other activities affect the approach that a program might take to identify and respond to domestic violence, and the role that a domestic violence program might play. Following are some of the initial questions that have helped shape domestic violence protocol development within federally-funded sites. Each underscores the need for *site-specific* protocols. By “site-specific” we mean that the general guidelines are “customized” or adapted, if you will, to take into account population characteristics, program design, and community contexts.



- **What is the target population for the marriage-related activities?**

The target population for HMR programs might include: newly engaged couples, single mothers receiving welfare benefits, families involved in the child welfare system (either voluntarily or involuntary), parents of newborns (including couples targeted by in-hospital paternity establishment programs), refugee and immigrant families, “distressed” families, adoptive parents, a broad community population, low- or mixed-income families, a particular racial or ethnic group, separated or divorcing couples, cohabiting couples, stepfamilies, linguistically diverse families, geographically isolated families, and others. Some of the participants are married or engaged to be married. Others are not married but are in, or can expect to be in, intimate “relationships” of one kind or another. Obviously, each of these groups raises different concerns in terms of their risks for domestic violence, the implications of disclosing domestic violence, and their need for particular types of intervention and support.

- **What types of marriage-related activities are being offered or proposed?**

There are a wide range of activities that are currently being offered under funded HMR projects. These range from broad-based public education campaigns, to relationship classes in high schools, to specific marriage education workshops or classes that vary significantly in terms of content and duration. The length and intensity of the programs can also vary a great deal from a few hours over a weekend seminar, a six-session, six-hour program held over six weeks, or a program that meets weekly for 30 or more weeks and offers individual case management.

The duration and intensity of the program affects how well the workshop class leader or instructor gets to know the individual participants. Some project sites are offering couples sessions as well as separate sessions for mothers and fathers and these provide different types of challenges and opportunities for domestic violence survivors. Given that participating individuals and couples may be from different income groups, and often include participants who are racially, ethnically, and linguistically diverse, there has been considerable adaptation of existing curricula in use by marriage and relationship education programs.⁴

- **How do participants learn about the program?**

In some healthy marriage or relationship programs, the participants hear about the program informally and there are neither eligibility criteria nor any kind of screening process for participation. In others, participants are already clients of some other agency, and they are often referred to the program. Some programs have specific eligibility requirements and obtain a good deal of information about the participants in advance.

If the project is relying on partner agencies to identify and refer participants, other specific questions arise: How and by whom will the healthy relationship marriage project be introduced to individual clients? What types of domestic violence training will staff need to respond to disclosures, whenever they occur? How will domestic violence disclosure information be shared among the project partners? How will the confidentiality and privacy of domestic violence victims be maintained?

- **How can a safe environment for disclosing domestic violence be created?**

The decision to disclose domestic violence is a difficult one for many domestic violence victims. They are often reluctant to talk about abuse by an intimate partner, whether current or well in the past, and with good reason. They fear that their complaints will not be taken seriously, that they will be blamed for their partners' violence, that they will lose custody of their children, that their source of family economic support will be jeopardized, and/or that this information will be shared with their abusive partner.

In light of these reasonable fears, exploring domestic violence issues with individuals and couples, in any setting, must be undertaken with care and in ways that empower victims rather than further an abusive partner's control. Religious convictions, cultural identity, and the strength of familial and community ties must also be taken into account, along with constant attention to safety risks. (For more information, see *Screening and Assessment for Domestic Violence*, Guide # 4 of this Resource Packet.)

- **How do curricula and program materials address domestic violence issues?**

Is domestic violence addressed directly in course material and, if so, how? Is there any content that might exacerbate the risk faced by a participant from an abusive partner, such as scenes/scenarios involving emotionally or physically abusive couples or exercises that encourage the outward expressions of anger or rage? Are scenarios used that depict conflict, anger and violence between couples? Do they send the message that violence and abuse are never acceptable ways to address conflict and that it is always a threat to a healthy relationship or marriage? Is information made available to *all* participants about resources in the community to turn to if domestic violence is a problem?

- **Who are the key community partners in the HMR project?**

To what extent are they familiar with the prevalence and impact of domestic violence, and the ways to identify and respond to it? If the program is connected to a state welfare, child support, or child protection agency, how is domestic violence currently identified and addressed within the agency? Specifically, how do they create a safe environment for disclosure of past or current domestic violence? What is the agency's current response to disclosures of domestic violence? What specific procedures are in place to address safety concerns that may arise for adult victims of domestic violence? If intake into the healthy relationship marriage education classes will be conducted by partner agencies, what is their current experience with identifying and addressing domestic violence issues among their clients?

Clearly, there is not *one* answer to these questions. What will be effective in one community may have negative outcomes in another. The best way to ask potential participants if domestic violence is an issue in their relationship – who should ask, when they should ask, where they should ask, how they should ask -- will vary from one program to another. What creates a sense of safety and comfort for victims within the context of culturally-specific, community-based programs might be very different for victims from another racial or cultural background or within a different setting. (For a more in-depth discussion of these issues, see Guides # 4 and # 5 in this Resource Packet.)

Learning from the Community

Several Latino agencies providing HMR services to immigrant families have found that disclosures of domestic violence are far more likely to occur after victims have been involved in the program for several weeks rather than at intake. Until they feel comfortable and safe with the staff and within the program itself, disclosure is too risky, particularly for victims whose legal status is tied to their abuser or who are part of a small or tight knit community.

Once aware of this reality, these Latino agencies have adjusted their approach to domestic violence screening and assessment to create multiple opportunities to disclose domestic violence and provide constant reassurances of confidentiality.

Protocol development: Making it your own

The *process* of protocol development can be as important as the protocol itself. A well-structured protocol serves as an educational tool, underscores key concerns, articulates commitments that partners are making to each other, and helps build trust. In relationship and marriage strengthening programs, a well-developed protocol can affirm a shared concern among the community partners for the safety of all family members, which can then facilitate a respectful collaboration between domestic violence advocates and other project partners.

Where to begin? Protocol development will be most meaningful if it occurs within the context of a collaborative partnership developed with domestic violence programs. A fuller discussion of some of the opportunities and challenges inherent in building respectful and meaningful collaborations with the domestic violence advocacy community, as well as suggestions for how to proceed are included in *Building Effective Partnerships with Domestic Violence Programs*, Guide # 2 in this Resource Packet.

Once you and your local domestic violence program have gotten to know each other better, it will be important to define the types of guidance and support you hope to receive from them. For example, domestic violence experts can help you identify appropriate responses when past

or current domestic violence is disclosed during recruitment or intake or by program participants, review your relationship and marriage education activities to ensure that safety and confidentiality issues are addressed for domestic violence victims, and train program staff on domestic and sexual violence issues. As these partnership roles are clarified, you also need to talk about the types of financial or programmatic resources needed and available to support the involvement of domestic violence experts in your program design and implementation.

Building your protocol

After initial partnership-building steps have been taken, you are ready to begin protocol development work. You can start by sharing how your program will work. How will individuals and couples find out about, enter, and move through the program? How will they begin to identify where domestic violence issues may arise? It may be useful to use case studies to build understanding of the ways in which your program staff and volunteers will be interacting with participants (or potential participants). Walk together through the programmatic questions included in Tool #2 - *Developing and Implementing Domestic Violence Protocols: Where to Start?* included at the end of this packet.

Although each protocol needs to be site-specific, given some of the critical variables identified above, it is possible to identify key components of a well-structured protocol and provide a “blueprint” from which HMR programs can work. The blueprint is designed as a tool to support the protocol development process.

The key components of this prototype domestic violence protocol include:

- ◆ **Mission Statement**

- *What is the unifying mission of the healthy marriage initiative?*

- ◆ **Scope and purpose of the protocol**

- *What role is the protocol meant to play within the HMR program?*

- ◆ **Underlying principles**

- *What are the shared values that will guide the partners' work together?*



◆ **Definition of domestic violence**

- *How is the term “domestic violence” defined, as used in the protocol?*

◆ **Providing safe opportunities to disclose: screening and assessment for domestic violence**

- *What information about domestic violence will be provided as part of the curriculum to all potential participants? Will it support self-assessment by victims who are hesitant to disclose?*
- *If the program includes some form of intake process, how will screening for domestic violence occur?*
- *Who will be screened for domestic violence and at what point(s) of contact?*
- *Who will be responsible for screening and assessment within each partner agency?*

◆ **Responding to disclosures of domestic violence**

- *What procedures will be followed when domestic violence is disclosed during intake or by a participant in a healthy relationship or marriage activity, or when there are indications that a participant is in an abusive or controlling relationship (such as jumpiness or nervousness around a partner, signs of controlling or abusive behavior by one of the parties, or indications of distress or injury)?*

Three key types of response should be described:

- *Crisis response – when someone is in immediate danger*
- *Responding to disclosures of past or current abuse that the victim does not identify as posing an immediate threat*
- *Responding to disclosures of domestic violence that are accompanied by an interest in participating in marriage education or related activities*

◆ **Maintaining Confidentiality**

- *How will the program maintain the confidentiality and protect the privacy of victims who disclose domestic violence while ensuring that safety risks are addressed?*

◆ **Cross-Training on relationship/marriage education and domestic violence**

- *Who will receive training, and who will provide training to ensure that those responsible for implementing the protocol have the skills and confidence to do so?*

Given the experimental nature of these HMR projects, and the range of design and implementation questions that remain unanswered, programs have also been encouraged to build into their protocol a 6-month review process. Such a periodic review provides an opportunity for the project partners to examine the protocol in the context of actual experience and make necessary modifications informed by that experience.

For more information

See these tools found at the end of this Guide:

Tool # 1 *Disclosing Domestic Violence*

Tool #2 *Developing and Implementing DV Protocols:
Where to Start?*

Tool # 3 *How Are You Doing? Reviewing Your
Domestic Violence Protocol*

**The *Domestic Violence Protocol Development “Blueprint”*
and other related resources, including two sample protocols,
can be found on the NHMRC website:**

http://www.healthymarriageinfo.org/prog_grant/tta.cfm#march07

Challenges and lessons learned to date

What lessons can be drawn from these domestic violence protocol development experiences to date? There are several worth noting here. The first is that although we have learned a great deal, we are far from being at a “best practices” level in this area. While we have identified a rather full set of complex questions, we are still grappling to find the answers to most of them.

A key lesson already alluded to is that the “devil is in the details,” which vary considerably across sites. For example, it matters a great deal the specific population(s) being targeted and their relative risk for domestic violence. Some projects are explicitly targeting families likely to be at high risk for domestic violence, such as families involuntarily involved in the child

protection system, or those under high stress due to extreme poverty, language barriers, immigration status or other family and community pressures. These realities raise particularly

complicated domestic violence screening, assessment, and response issues even before you mix in marriage education activities.

A related “devilish detail” that complicates screening and assessment in these projects is the perceived consequences of disclosing domestic violence in different settings. What will happen to a family, or to the children in that family, when domestic violence is disclosed in the context of exploring whether there is interest in participating in marriage related activities? Or, more precisely, what does the person being asked *perceive* will happen if they disclose domestic violence? This will be different if the person asking about domestic violence is a child protection caseworker, a TANF intake staff, the family’s community-based case-manager, a Head Start teacher, a home visitation nurse, someone from the in-hospital paternity establishment program, the family’s minister, priest or rabbi, or a mentor couple working with the family. Additionally, if the person being asked about domestic violence is an immigrant, he or she may have language or other barriers that compromise communication.

There are excellent curricula and programs being adapted for use in more diverse communities, and with families whose lives and needs are more complex than those previously accessing traditional marriage education programs. As new programs are developed and join existing ones in being evaluated and adapted, care must be given to assure ongoing quality. How will quality assurance be guaranteed as trainers are five times removed from the original curriculum developers? And when they leave the hands of professionally trained clinicians and social workers and move into those of lay trainers? This is not meant to disparage the roles that community members can play in providing marriage education services, but rather suggests the need to pay attention to maintaining high standards as these programs proliferate.

Clearly, there are many questions to consider. Addressing them will require ongoing dialogue and collaborative problem-solving between marriage education programs and domestic violence advocates. Funded sites appear to take domestic violence issues and protocol development seriously. The protocol development process itself has served to educate partners about domestic violence, clarify important implementation issues, and identify cross training needs. These are positive outcomes in and of themselves on which we must continue to build.

Endnotes

- ¹ Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco: Family Violence Prevention Fund, (p.5).
- ² Ganley, A.L. (1989). Integrating feminist and social learning analysis of aggression: Creating multiple models for intervention with men who batter. In P.L.Ceasar & L.K. Hamberger (Eds.), *Treating men who batter: Theory, practice, and programs* (pp. 196-235). New York, Springer; Hamberger, L.K., & Barnett, O.W. (1995). Assessment and Treatment of men who batter. In L. VandeCreek, S. Knapp, et al. (Eds.), *Innovations in clinical practice: A source book* (pp. 31 – 54). Sarasota, FL: Professional Resource Press.
- ³ The Lewin Group, in collaboration with the National Resource Center on Domestic Violence, has provided technical assistance to all Healthy Marriage grantees to help them develop site-specific domestic violence protocols.
- ⁴ See Ooms, T. (2007) Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What Are the Issues? Couples and Marriage Series Brief no 10. Center for Law and Social Policy. Found at www.clasp.org.

DISCLOSING DOMESTIC VIOLENCE

The decision to disclose domestic violence is a difficult one for many domestic violence victims. There are many reasons why someone would choose not to talk about abuse they are experiencing.

- **The victim is afraid for their own or their children's safety.** An abuser has made serious threats such as, "If you ever tell anyone, I'll hurt you and the kids." or "I'll make sure you never see the kids again" and has made good on threats in the past.
- **They do not feel safe in your office.** There may be many reasons for this. There may not be enough privacy to talk about the abuse. The process of applying for benefits or services through your office might feel overwhelming. A victim may have had an experience with other systems that were abusive, making them very cautious.
- **A relative or friend of the abuser may work in your office.** The victim may feel that it is too dangerous to reveal the abuse they are experiencing. This is especially true in small rural offices or if the victim has to use a translator who is part of a close-knit immigrant community.
- **They may be afraid of losing their benefits or services if they tell your office staff.** If the process of getting benefits or services is confusing, they may need some time to understand their rights and responsibilities.
- **A victim may have many reasons to believe that talking about the abuse can only make their situation worse.** They may have told a neighbor or friend who didn't believe them or made them feel that the abuse was their fault. They may have confided in a family member who then told the abuser, resulting in a serious injury.

WHAT SUPPORTS DISCLOSURE?

- **Messages that say this is an informed, safe place to disclose.** What does your office/waiting rooms/materials communicate to domestic violence victims about whether this is a safe place to disclose domestic violence?
- **Messages that say that you are an informed, safe person to tell.**
- **A clear understanding of how the information will be used.** This includes understanding how and if the domestic violence information the victim provides will be shared with others in your office or within the community, which is particularly important in rural communities where privacy is harder to maintain.
- **A clear understanding of how the information might affect any decisions you make about their case.** How will the fact that she is or has been victimized by intimate partner affect eligibility for or access to services and supports in which they might be interested? Are there protections that you can offer that will allow them to participate safely? All of this should be explored in the context of their particular circumstances, concerns, interests, needs and resources.

- **Meaningful assurances of confidentiality and privacy.**

Tool # 2

Developing and Implementing Domestic Violence Protocols

WHERE TO START?

This short checklist identifies key steps in the process of developing and implementing an effective domestic violence protocol for your Healthy Marriage project.

Important first steps

- ❑ **Identify domestic violence experts at the local or state level with whom you can partner.** If you do not have a pre-existing relationship with a domestic violence program, contact your state domestic violence coalition for information about local programs in your area or check community resource directories. For a listing of state coalitions, see: <http://www.vawnet.org/StatesMap/index.php>.
- ❑ **Spend time sharing information about your program and the specific healthy marriage activities you plan to provide (or are providing).** Do not assume that domestic violence programs in your area are familiar with your healthy marriage project. Take time to answer questions about your plans and to respond to questions and concerns they might have.
- ❑ **Spend time learning more about the services provided by the domestic violence program(s) with whom you hope to partner.**
- ❑ **Define the types of guidance and support you hope to receive from the domestic violence agencies you are partnering with.** For example, domestic violence experts can be helpful in any and all of the following areas:
 - ◆ Reviewing and enhancing current responses to domestic violence within your agency or system, including policies, procedures and written materials designed to identify and respond to the needs of domestic violence victims and address confidentiality issues;
 - ◆ Reviewing marriage education activities to ensure that safety and confidentiality issues are addressed for domestic violence victims and those at risk;
 - ◆ Identifying appropriate responses when past or current domestic violence is disclosed during recruitment or intake, or by program participants; and
 - ◆ Providing training of program staff on domestic and sexual violence issues.

All of these can be incorporated into the protocol development process or handled as discrete activities.
- ❑ **Identify the types of financial or other resources needed and available to support the involvement of domestic violence experts in your program design and implementation.**

Laying the Groundwork for Domestic Violence Protocol Development

- ❑ **With your domestic violence partners, describe how your program will work -- how will individuals and couples find out about, enter, and move through the program? Begin to identify where domestic violence issues will arise.**

The following questions will help get these discussions started:

- ◆ How will potential participants for your program be identified? Are these families you already know a lot about (because you are already working with them) or are they new to you? How will couples hear about the programs you are offering?
- ◆ Are you relying on referrals from other community agencies?
- ◆ How and by whom will the healthy marriage project be introduced to individual clients?
- ◆ How do individuals and couple “get into” the program? Can they just show up, or is there a formal intake process? If intake into the healthy marriage project will be conducted by partner agencies, what is their current experience identifying and addressing domestic violence issues among clients?
- ◆ What happens when disclosures of domestic violence occur? How are you defining “domestic violence”?
- ◆ What happens when a disclosure of domestic violence is accompanied by interest in participating in the healthy marriage activities you are providing? When might it be appropriate, if ever, for a domestic violence victim to participate in a healthy marriage program, with or without the partner who has been abusive? When might healthy co-parenting be a more appropriate goal than healthy marriage?
- ◆ What types of domestic violence training will staff need to respond to disclosures, whenever they occur?
- ◆ How will domestic violence disclosure information be shared among the project partners? How will the confidentiality and privacy of domestic violence victims be maintained?
- ◆ How do the healthy marriage curricula and other program materials to be used in the project address domestic violence issues? Is domestic violence addressed directly in course material? Is there any content that might increase risks for someone in an abusive relationship (such as scenes/scenarios involving emotionally or physically abusive couples)?

Developing and Implementing Your Domestic Violence Protocol

- ❑ **Working with your partners, and using the DV Protocol “Blueprint” as a guide, describe in detail how you will identify and respond to domestic violence issues within your project.** The domestic violence protocol developed by each Healthy Marriage initiative should be *site-specific* and tailored to reflect the particular characteristics of the community and project. Develop a draft for review and comment by all project partners.
- ❑ **Clarify the role(s) that domestic violence experts will play in the design and implementation of marriage education activities, as well as in any evaluation activities.**
- ❑ **Critique your protocol for how well it answers these two questions:**
 - ◆ How will your healthy marriage initiative ensure that there are safe, confidential opportunities to disclose domestic violence and that the decision to participate in a marriage education program is voluntary and informed?
 - ◆ What steps will be taken to ensure that domestic violence issues are safely and routinely identified and appropriately addressed by well-trained personnel?
- ❑ **Finalize the protocol and distribute it to program partners and staff.**
- ❑ **Ensure that all staff and volunteers (including those at partner agencies) who have a role in implementing the protocol receive adequate training on domestic violence issues and the domestic violence protocol itself.**
- ❑ **Use staff or project meetings to support implementation of the protocol and identify implementation issues.**
- ❑ **Review the protocol at 6 months (and annually thereafter) to identify areas in which the protocol might need to be modified or enhanced.** Key partners should be included. The protocol should also be reviewed and modified as necessary if new program components are added or the program is significantly changed.

How Are You Doing?

REVIEWING YOUR DOMESTIC VIOLENCE PROTOCOL

We are still learning how to best address domestic violence issues within Healthy Marriage projects, including ways to structure and use domestic violence protocols most effectively. A periodic review of your program's domestic violence protocol will provide you and your project partners an opportunity to assess the strengths and weaknesses of your protocol and its implementation and make modifications as necessary based on your experiences.

The following questions can help guide such a protocol review:

What is your overall assessment of how your domestic violence protocol is being implemented?

- How knowledgeable are staff, volunteers, consultants, and community partners of the protocol and their role in implementing it?
- How consistently is the protocol being implemented?

What domestic violence training have you provided to those responsible for implementing the protocol related to domestic violence and the protocol itself?

- As new staff, volunteers and partners join the project, do they receive the necessary domestic violence training?
- Does the training cover both domestic violence issues and the specific elements and requirements of the domestic violence protocol?
- How successful do you feel the training is in ensuring that those responsible for implementing the training are familiar with the protocol and confident using it?

Have there been disclosures of domestic violence at any point in the process?

- If no, does this surprise you? Why or why not?
- If yes, when and where have disclosures occurred -- prior to referral, during intake/screening, from participants involved in a healthy marriage activity, other -- and were your staff, volunteers or consultants prepared to respond?

Knowing what you know now, is there anything you would do differently related to identifying and responding to domestic violence issues within your healthy marriage project?

Given your experiences to date, are there any aspects of your protocol that you think should be strengthened, expanded, or modified?

What are your next steps? And who needs to be included or consulted in each of these

steps?

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

Screening and Assessment for Domestic Violence

Attending to Safety and Culture



The Annie E. Casey Foundation

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Screening and Assessment for Domestic Violence is the fourth in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ Understanding Domestic Violence: Definitions, Scope, Impact and Response
- ◆ Building Effective Partnerships with Domestic Violence Programs
- ◆ Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- ◆ ***Screening and Assessment for Domestic Violence: Attending to Safety and Culture***
- ◆ After Disclosure: Responding to Domestic Violence

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Screening and Assessment

Healthy marriage and relationship (HMR) programs funded by the federal government are required to consult with local domestic violence programs. Those funded from other sources are strongly encouraged to do so as well in the interests of participant safety. Working collaboratively with domestic violence experts, HMR programs can ensure that: 1) all program participants are provided with accurate information about domestic violence, including where to go for needed protections or services; 2) all program participants are provided with appropriate and safe opportunities to disclose if they are or have been victims of domestic violence; and 3) program staff and volunteers have received adequate training to respond effectively and with confidence whenever domestic violence issues arise.

This Guide describes what has been learned to date about how HMR programs might best approach screening and assessment for domestic violence and provide opportunities for safe disclosure by victims. As noted throughout this Resource Packet, there are significant variations across HMR program sites. For example, in HMR programs whose participants come in “off the street” in response to community advertising or word of mouth referral, the “intake” or application process is typically very informal and staff generally have few chances to become familiar with the participants’ individual circumstances in any detail. Other HMR programs offer more intensive education and skill-building services or integrate them deeply into other agency services. They often have more extensive agency intake procedures, involving written questionnaires and/or in-person interviews as well as ongoing assessments with program participants. Still other HMR programs provide general information to the public on healthy relationships and marriage, or engage in community awareness and media campaign activities, and do not work directly with individuals or couples.

Each of these program types can play an important role in the first objective described above: ensuring that domestic violence victims know that support and assistance is available in the community. All HMR programs can benefit from preparing staff and volunteers working with couples or families to respond in culturally sensitive ways when domestic violence issues arise.

The discussion in this Guide, however, is particularly targeted to HMR programs working directly with couples and especially those programs serving couples or individuals at higher risk for experiencing domestic violence or facing more obstacles to leaving abusive relationships. Research and experience tell us, for example, that we can expect to see higher rates of domestic violence among families involved in the child welfare system and low-income single mothers relying on public assistance.

Definitions of terms

Before identifying key issues and considerations related to screening and assessment and safe disclosure, three terms need to be defined. “Screening” is used here to describe the process of ascertaining basic information about an individual or couple. Screening generally occurs at intake when the individual or couple first expresses interest in participating in the program services. In this instance, it defines the process a HMR program uses to determine whether domestic violence is an issue for potential or current participants and typically involves the use of an intake questionnaire or form. “Assessment” focuses on exploring the meaning of the information that emerges from screening and understanding its implications for decisions that the HMR program and a client might make. Assessments, often structured as a follow-up conversation to initial screening, have to be multi-faceted and ongoing in order to capture those complexities of a person’s experience that might be most important.

For example, in the course of being screened – that is, being asked questions about whether or not they are ever afraid of their partner and whether they feel safe in the relationship – two individuals might indicate on the intake form that they have been abused by an intimate partner. In one instance, follow-up questions, or assessment, reveal that the abuse occurred in a past relationship, and both the relationship and the abuse ended several years ago. In the other case, the person discloses that a partner is extremely controlling and abusive. These two domestic violence “disclosures” have very different implications for decisions about whether an individual’s participation in a marriage education class with their partner will be both safe and helpful to them. It is through the assessment process that these differences emerge and appropriate responses can be determined.



Another term that needs defining is “domestic violence”, which we use throughout this Resource Packet to mean a pattern of abusive behaviors – including physical, sexual, and psychological attacks as well as economic coercion – that adults and adolescents use against an intimate partner. Domestic violence is characterized by one partner’s need to control the other, and the intentional use of a range of tactics: physical, emotional and economic, to secure and maintain that control.¹ It includes behaviors that frighten, terrorize, manipulate, hurt, humiliate, blame, often injure, and sometime kill, a current or former intimate partner.

Under this definition, then, it is possible to distinguish between the use of singular or occasional acts of “low-level” physical aggression, sometimes referred to as “fights that get out of control,” and repeated patterns of behavior that serve to assert or maintain control over a partner and leave them fearful and intimidated.² While both are problematic and have no place in healthy relationships, the latter is far more likely to result in injury or death and raises real concerns about participation in relationship and marriage education programs. (For a fuller discussion of these issues, see *Understanding Domestic Violence*, Guide #1 in this series.)

Why should HMR program screen for domestic violence?

Why is it important for HMR programs to know whether or not the couples that are being recruited by or referred to their programs include domestic violence victims or perpetrators? Participation in these programs is voluntary. Doesn’t that serve as a natural screening mechanism?

While the voluntariness of HMR programs is certainly protective, it would be wrong to assume that domestic violence victims and perpetrators might not be drawn to them. For example, a woman may have decided not to marry the abusive father of her children or left an abusive partner out of concern for the children, and now has become convinced that their growing up without a father will have a detrimental impact on them. Victims might also feel pressure from child protective services, their family or even their church to do something to make things “better” at home, or to “save” their relationship, particularly for the children’s sake.

Victims may also feel considerable pressure from an abusive partner to “fix” the relationship and be a “better” partner, and might think the healthy marriage relationship program will help them fulfill that mandate. An abusive partner might see marriage education classes as a way to re-exert control over a partner who is thinking about leaving. Other victims might not even recognize that they are in an abusive relationship, that they are being controlled, and that they have been cut off from natural support systems until someone asks them directly if they are afraid of their partner.

Marriage and relationship education programs are not domestic violence interventions. They are not designed to address the use of violence, abuse, coercion, and other controlling behaviors that are the hallmark of domestic violence. Domestic violence, as we have defined it here, is not about poor communication or the lack of anger management skills. For couples’ work to be successful and meaningful, both parties must be able to speak freely and honestly about relationship dynamics. The very nature of domestic violence interferes with this.

Research and experience have found this to be particularly true if the perpetrator denies their use of abusive tactics and control, blames the abuse victim, or has little commitment to change their behavior. Similarly, if the abuse victim shows fear of further violence, assumes responsibility for their partner’s violence and abuse, or feels that they deserve it, couples work is not only counterproductive but also potentially dangerous.³ In the relative safety of the HMR program group environment and with new insights about what a “healthy relationship” looks like, a victim might share details of their abusive partner’s behavior that increases the danger of retaliation once they leave the protective class environment.

Careful screening and assessment for domestic violence helps HMR programs match the services they are providing with those couples who can best use them as well as avoid exacerbating the risks faced by domestic violence victims. Careful screening can also help facilitate access to needed community-based domestic violence services for those who need them. In fact, domestic violence disclosures occur regularly as a result of HMR program screening, even in programs where staff had previously argued that domestic violence would not be an issue for their clients. In some communities, domestic violence programs report an increase in requests for services from victims who initially heard about those services from the local HMR program.

Programmatic pressures affecting screening and assessment

There are a number of concerns and questions that can affect how a particular relationship or marriage education program might approach screening and assessment for domestic violence. Program administrators need to remain alert to these and their interplay with staff commitment to address domestic violence.

- **“Domestic violence is not a problem in our community.”**

There are still community and religious leaders and HMR staff who may be unaware that domestic violence exists, is all too common, and affects us all. To counter this, HMR programs can work with local or state domestic violence organizations and use the national, state, and local data to create a persuasive and accurate picture of the scope, prevalence, and impact of domestic violence (see *Understanding Domestic Violence*, Guide #1 in this series). Even more effective is asking a survivor from the community, congregation, or target area to bring the issue “home” to skeptics within your program or community.

Learning from the Community

One culturally-specific community-based agency offering healthy marriage education classes was hesitant to make domestic violence information available to their clients. They were not convinced that domestic violence was a problem for their community and thought it would be received negatively. However, the first week they placed bilingual domestic violence posters in the bathrooms, every single one of the tear-off cards (with the local domestic violence hotline number) were taken. Convinced of the need to do more, they began to look for other ways to get the word out that help was available.

- **“If we screen couples out, we won’t meet our recruitment and retention goals!”**

For programs that have set unrealistically high recruitment and retention goals, having to “turn away” potential clients because of domestic violence concerns may increase pressure to meet participation rates. However, renegotiating these targets is far preferable to having program participants whose needs you cannot address or, worse, having someone get hurt.

- **“Isn’t domestic violence about extremely poor communication skills and anger management? We teach these in our program, so why do we need to screen anyone out?”**

The definition provided earlier distinguishes between “fights that get out of control”, when indeed couples may be able to learn better anger management behaviors or communication skills, and domestic violence, which involves one partner using abusive tactics to control the other. In domestic violence, the issue is not “losing control” but rather maintaining control, often at a high cost for everyone involved. Domestic violence involves behavior that is often criminal, usually dangerous, and sometimes lethal. HMR programs are neither designed nor prepared to address the complex issues that domestic violence raises.

- **“Should we screen for domestic violence even when there are no viable community options for the victims or offenders?”**

That is, no culturally or linguistically competent domestic violence services, no accessible services for men, including batterers intervention services, no other supports for families if screened out of healthy marriage program. In these instances, “screening out” leaves an individual or couple with no immediate alternatives. A partial answer to this dilemma lies in how the goal of screening is defined and whether there is value to communicating support and caring to domestic violence victims even if no local services are immediately available.

- **What should the goal of domestic violence screening and assessment be?**

When HMR programs first received federal funding and were asked to identify and respond to domestic violence issues, many articulated a goal of “screening out” all individuals or couples who are or have been in an abusive relationship (using varying definitions of what constitutes abusive behavior). However, past abuse in a prior relationship may not be an issue for someone looking to strengthen their current relationship with a non-abusive partner. And safety concerns are different for a domestic violence victim who is able to participate in classes without their abusive partner, which is an option at some HMR programs. As we have more experience screening for domestic violence within HMR programs, a more nuanced and broader understanding of the purpose of domestic violence screening and assessment has emerged.

Broadening the Goal of Screening and Assessment

Rather than seeing screening and assessment as merely a sorting function which allows program staff to separate those who disclose domestic violence from those who do not – there are benefits to appreciating other objectives that screening can help achieve. Screening should be understood as a means rather than an end.

- By communicating that you care about the safety of all family members, you can begin a process of trust building and engagement with individuals and couples from your community. The screening and assessment process can help underscore that violence or abuse – in any form – is not a part of a healthy relationship.
- All participants who are screened and receive information on community resources are better prepared to help themselves, if necessary, but also family or friends who might need information on domestic violence protections or services.
- Screening and assessment can help you determine who is at risk in their relationship. You can use this information to make decisions about participation as well as make informed referrals to community resources.

Respecting diversity: Looking through the lens of culture

Race, ethnicity, faith traditions, cultural beliefs, and attitudes about gender roles shape couple and family behavior and community responses in numerous ways. They also play an important role in how domestic violence is understood, reflected in language, and addressed within diverse communities, as well as how attitudes toward relationships and marriage are formed. For women of color in particular, disproportionately high rates of poverty, circumscribed educational and job resources, language barriers, and, for some immigrants, fear of deportation often increase their difficulty in finding help and support services when faced with a violent and abusive partner.⁴ Some religious and cultural beliefs reinforce victimization and self-blame, while legitimizing abusive behavior.⁵

Healthy marriage and relationships programs are serving very diverse populations, including high proportions of individuals who are economically disadvantaged, from specific racial and ethnic communities, or are immigrants and refugees. Increasingly, the HMR field is making cultural adaptations in program curricula and design to respond to this diversity.⁶ It is important that HMR programs become knowledgeable about how their target population's cultural and economic background affects their willingness to disclose domestic violence and their expectations when they do so. To become "culturally competent" in their approach to domestic violence screening and assessment, some HMR programs will need to consult with not only the local domestic violence experts but also leaders from the particular racial, ethnic or religious community to which their participants belong.

With sensitivity to the dangers of either stereotyping or minimizing intra-group diversity, the following illustrations provide a useful but limited glimpse into some of the cultural realities that can affect disclosure of domestic violence:

- As a result of historical and present day racism and the painful legacy of slavery, African American victims may be less likely to report their abuser or seek help. Racial discrimination, the vulnerability of African American men to police brutality and incarceration, and pervasive negative stereotyping of both African American men and women and the African American community as a whole are all serious obstacles for African American domestic violence victims.⁷

Many African American women who are abused face a "double-bind," described as the "tendency to endure abuse, subordinate their concerns with safety, and make a conscious self-sacrifice for what many of these women would perceive as the greater good of the community to their own physical, psychological, and spiritual detriment."⁸ Cultural protectiveness of family and community may lead some victims to excuse their partner's violence and abuse, and religious beliefs may lead others to forgive that same behavior. Stereotypical depictions of African American women that abound in our culture discourage some African American victims from speaking out about abuse or being heard when they do.⁹ An African American mother may also be concerned that disclosing domestic violence might result in the loss of her children to the child protective services system.

- In Asian Pacific Islander (API) communities, emotional control, respect for authority, self-blame, perseverance, and the acceptance of suffering are considered highly valued virtues and traits. However, these culturally-based responses can also contribute to API women's unwillingness or hesitancy to disclose their victimization.¹⁰ There may be multiple abusers residing in the home, including brothers, mothers-in-law, and others who make seeking help difficult. Victims may be dealing more with abusers who push them away ("leave the house, give me a divorce or else"), creating a different set of risks and vulnerabilities than victims dealing with the more typical tactics of entrapment ("don't leave me, come back to me or else"). Gender roles established by cultural and social values are often tightly prescribed and often rigid within the API community.¹¹
- The devastating impact of colonialization, including the widespread removal of Native American children and their placement in boarding schools, and ongoing disrespect for Native traditions and customs, including traditional tribal marriages, contributes to the deep distrust that many Native American and Alaskan Native women have for Anglo agencies and service providers.¹² While the frequency and extent of battering in Indian Country varies among different tribes, it is believed to be much higher than the national norm. Domestic violence is a relatively new phenomenon in Native American culture. Abuse of both Native American women and children by Native American men is linked to the introduction of alcohol, Christianity, and the European hierarchical family structure."¹³

The crushing poverty that many Native families deal with daily makes raising violence issues even more difficult. Individual needs often defer to family unity and strength; and there is strong loyalty to both immediate and extended family as well as to the tribe itself. Native American and Alaskan Indian victims may fear isolation and alienation within their own community if they disclose abuse. There may also be distrust of subjecting themselves or family members to a criminal and civil justice system that they have experienced as sexist and/or racially and culturally biased.

- In many Latino cultures, it is socially unacceptable for women to be divorced, to marry several times, or to remain single and have children out of wedlock.¹⁴ In addition to the reasons that compel many women to stay with an abusive partner, such as financial

concerns, belief that the children need their father, threats of harm if they leave, hope that things will change, Latinas are also affected by religious beliefs that hold marriage vows sacred, culturally-constructed ideas of what constitutes a “good” woman, and feelings of responsibility for keeping their families together. Latino men and women may also struggle to adjust to American ideals of gender equality and individualism, which conflict with the gender roles and group-oriented values of their diverse traditional cultures. Even when embraced by Latinas, these new gender roles are often resisted by their partners, who fear that women will abandon their traditional roles of wife and mother. This can cause increasing tension and conflict among couples and may contribute to incidents of domestic violence or to family break-up.¹⁵ For these reasons and others, it may take some time for Latino victims to talk about their abuse and seek help.

Insights into Working with Refugee Communities

From Building Bridges between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs: A Practical Guide

Healthy marriage and relationship programs are currently working with refugees from over 30 different countries in Eastern Europe, Africa, and Southeast Asia. In working with the leadership from these refugee groups to develop culturally appropriate programming, numerous challenges have been identified. For example, many refugee populations hold ideas about gender roles and relationships with extended family that are very different from those predominant in the United States. They have different ideas about taboo conversation topics, tend to hold group-oriented values higher than individualistic ones, and communicate in a way governed by different rules, patterns, and expectations. For example, the concept of “active listening” – a core concept of many marriage education curricula – is not useful to the Sudanese, for whom repeating what you have just heard a partner say is seen as a clear sign of anger. Further, in many of these communities, the concept of adult education is quite unfamiliar, and men and women are never expected to be present in the same room.¹⁶

- Immigrant women often feel trapped in abusive relationships because of immigration laws, language barriers, social isolation, and lack of financial resources.¹⁷ Abusers often use their partners’ immigration status as a tool of control, including enforcing silence that abuse is

occurring.¹⁸ In such situations, it is common for a batterer to exert control over his partner's immigration status in order to force her to remain in the relationship.¹⁹

While domestic violence occurs in all socioeconomic and educational levels, as poverty becomes more severe, the level of violence increases in a fairly consistent way across ethnic groups.²⁰ The correlation between poverty and reported rates of domestic violence highlights the importance of viewing poverty as an obstacle that affects both an abuse victim's capacity for self-protection and an abuser's resolve to end the use of violence. A victim in the grips of both poverty and violence may not view their partner's violence as the most important concern facing the family.

The need to respect diversity and respond in culturally competent ways has been highlighted as a shared and ongoing responsibility of healthy marriage initiatives and domestic violence programs, along with responsible fatherhood programs.²¹ HMR programs can help staff learn as much as possible about the community or communities with whom they are working, including their attitudes and experiences with domestic violence, if they are not members of that community, and appreciate intra-group diversity.

Screening and assessment: Key considerations

We are still learning the best ways to conduct domestic violence screening and assessment so as not to exacerbate the risks faced by domestic violence victims. In some healthy marriage and relationship programs, as described earlier, the participants typically hear about education classes through informal means such as public awareness campaigns, their church, and the newspaper, and are self-referred "walk-ins". In these programs, intake is informal if it occurs at all. These community-based programs often rely on participants to self-screen based on the information they are given about the nature of the classes and the types of couples for whom it is designed.

In others, participants may already be clients of the host agency or some other agency, and they are often referred specifically to the HMR program, and some kind of referral or intake form is typically used. The screening and assessment process itself varies across several key dimensions, including the formality of the screening/assessment, when inquiries about domestic violence will occur, and the tools employed. Some of these variations are described below:

- **Formal vs. Informal Screening and Assessment**

Whether a program employs a formal or informal screening process is often a function of the type of setting in which screening and assessment will occur, and the opportunities for confidential disclosure. Among federally-funded HMR programs, these settings can include home visitation, hospitals, maternity departments, or birthing centers, welfare/child protective services agencies, multi-service community agencies, high schools, and churches, to name a few. Many HMR programs rely on partner agencies, which may or may not have screened for domestic violence, to refer couples to the HMR classes. Other HMR programs have added domestic violence screening questions to an already existing intake questionnaire that is administered at their initial point of contact with a new client or at different times during their involvement with the agency.

- **Timing**

Screening may take place at intake or at some point during the registration process, occur once or on an ongoing basis, or at particular points in the program – at the 3rd class, for example. Some HMR programs use their staff or volunteers to complete the initial screening, and if domestic violence issues are identified or suspected, call in domestic violence advocates to complete an assessment, particularly if the victim expresses interest in participating in relationship and marriage education activities.

- **Tools**

Some programs use specially developed screening tools, while others rely on one or two questions that have been added to a telephone or in-person registration script. These questions, which typically attempt to ascertain whether there has been any physical, emotional or psychological abuse (sexual abuse is also sometimes explored) can be imbedded in a larger form or are on a stand alone form. Some programs only screen women for domestic violence victimization at program intake, while others screen both men and women for victimization, using the same or different tools.

Screening and assessment: recommendations

- **Always describe your HMR program fully and accurately**

HMR programs are not domestic violence interventions and should not be described as such. As was discussed earlier, there are many reasons why domestic violence victims might look to a HMR program for help to “fix” their abusive partner or “save” their relationship. Not only is the HMR not designed to address the serious dynamics involved in domestic violence, it may be dangerous to a victim to participate in couples-based marriage or relationship education.

When the HMR program publicizes its classes or activities, whether via flyer, bulletin insert, poster, newsletter, or e-mail, including descriptions on Web sites, there should be a clear and unambiguous statement included that the program is not designed to address serious relationship problems such as domestic violence. A HMR program might also want to provide additional support to those trying to assess whether the classes being offered will be safe and helpful for them. Here’s one example of how to do this:

“We fight all the time. Is this class for me?” All couples fight, right? Sure. And this class will likely teach you how to speak your mind in healthy ways, even how to “fight fair.” But if you are in an abusive relationship, this class will not give you the kind of help you need. Does your partner embarrass you with putdowns, control what you do, who you see or talk to, or where you go, take your money or refuse to give you money, threaten you, hurt you or your children, acts like the abuse is no big deal, that it’s your fault, or even deny doing it? Answering yes to any of these questions may mean you are in an abusive relationship, and a marriage education class will not give you the help you need. But you are not alone! For support and more information, please call the National Domestic Violence Hotline at 1-800-799- SAFE (7233). All calls are confidential.”

Building on a referral document developed by a marriage education program, advocates in Texas are recommending that HMR projects prepare a participant’s letter that outlines the purpose and nature of the program, while highlighting those

areas/issues that are outside its scope, such as domestic violence. The letter also encourages those facing such issues to get assistance and provide information on community resources.

- **Don't ask about domestic violence unless you can do so safely**

Unless you can inquire about domestic violence in a safe, confidential place and time, and in a language that will be easily and fully understood, it is better not to. The Addendum that follows these recommendations provides strategies to use to support safe and confidential disclosure of domestic violence issues by potential or current participants.

- **Provide multiple opportunities to disclose.**

The best way to ask potential participants if domestic violence is an issue in their relationship, including who should ask, when they should ask, where they should ask, and how they should ask, will vary from one program to another. What creates a sense of safety and comfort for one individual in one context might be very different for someone from another racial or cultural background or within a different setting. For this reason and others, it is important not to rely solely on screening for domestic violence at intake.

For example, several Latino agencies providing HMR services to immigrant families have found that disclosures of domestic violence are far more likely to occur after victims have been involved in the program for several weeks rather than at intake. Until they feel comfortable and safe with the staff and within the program itself, disclosure is too risky, particularly for victims whose legal status is tied to their abuser or who are part of a small and tight-knit community. Now aware of this reality, these Latino agencies have adjusted their approach to domestic violence screening and assessment to create multiple opportunities to disclose to domestic violence and provide constant reassurance of confidentiality.

- **Use effective screening and assessment strategies when working cross culturally**

If necessary, adapt your screening assessment questions and approach in order to be more culturally relevant to the individuals and couples with whom you are working. Pay

attention to the words that are used in different cultural settings and integrate those into your screening and assessment questions. For example, for coastal Inuit groups, “acting funny” can describe domestic violence and in some Latino communities, when a partner “disrespects you,” this can mean that they are abusive. Focusing on actions and behaviors as opposed to culturally-specific terminology can also help. Follow up with similarly framed questions for example, “What does your boyfriend do when he acts funny?” or “Tell me what your baby’s father does when he disrespects you?” Always be aware of verbal and non-verbal cultural cues, such as whether or not there is eye contact and/or patterns of silence or discomfort while you are exploring these sensitive issues.

- **Avoid directly screening men for domestic violence.**

When working with intact couples, direct screening of men for either victimization or perpetration is still considered too risky to recommend. The primary safety concern is that screening males will potentially alert an abuser that his abused partner is being asked about domestic violence. She may then be questioned about her responses when he sees her next, and be placed at risk regardless of how she responded. While direct screening of males who are part of a couple is not recommended at this time, ongoing assessment is – e.g., looking for indications of victimization, creating opportunities to talk about abuse, and providing information about resources available.

- **Never ask “Are you a domestic violence victim?”**

Inquire instead about specific behaviors that describe domestic violence, such as “Has your partner ever hurt you?” “Do you ever feel afraid when you are with your partner?” “What makes you feel uncomfortable in your relationship?”

- **All programs working with couples can and should create opportunities for victims to disclose.**

- 1) Programs with an informal intake process***

- Most HMR programs have at minimum a registration process for classes or activities. Even in programs with no formal intake, the registration process provides an opportunity, over the phone or in person, to describe the program accurately, including the relationship issues that will be addressed, how the classes are structured (lectures,

the use of interactive exercises, etc), and the expectations of participants, such as whether only couples can participate. This will be valuable information for someone who is managing a violent relationship and trying to determine whether what you are offering will be safe and helpful for them. This program description can then be followed by one or two “soft” domestic violence questions that fit easily within this registration context. For example, you could ask, “Now that you’ve heard more about the class/activity, is there anything that would make you uncomfortable attending with your partner?” If there is a pause, or other indications that they *would* be uncomfortable, you could follow-up with an additional inquiry about whether they have any concerns about talking freely in front of their partner.

Answers, or non-answers, to these “soft questions” might suggest that a couples-based program is not appropriate, and that other resources should be explored. If it is possible for an individual to participate in your HMR program without their partner, certainly provide this option as well. Whether or not the individual has disclosed domestic violence, point them to information on other community services that might be helpful. Offer to send a resource listing, provide the phone number for your community’s Information and Referral services, or refer to your Web site if you have this type of information included there.

2) Programs with a more formal intake process

In programs that have a more formal intake process, either for the HMR services in particular or for the larger agency, it is important not to ask domestic violence questions in a way that feels targeted to a particular person or group of people. To do so is both culturally inappropriate and dangerous for victims. The domestic violence screening questions should be framed in terms of a concern for safety and not be accusatory or judgmental in tone. Here is how some HMR programs have approached screening:

- “In order to figure out which programs might be most helpful and because we care about your safety, we are asking everyone these questions about your relationship with your (boyfriend/husband/father of your child/partner).”

- “Most couples argue from time to time. When you and your partner/spouse argue, do you ever feel afraid?”
- “When your partner is angry, how does he/she act? Does he/she ever get physical and push, grab or hit you? (If yes, when was the last time this happened?)”
- “Does your partner ever try to control you in a way that makes you uncomfortable, such as controlling who you see or talk to, how you spend your money, what you wear, whether or not you work or go to school?”
- “Is there any reason that you would be uncomfortable participating in a relationship or marriage education program with your partner (or with the father of your child)?”

▪ **Always pay attention to expressions or indications of fear**

Continued discussion, debate, and research are needed before we have the tools to distinguish between domestic violence, as defined here, and other types of conflict and violent behavior that occurs within intimate relationships, and the implications of these distinctions for practice. There are studies underway in both the domestic violence and HMR fields to help us better understand the new research that distinguishes between types of violence/abusive behavior within intimate relationships and its application to HMR education, as well as its relevance to work within diverse communities.

However, while we wait for the results of these studies, expressions of fear should remain an important red flag for HMR programs. When an individual indicates verbally or through their behavior that they are afraid of their partner, this should be taken very seriously.

▪ **Once disclosure has occurred, consider involving domestic violence advocates**

After domestic violence has been disclosed, a supportive environment should be created in which to discuss the abuse and assess the immediate and long-term safety needs so that an appropriate response can be developed and implemented. The assessment process will be particularly important when there has been a disclosure of domestic violence by a victim who is still interested in participating with her partner in the HMR classes or activities. A trained domestic violence advocate will be able to identify risks and work to develop a safety plan for victims who chooses to participate in HMR services with their partner.

Another point at which a domestic violence advocate's input will be particularly important is when there is a disclosure of current domestic violence by someone already participating in marriage education activities.

- **When serious abuse is disclosed**

If an individual states that there has been an escalation in the frequency and/or severity of violence, that weapons have been used, or that there has been hostage taking, stalking, homicide or suicide threats, there should be an immediate referral to the domestic violence program for a lethality assessment. Studies have shown that these are all warning signs that the victim and their children may be in serious danger.

- **If you suspect domestic violence, but the participant says "no"**

First and foremost, respect her/his response. As has been discussed, there are many reasons, including safety, that a person may choose not to disclose that they are being abused by an intimate partner, even when asked directly. Let them know that you are available should the situation ever change and continue to provide opportunities to disclose. Make sure that they have safe access to information and resources in waiting rooms or bathrooms or on the program's website. Consultation with a domestic violence advocate in these instances might also be helpful to the HMR program staff involved.

- **Reporting to child protective services**

Healthy marriage and relationship program staff should know their state or county's child abuse reporting laws and its specific policies on whether child exposure to domestic violence (i.e., witnessing domestic violence) is defined as child maltreatment. In a state that requires mandated reporting in all cases of child exposure to domestic violence, the staff should inform the non-offending parent of the obligation to file a report to the child protective services system (CPS), assess the safety needs of the victim, and follow agency policies related to mandatory reporting. HMR staff should work closely with domestic violence advocates in developing their responses to these cases.

In other states, where there is not mandated reporting of child exposure to domestic violence, the HMR program staff should assess the specifics of each situation as a means of

making a decision about whether it is necessary to make a report. Since the consequences can be so significant for domestic violence victims, consider including domestic violence experts in the assessment process. The assessment should explore whether children were injured or abused, the current safety of the home, and whether threats have been made against the children. If the situation is not currently dangerous, the provider can refer the victim to other community services that might be helpful, including the domestic violence program, counseling with someone who has worked with domestic violence victims, or child advocacy services.

If the situation is currently dangerous to the child, a report needs to be filed. Consider involving the mother in filing the report and follow the recommendations above to maximize the protection afforded to her during the CPS investigation.

- **Whenever possible, create a positive context**

For HMR programs that are part of community-based organizations that build longer-term relationships with their clients, consider beginning any screening process with an opportunity for the individual to articulate their hopes and dreams, instead of moving too quickly to direct questions about domestic violence. Within this context, ask what gets in the way of realizing those hopes and achieving those dreams. If an individual always hoped to go to college, or go back to work, or meet more people, or spend more time with their family but has a partner who won't let them, this may be a sign that they are being controlled by that partner. An approach that says to the individual, "we care about your life", creates a more open context to explore issues undermining their success, including violence, and deal with them more honestly.

Rather than approaching domestic violence screening and assessment as an exploration of what is wrong with the relationship – "does your partner do these bad things to you?" – a more positive approach has the potential to form a different kind of bond and more open communication. This new approach was identified as particularly important for individuals from communities that are already viewed negatively and would view a disclosure of domestic violence confirmation of negative stereotypes and feeding that sense of family and community "brokenness".

Asking specific questions about domestic violence will still be a critical part of the screening and assessment process. In taking a more positive approach, it will be important not to minimize the seriousness of domestic violence.

- **Use domestic violence advocates as a resource for healthy marriage and relationship program staff**

In addition to referring victims to domestic violence programs for services, identify domestic violence experts that HMR program staff can talk to when difficult situations arise or problems emerge related to screening, disclosure, or response. Respect and utilize the expertise of your domestic violence advocacy community and think of it as an important resource for the HMR program staff.

The recommendations above reflect important lessons learned from research and experience to date, although there remains a great deal for us still to explore. Most of the domestic violence screening approaches and tools used within the HMR setting have been adapted from those developed within the health care and child protective services systems. Understanding the additional adaptations and translation that these tools require for effective use by HMR educators and programs is ongoing and needs to continue. Just as HMR curricula and materials are being adapted and translated for diverse populations, so will domestic violence screening and assessment tools need to be.

It will also be important to continue to refine our understanding of intimate partner violence and conflict and their implications for HMR programs screening and assessment for domestic violence. Building consensus how best to distinguish domestic violence from other types of conflict that occur within relationships, and the implications of these definitions and distinctions for the policies and practices of national, state, and local initiatives is essential, and will take time.



Additional information: Screening and assessment tools for health care and CPS agencies

Health Care Settings: HMR programs operating within the context of health care setting, see a full set of health care screening and assessment tools developed by the National Health Resource Center on Domestic Violence at: <http://www.endabuse.org/programs/healthcare>

Child Protective Services: HMR programs operating within the context of child protection agencies, see screening and assessment resources developed by the National Resource Center on Domestic Violence: Child Protection and Custody at: <http://www.thegreenbook.info>

See also related materials developed by the Family Violence Prevention Fund's Children's Program at: <http://www.endabuse.org/programs/children>

Addendum: Supporting safe disclosure of domestic violence

What are the best strategies to use to support safe and confidential disclosure of domestic violence issues by potential or current participants? In addition to culturally-specific issues that affect disclosure described above, the decision to disclose domestic violence is a difficult one for most domestic violence victims. Across cultures, domestic violence victims fear that their complaints will not be taken seriously, that they will be blamed for their partners' violence, that they will lose custody of their children, that their source of family economic support will be jeopardized, or that this information will be shared with their abusive partner. In light of these reasonable fears, exploring domestic violence issues with individuals and couples – in any setting – must be undertaken with care and in ways that empower victims rather than further an abusive partner's control. There is considerable evidence that the time of highest risk is when a victim takes steps to leave their violent partner.²²

Just as domestic violence victims have taught us a great deal about what makes it hard to disclose domestic violence (see the handout, *Disclosing Domestic Violence* at the end of this Guide), so have they helped us understand the kinds of supports and reassurances victims need who want to break the silence or “tell the family secret” and reach out for help. Key among these supports are:

- **Messages that say this is an informed, safe place to disclose.**

What does your office, waiting rooms and program materials communicate to domestic violence victims that this is a safe place to disclose domestic violence? If someone were to walk in wondering whether or not to tell you what is really happening to them in their relationship, would they be encouraged to do so? Do they encounter people who look and speak like them and might understand their experiences? Do they have the opportunity to speak to someone in their first language?

- **Messages that say that you are an informed, safe person to tell.**

Are program staff comfortable talking about domestic violence, or do they fidget and look everywhere but at the client whenever they come to this part of the intake? Do staff convey an open and non-judgmental stance, even with people who are different from them?

- **A clear understanding of if and with whom the information will be shared.**

This includes understanding whether and how the domestic violence information the victim provides will be shared with others in your office or within the community, which is particularly important in rural communities where privacy is harder to maintain or within small refugee or immigrant communities. Will a report to child protective services be made? Will disclosing domestic violence mean that their children will be taken away, something that their partner has threatened will happen?

- **A clear understanding of how the information will be used.**

How will the fact that they have been victimized by an intimate partner affect eligibility for or access to services and supports in which they might be interested? Are there protections that you can offer that will allow them to participate safely? All of this should be explored in the context of their particular circumstances, concerns, interests, needs and resources.

- **Meaningful assurances of confidentiality and privacy.**

Telling someone that you are being abused by someone you once loved, and may still love, is difficult. Before deciding to share such personal and potentially stigmatizing information, victims need to be sure that you will handle this information with care. It is through their safety planning lens, often shaped by religious convictions, cultural identity, and the strength of familial and community ties, that many victims make disclosure decisions and those related to participating in services or programs that others think might be helpful to them.

There are many ways that a HMR program can signal that this is a safe, supportive environment for domestic violence victims. For example, many programs post National Domestic Violence Hotline posters (or posters from local or state hotlines) in classrooms or waiting rooms, or leave palm cards and other materials in both common areas and more private spaces (such as in women's

bathrooms). When handing out domestic violence referral information, remind program participants that “while domestic violence may not be a problem for them, they may have family, friends, neighbors, or co-workers who might need these kinds of services.” This provides helpful “cover” for victims who might want to pick up the material without raising suspicion.

Safely Exploring Domestic Violence Issues

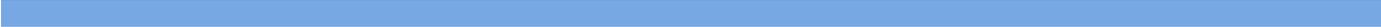
- Always raise the issue of domestic violence privately so that others, including the perpetrator, will not overhear the conversation. Asking about domestic violence in the presence of the perpetrator, or in a way that alerts the perpetrator to the conversation, can put a victim at risk.
- Explain why you are exploring the issue of abuse and tell the individual being screened that they do not have to answer any of the questions being asked.
- Provide assurances of confidentiality, with the exception of information that requires mandatory reporting (such as child abuse).
- Pay attention to the language of the screening questions and make sure that the terms you are using will be easily understood and culturally relevant.
- Avoid blaming or judgmental responses.
- Do not force an individual to say WHY they are not interested in participating.
- Regardless of whether a disclosure of domestic violence occurs, **UNIVERSALLY** provide information on domestic violence services and support available in the community. (Your domestic violence partners can help you craft the right language.)

Remember that a negative response to screening may only indicate that the victim is not comfortable disclosing abuse at this time.

Endnote

NOTE: This paper was prepared with the valuable assistance of the Domestic Violence Screening and Assessment Workgroup, which was convened in September 2007. The points of view expressed are those of the author and do not necessarily represent the official position or policies of the Annie E. Casey Foundation or workgroup participants. Workgroup participants included: Juan Carlos Arean, Jacquelin Boggess, Jacquelyn Campbell, Allison Deschanps Hyra, Shelia Hankins, Ellyn Loy, Aleese Moore-Orbih, Lisa Nitsch, Patrick Patterson, Farzana Safiullah, Akilah Thomas, and Afra Vance-White.

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DISCLOSING DOMESTIC VIOLENCE

The decision to disclose domestic violence is a difficult one for many domestic violence victims. There are many reasons why someone would choose not to talk about abuse they are experiencing.

- ◆ **The victim is afraid for their own or their children's safety.** An abuser has made serious threats such as, "If you ever tell anyone, I'll hurt you and the kids." or "I'll make sure you never see the kids again" and has made good on threats in the past.
- ◆ **They do not feel safe in your office.** There may be many reasons for this. There may not be enough privacy to talk about the abuse. The process of applying for benefits or services through your office might feel overwhelming. A victim may have had an experience with other systems that were abusive, making them very cautious.
- ◆ **A relative or friend of the abuser may work in your office.** The victim may feel that it is too dangerous to reveal the abuse they are experiencing. This is especially true in small rural offices or if the victim has to use a translator who is part of a close-knit immigrant community.
- ◆ **They may be afraid of losing her benefits or services if they tell your office staff.** If the process of getting benefits or services is confusing, they may need some time to understand their rights and responsibilities.
- ◆ **A victim may have many reasons to believe that talking about the abuse can only make their situation worse.** They may have told a neighbor or friend who didn't believe them or made them feel that the abuse was their fault. They may have confided in a family member who then told the abuser, resulting in a serious injury.

WHAT SUPPORTS DISCLOSURE?

- ◆ **Messages that say this is an informed, safe place to disclose.** What does your office/ waiting rooms/materials communicate to domestic violence victims about whether this is a safe place to disclose domestic violence?
- ◆ **Messages that say that you are an informed, safe person to tell.**
- ◆ **A clear understanding of how the information will be used.** This includes understanding how and if the domestic violence information the victim provides will be shared with others in your office or within the community, which is particularly important in rural communities where privacy is harder to maintain.
- ◆ **A clear understanding of how the information might affect any decisions you make about their case.** How will the fact that she is or has been victimized by an intimate partner affect eligibility for or access to services and supports in which they might be interested? Are there protections that you can offer that will allow them to participate safely? All of this should be explored in the context of their particular circumstances, concerns, interests, needs and resources.
- ◆ **Meaningful assurances of confidentiality and privacy.**

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

After Disclosure

Responding to Domestic Violence



The Annie E. Casey Foundation

This resource packet was prepared by Anne Menard for the

National Healthy Marriage Resource Center (NHMRC)

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The National Resource Center on Domestic Violence serves as the NHMRC's domestic violence partner.

Responding to Domestic Violence is the fifth in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ Understanding Domestic Violence: Definitions, Scope, Impact and Response
- ◆ Building Effective Partnerships with Domestic Violence Programs
- ◆ Guide 3: Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- ◆ Guide 4: Screening and Assessment for Domestic Violence: Attending to Safety and Culture
- ◆ ***After Disclosure: Responding to Domestic Violence***

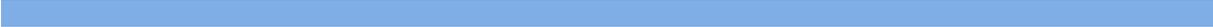
About the Author: **Anne Menard** is an activist who has worked on policy, practice and research issues affecting domestic violence and sexual assault survivors since the mid-70s. She is currently the Director of the National Resource Center on Domestic Violence, a federally funded project of the Pennsylvania Coalition Against Domestic Violence. Previously, she has served as senior consultant to the Family Violence Prevention and Services Program of the U.S. Department of Health and Human Services, as a consultant to the NHMRC, The Lewin Group, and MDRC providing assistance to federally-funded healthy marriage projects in developing their response to domestic violence issues, as Executive Director of the Connecticut Coalition Against Domestic Violence, and as co-director of Connecticut's largest domestic violence program.

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When disclosures of domestic violence occur as a result of screening or at any point during participation in a healthy marriage or relationship (HMR) program or activity, an effective response must follow. Screening and assessment for domestic violence by HMR programs has two primary purposes: to ensure that referrals to and participation in marriage and relationship education activities are appropriate, and to identify domestic violence victims who may need referral to support services or additional assistance. This Guide, the last of five in a domestic violence Resource Packet developed for HMR educators and program administrators, helps prepare HMR programs to respond when domestic violence is disclosed or detected, and provides strategies for ensuring that effective referrals to domestic violence services and protections occurs.

HMR programs funded by the federal government are required to consult with local domestic violence programs. In the interests of participant safety, those funded from other sources are strongly encouraged to do so as well. Working collaboratively with community partners, HMR programs can ensure that program staff and volunteers have received adequate training to respond effectively and with confidence whenever domestic violence issues arise.

These discussion and recommendations regarding responding to domestic violence disclosures build on information included in other parts of the Resource Packet related to understanding the prevalence and impact of domestic violence, establishing effective partnerships with domestic violence partners, developing domestic violence protocols, and screening and assessment approaches and strategies. They also reflect the deliberations of a workgroup convened by the National Healthy Marriage Resource Center in September of 2007 comprised of practitioners from the domestic violence, healthy marriage and responsible fatherhood fields. The workgroup participants quickly agreed that there were a number of key issues affecting response to domestic violence disclosures within HMR programs, and these will be used to organize the material included in this Guide.



These key elements include:

- The need to understand the distinctions between domestic violence and other types of conflict and abuse that occur within intimate relationships, along with appropriate interventions;
- The stage at which a disclosure is occurring -- at intake, before the individual becomes a program participant, or post-intake, when the victim and possibly their abusive partner are already participating in the marriage and relationship education program;
- The community resources, services, options and protections available to an individual or a couple who is “screened out” of or excluded from a HMR program due to domestic violence; and
- Issues of community and organizational capacity, including the staff and programmatic resources of the HMR and domestic violence partners.

As noted throughout this Resource Packet, there are significant differences across HMR program sites. We are still learning the best ways for programs to proceed so as not to exacerbate the risks faced by domestic violence victims and survivors, but instead support their choices and options. The diversity of HMR programs – the nature of the interventions and activities, the characteristics of the communities and individuals being served, the settings in which screening and therefore disclosures occur, and the backgrounds and credentials of the providers – makes this learning process challenging.

At the outset, there are two terms that need to be defined. “Domestic violence” is used throughout these Guides to mean a pattern of abusive behaviors, including physical, sexual, and psychological attacks as well as economic coercion, that adults and adolescents use against an intimate partner. Domestic violence is characterized by one partner’s need to control the other, and the intentional use of a range of tactics, such as physical, emotional and economic, to secure and maintain that control.¹ It includes behaviors that frighten, terrorize, manipulate, hurt, humiliate, blame, often injure, and sometime kill, a current or former intimate partner.



Under this definition, then, it is usually possible to distinguish between the use of singular or occasional acts of “low-level” physical aggression, sometimes referred to as “fights that get out of control,” and repeated patterns of behavior that serve to assert or maintain control over a partner and leaves them fearful and intimidated.ⁱⁱ While both are problematic and have no place in healthy relationships, the latter is far more likely to result in injury or death and raises real concerns about participation in relationship and marriage education programs. (For a fuller discussion of these issues, see *Understanding Domestic Violence*, Guide #1 in this series.)

The other term may appear self-evident, but bears some explanation. When an individual “discloses” domestic violence, they have identified themselves as a victim of domestic violence, either directly (responding positively to domestic violence screening questions, or describing abuse by a partner during an education class, for example), or indirectly (such as being jumpy or nervous around their partner, or providing indications of distress or injury). It will be uncommon for someone to say “I am a victim of domestic violence”. More typical will be individuals who talk about being afraid in their relationships or feeling trapped, descriptions of being hurt, or concern for their children’s safety. (For a more extensive discussion of what we have learned from victims and survivors about disclosing domestic violence, see *Screening and Assessment for Domestic Violence: Attending to Safety and Culture*, Guide # 4 in this Resource Packet.)

What types of disclosures might occur?

Within the context of HMR programs, staff and volunteers need to be prepared to respond to at least three types of disclosure situations:

- When the victim says that they are in immediate danger from a violent and abusive partner;
 - When someone discloses past or current abuse that she/he does not identify as posing an urgent and immediate threat; and
 - When the individual disclosing abuse also expresses interest in participating in marriage education or related activities.
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These disclosures might occur as a result of screening at intake into the program, or in any later contact with participants, before, during or after the education classes or related activities. For programs that have contact with participants outside of the education classes or HMR activities, and may conduct home visits, disclosures of domestic violence are likely to occur during such visits as well. If and when participants are separated into gender specific groups at some point during the class or activity, there are also likely to be disclosures of domestic violence, particularly if the subject is raised directly by the group facilitators or a presentation by domestic violence advocates is included. In other instances, while there might not be a direct disclosure of domestic violence, there will instead be indirect indications that someone is in an abusive relationship, as described above.

In summary, there are several considerations that are significant when HMR programs are determining the most appropriate response to a disclosure of domestic violence: whether the disclosure occurs before or after an individual or couple has become involved in the HMR program; the nature of the abuse being disclosed (past abuse, current abuse, and whether that current abuse has reached a crisis stage); and whether the disclosure has been direct or indirect. In addition, a victim may or may not have requested assistance as part of their disclosure. While we do not expect staff to become experts in domestic violence, knowing how to tell if a relationship is a dangerous one, how to respond appropriately, and ways to work collaboratively with domestic violence advocates, are all important. The information provided in this series of Guides is designed to support all three.

Identifying community resources

An important element of HMR program response to any disclosure of domestic violence will be referral to community-based resources, either as an alternative to participating in the marriage and relationship education classes and activities that your program offers, or as a supplement or support for participants. Two previous Guides in this Resource Packet, *Understanding Domestic Violence* and *Building Effective Partnerships with Domestic Violence Programs*, provide information and strategies for learning about the domestic violence programs in your community and developing a collaborative relationship with them. Such partnerships



can help facilitate effective referrals of individuals and families for the domestic violence services, but also ensure that HMR program staff have the necessary back-up and support they need when dealing with domestic violence issues.

Whether in the context of a collaborative relationship with domestic violence partners or outside of it, each HMR program will need to compile a comprehensive list of the domestic violence services and resources available in their community. Many communities have existing social services resource directories, and local or state domestic violence organizations also have resource listings and these are good places to start. As you identify programs in your community, pay attention to the extent to which they have experience working with the specific population you are serving, and their commitment to cultural competence and linguistic accessibility in their service delivery.

Ideally, the HMR program resource listing should include all crisis hotlines, emergency shelter programs, domestic violence counseling and support services, children's programs, including those with expertise in working with children exposed to domestic violence, legal clinics, dating violence programs, and batterers intervention programs which serve your community. Responsible fatherhood programs may have been developed in your community, and they should be included particularly if they have begun to integrate a response to domestic violence into their work with men, as should culturally-specific programs and services. Some communities have a comprehensive array of services available for women, men and children dealing with domestic violence; in this case, your challenge becomes sorting them all out to determine when you would refer to one rather than the other. However, in many communities, it will be more common to find serious gaps in services.

Information on community resources should be organized for use in at least three ways:

- **As a resource for HMR program participants**

Domestic violence information should be integrated into a general community resources directory, which can also include information on mental health and substance abuse services, financial management and budgeting information, child abuse services,

counseling programs, and government benefits programs, as well as other resources that might be useful to the families your program serves. In this way, the domestic violence resources do not stand out and come to the attention of abusive partner, thereby endangering victims. Some HMR programs already provide such community resource directories to all participants.

- **As a specific referral for someone who has disclosed domestic violence**

Your local domestic violence program is likely to have a range of materials already developed for use in this way. These might include brochures that you can place around your office, or palm cards or posters that can be put in restrooms (some have tear off strips with hotline numbers and other program information that a victim can easily be put in a purse or a shoe).

- **As a referral tool for HMR program staff**

The resource guide used by staff should include more detailed information on the eligibility criteria for different programs, contact information, the name of the program liaison if one has been identified, and other information that will help staff make appropriate and informed referrals. This resource guide should also identify the services gaps which currently exist in the community.

Updating community resource listings at least annually will help ensure that staff and program participants are as fully informed as possible about available services and supports.

Responding to disclosures: General principles

Disclosing domestic violence is difficult for many victims, not only because it is potentially dangerous, but also because of the stigma and shame that is too often attached. Race, ethnicity, faith traditions, and cultural beliefs not only shape couple and family behavior and community responses, but also individual attitudes about domestic violence and when and with whom personal experiences with a violent partner are shared.



When an individual does disclose domestic violence, this can be a difficult situation for a HMR program staff person. Regardless of circumstances or setting, these are some broad principles that can guide your response.

- **Validate the victim's courage and strength in choosing to disclose**

Listening non-judgmentally is very important. Take your cue from the victim. Simple acknowledgements can help assure the person disclosing that you understand and care, and that they are not alone: "This must be hard to talk about." Or "You seem very frustrated and angry about how you are being treated." "I am concerned for your safety (and the safety of your children)." "There's help available." Providing basic information about domestic violence, such as the fact that it is common and happens in all kinds of relationships, can also be very reassuring to someone talking about abuse for the first time.

- **Provide assurances of confidentiality and privacy**

Telling someone else that you are being abused by someone you once loved, and may still love, is difficult and not without emotional and physical risk. They may need confirmation from you that you will handle this information with care.

- **Pay attention to the words that are used in different cultural settings to describe abuse, and to indirect indicators of abuse**

Use the participants language when referring to the abuse, such as "when he hurts you"; "walking on eggshells"; or "messing with you and the kids". "Domestic violence" as a term may be unfamiliar to them and it is not necessary that they label their experiences this way. Be aware of verbal and non-verbal cultural cues (whether or not there is eye contact, patterns of silence or discomfort) that might also indicate that someone is being abused by an intimate partner and embarrassed or scared to tell you.

- **Listen to and respect what the victim says she/he wants**

Participants disclosing information about abuse are not necessarily saying that they are ready or interested in leaving the relationship. Nor does it mean that they are asking for



help to leave their partner. It is important to let them know that you will help regardless of whether they decide to stay in or leave the abusive relationship. Do not pressure them to make a decision or to do anything right away.

- **Do not automatically assume that a victim will want police involvement**

Not all domestic violence victims will view law enforcement involvement as helpful or desired. A victim's past experience with police intervention, their race and ethnicity, the characteristics of their abuse, and the nature of the threats against them, are all factors that will affect attitudes towards involving the police.

In every culture, there are values, traditions and practices that facilitate abusive and coercive relationships, and there are also values, traditions and practices that support and promote healthy and respectful relationships. To be truly effective, anyone working with couples and families should become knowledgeable about these aspects of different cultures and be able to use the protective resources of diverse cultures in their work with families. Racial, ethnic and cultural differences in how men and women experience, explain or justify domestic violence challenge both HMR programs and domestic violence advocates to become aware of their own culturally-based assumptions about domestic violence and to avoid applying these assumptions in practice with diverse populations.

Responding to disclosures: Attending to details

Healthy marriage and relationship program staff may not always find it easy to distinguish between domestic violence, characterized by a partner's use of violence and abuse to control a partner, and other types of fighting and conflict that commonly occurs in relationships. For good reason, victims may minimize the extent or impact of the abuse they or their children may be experiencing, or may not recognize the control that a partner exerts over their life. These responses may be culturally-defined or influenced by religious beliefs. Domestic violence perpetrators are known to deny their use of violence and minimize its impact, while victims frequently assume responsibility for a partner's abusive behavior. Sometimes, both parties are using violence against the other, and it is not clear who is victim and who is abuser. And in some cases, one person may be using violence to defend themselves and their children against ongoing abuse.



Continued discussion, debate, and research are needed before we are able to develop the tools to make these distinctions between different “types” of violence more clear and before we will more fully understand the implications of these distinctions for practice. There are studies underway in both the domestic violence and HMR fields to help us better understand the new research that distinguishes between types of violence/abusive behavior within intimate relationships and its application to HMR education, as well as its relevance to work within diverse communities. However, while we wait for the results of these studies, the following guidance may be useful.

- **Fear of a partner should remain as an important red flag for HMR programs**

When an individual indicates verbally or through their behavior that they are afraid of their partner, this should be taken very seriously. Not only is their safety compromised, but so is their ability to participate fully and comfortably in a HMR education program.

Domestic violence, as we have defined it here, is not about poor communication or the lack of anger management skills. For couples’ work to be successful and meaningful, both parties must be able to speak freely and honestly about relationship dynamics. The very nature of domestic violence interferes with this. Research and experience have found this to be particularly true if the perpetrator denies their use of abusive tactics and control, blames the abuse victim or has little commitment to change their behavior. Similarly, if the abuse victim shows fear of further violence, assumes responsibility for their partner’s violence and abuse, or feels that they deserve it, couples work is not only counterproductive but also potentially dangerous.ⁱⁱⁱ In the relative safety of the HMR program group environment and with new insights about what a “healthy relationship” looks like, a victim might share details of their abusive partner’s behavior that increases their danger of retaliation once they leave the protective class environment.

- **However, some victims won’t say that they are afraid**

At the same time, the absence of fear in the context of a domestic violence disclosure does not mean that the danger or the abuse they are describing are not serious or real.

African American women, for example, might be more likely to express anger or frustration rather than fear when talking about domestic violence. For other women, self-blame and guilt may also moderate expressions of fear, as well as disclosure itself. (For a fuller discussion, see *Screening and Assessment for Domestic Violence: Attending to Safety and Culture*, Guide # 4 in this Resource Packet.)

- **When serious abuse is disclosed, act immediately**

If an individual states that there has been an escalation in the frequency and/or severity of violence, that weapons have been used, or that there has been hostage taking, stalking, homicide or suicide threats, there should be an immediate referral to the domestic violence program for a lethality assessment. Studies have shown that these are all warning signs that the victim and their children may be in serious danger.

- **If you suspect domestic violence, but, when asked, the participant says “no”**

There are many valid reasons – including many related to safety – for someone not to disclose abuse at this time, to you, in this setting. First and foremost, respect their decision. Let them know that you are available should the situation ever change and continue to provide opportunities to disclose. Make sure that they have safe access to information and resources in waiting rooms or bathrooms or on your website.

Crisis response: When someone is in immediate danger

How does one determine that the individual who discloses an incident or pattern of violent behavior is in immediate danger? As discussed above, expressions of fear are one important red flag. Here are a few examples:

- A woman may have been threatened by her husband on the way to class and it made her really scared; at the break, she asks if she can talk to a staff member about it.
 - During a home visit, you notice that a client is visibly injured and admits to having been hurt by their partner the previous night.
- 

- A couple stops coming to the class, and when you follow-up with them on the phone, you are told by one of them that “the fighting has gotten really bad.”
- Or you may hear a class participant talk about how he or she threatened his/her partner with a weapon during their last fight.

While these situations may occur rarely, and hopefully never will, it is important for HMR program staff to be prepared when they do.

To become prepared, HMR programs should consult with domestic violence experts in the community about how to proceed when someone is in immediate danger. If possible, HMR program staff should identify pre-arranged contacts at the domestic violence program who they can call directly, particularly in emergency situations. In an emergency response plan, the victim should be offered options and assistance to access those options. These options may include contacting the domestic violence hotline, the police, a health care provider, or family member or friend. The program can assist by making a private space available to make the call, making the initial contact for them if they request, or helping arrange a translator if one is needed. The program can also help arrange for an advocate to meet with the victim and provide information on emergency legal protections and other supports that are immediately available.

At a minimum, a *private and safe location* should be secured where you and your domestic violence partner can assess the level of risk. These conversations should not occur in front of other participants, young children, or others who are not part of the response system.

Assessment questions might include:

- “Are you in danger right now? Are you afraid that your partner will hurt you today? Are you afraid to go home? “Does the abuse seem to be getting worse? Are you worried about what your partner might do to your children?”
- “If yes, do you have somewhere safe to go right now or do you need help finding a safe place?”
- “If no, do you want to talk to someone about all this to help you figure out ways to keep you and your kids safe?”



If the source of information about the dangerousness of a situation is the perpetrator, as in one of the examples given above, it is not recommended that you confront them about their use of violence. Instead, find a time to talk with the victim in a private and confidential location. This may not be possible right away, but should happen as soon as possible and prior to determining how to proceed. Indicate your concern and interest in providing assistance: “I want to help. What do you want me to do?” Take your lead from the victim to avoid making the situation worse.

Once the immediate crisis is dealt with, the program will need to determine the best way to “exit” the couple from the program. The concern should be both for the victim’s safety and their privacy rights. Work with the victim and your domestic violence partners to determine what, if anything, should be communicated to the abusive partner, and to other class participants.

As indicated earlier, even if it is not identified as an immediate crisis, there are times when an immediate response is critical. When a victim reports that the abuser is escalating the frequency or severity of the attacks, weapons have been introduced, stalking has occurred, or homicide or suicide threats have been made – all signs that the victim may be at serious risk -- the victim should be urged to contact a domestic violence program for a lethality assessment.

Regardless of the steps that the victim decides to take, the HMR program staff involved in the emergency response might find it useful to talk the situation through with an advocate to identify any additional actions that can be taken, to learn from the experience, or to obtain support. Some programs also build these conversations into staff supervision and/or case management meetings. Throughout the response process, care should be taken to safeguard the privacy and confidentiality of the victim and their children.

Responding to other disclosures of current or past abuse

As indicated earlier, there are several considerations that are significant when HMR programs are determining the most appropriate response to a disclosure of domestic violence:



- **Whether the disclosure occurs before or after a victim’s involvement in the HMR program**

Domestic violence disclosures may occur at any time. Some HMR programs have found that the majority of their disclosures occur after intake, by victims who are already participating in HMR classes or activities with their partners. For many victims, it takes time to build up sufficient trust and confidence to disclose, or to get new information that helps them recognize their current relationship as not only unhealthy but abusive. The important question related to disclosures at intake is whether or not participating in the HMR program will be helpful and safe for the victim. When a disclosure of domestic violence is made by someone already involved in the program, the question shifts to whether or not participation should continue, and if so, how any safety issues can be addressed.

- **The nature of the abuse being disclosed**

Is the abuse being disclosed in a past relationship or current relationship, and how recently did the abuse occur? Has current abuse reached a crisis level, raising lethality concern, as discussed in the section above? Will the abuse being disclosed create safety risks for a victim participating with an abusive partner if couples classes are the only option?

- **Whether the disclosure has been direct or indirect**

Did the victim say that their partner has been hurting them and making them feel afraid? Or have HMR program staff become concerned based on behavior or visible injuries that might indicate abuse or visible injuries? Did the abusive partner provide the information?

In all instances, HMR program staff should find a way to talk privately with the victim to gather more information. This will be most challenging when both the victim and the abusive partner are present. HMR program staff can develop a strategy ahead of time that provides a “natural” reason for you to speak with the victim privately. (For example, some programs say that there are issues that they like to speak with mothers and fathers

about separately.) If there has not been a direct disclosure, it will be important to attempt to confirm that domestic violence is an issue for them. There are clear and valid reasons – including many related to safety – for someone not to disclose abuse or to be unsure. Make sure that they know that you are concerned. Share what you have observed or heard their partner describe. If they deny that domestic violence is an issue, respect what they tell you. Let them know that you are available should the situation ever change and continue to provide opportunities to disclose. Make sure that they have safe access to information and resources in waiting rooms or bathrooms or on your website.

- **Has the victim asked for assistance as part of their disclosure?**

For example, are they looking for help for their partner or their children? Do they want help leaving their relationship? Do they need you to help them access protections from the court? HMR program staff should be clear about what assistance they can provide, and when other services providers might be better sources of help. Help them make connections with other community resources. Don't promise beyond your capacity to respond. Follow-through is important when safety is involved.

Although this was stated earlier, it bears repeating here: while HMR program staff are not expected to become experts in domestic violence, knowing how to respond appropriately to domestic violence issues that arise and working collaboratively with domestic violence advocates are both very important.

Disclosure at intake

- **Disclosure of abuse in a former relationship**

If the abuse that is being disclosed is in the past, involving a former partner, the victim should still be provided with information on domestic violence resources. Domestic violence often has long-term impacts on both adult victims and child witnesses, and the domestic violence program will know of support groups and counseling that might be

helpful in dealing with unresolved issues. As part of the intake process, explore whether this past abuse will affect their ability and interest in participating in HMR classes or activities with their current partner. Make sure that they understand the nature of classes or program, and together determine whether participation make sense at this time.

- **Disclosure of abuse in a current relationship**

When abuse by the current partner is disclosed, the issues of both immediate safety and participating in HMR program activities become more complicated. Address any immediate safety issues first, referring the victim to local domestic violence services and helping them access those that interest them.

Supporting a decision not to participate

If as a result of the screening process, a victim decides that participating in the HMR program will not be safe or helpful to them, support that decision. This will be particularly important in instances when they were referred to the HMR program by the child protection agency or welfare department, or they are being pressured by an abusive partner. It is important to underscore the voluntary nature of these programs, as well as the concern for the safety of all participants.

When the victim remains interested in participating in the HMR program

In instances when someone who has disclosed abuse by their current partner remains interested in participating in HMR classes with their partner, a more in-depth safety assessment should occur before any decision related to participation is made. This assessment, which is best conducted by trained domestic violence advocates, provides an opportunity to gather more information about the relationship dynamics, including the nature, severity, frequency, and recentness of the abuse, the types of intervention services provided to both the victim and their abusive partner in the past, the risks and benefits to the victim of participating in HMR program activities, safety planning that might address those risks (such as regular check-in with the program facilitator or a domestic violence advocate), options related to program participation (such as being able to participate in a

mother's only program, or to attend the couples sessions without their partner), and other issues. The goal of such assessments is to inform decision-making by the victim and HMR program, and ensure that safety issues are fully identified and addressed.

Disclosure by current participants in the healthy marriage and relationship program

When current participants disclose domestic violence, responses should be similar to those used at intake. A *private and safe location* should be secured where you and your domestic violence partner can assess the level of risk. These conversations should not occur in front of other participants, young children, or others who are not part of the response system. If the victim wants to leave the program, they should be provided immediate assistance to do that safely. If they are interested in continuing to participate, an assessment like the one described above is recommended to determine benefits and risks of continued participation (including the risk of leaving the program). Once any immediate safety or support issues are addressed, the program will need to determine the best way to “exit” the couple from the program. The concern should be both for the victim’s safety and their privacy rights. Work with the victim and your domestic violence partners to determine what, if anything, should be communicated to the abusive partner, and to other class participants.

Remember: If the source of information about the dangerousness of a situation is the perpetrator, as in one of the examples given above, it is *not* recommended that you confront them about their use of violence. Instead, find a time to talk with the victim, in a private and confidential location. This may not be possible right away, but should happen as soon as possible, and determine how to proceed. Indicate your concern and interest in providing assistance (“I want to help – what do you want me to do?”) Take your lead from the victim to avoid making the situation worse.

Additional considerations

- **Responding to domestic violence when there are limited domestic violence resources**
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While there are some states with at least one domestic violence program in every county, there are still too many areas, particularly in rural, low population states, where a victim must travel more than 150 miles to reach the nearest domestic violence shelter, support group or advocacy services. The lack of programs is particularly acute for Native American women and within migrant and immigrant communities. Access to specialized services also remains limited for women and children with disabilities and older women in abusive relationships. Batterers intervention Programs are sometimes restricted to those who are court mandated or include a fee that makes them inaccessible for those who have low or not incomes unless fee waivers are available. While most domestic violence programs continually strive to ensure that their programs are culturally- and linguistically competent, funding limitations and other issues means that this is an ongoing challenge; your local program may not have adequate bi-cultural and bi-lingual staff to respond to the diversity of the community they serve.

There are no easy answers to the dilemmas that this current reality creates. For HMR programs operating in low-resourced communities, it will certainly be helpful for you to join your local domestic violence program and/or state domestic violence coalition in efforts to expand the safety net of domestic violence services.

- **Reporting to child protective services**

Healthy marriage and relationship program staff should know their state or county's child abuse reporting laws and its specific policies on whether child exposure to domestic violence (i.e., witnessing domestic violence) is defined as child maltreatment. In a state that requires mandated reporting in all cases of child exposure to domestic violence, the staff should inform the non-offending parent of the obligation to file a report to the child protective services system (CPS), assess the safety needs of the victim, and follow agency policies related to mandatory reporting. HMR staff should work closely with domestic violence advocates in developing their responses to these cases.

In other states, where there is not mandated reporting of child exposure to domestic violence, the HMR program staff should assess the specifics of each situation as a means of making a decision about whether it is necessary to make a report. Since the consequences can be so significant for domestic violence victims, consider including domestic violence

experts in the assessment process. The assessment should explore whether children were injured or abused, the current safety of the home, and whether threats have been made against the children. If the situation is not currently dangerous, the provider can refer the victim to other community services that might be helpful, including the domestic violence program, counseling with someone who has worked with domestic violence victims, or child advocacy services.

- **Use domestic violence advocates as a resource for HMR program staff**

In addition to referring victims to domestic violence programs for services, identify domestic violence experts that HMR program staff can talk to when difficult situations arise or problems emerge related to screening, disclosure, or response. Respect and utilize the expertise of your domestic violence advocacy community and think of it as an important resource for the HMR program staff.

While the recommendations above reflect important lessons learned from research and experience to date, there remains a great deal for us still to explore. Most of the domestic violence screening approaches, tools, and response strategies in use by HMR programs have been adapted from those developed in other settings, including health care and child protective services systems, and this process of adaptation will continue. Building consensus on how best to distinguish domestic violence from other types of conflict that occur within relationships, and the implications of these definitions and distinctions for the policies and practices of national, state, and local initiatives is essential, and will take time.

We realize that the information and recommendations included in this Domestic Violence Resource Packet will be challenging to absorb and not always easy to implement. We suggest that HMR program managers encourage (or insist!) that HMR staff read each of the Guides and has an opportunity to discuss it with their colleagues. These issues can also be explored in more depth with domestic violence partners as part of in-service training or integrated into other partnership building activities. A more comprehensive set of domestic violence training materials is being developed to supplement the material presented here and help HMR programs apply it to their particular setting.



Endnotes

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¹ Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco: Family Violence Prevention Fund, (p.5).

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³ Aldarondo, E. & Mederos, F. (2002). *Men Who Batter: Intervention and Prevention Strategies in a Diverse Society*. NY: Civil Research Institute.
