

# PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators  
and Program Administrators

## After Disclosure

### Responding to Domestic Violence



The Annie E. Casey Foundation

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The National Resource Center on Domestic Violence serves as  
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*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*

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# Responding to Domestic Violence Disclosures

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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.

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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.<sup>1</sup> 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.<sup>2</sup> 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?

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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.

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

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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

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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 "messaging 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

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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.<sup>3</sup> 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

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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

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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

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- **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 makes 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

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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

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- **Responding to domestic violence when there are limited domestic violence resources**

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 no 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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<sup>1</sup> Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco: Family Violence Prevention Fund, (p.5).

<sup>2</sup> Ganley, A. (1989). Integrating feminist and social learning analysis of aggression: Creating multiple models for intervention with men who batter. In P.L.Cesar & 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.

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