

INFORMING AND ENHANCING RESPONSE TO DOMESTIC VIOLENCE WITHIN FEDERALLY-FUNDED HEALTHY MARRIAGE PROJECTS

A Summary Report Prepared for
The Annie E. Casey Foundation

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SUMMARY REPORT

In 2007, the Annie E. Casey Foundation provided funds to the National Resource Center on Domestic Violence (NRCDV) to undertake a two-part effort to inform and enhance response to domestic violence issues within programs funded under the Department of Health and Human Services' Healthy Marriage Initiative (HMI). The first part involved conducting interviews with HMI programs and domestic violence partners about their experience in developing and implementing their domestic violence protocols. The second part supported two site visits with programs working with couples on safe and healthy relationships in order to pilot test the use of focus groups with couples who have domestic violence histories, and women who have experienced domestic violence and participated in marriage or relationship education activities. This Summary Report summarizes the findings of the examination of the development of domestic violence protocols.

EXAMINING THE DEVELOPMENT AND USE OF DOMESTIC VIOLENCE PROTOCOLS

Qualitative interviews were conducted by telephone with staff from a diverse sample of 21 HMI programs and 7 domestic violence (DV) staff who had worked on protocol development with many of those programs along with others not part of the HMI sample. The HMI programs in the sample included the full range of goals, target populations, comprehensiveness and geographic location found among the programs funded nationally under this initiative.

COLLABORATION

Questions about the process of developing the domestic violence protocols revealed that HMI staff had involved local domestic violence programs to varying degrees, ranging from close collaboration and reliance on DV expertise to last-minute requests for feedback. Most had utilized guidelines created by HMI national consultants.

DOMESTIC VIOLENCE PROTOCOL CONTENT

Questions about protocol content also uncovered wide variation across programs. All of them, however, described program goals, their target population and eligibility, training for program staff, how domestic violence will be identified, and what program staff should do when disclosures occur; analysis focused on the last two elements and the issues involved.

SCREENING FOR DOMESTIC VIOLENCE AND RESPONDING TO DISCLOSURES

Whether or not participants should be pre-screened for domestic violence was one issue, and all but three programs did so. How to identify domestic violence was another frequently raised issue. Some programs relied on behavioral checklists, others favored more open-ended personal interviews, and others used a combination of the two. Another critical issue was what should be done if domestic violence was identified at this stage. Some programs did not accept couples where violence was physical and severe, or if the legal system was involved but accepted the rest.

Others excluded couples based more on how recent the violence was, or attempted to assess the “power and control” dynamic and exclude only couples where it was uncovered. One maintained that the decision should be left to the abuse victim. These issues were a source of concern for many HMI and DV programs, although often for different reasons. When couples were excluded, protocols called for referral to DV programs and/or immediate help if fear and danger were imminent.

Most programs reported they had not had many disclosures once participants were actively involved. They asserted that the protocols – which generally stated there should be further assessment, referral for DV services, and potential immediate exit from the program – were always or nearly always followed.

TRAINING

Questions about domestic violence-related training again demonstrated extensive variability across programs. Support for comprehensive training that involves practicing skills for screening and responding to disclosures was found in sites where protocol implementation was reviewed systematically after six months or a year of program operation.

COLLABORATION RELATIONSHIPS

Relationships between HMI and DV program staff were also addressed in the interviews, and again varied widely -- from extremely limited to trusting and frequently engaged. Each “side” has misconceptions about the other, and formal contractual relationships were found to improve these relationships greatly in sites where they were used.

Questions about changes made in protocols found that, while most programs had not made any (except to update resource information), some additions should be considered, depending on how program services are delivered. These primarily address strategies for staff safety and staff responses to disclosures that can compromise victim safety.

SUMMARY CONSIDERATIONS AND EMERGING PROMISING PRACTICES IDENTIFIED IN INTERVIEWS

The interviews and protocol reviews yielded rich information about a range of Healthy Marriage programs and their efforts to identify and address the domestic violence issues they encountered among their program clients. The mandate to develop a domestic violence protocol that involves local programs has proved to be challenging to both.

Most HMI program staff found that having a protocol was a crucial and beneficial part of their policies. Nonetheless, the diversity of programs, experiences, circumstances and relationships is a prominent feature of these interviews. The interviews indicate that more information and discussion are needed about several questions, and that no consensus exists about them – even within the HMI and domestic violence communities:

- What is the most effective way to determine if a couple can safely participate in a program aimed at improving and strengthening relationships? Who should decide and what level of training and skill is needed to make informed decisions?

- When programs are providing “universal” information, what, if any, information should be provided on a more restricted basis, so that potential victim safety is not compromised?
- What training should be considered essential for HMI programs to have about domestic violence and DV programs? What training should DV programs receive and how can it be tailored to HMI settings?
- How can relationships between HMI programs and DV programs be improved?
- How can cultural competence be incorporated more effectively into these programs?
- Would more “common ground” be evident if the focus was on supporting healthy relationships and providing more holistic services to families rather than on the limited goal of promoting healthy marriage?

Several promising practices also emerged from these interviews, and these warrant further attention as well.

- Contractual relationships between HMI programs and DV programs are being developed. In these sites, relationships appear to be more characterized by mutual respect than in other sites. Clear roles for domestic violence partners, articulated in memoranda of understanding, are being developed. Collaboration is also improved. HMI programs are more likely to consult with DV program staff when challenging issues and cases appear, and to benefit from shared problem-solving.
- Elements of critical comprehensive training are emerging. Extensive training (at least 2 days initially) with follow-up to address challenging issues is increasingly recognized as important for competent responses to the complex situations introduced by program clients.
- State coalition involvement in supporting local HMI and DV program partners with materials, information, training support and technical assistance appears helpful in states where it has been implemented.
- Periodic review of domestic violence protocols provide opportunities to assess the extent to which protocols are well designed, being implemented consistently, and fully reflect program design, particularly as new services or approaches have been added. This review should also include an assessment of the extent to which training provided to HM staff and volunteers equips them with the knowledge, skills and confidence to address domestic violence issues within the program.

In short, learning has been considerable and must be ongoing. More research and experimental initiatives are needed to address these and other issues, as well as opportunities for all parties to engage in safe discussion of their experiences. The national longitudinal evaluation studies will provide some important answers to questions about the short and longer-term outcomes of HMI program participation for the couples involved. More qualitative investigations that tap the experiences of program staff, as well as clients, could contribute greatly to the improvement of programs that safely address the health and well-being of families.