

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

Developing Domestic Violence Protocols



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.

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***
- ◆ 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 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.

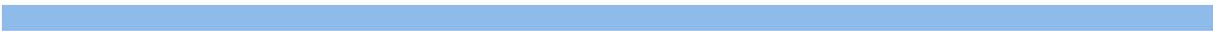
Although each protocol needs to be site-specific, given some of the critical variables identified above, it is possible to identify key components of a well-structured protocol and provide a “blueprint” from which HMR programs can work. The blueprint is designed as a tool to support the protocol development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

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?