

Screening and Assessment for Domestic Violence

Attending to Safety and Culture

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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 approaching screening and assessment as merely a sorting function that 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 who 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?”
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- “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 child protection services 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 Protection 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.

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. (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.

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

⁴ Women’s Institute for Leadership Development for Human Rights, “*The Treatment of Women of Color Under U.S. Law: Violence*.” Available at: www.wildforhumanrights.org/publications/treatmentwomen/p4.html.

⁵ See the work of the Faith Trust Institute at www.faithtrustinstitute.org.

⁶ Ooms, T. (2007) *Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the Issues?* Couples and Marriage Brief #10 March, Center for Law and Social Policy Available at www.clasp.org.

⁷ Nash, S.T. (2005). Through Black Eyes: African American Women’s Construction of Their Experiences with Intimate Partner Male Violence. *Violence Against Women*, 11, 1427. Sage Publications.

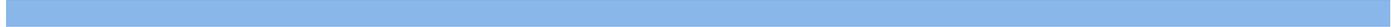
⁸ Asbury, J. (1993). Violence in families of color in the United States. In R. Hampton, T. Gullota, G.R. Adams, E. Potter & R.P Weissberg (Eds.), *Family Violence: Prevention and Treatment* (pp. 159-178). Newbury Park, CA: Sage.

⁹ Bell, C.C., & Matttis, J. (2000). The importance of cultural competence in ministering to African American victims of domestic violence. *Journal of Counseling and Development*, 66, 266-271; Washington, DC.

¹⁰ Wilson, K.J. (2005). *When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Violence* (126).

¹¹ Asian Pacific Islander Institute on Domestic Violence, “*Strengthening Advocacy, Changing Communities: Gender and Culture in Violence Against API Women*.” 2007.

¹² Wilson, K.J. (2005) at 10.

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- ¹³ American Indians and Crime (1999). Bureau of Justice Statistics, U.S. Department of Justice. Washington, D.C.
- ¹⁴ Wilson, K.J. (2005) at 10.
- ¹⁵ Perilla, J. (2006). A Community Psychologist's Perspective on Domestic Violence. Interview by Theodora Ooms. May 2006. Available at www.clasp.org.
- ¹⁶ Davies, J. M., Lyon, E., & Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices*. Thousand Oaks, CA: Sage Publications.
- ¹⁷ Orloff, L. and Little, R. 1999. "Somewhere to Turn: Making Domestic Violence Services Accessible to Battered Immigrant Women." *A 'How To' Manual for Battered Women's Advocates and Service Providers*. Ayuda Inc.
- ¹⁸ Dutton, M., Orloff, L., & Aguilar Hass, G. (2000). "Characteristics of Help-Seeking Behaviors, Resources, and Services Needs of Battered Immigrant Latinas: Legal and Policy Implications." *Georgetown Journal on Poverty Law and Policy*. 7(2).
- ¹⁹ Orloff, L. & Kaguyutan, J.. (2002). "Offering a Helping Hand: Legal Protections for Battered Immigrant Women: A History of Legislative Responses." *Journal of Gender, Social Policy, and the Law*. 10(1): 95-183.
- ²⁰ Aldarondo, E., et al. (2002) at 3.
- ²¹ Ooms, T., Boggess, J., Menard, A., Myrick, M., Roberts, P., Tweedie, J., & Wilson, P. (2006). *Building Bridges Between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs: A Preliminary Guide*. Center for Law and Social Policy. Available at www.clasp.org.
- ²² Rennison, C. M. & Welchans, S. (2000). *Special Report, Intimate Partner Violence*. Department Of Justice, Bureau of Justice Statistics, Washington, DC.
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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.**