



**national
healthy marriage
resource center**

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**Developing and Implementing Effective
Domestic Violence Protocols**

Moderator: Patrick Patterson

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Developing and Implementing Effective Domestic Violence Protocols

Patrick Patterson: Good afternoon, we'd like to welcome you all to the first National Healthy Marriage Resource Center Domestic Violence Call. We have approximately a couple of hours for the call. Just wanted to give you guys an overview of what to expect the next couple of hours and then we'll turn the call over and get the call conducted.

My name is Patrick Patterson, and I am the Program Manager for the National Healthy Marriage Resource Center. The call will flow in this order, we've two power-packed hours of information regarding domestic violence and protocols that you all need to install. With respect to order, we'll hear from OFA first, the Office of Family Assistance. Then, we'll have a presentation by Anne Menard, a national DV expert and out speaker for this call.

By now, you should have received at least four handouts that were sent to you all in preparation for the call so please put those in front of you as we prepare for the call. And then, as we close the call we'll have a facilitated Q & A where we'll ask for questions from you guys to be answered by our expert on the line. And we'll facilitate also, a Q & A where you guys can submit questions online that, you'll get a response to following the call.

So with that, that'll be the order of service. We'll have at the end of it also, a few contact [audio interference] information for you, phone as well as email that you can submit your comments, internal suggestions for improvement but also the things that went well with today's call. So with that said, I'm going to turn the call over to Geneva Ware-Rice from the Office of Family Assistance.

Geneva Ware-Rice: Thank you Patrick. Good afternoon everyone. I just want to spend a couple minutes talking about the importance of this particular call and of course, the importance of this particular subject. There are two broad reasons for the importance of the subject and why we felt it a good way to start out our PA provision for grantees number one, as far as it's a legislative requirement. The legislation required that, any grants or projects that were funded under the Deficit Reduction Act for marriage or fatherhood. That the projects would consult with experts in domestic violence or relevant community domestic violence coalitions, in developing the programs and activities. Pretty much that's the language.

Doesn't give us a lot except to say that, Congress really believes that the issues surrounding domestic violence were worth considering when putting together programs that were going to encourage responsible fatherhood or the formation of healthy marriages, and we agree with that.

Now, the second reason and I think it's a broader reason and it's broader across ACF because the second reason is about healthy family formation and child well-being. Now we all know that, there are many ingredients that go into creating that situation or those conditions and one of those would be looking at domestic violence in our communities, how we are addressing that. And I am not the expert; luckily, we have Anne Menard to

share that with us, but how to go about doing that. It's more than just developing a form; it's more than developing a list of checks on a piece of paper. It's a thoughtful process and it's a community process.

And I believe Anne will share that with you so that, you understand we're not looking in OFA for our grantees to give us a checklist. We really are looking for a thoughtful, well-developed program that talks about if we are going to provide these particular services in parenting or in marriage education, what are the things that we need to think about when developing a domestic violence guideline. Some people calling it protocols, some people are calling it a plan, we don't really care what you call it, but we want to know exactly what thoughtful plans you are making to incorporate this, not in a superficial way but in a meaningful way. To make a holistic approach to providing these services to families.

And so, with that I'm going to move on and let Anne come on board and take us into our afternoon's presentation. Thank you.

Anne Menard: Thanks Geneva and thank you all for joining us on this call. As Geneva and Patrick said, my name is Anne Menard. And before we get started, I wanted to tell you a bit more about where I come from so you have some background.

I've worked on domestic violence issues for over 25 years, including at a local domestic violence program, as a Director of the Connecticut Coalition Against Domestic Violence, at the National Resource Center on Domestic Violence and as a national domestic violence advisor to HHS and other organizations. That doesn't mean that I know everything about domestic violence; what it means is that I've had the opportunity to work with lots of folks at the local, state and national level and have really, learned a great deal from very many smart people, including many domestic violence victims and survivors.

For the last two years or so, I've been working with the Lewin Group, which has served as Department of Health and Human Services' primary TA provider to the federally funded Healthy Marriage sites around the country. In that capacity I've had the opportunity to work with -- and learn from -- over 50 of these community-based healthy marriage projects as they developed domestic violence protocols and integrated them into their program operation.

The National Resource Center on Domestic Violence, where I am the Director, is the domestic violence partner for the National Healthy Marriage Resource Center. And we, at the National Resource Center on Domestic Violence, are working very closely with our partners from the Institute on Domestic Violence in the African American Community, the National Latino Alliance for the Elimination of Domestic Violence, the Faith Trust Institute, the Family Violence Prevention Fund and particularly their Fathering after Violence Project, the Centers for Fathers, Families and Public Policy, the Center for Families and Public Policy, and others to provide support to those interested in safely designing and implementing healthy marriage activities.

I'm making a couple of assumptions as we head into this call. The first is that you are all in different places in

terms of the development and implementation of your projects and in your understanding of what it means to respond to domestic violence issues that might arise within them. And in developing and using domestic violence protocols. Some of you may have experienced developing and implementing a domestic violence response under a previous Healthy Marriage grant from the Children's Bureau, or the Office of Child Support Enforcement, or the Office of Refugee Resettlement.

But while for some of you, domestic violence is a new issue, others of you are using your OFA grants to integrate Healthy Marriage activities into community-based agencies, hospital-based programs, or state and county agencies that may have worked with domestic violence issues for years. And you have strong and longstanding relationships with local and state domestic violence programs.

And while some of you may have not yet identified a domestic violence partner at the local or state level, I can assume that others on the call are off and running with your domestic violence partner. I also know that, at least in one instance that a Healthy Marriage grantee invited their domestic violence partner to participate on the call. So I also want to welcome any of my domestic violence colleagues to the call today.

I also know that we have both Healthy Marriage and Responsible Fatherhood grantees on the call. While most of the materials that were forwarded to you prior to the call are designed for use by Healthy Marriage sites, they do provide some useful background for those of you running Responsible Fatherhood programs. And the National Responsible Fatherhood Clearinghouse will be providing additional opportunities for the Responsible Fatherhood sites to learn more about tailoring these approaches that were designed for Healthy Marriage sites to your work with fathers and their families.

And the other assumption I'm making is that, while some of you attended the domestic violence workshop at the OFA Grantee's conference in December, or one of your colleagues did, some of you did not. So, for some of you this is totally new information and for others, you'll need to consider it to be a refresher.

So, this is all to say that I will try to move through the information in a way that doesn't leave anyone behind and that acknowledges the range of experiences that you bring to this discussion. And that, hopefully, gives each of you a framework and a rationale for developing an approach to identifying and responding to domestic violence that makes sense for your project and your community.

While there are some similarities across all of your sites, there is also significant variation related to the key project partners with whom you are working, the referral and referring agencies that are available in your community or communities, the activities that you're proposing, key characteristics of the families and individuals with whom you are working, and others. You'll hear me say this a number of times throughout the call because I think it's real important. These sitespecific details are critically important to how you design a domestic violence response.

So here's what I'll be doing this afternoon. I want to start by reviewing some of what we know about domestic violence and its impact on families so that we have a shared context. I want to review some of the issues and questions that have already been identified related to responding to domestic violence within a Healthy Marriage project such as yours. I want to explore how the domestic violence protocol development process can help you work through these issues.

There is broad consensus, as Geneva mentioned, that identifying and responding to domestic violence within these community Healthy Marriage initiatives and Responsible Fatherhood programs is very important.

What I have to present should take about 45 minutes or so. And I'm leaving time for questions as Patrick mentioned, that you want to raise. We already have some questions that have been submitted by participants. Great questions by the way, those of you that submitted them ahead of time. As Patrick mentioned, there are five documents that were sent out prior to the call, some of which I will be referencing during the call. They include a blueprint to guide development of domestic violence protocols, a "Where to Start" guide, a one-page "Marriage education and domestic violence: issues and challenges" and two examples of full protocols that you also might find helpful.

Let's start with a definition of domestic violence and some of the important things we know about domestic violence. The definition of domestic violence that I'm using today is this; the term domestic violence describes a pattern of abuse and coercive behaviors, including physical, sexual and psychological abuse, as well as economic coercion, used against an intimate partner.

And that's very similar to the definition that's included in the blueprint. So domestic violence is a pattern of behaviors and not usually a single incident and often it involves a combination of tactics designed to control an intimate partner. Domestic violence – by design – typically leaves victims feeling afraid and disempowered. Domestic violence victims and perpetrators need specialized services provided by domestic violence experts who know how to assess for risk and lethality and how to support safety planning for survivors and their children, as well as the best way to hold offenders accountable for the use of violence. And particularly, in the context of Healthy Marriage and Responsible Fatherhood initiatives, the distinctions between domestic violence and other types of problematic behaviors in a relationship must be carefully understood.

The most recent reliable and comprehensive studies of intimate partner violence, a term that's often used synonymously with domestic violence, report that women are far more likely than men to be victimized by intimate partners. And women are harmed more severely in these assaults. Given this and given the demographics of the population with whom you will be most regularly working, I'll be using gendered language, such as "battered women", during the call. However, domestic violence can and does occur in same-sex relationships and men can be abused by their female partners. And all victims of domestic violence deserve sensitive and appropriate advocacy and services., regardless of the gender of the victim or perpetrator of the violence.

While domestic violence occurs in all types of families and cuts across socio-economic lines, it is also clear

that low-income victims and survivors often have the fewest resources to escape a violent relationship or deal with the impact of abuse on themselves or their children. Economic dependence is one of the main reasons that women remain with, or return to an abusive partner. In one study more than half of domestic violence victims surveyed, stayed with their abusive partner because they did not feel that they could support themselves and their children.

Another study of the exit plans of women leaving a battered women's shelter, found that, access to an independent income, along with childcare and transportation were primary considerations in deciding whether to return to their abusive partners. Since welfare is often used by poor women as an economic bridge out of a violent relationship, we're not surprised to see research confirming that well over half of the women receiving welfare have experienced physical abuse by an intimate partner at some point during their adult lives. And as many as 30% of women receiving welfare report abuse in a current relationship. I mention this because I know that many of your funded projects are particularly targeting low-income families.

Each year, over 300,000 pregnant women in the United States are battered by the men in their lives, typically the father of their child. And each year in this country, over 1,100 women are killed by an intimate partner. Nearly all children living in violent homes hear or see the abuse of their mother. More than half of female victims of intimate violence live in households with children under 12. So, there are lots of ways that domestic violence intersects with the lives of many of the families that your programs will be serving.

There is also a growing body of research examining batterers as parents and the impact of their parenting style on both, the children and the other parent. So we're also learning a lot more in this important area of family functioning. Again, another point of intersection.

What does all this have to do with the Healthy Marriage and Responsible Fatherhood work that you're doing? In terms of domestic violence and Healthy Marriage initiatives, and again, to a large extent Responsible Fatherhood initiatives, there really are two fundamental questions. How will these projects ensure that, there are safe, confidential opportunities to disclose domestic violence? And what steps can be taken to ensure that, domestic violence is safely and routinely identified and appropriately addressed by well-trained personnel?

There's a lot packed into those two questions or statements and we're going to unpack them a little bit as I continue to talk. Protocol development can help you answer these questions and communicate how you are going to proceed. As I said before, while there are some similarities across funded sites, there are also significant variations related to the types of partners involved in your project, the kinds of resources you have in your community, the types of activities proposed, including whether all activities are for intact couples or single moms and dads, as well as the demographics of the community in which you are working.

While I'm going to suggest some key components that all protocols should address and that the sites we've worked to date have confirmed to be helpful, each one of you will need to tailor these to the site-specific characteristics of your project or initiative. And your protocol should be developed with your partners, and especially

your domestic violence partners. Get everyone at the table, even the cranky ones. Don't assume that domestic violence advocates know what you're doing and why. Don't assume that, all your partners know what the domestic violence program provides. Take the time before tackling a domestic violence protocol to exchange this information.

If you take out and look at "Developing and Implementing Domestic Violence Protocols, Where to Start", you'll see this recommendation reflected in the approach outlined here. As we have learned from the sites that we've worked with up to this point, it is important that the domestic violence program not assume that the Healthy Marriage partners or Responsible Father Program partners understands what their program provides in terms of domestic violence response , and similarly, that the Healthy Marriage Project or Responsible Fatherhood Program not assume that the domestic violence program knows what they are offering to the community.

It's important, then, for you to first identify a domestic violence partner at the local or state level with whom you can partner. And then spend some time-sharing information about your program and the specific Healthy Marriage activities you plan to provide or *are* providing.

Here, I do have to take a moment to mention that there is a very exciting survey report that was released today -- the first of its kind national census on domestic violence services, which provides a snapshot of the number and type of services provided in a single 24-hour period. The census count took place on November 2nd of last year, and the report (again, released today) shows that on this single day, the 1,200 domestic violence programs that participated in this survey served more than 50,000 adults and children in the United States.

This included, during a 24-hour period, more than 14,000 women, children and men receiving emergency shelter services, almost 8,000 primarily women and children receiving services in a transitional housing facility, and more than 25,000 receiving non-residential services such as counseling, legal advocacy and children support groups.

There were also 15,000 hotline calls answered during this 24-hour period, this one day in November 2006, by these 1,200 programs. The 1,200 programs that participated in the survey represent roughly 62% of the domestic violence programs throughout the country. So this is clearly just a subset of the total services provided.

Also important from the survey was the fact that more than 10% of requests for services had to be referred elsewhere because the domestic violence program did not have the resources to fully respond. They didn't have any available emergency shelter beds that could accommodate the person calling in, or there was no advocate to accompany someone to court or to the hospital.

Finally, on this same day, these 1,200 domestic violence programs provided training and public education and prevention activities to more than 40,000 individuals. And we know that included schools, police officers and prosecutors and other court personnel, and medical providers who were getting trained to improve their domestic violence response. This survey provides one of the first pictures that we've had about the extent and

scope of the types of services that are provided on a daily basis that by these domestic violence programs.

But, getting back to the protocol development process, it's important that you to understand in some detail the kinds of domestic violence services and support, for both survivors and for those who are engaged in using violence against an intimate partner, are available in your local communities or in your state, if you have a statewide project. And what kind of training is available, what particular kinds of support might they be able to provide you as you design your domestic violence response.

As the "Where to Start" checklist goes on to say, another first step is defining types of guidance and support you expect to receive from the domestic violence agencies you're partnering with. Some of you will be looking to your partners for training of your staff on domestic violence issues, for others that may be less critical because of past domestic violence training you've received. Others of you will be looking for different kinds of assistance, including very specific help developing your protocol.

And another important step in the process, given the very full plates that most domestic violence programs deal with on an every-day basis, is identifying the types of financial and other resources needed and available to support the involvement of domestic violence experts. Again, don't assume that any funding that your local partners has can extend to these healthy marriage or responsible fatherhood activities. That's a conversation you really need to have with your local or state domestic violence partners.

Looking to page of the "Where to Start" checklist, what I did is break out some of the questions that you'll want to explore together. This is even before you start trying to put any of this into a protocol. This is a lot of questions here, but one way that you can approach this is to just walk through how you're going to be contacting families, how an individual or a couple will move through your program. This conversation will be enormously helpful to your domestic violence partners in will help identify where domestic violence issues might arise and the most appropriate ways to respond to those.

So, for example, how will potential participants for your program be identified? Are these families you already know a lot about, or that someone you're partnering with knows a lot about, or are they new to you? How will couples hear about the programs that you're offering? Are you relying on referrals from other agencies? Again, how you respond to these questions will have different implications, as you'll see in a minute when we get to the protocol, in terms of what kinds of things you might need to do.

How and by whom will the Healthy Marriage project be introduced to individual clients once you've identified people who are interested? How will they hear more about the program? How do individuals and couples get into the program? Do they just show up, is there a very formal intake process that's specific to your program, or is it part of an intake into your other agency's services? Again, it makes a difference in terms of what you might build into your protocol.

If you are relying on partner agencies to do the screening and assessment, what is their current experience

identifying and addressing domestic violence issues among clients? Is domestic violence something that they routinely inquire about with clients that they then may be referring to you? What happens when disclosures of domestic violence occur? How are you defining domestic violence? And again, you can see the types of questions that I am recommending you explore with your domestic violence partner even before you even start actually trying to write your protocol.

I want to clarify at this point that we're not asking you to become domestic violence experts. Rather, we want you to understand the importance of addressing domestic violence within this Healthy Marriage and Responsible Fatherhood context and the importance of working with those who have the expertise you need to ensure that adequate supports and safeguards are in place. We want you to be experts in what you do and to partner with experts in what we do, which is address domestic violence issues.

I want to move us through the "Blueprint to Guide Development of a Domestic Violence Protocol" and walk through that a little bit. I'll pull out for you what are some of the key components so hopefully you'll understand the design integrity that exists here. The blueprint is meant just that, a blueprint. It is not your domestic violence protocol; it is not designed so that you just plug in your site-specific information. Again, as I've said a couple of times and I'll say it for the third time, the variations across the sites are too great and too important for there to be a onsize-fits-all protocol. And, that was certainly, reinforced for us as we've worked with the individual healthy marriage projects over the last couple of years.

The best protocols are those that really reflect the project's understanding of the community they're working with and the community resources that they have available to them. But there are some key components that, we know are important for each of the site-specific protocols to cover. I'm going to spend a little more time on some of them than others because some of them are more sort of intuitive. You should have the Blueprint in front of you at this point and follow along with me.

You see on page one that you include the Name of the Healthy Project and identify who your key project partners are. Some sites have found it useful to identify a contact person and a phone number in addition to naming the project partners. So anyone picking up the protocol knows who the lead liaison is at a partner agency in terms of implementing the domestic violence protocol.

A Project Description is recommended, that identifies the characteristics of the communities and families that you're working with, the Healthy Marriage programs or services being offered, their duration, their frequency, the curricula used, the setting. So that anyone looking at the protocol understands the context in which it is being applied.

One thing I actually should have said, and I usually do say before launching into the Blueprint is that I view protocols as education tools as well as guidance for day-to-day practices and procedures. I therefore pack a lot into protocols. I like to see protocols that are freestanding, in other words they don't refer to lots of other material that someone then has to go and look for.

For some of your sites, you are going to be using the steps outlined in your protocol on a daily basis, because you are working with a large number of families dealing with domestic violence. Others of you may not encounter domestic violence very frequently and that's great. In this instance, the role of your protocol is as an easily-used reference to remind a staff person who's not using these steps every day, what they need to do on those rarer occasions when they're encountering domestic violence. So in both instances, whether it's going to be a frequent issue for you to address or one that's less frequent, the protocol can be an important support to staff and volunteers as they implement the program.

On page two of the protocol, you will see a place to reflect the mission of the Healthy Marriage Project. Again, if you see the protocol as a form of communication between you and your partners, including your domestic violence partners, some of these components are really designed to make sure that everyone is understanding key elements of your project, like your mission, the scope and purpose of the protocol and the underlying principles and shared values.

In terms of this last component, the conversation about shared values has gone a long way at some sites to building trust between domestic violence programs and Healthy Marriage projects. One thing that I think all domestic violence advocates will want to be reassured about is that safety and safety for all family members, is a shared concern and not just a concern that the domestic violence advocates are bringing to the table. So, this is an opportunity to affirm and articulate those things that really are true for all of the partners and impact how you're going to approach these issues. There are some examples of some value statements from other Healthy Marriage protocols in the Blueprint, and you've got some other value statements in the two examples of protocols that I forwarded.

The definition of domestic violence is also a separate component. And why is that? There are a couple of reasons. One is to support the role of the protocol as an education tool, particularly in cases where there are staff and volunteer turnover. But also to make sure that the term "domestic violence" or "intimate partner violence" or whatever term you decide to use is clearly understood by all of the folks who are responsible for implementing the protocol. So defining domestic violence and coming to agreement about how you're using the term within the context of your project is very important.

And then we get to the guts of the protocol, screening and assessment and responding to what that screening and assessment tells you. As I did during the domestic violence workshop at eh Grantees' Conference, I want to pause here for a moment to talk about disclosure. Because understanding how someone dealing with domestic violence might view your inquires about domestic violence can be really helpful.

We have learned from survivors that the decision to disclose domestic violence is a difficult and complex one for many domestic violence victims. There are many reasons why someone might not choose to talk about the abuse they're experiencing. She may be afraid for her own safety or her children's safety. Her partner may have made serious threats such as "If you ever tell anyone I'll hurt you and the kids." And there's some concern on their part that, those threats might in fact, be carried out.

The person may not feel comfortable disclosing in your office or wherever they're being asked about domestic violence. There may be lots of reasons for this: they may not feel there's enough privacy to talk about the abuse; there may be confusion about how you will use the information related to their abuse and how it will affect decisions about any number of things, including access to other types of services; they may have had experience with another system, such as a recent call to the police or with a health care provider that, was not helpful to them, making them very cautious about telling anyone what's really going on. So they may be bringing a whole range of past experiences, both good and bad, into their contact with you that affects what they feel comfortable telling you.

Other victims may feel that disclosing abuse will only make the situation worse. Again, you may be working with someone who told a neighbor or friend who didn't believe her, or made them feel that the abuse was their fault. They may have confided in a family member or health care provider, who then told the abuser, resulting in increased threats or increased danger for themselves and their kids. And on and on. We've learned quite a bit from domestic violence survivors about the barriers to disclosure, as well as those things that support disclosure of abuse in different kinds of settings. On the last page of your the Blueprint is a one-page discussion of disclosure and reviews what we have learned from survivors about what makes disclosure difficult and what supports disclosure, what makes it more likely that a domestic violence victim would be comfortable sharing information with you that is this sensitive, this private and still in many places, this stigmatizing.

The other suggestion that I often make to agencies who are working with domestic violence issues for the first, but also to everyone, to you is that you do a self- assessment. That tomorrow morning, walk into your offices or wherever you're offering your classes and think about what do these offices or these places where you are offering Marriage Education classes or your Responsible Fatherhood activities, what do they say to someone who may be keeping domestic violence a secret, or deciding whether or not to tell? Is there anything that would encourage them to believe that this is a safe, comfortable place, an informed place to share that kind of information? Is there anything that sends the exact opposite message?

I have made this suggestion a lot over the years, and people come back to me all the time and say, "Oh, boy, we changed a lot of things about what kind of information we have out. We have put up some posters and changed that way we talk about things after having done that little simple assessment." If you look at things from the perspective of someone who's trying to decide whether to share information that, obviously, it's important for you to have, it can be very helpful.

So, with that information about disclosure as a backdrop, I want to talk about providing safe opportunities to disclose now that you know why this part of the Blueprint is framed in that way.

Screening and assessment for domestic violence -- I'm on page three of the Blueprint at this point. There's four key parts to this section, one of the main part of the protocol.

The first asks you to look at the information that will be provided to all potential participants. This section of

the protocol is particularly important in instances where individuals can self-refer to your marriage education program, and there's no formal referral process that involves screening and assessment by your staff or volunteers. So what information are you providing to the general public or in a targeted way to people that you're looking to pull into your program? Does it provide a domestic violence victim enough information to do their own safety assessment -- "Is this something I could safely participate in?" It is really a best practice at this point to be very clear that what you're offering is not a domestic violence intervention. It is absolutely true that many domestic violence victims who call domestic violence programs are looking for the violence to end, not necessarily the relationship. So it's important that you not mislead someone who is looking for ways to fix an abusive relationship that the marriage education services and activities that you're offering are a response to and are designed to deal with violence and abuse in a relationship.

So there are two key questions here: Are you providing enough information so someone who's in a violent relationship can make a good decision about what the program that you're offering actually offers and whether it would be safe or appropriate and helpful to them? And secondly, what information will be provided to all referring partners about your Healthy Marriage program to ensure that appropriate referrals are made? So this is particularly important for those of you that are working with partners or relying on others to recruit, screen and assess potential participants for your program. And that could be child protective services agencies, community agencies, or churches who are identifying people within their congregations or their caseloads to your Healthy Marriage activities. What kind of information do these referring partners need to have about what you're offering and how they can make appropriate referrals to the program?

What we are recommending is that you include clear statements in all the materials describing the Healthy Marriage program and in any presentations that you make to those potential referring partners about the limitations of your programs in addressing domestic violence issues.

The third part of this screening and assessment section is how will screening and assessment for domestic violence be approached (see middle of page 4 of the Blueprint). There are many things that we have learned over the years that are now best practices in approaching any exploration of domestic violence issues with individuals and certainly with couples.

Like always raising the issue of domestic violence privately so that others, including and particularly the perpetrator, will not overhear the conversation. Explaining, as I talked about earlier, why you're exploring the issue of abuse. And telling the individual being screened that they don't have to answer any questions being asked. Providing assurances of confidentiality, providing accurate assurances of confidentiality, not misleading someone to believe that the information will be held confidential, when you are under obligations to share it under your state laws or your agency's policies. Paying attention to the language of the screening questions, avoiding blaming or judgmental responses when someone does share information with you about what's happening. Remembering that a negative response to screening may only indicate that the victim is not comfortable disclosing at this time. So if someone says, "No this is not an issue in my relationship" that may in fact, be the case. Or it may be that they don't feel safe or comfortable disclosing at this time.

So that's one of the reasons that we talk about providing opportunities, plural, to disclose domestic violence. Many of the sites that we've worked with so far have indicated that they many of the domestic violence disclosures don't occur at intake. In fact, it's after a family or an individual has developed a trusting relationship with one of the facilitators – it may be in class 3 or class 4 – that the disclosure actually occurs. Because they need to get to a place of comfort and trust before they share that information.

And then the fourth area, in some ways the most complicated but really on that flows from the other three , is describing how will domestic violence issues be explored with potential Healthy Marriage participants. Who will be screened for domestic violence and at what points of contact? Who's responsible for screening? What screening procedures will be used? And I know that, we've got some questions related to this. But again, there's not one-way to do this, it depends on the kinds of contact you're having with families and the kinds of settings that you're operating in. For example, I know that some of you are operating in more clinically based settings where there's a whole long intake process, you're gathering lots of information from the couples. And in that case, you would be inserting domestic violence questions into a larger questionnaire.

For others sites, you have a very informal, very "question-lite" intake process. And so how you would raise domestic violence issues might be very different given the kind of contact that you're having.

The next big part of the protocol is responding to disclosures of domestic violence. When disclosures of domestic violence occur as a result of screening or at any point during participation in the Healthy Marriage program or the Responsible Fatherhood activity, an appropriate response must follow. Don't ask "is domestic violence an issue for you?" if you don't know what you're going to do if you get a "yes" answer. The protocol cannot just stop at screening and assessment, but must continue on to identify how you're going to respond to at least three different types of disclosures.

What will be your crisis response? Hopefully this will be extremely rare but it's also one of the most important – responding when you have a disclosure from someone who's in immediate danger. And your domestic violence partners really need to help you figure out the best way to respond, what resources are available in your local community. Who should you call immediately? What are some initial steps that you can take to make sure that someone who is telling you that they're in immediate danger can get to safety and who can help them do that? (I'm on page six of the protocol if you're trying to follow along here.)

The second area here is responding to disclosures of past abuse or current abuse that the victim does not identify as posing an immediate or ongoing risk. So, again, with your domestic violence partner, what the blueprint suggests that you do is identify the specific steps that will be followed to refer a domestic violence victim not interested in participating, for whatever reason but particularly for reasons related to domestic violence, to victim support services and batterers intervention services available in your area. And in the second instance, provide a more in depth assessment for a domestic violence victim who, after receiving a description of course content and limitations, remains interested in participating in marriage education or responsible fatherhood activities with their partner.

Disclosures of domestic violence will vary and your response to them must vary accordingly. For example, one type of disclosure might be that there was violence in the relationship three years ago. She's been working with the domestic violence program, he's been through a batterer's intervention program and there's been no violence for a fairly significant period of time. So there is a history of domestic violence, there's an interest in participating a Healthy Marriage activity.

What we're suggesting here is that, if there's a disclosure of domestic violence accompanied by an interest in participating, that should trigger an assessment by someone with deeper domestic violence expertise to ensure that there's informed decision-making and that the victim isn't viewing the marriage education classes as being able to provide more than it's designed to. And that safe participation is possible.

Some protocols have added or have described when referrals to the Healthy Marriage initiative will not occur. They've wanted to be very clear that there are some circumstances when, regardless of interest on the part of the victim and their partner, it's just not appropriate for referrals to occur. And there are some examples of that on the bottom of page seven into page eight. And again, these are local-level decisions which should be informed by discussions with your domestic violence partner.

Other key components of a full protocol include a section that describes how you're going to maintain the confidentiality of domestic violence information that is shared. And again, it has to be site-specific. Many of you are working in settings that have confidentiality requirements and guidelines. For example, if your staff are social workers, or that you're working in a hospital and have national HIPPA requirements to comply with. States also have different mandatory reporting requirements related to child abuse and in some cases, domestic violence, and you need to be clear about those. So, you need to make sure that your protocols reflect these policies, mandates covering your staff, and state confidentiality provisions that protect conversations between domestic violence advocates and victims.

And then, two last sections recommended in the Blueprint – one is cross training on Healthy Marriage and domestic violence. What kind of training do various people involved in the project need and who will be available to provide that training? Some sites have included a training schedule and they've made a commitment to regular training for new staff/volunteer and other inservice training. So those kinds of details can be included as well.

And then the last section that we recommend in the Blueprint is to build in a review. Given the demonstration nature of these Healthy Marriage and Responsible Fatherhood grantees, we're still very much learning about the best way to do things. And I can guarantee you that you will learn something in your first six months and nine months of implementing your program that has implications for how to approach domestic violence issues, and this new learning should be reflected in a regular updating of your protocol.

You may also add different components or activities to your project that your domestic violence protocol does not anticipate and you'll need to add those. So a six-month or nine-month review that then is followed by an

annual review allows you to make sure that your domestic violence protocol is not just a checklist, but a real living document that's useful on a daily basis. And that fully reflects what you're actually doing, as I think as Geneva referenced earlier.

So I want to now, shuffling my papers here, go back to the "Where to Start" checklist. And on page three of the checklist. Once you've drafted your protocol, we recommend that you critique on how well it answers those two questions that I posed initially: How will your Healthy Marriage or Responsible Fatherhood initiative ensure that there are safe confidential opportunities to disclose domestic violence and that the decision to participate in the marriage education or Responsible Fatherhood activities is voluntary and informed?" And "What steps are we taking to ensure that domestic violence issues are safely and routinely identified by well trained personnel?" Or, how well does the protocol that you've crafted answer those two basic questions?

Then finalize the protocol and distribute to program partners and staff. It's really important to ensure that all staff and volunteers, including those at the partner agencies that you're relying on to make good referrals to your project, have the training necessary to implement the protocol, as it was intended. Use staff or project meetings to support implementation of the protocol and identify any issues that aren't working well. So you may have thought you'd be doing things in this way, but the ways that families actually move through your programs are different. And you may need to tweak things. And as I said, then review the protocol at six months or annually thereafter.

Because so many people have said, "You've provided the Blueprint but what does a finished protocol really look like?" I have sent two examples. These are composite protocols and they're just meant to show you how these two communities, with the particular characteristics that they have (which are included in the boxes at the top), how they articulated their domestic violence response. And I think there's lots of strengths to these protocols but again, they are not your protocol, which have to be site-specific to be helpful to you.

One of the examples is a community-based project that's working very directly with couples. The other is a more decentralized project, which is working to motivate and activate other community agencies to engage in Healthy Marriage activities. So they're very different structurally and the protocols reflect those differences, as well as the particular community characteristics. Which again, I suspect, are not identical to those of your community.

And the last thing I will say before turning it back to Patrick and then opening up for questions to give you an idea of some of the resources, in addition to this conference call, that we will be providing as part of the National Healthy Marriage Resource Center over the next year and then into the following years. We're very excited that OFA set aside funding for the National Healthy Marriage Resource Center and that we have some resources that will allow us to look at some issues more deeply than we've had an opportunity to do in the past.

For example we will be offering other conference calls to the extent that they're requested, to this large group or maybe to sub sets that want to explore some of these issues more deeply. We'll be developing a series of

information packets. One might focus on building collaborative relationships between Healthy Marriage initiatives, domestic violence programs, culturally specific organizations. Another information packet will discuss working with diverse populations around domestic violence issues, which will really tapping into some of our partners and the excellent work that they've done over the years.

We hope to develop training modules specifically for Healthy Marriage settings that you and your domestic violence partners can use to make sure that your staff and volunteers and partners are well trained. We'll be tracking ongoing research related to domestic violence in the context of Healthy Marriage and related settings. We also are going to be undertaking a comprehensive review of screening and assessment approaches and tools to pull out best practices and provide more detailed guidance to the field. At this point, what we know is people are using a range of different screening and assessment approaches and tools. But we haven't had the resources or the time to really look at that more closely.

We'll be putting together comprehensive special collections on domestic violence and Healthy Marriage issues for the National Healthy Marriage Resource Center website, which will be launching I think in July. So we'll have lots of information there for your ongoing reference and as you get deeper into these issues hopefully, we'll stay ahead of you a little bit.

So, those are some of the things that we've prioritized, but again, at the end of the call you'll be given some ways to let us know if there's some other things that you would like us to look at. So with that, I am going to turn it back to Patrick.

Patrick Patterson: Thank you Anne. Most of you probably could tell just by the depth and breadth of her experience she brings a lot to the table regarding domestic violence and these projects. So we just want to express appreciation for Anne's time and her willingness to put together these documents that we can use as guides for our DV protocol development.

What we're going to do now is go into our Q & A. There were three questions that were presubmitted prior to this call. So if its okay Anne, I'm going to read these three to you for you to answer and then we'll have the operator instruct us further for the Q & A.

Anne Menard: Sure.

Patrick Patterson: The first question comes from Northwest Family Services in Portland, Oregon. Their question is a three-part question so I'll read them individually Anne. The first one is our clientele will be selfreferred to the classes. How much information is sufficient to provide to potential participants about domestic violence without coming across as overly intense and possibly keeping others away who would benefit from the workshops?

Part "b" of the question is does this information have to be on all brochures or is it sufficient to put information

on our website? And then the third part of that question is, how detailed do we have to be in addressing DV issues in our curriculum? She further states, “Right now we talk about characteristics of a healthy marriage but don’t go into too many specifics about DV. We have a pocket-sized brochure with basic DV info and resources that we have on the table at the back of our workshops.” And in parenthesis, it says, “That will be mixed in with other brochures and resources that are non-threatening to the participants.” So that’s the first question with three parts to it.

Anne Menard: These are great questions. In terms of the first part, the grantee said that clients will be self-referred to the program and asked how much information to provide without coming across as overly intense or possibly keeping folks away. I think that’s a really good consideration.

I refer you to the example to the domestic violence protocol from the Regional Healthy Marriage Coalition and page four of that. They really struggled with this and I think they came up with some really good language that is comfortable for them. Which is—and this is information that they have on their website. “We fight all the time, is this class for me?” And then they go on “all couples fight right? Sure, and this class will certainly teach you how to speak your mind in healthy ways, even how to fight fair. But if you’re in an abusive relationship—“ and then it goes on.

So I think this is just a really good example of how this one site is handling providing good information to self-referring participants. And this could probably be shortened—actually, there was a longer one initially so it has been shortened once but it could be shortened again. This kind of “truth in advertising” information helps people distinguish between what they may be experiencing as fighting and violence and something that goes deeper than the marriage education classes are designed to respond to.

So, there are some sites that have included just a very simple boxed statement that says, “This is not a domestic violence intervention. But we can help you locate services if you need them” so that’s another way that other sites have addressed the issue. In terms of what you include on your brochures versus what’s on your website, I think ideally you’d want some statement that clarifies that marriage education is not a domestic violence intervention on both your brochures and your—and on your website.

What you could also have on your brochure is “this is not a domestic violence intervention” and “to find out more about if this class is for you go to our website.” So I think there’s ways you can link to a fuller exploration on your website that you may not feel you have enough space on your brochure to cover completely. So that’s how I’ve seen some sites work with those issues and I think quite effectively. And again, your domestic violence partners can help you with the specific language that might be appropriate for your community or target population.

The question about addressing domestic violence issues in your curriculum was also an interesting one. And you say that you talk about characteristics of healthy marriages but don’t go into too many specifics of domestic violence. I think that’s right at this point of these demonstration project. I would be careful about integrating

too much discussion of domestic violence into your Healthy Marriage curriculum for couples beyond the way that you've done that, which is you're talking about healthy marriages and then by definition, domestic violence has no place in healthy marriages.

The National Healthy Marriage Resource Center will be looking at this more carefully – what it means, what the implications are of integrating more explicit discussions of domestic violence into curriculum designed for couples. We're concerned about increasing risk, obviously, for a victim who has not disclosed domestic violence so is in that class with their abusive partner and you don't know that. I don't feel that we know enough at this point, so are proceeding carefully.

So, I'm very comfortable with what you're doing right now, which is talking about characteristics of healthy marriages, not going into too many specifics of domestic violence in those group settings, but making sure there are safe opportunities to disclose for individuals who are dealing with domestic violence. And providing information about domestic violence services to all participants, along with other community resources.

One of the ways that many sites have “normalized” if you will (I'm saying that in quotes) the distribution of information about domestic violence and making it more comfortable for people to take resource information is to say (and this works whether you're talking about domestic violence or any other type of information, like on substance abuse or mental health issues, or other problems that families may be dealing with) – “You may not need this information, but you may have a sister or a friend or co-workers, who are dealing with domestic violence, or mental health or substance abuse. So we encourage you to take it so you can be helpful to them.”

This provides a really a nice cover for a domestic violence victim who wants to take the information but doesn't want it to appear that they're taking it for themselves. So again, I've seen a number of protocols that describe how they're talking about the information and making it more comfortable for people to access it.

Patrick Patterson: That's great. One other question and then I want to make sure we give some time for participants to ask questions. This question comes from AVANCE Healthy Marriage Program in Austin, Texas. “Is background provided regarding immigration and Spanish-speaking participants?” And the question that they posed following that description is, “Are there guidelines or policies to deal with issues of domestic violence, when any of the involved parties are undocumented immigrants?”

Anne Menard: Yes, this is a great question by the AVANCE Healthy Marriage Program in Austin, Texas. And I have had the opportunity to work with the AVANCE program in Houston and appreciate the sensitivity they bring to their work with their community on domestic violence issues.

It's not possible for me to fully answer this question on this conference call. There are both special risks and special protections for domestic violence victims who are also undocumented immigrants. The Violence Against Women Act of 2005 has—as did previous versions of the Violence Against Women Act – has recognized the particular vulnerabilities that immigrant victims of domestic violence face and created special protec-

tions and legal options.

The quick resource I would provide is a website address that I can provide to get you started. On the website of the Family Violence Prevention Fund (www.endabuse.org), under “Programs” on the left side, you’ll see immigrant women. And there are a number of resources that I think you’d find very helpful. The Fund has an Immigrant and Refugee Women’s Project, there’s a Cultural Handbook, which helps a range of organizations and agencies understand the impact of cultural factors when working with victims. And, there’s a Battered Immigrant Women Toolbox, and a whole set of brochures for immigrant and refugee women in a range of languages. So for those of you that are wanting to distribute multi-lingual brochures, this is one source of those.

So this will get you started and we’ll figure out how to get you a fuller response to that question in the next couple of weeks.

Patrick Patterson: Outstanding thank you Anne. If it’s okay, we’ll go ahead and open the lines for question and answers from the field.

Operator: Thank you. If you have a question at this time, please press the one key on your touch-tone telephone. If your question has been answered or you wish to remove yourself from the cue, please press the pound key. Also, I’d like to remind all participants to please announce your state when your line is open.

Our first question comes from Josue Figueroa from Nueva Espiranza.

Josue Figueroa: Hello, Jose Figueroa from Neuva Espiranza in Philadelphia and our initiative is working with clergy and lay leaders the first year in—actually, in New York and southern California. We have domestic violence partners in each city that we’re working with. We’ve already started to develop the protocol and have those conversations.

But on Friday, we had an orientation with clergy and there was some uneasiness with clergy with regard to extra obligations that clergy may have with regard to learning about domestic violence issues. And I just wanted to ask if you could clarify. If you understand it to be the same as opposed to a social service worker, if someone discloses to them versus a clergy member?

Anne Menard: Extra obligations in terms of confidentiality or—can you give me a little bit more information about what issues were raised?

Josue Figueroa: In particular, clergy had understood that, if a clergy person heard of a domestic violence incident, someone disclosed to them that, they were obligated to report that to the police.

Anne Menard: Oh, interesting, okay. And that may have been in California.

Josue Figueroa: That's correct.

Anne Menard: California has some particular mandatory reporting requirements that are different from some other states related to domestic violence. And there are particular types of domestic violence incidents – when they have involved a weapon for example – that trigger a mandatory reporting requirement for a number of professionals. So that may be what they're referring to. I am not aware of any other particular clergy responsibilities related to reporting domestic violence, but that doesn't mean they don't exist.

I would strongly encourage you to follow the guidance of the California domestic violence partners that you're working with, because they will be most familiar with any special reporting requirements or confidentiality provisions that exist in California.

And for everyone on this call, this is an area where there's variation from state-to-state, both related to what is considered child abuse and whether and if any disclosures of domestic violence have to be reported to another agency, including the police, and your domestic violence partners are in the best position to help you understand what mandates exist and how they apply to your healthy marriage or responsible fatherhood program.

Jose Figueroa: Okay so we'll refer to our DV partner out there.

Anne Menard: Yes, and again, I would encourage all of you to become familiar with the specific laws within your state that prompt mandatory reporting to somebody or encourage mandatory reporting, as well as laws and procedures that require that information be held confidential either again, by statute, by professional code or by agency policy. These are issues that are really hard to talk about except in general terms in a national conference like this because there's so much variation across the country.

The other thing I would mention, for those of you that are working with clergy, or are clergy yourself or a clergy-based project – One of our partners is the Faith Trust Institute, which has a wealth of information. They're multi denominational, multi-disciplinary, multi-cultural organization available to help faith leaders enhance their response to domestic and sexual violence. You can find them on the web under Faith Trust Institute. Again there's a wealth of training resources and other support for clergy, addressing domestic violence issues. So that would be another resource I would recommend to you.

Jose Figueroa: Thank you very much.

Operator: Our next question comes from Bridget Brennan from Healthy Marriage. Bridget your line is open.

Bridget Brennan: I think we're all asking clergy questions so mine follows. Because we just did a training about two weeks ago with clergy in the Exploring Fragile Families relationships for fragile families. And I wanted each church site to take like a poster or two that we have from our local domestic violence agencies and perhaps, put them in the bathrooms of their churches and so forth. And there didn't seem to be a lot of

interest in that and I'm just wondering--.

I guess, I think I have to go back and try to bring this together more with my clergy. I'm new at working with the African American clergy and I just think they—they were almost all there with their wives so I thought they'd be all for putting these up. But I don't know—is that-- ? I just wondered I just feel like I haven't really moved—I don't feel like I've brought it there yet, I guess that's what I'm trying to say.

Anne Menard: Bridget what state are you from?

Bridget Brennan: St. Louis, Missouri.

Anne Menard: Missouri, okay. Yes, I would encourage you to look at the resources available through the Faith Trust Institute and some of the strategies that they provide. I think, as in most instances, and I'm not making a statement about how you went about doing your training, but in general we learn best from people we feel are like us and understand our experiences. So police officers learn best from other police officers, advocates learn best from other advocates. Clergy certainly falls into that pattern as well. Most of the best clergy trainers that I have seen have been other clergy.

So if you can find an internal advocate to really take the lead in working with clergy and again, also, paying attention to culturally specific issues and ensuring that what you are offering is culturally-relevant, that you may find yourself generating more enthusiasm. It's important to learn more about where is their hesitancy coming from, and it may be – and I don't know the posters and the material you were offering to them – that they didn't feel that they would resonate with their congregation. I mean there may be any number of things that made them hesitate and finding that out is going to be important for you.

Those would be some general just suggestions I would make.

Bridget Brennan: Thank you.

Operator: Again if you have a question please press the one key and as a reminder, please announce your state when your line is opened. Our next question comes from Deborah Martin from Pregnancy Support Center.

Nanette Jones: Hi Patrick, Hi Anne, this is Nanette Jones; I'm working alongside of Deborah.

Anne Menard: And where are you from?

Nanette Jones: We're in Canton, Ohio.

Anne Menard: Okay.

Nanette Jones: Okay my question is this, our HMI program is strictly being presented within the high school arena. And I would assume that most dating violence issues, because that's what we're calling it in the high school arena, most of those issues are handled through the guidance counselor's offices. And at this point, we're not working directly with guidance counselors; we're working directly with the educators that are teaching the Healthy Marriage courses.

Anne Menard: Okay.

Nanette Jones: Do you have any suggestions as to how we can acquire the guidelines that most school systems use when dating violence is reported?

Anne Menard: I don't know that there's a set of guidelines that most schools use. Dating violence is a fairly new area for schools to be addressing and a lot of the work that has been done around dating violence has been developed by the domestic violence advocacy community and some have really figured out ways to get into the schools and talk about these issues.

We actually have a nice set of materials here at the National Resource Centers that we've designed to help support domestic violence programs doing this work and working with guidance counselors and other school personnel. It's sometimes the guidance counselor and sometimes schools designate other—like a health teacher or the homeroom—so I think it generally true that it's the guidance counselor, but there may be other school personnel that are also involved in the process of responding.

Again, this is another setting where confidentiality issues and trust are essential. If word gets out among kids that if they say something about violence in a dating relationship and then “bad” things happen or something happens that they aren't expecting, this can really be a problem in terms of how kids are seeing the program. So, again, this is another area where I'd like to put together some information, some resources, some web links. And if we can then get it out to—I'm assuming Geneva can help me figure out whether this is the right way to disseminate that to you.

Nanette Jones: Is that—may I? I just have two more quick questions. The second question is we're requiring—well let me just tell you this much. We're requiring that, out of a semester-long course the educators actually take two weeks of that course and have their students do two weeks of presentations in any kind of format that they wish. Do you think two weeks is overkill for a 12-week course?

Anne Menard: Two weeks on?

Nanette Jones: Dating violence.

Anne Menard: Dating violence? No, I don't think so. Dating violence is a huge problem. The numbers are just staggering. The National Domestic Violence Hotline, just opened up a National Teen Dating Abuse Hotline.

Which offers the option to call and talk to somebody, but also, the option to email and chat. And the volume of activity on this very new resource is just—well, really, distressing. I mean its great that now kids feel like they have a place to reach out to, but it also underscores the extent to which kids are dealing with violence in their intimate relationships and not really, knowing what to do.

Nanette Jones: And then, my last question is there's some gray area as to how we actually incorporate the dating violence into our protocol. You know some areas are clear-cut and dry but when we need to find out--. Because of the confidentiality, we probably will never find out who's going to the guidance counselor or going to the Health teacher to report the situation. So you know we're not privy to that information but we need to have that somewhere in our protocol about how to have the follow-up and how to--. I suppose actually guide these young people. So I—what I assumed that—as you speak with Geneva that this will come about and how to address that in the protocol?

Anne Menard: I think that's true for all of the protocols. I mean I think that you, because of the age group that you're working with and the setting, the school setting, there are going to be some unique issues that you're going to have to address. But I know all of the sites need to assume that there are circumstances where there won't be a disclosure to them. What might happen is someone drops out of a class and you may or may not know that that's because of domestic violence.

And it may or may not be appropriate for you to be in contact with that family again. Depending on your model and the kind of relationship that you have with that family, what would be natural ongoing contact with that family. So, what we don't want to have happen here, or it would not be an appropriate approach for you to feel like you have to compel disclosures of domestic violence.

Nanette Jones: Understood.

Anne Menard: If you suspect it – and I'm talking more generally now to the whole group – the point is not to compel or force someone to disclose domestic violence. The best approach is to create opportunities to disclose that are safe and comfortable. So that if someone chooses to disclose they can do so safely and comfortably. And to make sure that you are prepared to respond appropriately to any disclosures that do occur or to situations where you suspect that, domestic violence is an issue.

But to have to be comfortable with the fact that disclosures might be occurring because of information that you provide, that someone may choose to disclose to someone else. And that's a good thing that you've done, you've been part of a larger community response to domestic violence that, gets someone closer to services, protections and support that might be helpful to them.

Nanette Jones: Thank you.

Operator: Our next question comes from Roger Odell from Model City El Paso.

Roger Odell: Hello Patrick and Anne and listeners, this is Roger Odell in Texas. Anne a few moments ago you had mentioned something about an organization that has a website endabuse.org, can you give us that name again real quick?

Anne Menard: Sure, that's the website of the Family Violence Prevention Fund. So you can Google Family Violence Prevention Fund or you can go to www.endabuse.org.

Roger Odell: Okay I've got that. Next question is I'm in a city that has at least two Healthy Marriage programs. Would it be advisable for us to get with the other program in our community and work with another domestic violence partner?

Anne Menard: And work, and there's—and so you've got two Healthy Marriage Programs in the same city.

Roger Odell: That's correct.

Anne Menard: And there's one domestic violence program?

Roger Odell: Well, there's probably a number of possible partners we could use. But would it be advisable for me to work with the other Healthy Marriage grantee in developing this domestic violence protocol?

Anne Menard: Sure, I mean if you are going to be referring to the same dv agency that can be really helpful to the domestic violence program to not have to work from scratch with multiple programs. So to the extent that your programs are similar, again, paying attention to the project-specific differences – if you're working with very different populations, you're offering very different services, your approach is different, one is a clinically based program and the other is really clergy and volunteer based or something, then it might not make as much sense as if you were relatively similar. I think it may make sense to have some of the initial conversations with the domestic violence program together, as you explore how families move through the different projects.

For example the first part of the “Where to Start” checklist, the first page, those conversations, that might help surface the extent to which your programs are similar and therefore your protocols can look similar and ways in which your programs are not at all alike.

Roger Odell: I think the idea of the immigrant populations—of course being here on the border we would certainly have a lot of similarities but there will be some differences.

Anne Menard: Right so you can network together initially and then maybe have to separate at different points.

Roger Odell: All right thank you.

Operator: Our next question comes from Shaune Motley from Future Foundation.

Shaune Motley: Hi, how are you? We are Future Foundation in Eastwood, Georgia and we are going to be using a domestic violence partner and wanted to know if anybody had used, or if anybody has a template for a contract to be used between us and our domestic violence partner?

Anne Menard: Oh, great question—so, how should we get that answered? Patrick do you have any ideas? That's a great question and it makes sense for you all to provide some peer support to each other on those kinds of issues.

Patrick Patterson: Can you repeat that just to make sure we heard it right?

Shaune Motley: We wanted to know if there were any templates for contracts to be used between us and our domestic violence partner?

Anne Menard: So Memorandums of Agreement or Contracts, if you're actually going to be paying for services. We can try to round some of those up. I know of sites where there is an agreement, an existing agreement, and we could inquire and see if we can then, again, get those out to you.

Geneva Ware-Rice: And Anne, this is Geneva. What I wanted to do at the end of a couple of more minutes of questions, maybe at a quarter of, to do the next steps and wrap up. Which would definitely fit into this question of what we're going to do next, some of the tools that might need to be developed and how do we go about gathering what people need. But good answer on the last question. We can look and see what's out there but whether we have it available right this minute to send out, no, we do not.

Anne Menard: Great thanks.

Operator: Our next question comes from Debrah Bashacky from Foundation for a Great Marriage.

Debrah Bashacky: Hi, we're in Wisconsin and we're a regional marriage initiative kind of statewide. And my question is, we are kind of phasing in different counties of activity but what we've already found is the case in one is that the local domestic violence people had heard of our activities through some other source before we actually started working in the County. And actually have a hostile attitude toward us.

And so I'm wondering what you would recommend for a proactive approach, knowing that we're going to be working statewide eventually to derail that kind of hostility?

Anne Menard: Well I don't know if you want to derail it...

Debrah Bashacky: Well not derail but disarm.

Anne Menard: Have you had any contact with the state domestic violence coalition in Wisconsin?

Debrah Bashacky: No is that the best place to start?

Anne Menard: I think that is the place to start to begin exchanging information. I think you – in general, not Wisconsin specifically – should assume that information, perhaps not even accurate, preceded you. And that’s in both directions – there might be attitudes about the domestic violence program that may or may not be accurate and there may be attitudes about the Healthy Marriage or Responsible Fatherhood initiatives that may or may not be accurate. So starting with a “Can we come in and talk and tell you what we’re doing and what kind of help we are looking for and how we can support you in providing that help?” can go a long way.

I would see if you can get the attention of the domestic violence coalition. I can tell you that one of the major things that domestic violence coalitions – what’s on many of their plates right now is working with the legislature in your legislative sessions. There’s typically a lot of legislation that involves domestic violence and related issues. So I say “try to get the attention of” recognizing that reality.

But because you are a statewide project and dealing with multiple counties, getting some information to the State Coalition can be very helpful. State coalitions often are in regular communication with local programs, do a lot of training and support to those local programs. So if the coalition becomes convinced that you care about domestic violence and are wanting to do this right, that could go a long way in addressing any concerns that the local program may be feeling.

The other—and you could do this at the same time – is to ask to sit down with the local program and explain what you’re doing and find out what their concerns were. Disabuse them of any inaccurate information they have about what you’re doing. And replace that with more accurate information and see where you go from there.

Debrah Bashacky: Do you have any recommended resources that come from a domestic violence perspective that you’ve published or others have published, talking about Healthy Marriage in relationship to domestic violence?

Anne Menard: Well, there is an article that Dr. Oliver Williams from the Institute for Domestic Violence in the African American Community and I wrote: *It’s Not Healthy if It’s Not Safe*, which tries to identify where the points of tension have been as the funding for Healthy Marriage programs was making its way through Congress and the debate ensued. What some of the domestic violence issues were that were raised, the kinds of concerns that domestic violence advocates put forward during that policy debate. (Copy can be found at: http://www.clasp.org/publications/marriage_dv.pdf).

I know that the State Domestic Violence Coalitions have all received a copy, but I don’t know if local programs have. Again, that was distributed at OFA’s Grantees’ conference, but we can also get you a copy and that

might help you understand where they may be coming from. It also might be helpful for the local program to have that piece. It does try to frame it in a way that's helpful and bridge at least the information divide a little bit.

So that would be one that I could reference. You can also certainly share with your local programs, any of the materials that we've sent out for this call, which might reassure them that you're taking these issues seriously and your approach is being informed from a domestic violence perspective.

Debrah Bashacky: All right thank you.

Patrick Patterson: We have time for one more question; I want to make a quick announcement. We'll take one more question then we'll have Geneva Ware-Rice close us out with final comments from OFA.

Operator: Okay our final question at this moment is from Nathaniel Lett from Bee Takers Parenting.

Nathaniel Lett: Hello, how you doing?

Anne Menard: Where are you from?

Nathaniel Lett: Bee Takers Parenting Center, Cincinnati, Ohio.

Anne Menard: Cincinnati, Ohio, okay.

Nathaniel Lett: Yes, I just wanted some clarification we're doing a Healthy Marriage training and six different activities in three different communities, urban, rural and suburb community. We also are in schools, we have a domestic violence partner and we also have MOU with a domestic violence agency so we have two domestic violence agencies we're working with.

I know you talked about it in the first question but I was wanting some clarification on advertising and fliers because we're doing Healthy Marriage training classes, we have mentoring, we have support groups, we have counseling. We have like six different activities in each community tailored to the community. And I just wanted clarification on announcing information on domestic violence.

Anne Menard: Incorporating it in or just—when you're doing your public awareness, public education materials?

Nathaniel Lett: Just the public education materials. We're doing protocols and our domestic violence agency has worked out a protocol. All our providers will get the training and protocol and presentation from our domestic violence agency But what about the different flyers, the different events that we do or just announcing on the radio, PSA's or something of that nature.

Anne Menard: Right and again, that was the issue that the Regional Healthy Marriage Coalition, which is the protocol example II, was facing. They were supporting communities offering lots of different types of Healthy Marriage activities in their communities, but they themselves were not providing the services. And so, they wanted to make sure that they were doing that in a way that was responsible. That they were publicizing and describing their activities, all of their activities, in a way that was responsible.

So again I refer you to page four of DV Protocol - Example II. And what they committed to doing was in all the activities related to publicizing classes, activities or programs, whether a flyer, or bulletin, insert, poster, newsletter, email or letter, ask the organization to include the following section of the text, which helps someone decide whether the activity is appropriate for them. And then they also obviously refer people to the domestic violence hotline.

So that's one strategy. I think the point is to make sure that you're not suggesting that the classes and activities that you're offering are a domestic violence intervention. In other words, are designed to address a problem as serious as domestic violence. And you may want to do that around some other issues as well, if you want folks to understand that these classes will not address substance abuse or mental health issues, or couples dealing with serious problems.

So it's somehow communicating that in a way that's appropriate, given how you're going about doing your publicity. And you may do that differently, this is an example of how one community did that. Other communities are doing that by again, just making a very simple statement as this is not a domestic violence intervention but we can refer you to services that are designed to address violence and abuse in relationships.

Nathaniel Lett: Okay thank you and how you doing Patrick?

Patrick Patterson: Great, how are you doing Nathaniel?

Anne Menard: All right you guys.

Patrick Patterson: We're going to go ahead and close the call out. We want to first of all express appreciation to Anne for giving us her time, attention and also, the details she provided across sites, Marriage and Fatherhood, regarding domestic violence. It was an outstanding call and I just want to say thank you again to Anne for giving us that time today.

Anne Menard: You're welcome.

Patrick Patterson: The second thing we want to do is make sure that we get your feedback. There are a couple of final tidbits I want to give you that are very specific to each of the grantees and you will hear that in a second or so from Geneva Ware-Rice from OFA. So please hold on for just another minute or so.

If you have questions that you were not able to pose or ask today on the call I'm going to give you two sources of information where you can actually submit those questions. One is to the National Healthy Marriage Resource Center's website, it is www.healthymarriageinfo.org, all one word, .org. Let me say that again its www.healthymarriageinfo.org. When you go to the webpage; you'll see the resource center's web page. Click "contact us" on the top bar, and there you'll be able to submit a question and get a response in a very short matter of time.

The second source if you don't want to use email would be the phone, the Resource Center's phone line. The number is 1-866-91NHMRC, 1-866-91NHMRC, there's someone that's actually going to be on the line awaiting your call. And more than likely it'll be Jen who will receive your call.

And then last but not least in that same context, if you would please email us feedback from today's call. We want to be sure these calls are addressing the needs of all the grantees. So if you would, please go to the same website and submit comments on aspects of the call that you thought were helpful and things we could do to improve today's call, we want to hear that information as well. So if I were you I would just use those two resources to make your voices heard in that regard.

As we close, you will hear more information about upcoming conference calls and eventually will be sent to you the same way that you received information for this call. And with that, I'm going to turn it over to Geneva Ware-Rice to close us out.

Geneva Ware-Rice: All right thank you so much Patrick. And I also, want to add too, thank you so much Anne, you are awesome and just provided so much information. Not only to the [unintelligible] but to the grantees. I know everyone is ready to go to the next step and that's what I wanted to talk to. Patrick's giving some information but I want to make it clear that, we are not going to be approving your protocol. We do want you to spend the time necessary to develop an appropriate protocol based on your target population in the site that you're serving. And in that, if you have a protocol developed or a draft that you would like to share with the FPO to get their input with, you should do that.

Your first line of just sharing that protocol, saying here we have it done, make it part of our record, would be to your particular FPO, your Federal Project Officer. And in that you—also if you have questions regarding the blueprint, some how-to-, you can also, address those questions to the FPO's as well as to the Healthy Marriage Resource Center the way that Patrick has laid out.

When we pull together the information that, you're sending us, if there are a number of questions that are similar, that have come in that we have not addressed the Resource Center and the Clearinghouse also. The Fatherhood clearinghouse will be providing services—follow-up services to the Fatherhood-funded grants. But we will look at what common questions are coming in that may need another type of technical assistance provided. Either another teleconference that narrows in on that issue, or we have some ability to provide technical assistance via teleconference or webbased. So feel free to share with us what your needs are.

I just wanted to make sure you understood the protocols are not in approval mode. We just want to make sure that you have the protocol. That, when we are looking at the protocols we will be looking at the same information that Anne has given us and pulling together resources, some of which Anne has talked about today. But others that, we need to go back and look for, such as the agreements between the local community domestic violence organizations and the Fatherhood or Marriage organizations and developing some templates for that.

Also, grantees, if you have templates, if you have—the last person with a question said they'd already developed some MOU's and if you'd like to share that with the other grantees, really, please feel free to send that to the Healthy Marriage Resource Center and they will collect all tools that you're willing to share. And we can make those available across the board for what others are doing and what else is out there.

But keeping in mind that its site-specific and target-specific and that, we are going to be looking at those kinds of issues to make sure that we're giving this a thoughtful plan.

With that, thank you all for your patience and thank you all for your participation to this very important issue. And we will be sending information out in the month of April that will outline other topics for technical assistance through the Fatherhood clearinghouse, as well as the Healthy Marriage Resource Center. We will also be soliciting your suggestions for future technical assistance calls on various issues related to the projects that we're funding here in the Office of Family Assistance.

With that, thank you and have a good evening.

Operator: Ladies and gentlemen thank you for participating in today's conference. This concludes the program you may all disconnect. Everyone have a great day.