

RIViR Paper #2. Current Approaches: Current Approaches to Addressing Intimate Partner Violence in Healthy Relationship Programs

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Introduction

The purpose of this paper is to describe healthy relationship programs' current approaches to addressing intimate partner violence (IPV) and teen dating violence (TDV).¹ Having a report-out of programs' actual approaches to addressing IPV and TDV will help lay the foundation for other activities in the Responding to Intimate Violence in Relationship Programs (RIViR) project, including developing a proposed framework for understanding how healthy relationship programs influence IPV and TDV, proposing parameters for IPV and TDV assessment tools and surrounding protocols, and field testing these tools and protocols in healthy relationship programs.

How Are IPV and TDV Relevant to Healthy Relationship Programs?

Analyses of healthy relationship program study data conducted for the RIViR project suggest that healthy relationship programs can expect that a substantial proportion of their current or prospective participants experience IPV. For example, RIViR analyses showed that the prevalence of physical partner violence in adult healthy relationship program target populations ranged from 11% in a 3-month period among a married couple target population to 42% in a 6-month period among a justice-involved target population.

The federal Administration for Children and Families (ACF) has administered roughly \$75-\$100 million in grants per year since 2006² to hundreds of programs designed to foster and support healthy relationships and marriage. Healthy relationship programs typically offer relationship education classes for couples or individuals, accompanied by other services such as parenting and co-parenting education, financial literacy, case management, or mentoring. In more recent years, many programs have added job training and workforce development as well. Some programs focus on youth populations, while others serve individual adults or adult couples.

Project Overview

The purpose of the Responding to Intimate Violence in Relationship programs (RIViR) project is to understand how to best identify and address intimate partner violence (IPV) in the context of healthy relationship programming. The project takes a comprehensive approach by considering:

- actions to be taken prior to IPV identification;
- strategies and tools to identify IPV at initial assessment and throughout the program; and
- recommended protocols for when individuals disclose IPV, such as linking individuals to appropriate resources and referrals.

The project focuses on research evidence and supplements this information with expert input where evidence is lacking, so that technical assistance providers and practitioners can understand the current knowledge base as they develop specific guidance and program approaches.

The project will develop a series of papers for research and practice audiences and other stakeholders on five core topics:

Paper #1. Prevalence and Experiences: IPV prevalence and experiences among healthy relationship program target populations

Paper #2. Current Approaches: Current approaches to addressing IPV in healthy relationship programs

Paper #3. Frameworks: Proposed frameworks for understanding how healthy relationship programs can influence IPV

Paper #4. State of the Evidence: Evidence on recognizing and addressing IPV in healthy relationship programs and key research gaps

Paper #5. Screeners and Protocols Assessment: An assessment of whether different approaches to IPV disclosure opportunities reliably identify IPV and result in appropriate assistance to victims.

The project team partners with a range of IPV advocates and healthy relationship program practitioners, to ensure the project is relevant to healthy relationship program contexts and safely and appropriately addresses IPV. All papers are vetted with these experts, and will be released beginning in 2016.

¹ For purposes of reporting research findings as succinctly as possible in this research paper, we use the acronyms "IPV" and "TDV" to refer to intimate partner violence and teen dating violence. However, relying on these or other acronyms in program documents designed for ongoing staff or participant use should be carefully considered, since they can cause confusion or seem to minimize survivors' experiences.

² Funding for federal programs to promote healthy relationships and marriage was authorized by the Deficit Reduction Act of 2005 and re-authorized under the Claims Resolution Act of 2010.

This paper **does not** describe best practices for addressing intimate partner violence or teen dating violence in healthy relationship programs. For the most current guidance for grantees on working with a local domestic violence program partner to address intimate partner violence, please refer to [Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators](#).

IPV can be defined as physical, sexual, or psychological harm, or reproductive coercion by a spouse, partner, or former partner.³ The term “teen dating violence (TDV)” refers to similar abuses when they occur in youth dating experiences,⁴ typically among middle and high school aged youth.^{5,6} (A glossary of key terms used in this paper appears as **Appendix A**.) IPV is widespread in the U.S., and women are disproportionately impacted: Recent data show that 31.5% of U.S. women and 27.5% of U.S. men had experienced IPV within their lifetimes⁷ and 42% of female and 14% of male IPV victims report physical injury.⁸ TDV is also a pervasive issue: Two thirds of adolescents who have dated also report experiencing abuse from a dating partner.⁹

IPV is particularly relevant to healthy relationship programs because four major ACF-funded studies examining healthy relationship programs found that IPV experiences were common among the target populations served by these programs.¹⁰ While these programs may have potential to prevent abuse or help individuals experiencing it, there is also need for more research on whether such programs could lead to increased IPV/TDV for some participants if not adequately identified and addressed by programs.¹¹ Research evidence related to healthy relationship program implementation in the context of participants’ potential IPV and TDV experiences is the subject of RIViR Paper #3.

IPV-Related Requirements in Healthy Marriage Program Funding Opportunity Announcements

The 2006 funding opportunity announcement for Healthy Marriage and Relationship Education required that applicants describe in their applications how their proposed programs or activities would address IPV, and that they consult with domestic violence programs in developing their procedures.

In 2011, the funding opportunity announcement required that applications describe how programs or activities would address IPV and describe consultation with domestic violence organizations, but did not require the development of written protocols.

Current ACF healthy relationship grantees, funded in 2015, were required to include evidence of consultation with a local domestic violence program or coalition in their applications and to take a “comprehensive approach to addressing domestic violence.” The funding announcement outlines an example of such an approach, which includes training for staff and a memorandum of understanding with a local domestic violence program.

Why Look at Healthy Relationship Program Approaches to IPV and TDV?

Menard and Oliver (2005) argue that healthy relationship programs must be prepared to address IPV and TDV for a myriad of reasons: The likelihood that some participants are experiencing IPV/TDV, the need to ensure that participants are not inadvertently encouraged by the program to stay in unhealthy relationships, and because being free of abuse is foundational to a healthy relationship. In other words, “It’s not healthy if it’s not safe.”¹²

Some healthy relationship programs directly speak to IPV-- for example, providing information on what constitutes IPV and TDV and how to identify it-- while others do not. Whether programs include such content or not, participants might disclose abuse (i.e., discuss it with a program staff member) at a number of points during the course of a

⁴ While we use the term “teen dating violence” throughout this paper, particularly with regard to healthy relationship programs for youth, it is important to point out that dating violence is not limited to teens, but may occur in the context of adult dating relationships.

⁵ Centers for Disease Control and Prevention: National Center for Injury Prevention and Control (2014). *Understanding Teen Dating Violence*. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>

⁶ Teen dating violence is also referred to as Adolescent Relationship Abuse (ARA), to emphasize the fact that abuse between teens does not always occur in the context of “dating”. *Appendix A: Glossary* provides definitions of other relevant terms.

⁷ Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization-national intimate partner and sexual violence survey, United States, 2011. *Morbidity and mortality weekly report. Surveillance summaries* (Washington, DC: 2002), 63, 1-18.

⁸ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁹ Taylor, B.G. & Mumford, E.A. (2014). A national descriptive portrait of adolescent relationship abuse: Results from the National Survey on Teen Relationships and Intimate Violence (STRiV). *Journal of Interpersonal Violence*, DOI 10.1177/0886260514564070

¹⁰ McKay, T., Cohen, J., Grove, L., Bir, A., Cutbush, S., & Kan, M. (2015). “Intimate Partner Violence Experiences in Federal Healthy Relationship Programs.” Prepared for the Administration for Children and Families, U.S. Department of Health and Human Services.

¹¹ Potential healthy relationship program effects on IPV and TDV are the subject of “A Proposed Framework for Understanding How Healthy Relationship Programs Can Influence Intimate Partner Violence”, [insert hyperlink once released]

¹² Menard, A. & Williams, O. (2005, Updated 2006). “It’s Not Healthy if It’s Not Safe: Responding to Domestic Violence Issues within Healthy Marriage Programs.” Paper for Presentation at Fall Conference of the Association for Public Policy Analysis and Management.

program. For example, disclosure might occur at recruitment or intake, during which some programs ask general questions about a participant's romantic relationship or specific questions to help identify IPV/TDV; during the course of individual or group activities with adult couples or individuals (either during or after class or during a break); or in the course of a classroom session with high school youth.¹³ Participants who experience abuse might also choose not to disclose it at all.

For these reasons, program staff need to understand how to provide universal education on IPV and TDV to all healthy relationship program participants, and to respond safely to disclosures of abuse. Since 2006, healthy relationship funding opportunity announcements have required that grantees address IPV (see text box, "IPV-Related Requirements in Healthy Marriage Program Funding Opportunity Announcements," above). Variation in program approaches and target populations, along with a lack of relevant research evidence, have meant that evidence-based "promising practices" are not available—but practice-based guidance is (see text box at right, "What Resources for Addressing IPV and TDV Are Currently Available to Healthy Relationship Programs?"). To advance the research base and support development of evidence-based practices in the future, this paper synthesizes information on current strategies used by recent ACF-funded healthy relationship grantees to address IPV/TDV in their programs.¹⁴ Our findings address the following questions:

- Do healthy relationship curricula include education on IPV/TDV?
- How do healthy relationship grantees define and describe their approaches to IPV/TDV, identify participants who are experiencing abuse, and respond?
- How do healthy relationship programs provide IPV- and TDV-related staff training, collaborate with domestic violence programs, and receive IPV- and TDV-related technical assistance (TA)?

To answer these questions, RTI International research staff analyzed data from interviews with healthy relationship grantees, healthy relationship TA providers, and healthy relationship curriculum developers as well as a document review of grantees' domestic violence protocols and materials and relationship education curricula. The findings outlined in this paper reflect actual, current practices of healthy relationship programs funded in fiscal years 2011-2015, and **should not be interpreted as best practices or recommendations.** Appendix B provides a detailed description of our methods for data collection and analysis.

Do Healthy Relationship Curricula Include Education on IPV/TDV?

What Resources for Addressing IPV and TDV Are Currently Available to Healthy Relationship Programs?

This paper describes how healthy relationship grantees funded in the 2011-2015 fiscal years addressed IPV. These represent grantees' *actual* practices, as opposed to commonly-accepted *best* practices (as determined by research or, where research is lacking, practitioners, IPV advocates, and others).

For resources on addressing IPV, see [Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators](#). This five-part series provides practitioners with ways to understand and respond to IPV issues. For further resources on this issue, see:

- "Making Distinctions Among Different Types of Intimate Partner Violence: A Preliminary Guide" (Derrington et al. 2010): <http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3368>
- "Building Bridges between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs" (Ooms et al., 2006): <http://www.clasp.org/resources-and-publications/archive/0208.pdf>
- Whiting, J. B., Bradford, K. P., Vail, A., Carlton, E., & Bathje, K. (2009). Developing a domestic violence protocol for marriage education: Critical components and cautions. *Journal of Couple and Relationship Therapy*, 8:181-196.
- "Addressing Domestic Violence in Family Strengthening Programs for Couples Affected by Incarceration" (McKay et al. 2013): <http://aspe.hhs.gov/basic-report/addressing-domestic-violence-family-strengthening-programs-couples-affected-incarceration>

"One of the great advantages of this curriculum in dealing with safety regarding domestic violence is that we are dealing with classes of individuals, not couples. Hence, there is an excellent context for dealing directly and openly with characteristics of dangerous relationships, including the ability to identify patterns associated with the most dangerous types of relationships without concern that a dangerous partner is around or that one who is in true danger is risking dealing with the topic in the presence of their partner." – Content for facilitators from an individual-based curriculum for adults

¹³ Of the 60 healthy relationship grantees funded in the 2011-2015 fiscal years, 29 provide services to adults only, 27 provide services to both youth and adults, and 4 provide services to youth only.

¹⁴ Of the 60 grantees awarded in 2011, 41 were continuing grantees (i.e., they were part of the first cohort of healthy relationship grantees awarded in 2006), and 19 were new grantees.

Many healthy relationship grantees aim to offer basic information about IPV/TDV through their relationship education curricula. In this section, we provide a report-out of the extent to which relationship education curricula include any content related to IPV/TDV. We reviewed 14 healthy relationship program curricula commonly used by ACF grantees (see **Table 1**). Thirteen of the 14 curricula¹⁵ most commonly used by healthy relationship grantees contain components related to IPV/TDV, though often indirectly. For example, five curricula include modules describing the characteristics of healthy versus unhealthy relationships (but not necessarily focused on violence specifically), while seven include instruction and activities designed to train participants to identify warning signs in a relationship that may escalate to violence. None of the curricula reviewed included a focus on gender roles and attitudes as they relate to IPV/TDV. (This is an important gap, given that prior research shows that traditional gender roles are associated with IPV/TDV perpetration.^{16,17,18})

Of the curricula reviewed, eight provide (any) information on how facilitators can help a participant who is experiencing IPV/TDV, six contain (any) guidelines for facilitators on how to discuss abuse in a way that does not endanger participants who experience it, and two explain how to identify forms of IPV/TDV that developers believe would make program participation dangerous for a couple. Two curricula also include information to be used by program staff in deciding whether or not to assess IPV/TDV experiences among potential participants before the start of the program (we include a section on assessment later in this paper). Adult-focused curriculum developers who were interviewed believed that the risks of participating in a relationship education program might be greater for people attending with an abusive partner than for those attending individually. They cited the possibility that violent partners may retaliate against partners who disclose IPV during a program. Additionally, couples-based curricula tend to encourage open communication between couples, and open discussion of relationship problems among couples in which one partner is perpetrating IPV could provoke further abuse.¹⁹ Of the two curricula we reviewed that were geared to individual adults rather than couples, one directly addresses IPV and includes a unit on IPV with several lessons and activities, while the other does not.

¹⁵ Healthy relationship programs have traditionally been educational, and therefore use curricula, rather than oriented toward counseling or other clinical services.

¹⁶ Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 359(9315):1423-1429.

¹⁷ Santana, M. C., Raj, A., Decker, M. R., La Marche, A., & Silverman, J. G. (2006). Masculine gender roles associated with increased sexual risk and intimate partner violence perpetration among young adult men. *Journal of Urban Health*, 83(4): 575-585.

¹⁸ Reed, E., Silverman, J. G., Raj, A., Decker, M. R., & Miller, E. (2011). Male perpetration of teen dating violence: Associations with neighborhood violence involvement, gender attitudes, and perceived peer and neighborhood norms. *Journal of Urban Health*, 88(2): 226-239.

¹⁹ The issue of safety in couples-based versus individual-based healthy relationship programs will be discussed further in RIViR papers #3 and #4.

Table 1. Presence of Selected IPV-Related Elements in Commonly Used Relationship Education Curricula

Curricula by Type	Curriculum Content			Instructions for Facilitators		
	Does curriculum include a module describing healthy vs. unhealthy relationships?	Does curriculum include instruction and activities designed to train participants to identify warning signs for violence?	Does curriculum address gender constructs, gender roles, or systemic oppression?	Does the curriculum include information about how participants can get help if they experience IPV/TDV?	Does curriculum include instructions on safer ways to talk about IPV/TDV?	Does curriculum include an explanation of different forms of IPV/TDV for the facilitator?
Curricula for Youth-Serving Programs						
Love U2: Relationship Smarts	Yes	Yes	No	No	No	No
Connections	Yes	Yes	No	No	No	No
Love Notes Version 2	Yes	Yes	No	Yes	No	No
Active Relationships for Young Adults	No	No	No	Yes	Yes	No
Curricula for Adult-Serving, Couples-Based Programs						
PREP: Within Our Reach	No	Yes	No	Yes	Yes	Yes
PREP: Version 7.0	No	No	No	Yes	Yes	Yes
Active Relationships: Marriage and Best Practices, Active Choices	No	Yes	No	Yes	Yes	No
Family Wellness – The Strongest Link: The Couple	No	Yes	No	Yes	No	No
Family Wellness – Survival Skills for Healthy Families	Yes	Yes	No	Yes	No	No
PREPARE/ENRICH	No	No	No	No	No	No
Mastering the Mysteries of Love	No	No	No	No	Yes	No
Curricula for Adult-Serving, Individual-Based Programs						
PREP: Within My Reach	Yes	Yes	No	Yes	Yes	No
PICK a Partner Program	No	Yes	No	No	No	No

Note: The RIVIR curriculum review did not attempt to assess the quantity, quality, or depth of information provided within each of these topics. This table indicates whether any information on a given topic was included in the curriculum, not whether such information would be considered an adequate treatment of the topic by a domestic violence professional.

Like adult-serving healthy relationship programs, youth-serving programs deliver youth relationship education curricula (not TDV prevention curricula) to their participants. None of the youth-serving grantees used evidence-based TDV prevention curricula, Safe Dates²⁰ or The Fourth R.²¹ The relationship education curricula they did use vary in the extent to which they include information about TDV. Of the four youth curricula reviewed, three provide (any) information on healthy and unhealthy relationships, including warning signs; two include (any) information on what to do if one is experiencing TDV; and two provide (any) resources to guide facilitators in safely responding to TDV or a participant’s disclosure of witnessing IPV against a parent or guardian.

“We encounter folks who have grown up in situations where ‘to hit me means you love me.’ We work on busting the norms that violence is normal.” -Curriculum developer

²⁰ Foshee, Vangie Ann, Karl E. Bauman, Susan T. Ennett, Chirayath Suchindran, Thad Benefield, and G. Fletcher Linder. 2005. “Assessing the Effects of the Dating Violence Prevention Program ‘Safe Dates’ Using Random Coefficient Regression Modeling.” *Prevention Science* 6:245–57.

²¹ Wolfe, David A., Claire Crooks, Peter Jaffe, Debbie Chiodo, Ray Hughes, Wendy Ellis, Larry Stitt, and Allan Donner. 2009. “A School-Based Program to Prevent Adolescent Dating Violence.” *Archives of Pediatrics & Adolescent Medicine* 163(8):692–99

“We don’t have a complete paradigm for youth. Most domestic violence programs address adult populations.... My sense is when people moved the curricula down in terms of ages, people used the same paradigm in adolescent work.” - Grantee

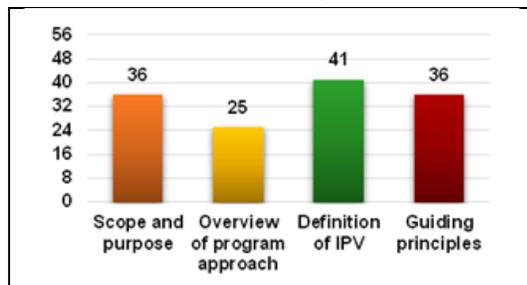
In addition to curriculum content related to IPV and TDV, some grantees provide participants with supplemental resource materials. Common handouts include information on safety planning, a checklist of IPV warning signs, or pocket cards containing referral information. These materials are often discreetly provided to female

participants only, posted in women’s restrooms or classroom facilities, or combined with non-IPV resources so as not to raise suspicion from an abusive partner. Additionally, two youth-focused grantees implement supplemental activities focused on TDV prevention, including peer education programs and social media campaigns aimed at raising awareness about TDV.

In qualitative interviews, some grantees and curriculum developers criticized youth-focused curricula for using the same approaches as adult curricula. They articulated a need for youth curricula that are more developmentally appropriate, stress healthy relationship skills rather than only warning signs of unhealthy relationships (so youth in formative stages of relationship development learn skills to create healthy relationships, not only to avoid unhealthy ones), and better resonate with youth who have not yet experienced dating.

How Do Healthy Relationship Grantees Define and Describe Their Approaches to Addressing IPV and TDV?

Exhibit 1. Number of Domestic Violence Protocols that Include Suggested Elements Related to Understanding IPV/TDV, N=56



Of the 60 healthy relationship grantees funded in the 2011-2014 fiscal years, we examined 56 grantees’ domestic violence protocols.^{22,23} A domestic violence protocol is a written set of guidelines that provide standards of care for a healthy relationship grantee to address the needs of healthy relationship participants who experience IPV/TDV, including procedures for referring to and collaborating with local domestic violence programs. Grantees’ protocols vary substantially in both their approaches to IPV/TDV and the level of detail that they provide. **Exhibit 1** shows the number of protocols that included suggested elements related to an overall understanding of IPV,

as recommended in the National Healthy Marriage Resource Center resource, *Developing Domestic Violence Protocols*.

(See this resource for definitions of each of these key elements, as well as important guidance on how to work with a local domestic violence program partner to develop a domestic violence protocol.²⁴)

²² In several cases, grantees’ domestic violence protocols also included description of their approaches to addressing cases of child maltreatment.

²³ We did not receive domestic violence protocols from four grantees, although two of these grantees provided other IPV-related materials (e.g., training guide on IPV, and resources given to all program participants).

²⁴ National Healthy Marriage Resource Center (NHMRC) (2011). Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators. Available at http://www.vawnet.org/advanced-search/summary.php?doc_id=2867&find_type=web_desc_GC

Exhibit 2. Number of Domestic Violence Protocols that Include Suggested Elements Related to Addressing IPV/TDV, N=56

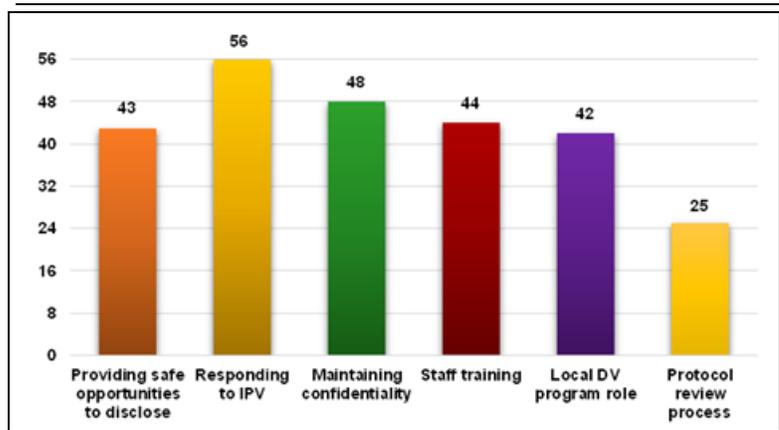


Exhibit 2 shows the number of FY 2011-2014 grantee protocols that included suggested elements related to addressing IPV/TDV in close collaboration with a local domestic violence program. Some grantees provide additional information in their protocols, such as procedures for documenting IPV/TDV, ensuring safety during program implementation, conducting IPV/TDV assessments, responding to abusers, and mandated reporting of child maltreatment.

How Do Healthy Relationship Programs and Domestic Violence Programs Collaborate?

Healthy relationship programs often partner with local domestic violence programs for support in addressing IPV and TDV. The role of these partners varies, but it often involves co-developing or reviewing a program’s domestic violence protocol, training program staff on recognizing and responding to IPV/TDV, serving participants who are identified as being at risk for or experiencing abuse, providing presentations on IPV/TDV-specific components of the relationship education curriculum, offering ongoing guidance on safely serving participants, and connecting grantees with other resources.²⁵

Healthy relationship program TA providers suggested that programs were most likely to

“[Every organization has an initial understanding about IPV]. That said, there are those [organizations] who think that just having an understanding is enough...more mature, more understanding organizations understand there is a lot more that can be done to uncover the issue of IPV before folks get into services. They involve experts to develop relevant protocols and assessment tools.” -TA Provider

maintain a consistent investment in partnerships with local domestic violence programs when staff (1) believed that addressing IPV/TDV was of central importance to their programs, and (2) were familiar enough with the field of IPV/TDV intervention to understand that their own internal expertise was not sufficient to address it alone.

Grantees generally began program implementation with plans to work with a domestic violence program partner. Some of these partnerships thrived, while others faltered.

Interviewees suggested that partnership success hinged on how grantees approached several early decisions:

- **When to involve a domestic violence program partner.** Grantees that collaborated with a local domestic violence program in developing the program design and grant application often had an easier time maintaining the partnership through implementation, as many potential sources of conflict or divergence had already been addressed.
- **Which domestic violence program to involve.** Some grantees had working relationships with a local domestic violence program prior to beginning their ACF-funded work; for these programs, the choice of partners was often simple, and the partnership was often characterized as successful. Other grantees approached an individual consultant with experience in IPV/TDV issues or attempted to identify a suitable partner organization in their communities without prior knowledge of their organizational philosophies. Grantees and TA providers noted that the latter two approaches often led to later challenges.
- **Whether to pay the partner domestic violence program.** Several interviewees noted that local domestic violence programs operated under extreme budget constraints, and providing funding directly to the domestic violence programs to cover their involvement enabled them to invest in thoroughly understanding and supporting healthy relationship

“We know that ... [domestic violence program staff] will continue to follow people much more carefully and closely than my staff have the capability of doing.” -Grantee

²⁵ No data indicated that domestic violence program staff were co-located at grantee organizations. However, one grantee interviewed indicated that they provide in-house IPV services.

program operations, instead of providing generic training or guidance. TA providers also suggested that domestic violence programs resented being asked to provide unfunded services.

- **How to involve the partner domestic violence program in protocol development.** Grantees that reported a successful partnership with a domestic violence program involved the program in developing a domestic violence protocol to guide program operations related to IPV and TDV. They characterized a collaborative domestic violence protocol development process as the cornerstone of a strong partnership. Grantees also characterized partners' work in helping select assessment tools and providing tailored services to participants referred for IPV/TDV issues as highly valuable.

Grantees reported that ongoing investment was critical. They stressed persistence in working through initial differences in philosophy, goals, and approaches, and continuing relationship-building and communication at the leadership and line staff levels. Some TA providers and grantees described these partnerships as the single most important factor enabling a program to effectively address IPV and TDV.

What IPV or TDV-Related Training Do Healthy Relationship Programs Provide Staff?

Of the 56 grantee protocols that we reviewed, 44 include mandatory training for their healthy relationship program staff on IPV/TDV. Trainings range from one-hour overviews²⁶ to 40-hour trainings. Trainings are often conducted by a partner domestic violence program and less often by internal staff. Trainings often include an overview of IPV/TDV, verbal and nonverbal signs of abuse, safety and confidentiality procedures, disclosure response, local resources and referrals, and an overview of the grantee's protocol and policies related to IPV and TDV. While less common, some grantees also provide training on staff self-care, effects of IPV on children, mandated reporting for child abuse, and providing culturally competent responses to IPV. Most grantees who provide training require, at a minimum, that staff are trained on IPV/TDV during new staff orientation. Some grantees hold an annual refresher training on IPV/TDV for all staff, while other grantees hold multiple trainings per year on specific related topics (e.g., the impact of IPV on children).

"[Partners] are training staff so that people understand how IPV might arise, responses to those situations, partners to call on, and their particular role. None of this is about healthy marriage and relationship program staffers taking on the role of IPV advocate. They cannot possibly take on that role." -TA Provider

How Do Healthy Relationship Grantees Identify Participants Who Are Experiencing IPV/TDV?

Healthy relationship grantees often provide opportunities for participants to disclose IPV/TDV by assessing for IPV/TDV during recruitment and intake, creating safe opportunities for participants to disclose during program activities, and providing universal education on IPV/TDV.²⁷ This section describes how recent grantees may attempt to identify participants who experience IPV/TDV.

This section **does not** describe best practices for IPV/TDV assessment. For the most current guidance for grantees on identifying IPV/TDV in collaboration with a local domestic violence program partner, see the National Healthy Marriage Resource Center resource, [Screening and Assessment for Domestic Violence](#).

"There is no screening or reason why we would say 'no' to anyone attending the individual-based program. For our couples program we are always asking questions to understand what drives people to get involved in [services like these], and we follow up from there." -Grantee

IPV Assessment. Healthy relationship grantees have varying reasons for proactively assessing participants' abuse experiences, or for not doing so. Adult-serving grantees often conduct assessments in order to better serve participants experiencing IPV, or to identify potential IPV prior to joint participation in couples' classes. Some adult-serving grantees that offer couples-based services

²⁶ The practice of offering no staff training or minimal staff training (e.g. a one-hour overview) would be widely considered inadequate for informing safe service delivery.

²⁷ It is widely recognized that individuals who experience IPV/TDV may or may not wish to disclose it to service providers, and trauma informed assessment practices include giving consideration to whether or not an individual wishes to disclose during a given interaction.

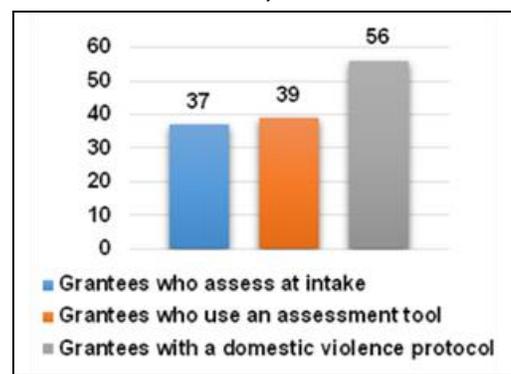
also screen to prevent couples who are experiencing any IPV, or particular forms of IPV, from participating in programming. Grantees' decisions to screen out adult participants who experience IPV are often motivated by concerns about participants' safety and the desire to ensure that at-risk participants can obtain more qualified assistance from local domestic violence programs. Most grantees who screen out participants only do so after a member of the couple has indicated experiencing or being at elevated risk for IPV during an initial assessment, often followed by an in-depth conversation to better understand the individual's IPV experiences. Some refer such participants to a supervisor or external domestic violence professional to conduct an in-depth assessment to determine more about the form of IPV a couple is experiencing. Grantees that include participants who have disclosed IPV in services typically do so after talking to those participants in detail about the potential risks of participation and encouraging them to decide whether they want to continue with the program or not.

IPV Assessment Tools. Of the 56 grantee domestic violence protocols we received, 39 described a formal assessment process. Most grantees had developed their own assessment tools in consultation with their local domestic violence program partner. Assessment tools vary in content and design, but typically include one or more of three types of questions:

- **Standardized IPV questions:** Participants are asked a standard set of questions; for example, if they are fearful of their partners; if they are experiencing specific types of physical or emotional abuse from their partners; if their partners control them; and if there are any reasons that they would not feel comfortable participating with their partners. Some standardized IPV assessment tools also include more detailed questions that ask about sexual violence, history of IPV, and whether and how alcohol or substance use exacerbates violence. Grantees either used previously developed standardized IPV assessment tools, or developed a set of questions for use in their programs (often working with a partner domestic violence program).
- **Open-ended relationship questions:** Participants are asked about how they feel in their relationships. If a participant indicates a "red flag" for IPV (e.g., one partner appears to control what the other partner does or says, or a participant exhibits physical signs of abuse), then staff will ask additional questions to understand if the participant is experiencing IPV.
- **Interest in resources questions:** Participants are asked if they are interested in receiving assistance on a selection of topics (e.g., housing, job placement), including IPV. If participants indicate "yes," a staff member follows up with them to understand their personal situations.

Assessment Timing and Administration. The majority of grantees who indicated that they use an assessment tool most often do so during the intake process. Grantees conduct assessments verbally or using paper forms filled out by participants. This can happen during in-person, one-on-one meetings, or over the phone. Most assessments happen prior to the start of a program, or sometimes at the beginning of the first class. Assessments are usually administered by program facilitators. Couples' programs typically separate male and female partners in opposite-sex couples for assessments. Some grantees give male and female participants separate, similar forms (e.g., forms with the same number of questions), with the forms for women including questions about IPV, and the forms for men including benign questions about other topics. In most cases, only adult female participants are assessed for IPV, although a few grantees also assess adult male participants. Very few grantees ask participants about their IPV perpetration. Grantees did not indicate any differences in assessment for IPV among same-sex couples. **Exhibit 3** shows the number of grantees with an assessment tool, and the number of grantees who screen at intake.

Exhibit 3. Number of Grantees Who Assess for IPV, N=56



No Assessment. Other grantees choose not to proactively assess for IPV/TDV for some or all of their programs. Among 31 youth-serving grantees, all but one indicated that they do not assess

their youth participants for TDV. Adult-serving grantees implementing short interventions, such as single-day classes, feel that they do not have the ability to confidentially and safely screen for IPV, given the brevity of their programs. Some grantees believe that IPV assessment creates a barrier to services, while others do not believe that assessment will actually identify IPV among participants. Some grantees believe that they predominately recruit couples who might be experiencing situational couple violence, and are not experiencing coercive controlling violence. These grantees believe that perpetrators of coercive controlling violence would likely not seek out (or would prevent their partners from seeking out) healthy relationship programming because, by doing so, perpetrators risk exposing the abuse or relinquishing power and control in their relationships.

Creating Safe Opportunities for Disclosure. Regardless of whether they screen for IPV/TDV, many grantees try to foster trust and rapport between facilitators and participants and to create opportunities for disclosure. Staff training often includes instructions on recognizing signs of IPV/TDV and approaching participants to discuss it. Some grantee staff communicate that participants can talk to them confidentially, and make themselves available for private meetings after sessions in which IPV/TDV is discussed.

Universal Education. Some participants may not wish to share their IPV/TDV experiences with healthy relationship program staff, even if they are given multiple opportunities to disclose. To ensure that these participants receive information and resources regardless of their choice to disclose, some grantees provide universal education. This can include providing information about what constitutes IPV/TDV, the consequences of IPV/TDV, the potential risks of participating in relationship education if one is experiencing IPV/TDV, and community resources that may be helpful. Of the 56 grantee protocols reviewed, 31 specifically described some method of universal education, such as including IPV/TDV education as part of the program; displaying posters about IPV/TDV; and distributing brochures or palm cards with information on IPV/TDV and national and local resources.

- Approaches Taken by Current Grantees to Protect Confidentiality**
- Separate male and female participants during screening
 - Privately administer all screenings
 - Provide private places to meet with facilitators
 - Ensure all records are confidentially maintained
 - Suggest participants not bring IPV-related materials home (for programs serving individuals only)
 - Inform participants about mandated reporting laws

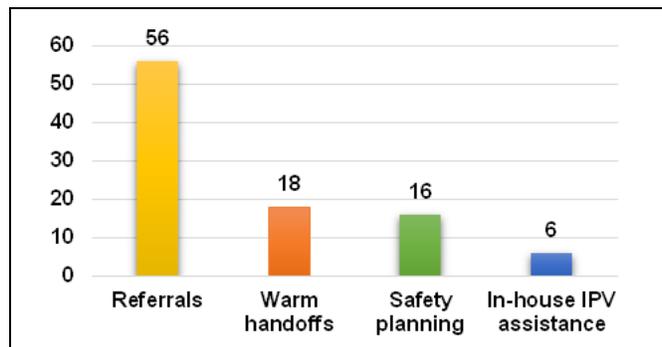
Disclosure and Confidentiality. Based on interviews with grantee staff, IPV and TDV disclosure most often happens during program implementation, usually after a session involving discussion of abuse or unhealthy relationships. Participants are most likely to disclose to program facilitators, and disclosure most often happens during a private conversation with the facilitator at a break or after class. Sometimes participants, especially adolescent participants, will disclose TDV during a group conversation; in such a situation, interviewees explained that facilitators are instructed to thank the youth for sharing and ask him or her to meet privately after the class. Grantees use several approaches to maintain confidentiality (see text box above, “Approaches Taken by Current Grantees to Protect Confidentiality”).

“[Teen dating violence] is often culturally acceptable. I’m talking about what is acceptable in that particular high school and in youth culture in general.... Oftentimes a teen realizes they are in a dating violence relationship because of our program.... To them, it’s all new.”- Grantee

Barriers to Disclosure. Interviewees identified a number of barriers that affect whether participants choose to disclose IPV and TDV. First, grantee staff believe that individuals might not disclose due to fear of partner retaliation, stigma surrounding abuse, or lack of awareness about what behaviors constitute IPV/TDV. Similarly, some grantees and curriculum developers believe that many participants or couples do not disclose at assessment because they have not yet built trust with program staff. Finally, youth-serving grantees explained that youth may consider various forms of relationship abuse (such as slapping or name-calling) normal due to being exposed to violence at home or being more susceptible to media messages about the acceptability of abuse. No interviewees mentioned concerns about reporting to authorities.

How Do Healthy Relationship Grantees Respond When Participants Experience IPV/TDV?

Exhibit 4. Number of Grantees Using Various IPV Response Strategies for Adults, N=56



Healthy relationship grantees respond differently to youth and adult participants who disclose TDV or IPV, respectively. Youth-based programs tend to take place in public high schools, so healthy relationship protocols for youth programs defer to high school or school district policies. These school-based policies require that adolescents talk to a teacher, counselor, or other mandated reporter when TDV is disclosed. **Exhibit 4** shows the number of grantees using various strategies when responding to IPV among adults, according to their protocols. Adult healthy relationship programs train staff in how to respond when a participant discloses IPV, either in assessments or during the course of a program. These response guidelines generally involve the following steps:

- **Safety assessment.** Nearly all grantees state that their first step is to assess the safety of the immediate situation. If the participant is currently experiencing IPV/TDV and does not feel safe, grantee staff ensure the participant is in a safe place at that moment, provide options for immediate safety, such as a women’s shelter or a police escort, and help the participant access these resources.
- **Private consultation.** If safety is confirmed, staff usually hold a private conversation to learn more about the situation, particularly the level of severity of the IPV and how the participant feels about continuing in the program. Staff may discuss the advisability of continuing in the program, as well as the willingness of the participant to refer his/her partner to discuss the issue with staff.
- **Provide referrals.** The most common way that healthy relationship programs assist those who have disclosed IPV/TDV is to provide referrals to local and national resources, including their local partner domestic violence program and any in-house services. Some grantees also provide warm hand-offs. Few grantees provide referrals for abusers.
- **Safety plans.** Several grantees help participants develop safety plans after IPV/TDV disclosure. Recognizing that local domestic violence programs are expert in safety planning, some domestic violence protocols instruct staff to refer participants to their domestic violence program partners for safety planning instead.
- **Post-program follow up.** While not common, some grantees explained that if someone has disclosed IPV/TDV, they follow up with him/her after the program is over or after disclosure has occurred to ensure that he or she has received services to address the abuse.

IPV/TDV response at different program points. If disclosure happens prior to the beginning of the program (e.g., during recruitment or intake), grantees often respond by determining program eligibility, recommending participants receive services at a domestic violence program, and providing a list of resources. If disclosure happens during the course of the program, grantee staff generally provide a more in-depth and personally tailored response, including assessing for danger, holding an in-depth private conversation, providing referrals and safety planning, and discussing how to safely exit from the program if the participant desires or if staff or the participant deem participation unsafe. (As described above, many grantees recognize that some participants who experience IPV/TDV will not wish to disclose, and also opt to provide universal IPV/TDV education and resources to all participants.)

Challenges in IPV/TDV response. Interviewees shared a number of challenges related to responding to abuse among program participants. Grantee staff do not feel that they are experts in the area of IPV/TDV; some staff want to “do the right thing” in responding to disclosure, but because their expertise is not in this area, they feel uncomfortable and unsure in responding appropriately to a disclosure, and many do not have the skills necessary to provide survivor-driven responses to IPV and TDV. Also, grantee staff may experience challenges determining if an individual or couple experiencing IPV/TDV can safely continue the program. Because of uncertainty about whether programming could pose safety risks for couples experiencing different forms of violence, some grantees “screen out” couples experiencing any form of violence. Some TA providers stated that program exclusions could create barriers for

couples who might safely benefit from a healthy relationship program. Having strong partnerships with local domestic violence programs has helped some grantees feel more comfortable with addressing these challenges and knowing when to seek outside help in responding to them.

What Kind of IPV- and TDV-Related TA Do Healthy Relationship Programs Need and Receive?

Healthy relationship program TA providers involved in serving the first healthy relationship grantee cohort (funded in the 2006-2010 fiscal years) reported that these grantees received various TA on addressing IPV/TDV. For this earlier cohort, TA focused on identifying potential domestic violence program partners, working through partnership challenges, and developing comprehensive domestic violence protocols. TA related to protocol development for this cohort included dissemination of a domestic violence protocol template, review of draft protocols, regional grant monitoring calls focused on protocol development, and workshops at annual Office of Family Assistance grantee meetings on addressing IPV/TDV. The second cohort of healthy relationship program grantees (funded in the 2011-2015 fiscal years) reported that they had requested and received guidance on IPV/TDV issues directly from their domestic violence program partners, consulting on domestic violence protocol development and on responding appropriately to individual cases. Some TA providers suggested that grantees do not always fully understand the gaps in their in-house expertise on IPV/TDV, or do not see addressing it as centrally relevant to their work. (For links to written resources for healthy relationship grantees on IPV and TDV, see the text box on p.2 of this brief, “What Resources for Addressing IPV and TDV Are Currently Available to Healthy Relationship Programs?”)

Recognizing and Addressing IPV and TDV in Healthy Relationship Program Populations: Key Themes

Interviews with healthy relationship grantees, TA providers, and curriculum developers and a review of domestic violence protocols among the FY 2011-2014 grantees reveal several important themes.

1. Healthy relationship program staff can expect disclosures of abuse at various points during program implementation, not just during initial intake or formal assessment. As required by the funding opportunity announcement, programs should prepare for such disclosures by partnering with domestic violence programs to create appropriate plans to connect participants experiencing abuse to services.
2. Most relationship education curricula address IPV/TDV, though in widely varying ways (directly or indirectly, and based on population). Given the diverse communities in which these curricula are delivered, continued attention is needed to cultural responsiveness, community context (such as the prevalence of community violence), and addressing IPV/TDV in same-sex relationships.
3. Most healthy relationship programs have developed domestic violence protocols, often in collaboration with local domestic violence programs. However, protocols vary widely with regard to how participants are assessed, and how programs respond when IPV/TDV is disclosed.
4. Youth-focused programs face unique challenges, including identifying available curricula that are focused on youth needs with regard to TDV, developing appropriate responses to disclosure of TDV within a public school setting, and addressing norms regarding violence in youth culture.
5. Most healthy relationship programs require IPV/TDV training for staff, though the amount (and most likely the content and quality) of training varies widely.
6. Partnerships between healthy relationship programs and local domestic violence programs can be instrumental in the development of a comprehensive approach to IPV and TDV. Collaboration between healthy relationship programs and domestic violence programs varies widely, and specific factors, including partner involvement in key decisions, payment, and inclusion in development of the domestic violence protocol, can contribute to close collaboration.
7. Given the diversity of programs, specific TA (both at a federal level and from local domestic violence programs) could help healthy relationship program staff develop the

concrete skills and protocols necessary for their critical roles in linking those experiencing IPV and TDV to resources.

Finally, programming in this arena could benefit from additional guidelines for addressing IPV and TDV in diverse programs (including programs with youth, individual adults, and adult couples, and programs with varying dosage) that take into account differences in abuse experiences. Future products from this project are intended to inform these efforts.

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Appendix A. Glossary Terms

1. **Administration for Children and Families (ACF):** The Administration for Children and Families is a division of the Department of Health & Human Services that promotes the economic and social well-being of families, children, individuals and communities with partnerships, funding, guidance, training, and technical assistance.¹
2. **Ceiling effect:** A ceiling effect occurs when a measure possesses an upper limit for responses, causing respondents to score at or near this limit.²
3. **Coercive control:** Coercive control includes behavior intended to monitor, threaten, or otherwise gain power over an intimate partner. Examples of coercive controlling behavior include limiting access to transportation, money, friends, and family; excessive monitoring of a person's whereabouts and communication; and making threats to harm oneself or a loved one.³
4. **Coercive controlling violence:** Also known as intimate terrorism, coercive controlling violence is distinguished by a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against a partner.⁴
5. **Dating Matters:** Created by the Centers for Disease Control and Prevention (CDC), Dating Matters is a teen dating violence prevention initiative targeting 11-to 14-year-olds in high-risk, urban communities.⁵
6. **Dating violence:** Dating violence is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. Whether two people are in such a relationship is determined based on the length and type of the relationship as well as the frequency of interaction.⁶
7. **Domestic violence:** Domestic violence is a pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.⁷
8. **Domestic violence program:** Often referred to as "domestic violence agencies" or "domestic violence organizations," domestic violence programs are community-based service organizations that provide a wide range of direct services for people experiencing IPV. Current ACF-funded healthy relationship grantees partner with local domestic violence programs to guide their IPV-related activities, such as domestic violence protocol development, staff training on IPV, and referring program participants to services.
9. **Domestic violence protocol:** A domestic violence protocol outlines a program's plan for identifying and responding to intimate partner violence and/or teen dating violence issues, including domestic violence and dating violence. Within the context of healthy

¹ Definition from Administration for Children and Families website: <https://www.acf.hhs.gov/>

² Sage (2004). Entry: Ceiling effect. Retrieved from: <https://srmo.sagepub.com/view/the-sage-encyclopedia-of-social-science-research-methods/n102.xml>

³ CDC (2015). Intimate Partner Violence Surveillance. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>

⁴ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

⁵ CDC. (2015). Dating Matters Initiative. Retrieved from: <http://www.cdc.gov/violenceprevention/datingmatters/>

⁶ U.S. Department of Justice, Office on Violence Against Women (<http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>).

⁷ U.S. Department of Justice, Office on Violence Against Women (<http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>).

relationship programs, a domestic violence protocol can help ensure that IPV issues are safely, routinely, and consistently identified and appropriately addressed. It is a tool to help make sure that adequate supports and safeguards are in place for families or individuals dealing with IPV. The protocol can be an important resource for anyone involved in a program, providing concrete guidance and clarifying roles and responsibilities for different program partners.⁸

10. **Gender norms:** A set of societal expectations, roles and behaviors that a given society attributes to men and women.⁹
11. **Healthy relationship program:** A healthy relationship program implements healthy marriage and relationship education and related activities. The federal Administration for Children and Families (ACF) is currently funding 60 grantees to carry out healthy relationship programs, but healthy relationship programs also exist outside of this funding initiative.
12. **Historical trauma:** Historical trauma refers to collective emotional and psychological injury, both over the life span and across generations, resulting from a history of genocide.¹⁰
13. **Impact study:** Impact studies measure the extent to which participation in a specific program or activity is associated with improvements in the outcomes that the program or activity was intended to affect. Impact studies typically include program participants (“treatment group”) along with a similar group of individuals who do not participate in the program (“control group” or “comparison group,” depending on the study method). The healthy relationship program impact studies are four studies (CHMI, SHM, BSF, and MFS-IP) used to assess the impact of healthy relationship programs on outcomes such as relationship quality and stability among adults. Each study focused on a different program model and target population.
14. **Intimate partner violence (IPV):** Intimate partner violence is physical, sexual, or emotional harm by a spouse, partner, or former partner.¹¹
15. **Intimate terrorism:** Also known as coercive controlling violence, intimate terrorism is distinguished by a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against a partner.¹²
16. **Mediator:** A mediator is a variable that accounts for the relationship between the independent and dependent variable. (Also known as a mediating factor.)¹³
17. **Mode:** Mode describes the way in which a survey is completed by a respondent. Examples include paper and pencil, computer-assisted, interviewer-administered, and approaches that combine them.
18. **Moderator:** A moderator is a variable that affects the direction and/or strength of the relationship between the independent and dependent variables. (Also known as a moderating factor,)¹⁴

⁸ National Healthy Marriage Resource Center (NHMRC) (2011). Promoting Safety: A Resource Packet for Marriage and Relationship Educators and Program Administrators. Available at http://www.vawnet.org/advanced-search/summary.php?doc_id=2867&find_type=web_desc_GC

⁹ WHO (2015). Gender, women and health. Retrieved from:

<https://web.archive.org/web/20150818074425/http://apps.who.int/gender/whatisgender/en/index.html>

¹⁰ Brave Heart, M.Y.H. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21-22: 245-266.

¹¹ Intimate Partner Violence: Definitions. (2014, November 25). Retrieved February 22, 2015, from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

¹² Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

¹³ Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, 51(6), 1173.

19. **Prevalence:** The proportion of a population that has a particular experience (disease, injury, other health condition, or attribute) at a specified point in time or during a specified period.¹⁵
20. **Psychological abuse:** Psychological abuse is verbal and non-verbal communication undertaken with the intent to harm or exert control over another person mentally or emotionally. (Also referred to as emotional abuse or psychological aggression.)¹⁶
21. **Reference period:** A reference period is the time frame for which survey respondents are asked to report on a particular experience, such as IPV.
22. **Reproductive coercion:** Involves one partner attempting to impregnate another against her wishes, controlling pregnancy outcomes, coercing another into unprotected sex, or directly interfering with birth control.¹⁷
23. **Separation-instigated violence:** Separation-instigated violence describes partner violence that is used when a relationship is ending by a partner who has not previously used violence.¹⁸
24. **Severe physical violence:** As defined for purposes of analyzing data on IPV, “severe physical violence” includes the use of a weapon, choking, slamming into a wall, punching, kicking, burning, or beating up.
25. **Situational couple violence:** Situational couple violence, sometimes referred to as “common couple violence,” is violence that is not connected to a general, one-sided pattern of power and control. Situational couple violence involves arguments that escalate to violence but show no relationship-wide evidence of an attempt by one partner to exert control over the other.¹⁹
26. **Systematic racism:** Systematic racism refers to the normalization and incorporation of racialized practices in social, economic, and criminal justice structures. These practices reinforce group inequity and discrimination. (Also known as structural racism.)
27. **Teen dating violence (TDV):** Also referred to as “adolescent relationship abuse,” teen dating violence is physical, sexual, psychological, or emotional harm within a teen relationship, including stalking.²⁰
28. **Trauma-informed services:** Trauma-informed services are those that are “influenced by an understanding of the impact of interpersonal violence and victimization on an individual’s life and development.”²¹
29. **Verbal relationship aggression:** Verbal relationship aggression is the use of verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.²²

¹⁴ Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, 51(6), 1173.

¹⁵ CDC (2015). Terms, Definitions, and Calculations Used in CDC HIV Surveillance Publications. Retrieved from <http://www.cdc.gov/hiv/statistics/surveillance/terms.html>

¹⁶ CDC (2015). Intimate Partner Violence: Definitions. Retrieved from: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>.

¹⁷ Miller, E. “Reproductive Coercion, Partner Violence and Unintended Pregnancy Among Marginalized, Vulnerable Populations.” Presentation for the National Institute of Child Health and Development. https://www.nichd.nih.gov/about/meetings/2014/Documents/miller_healthequity_061114.pdf

¹⁸ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

¹⁹ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

²⁰ CDC definition: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html

²¹ Elliott, D.E., Bjelajac, P., FalLOT, R.D., Markoff, L.S., Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4): 461–477.

²² CDC (2015). Intimate Partner Violence Surveillance. Retrieved from: <http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>

30. **Violent resistance:** When victims of coercive controlling violence or intimate terrorism use violence in attempts to get their partner's abuse to stop, this is referred to as violent resistance.²³

²³ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

Appendix B: Data Collection and Analysis Methods¹

In order to understand existing healthy relationship grantee approaches to addressing intimate partner violence (IPV), we employed the following information-gathering methods: 1) grantee document review, 2) review of frequently-used curricula, 2) healthy relationship grantee interviews, 3) technical assistance (TA) provider interviews, and 4) curriculum developer interviews. Our data collection methods and instruments (interview guides and abstraction forms) were developed to answer the overarching research question, *What tools and practices do Administration for Children and Families' (ACF) current healthy relationship grantees use to detect and address IPV in their target populations?*

To fully address this overarching research question, we explored the following specific research questions:

- **Approaches to IPV:** How do grantees approach IPV in their healthy relationship programs? Do all grantees have an IPV protocol² in place? Of those that have an IPV protocol, what do the protocols include? To what extent are grantee staff implementing their IPV protocols as written? What are the barriers in implementing their IPV protocols or approaches? How were the protocols or approaches developed? Did grantees draw upon IPV theories to develop their IPV protocols or approaches? Which theories did they use?
- **Disclosure and referrals:** How do grantee staff respond to IPV issues that might arise during implementation? What referrals are provided to participants? How are referrals being provided (e.g., warm transfers, resource lists)? How is the referral process typically handled? Are there any examples of how the referral system has worked well? Are there consequences, such as discontinuing program participation, that result from IPV disclosure? How do grantee staff respond to screening results? How do they respond to explicit participant disclosure of IPV? Any challenging issues that have come up in practice?
- **IPV Screening:** How are healthy relationship programs conducting IPV screening? What is the prevalence of screening? How were the IPV screening tools developed or selected? Did grantees draw upon IPV theories to develop or select their IPV screening tools? Which theories did they use? Do grantees have formal screening tools, and if so, what tools are they using? If they have informal screening methods (e.g., staff observe participants for indicators of IPV), how are staff trained to observe participants? What is the frequency and timing of screening (i.e., do they screen once at intake, or conduct ongoing screening)? Do they screen men and women in the same way? Are there differences in the way grantees screen by target population (e.g., adolescents)? How is confidentiality addressed during screening? How does screening happen in practice?
- **Addressing IPV in Programming:** How, if at all, is IPV addressed in grantees' healthy relationship curricula? What type of content addresses IPV in healthy relationship curricula? How were curricula developed to address IPV? Do participants receive any other IPV education or services as part of the healthy relationship program?
- **Training:** Are staff trained on IPV? What is the content of the training? How often are staff trained?
- **Partners:** To what extent are local IPV partners involved in healthy relationship programs, including informing IPV protocol development? How often do grantees and IPV partners meet? How are grantees working with their local partners in practice? What are characteristics of successful partnerships and less successful partnerships?
- **Technical assistance:** Have grantees requested TA related to IPV? What were the outcomes of those requests? What have been curriculum developers' experiences with grantees requesting technical assistance related to healthy relationship curricula?

¹ We use the terms "IPV protocol," "IPV screening," "IPV partners," in this methods appendix because these terms were used in the abstraction forms and interview protocols. Based on input from experts and federal agency partners, we use the terms "domestic violence protocol," "IPV assessment," and "domestic violence programs" in this paper.

² An **IPV protocol** is defined as a written set of guidelines that provide standards of care for a healthy relationship grantee and their staff to address the needs of healthy relationship participants who experience IPV. IPV protocols may include components such as: information about state and local laws regarding IPV reporting; IPV screening, assessment, and response guidelines; documenting IPV disclosure; required training for staff; addressing IPV in healthy relationship curricula or programming; and guidelines on healthy relationship participation for healthy relationship participants who experience IPV.

The data collection approaches developed to address these questions are described in detail below, along with our analytic approach and limitations.

Data Collection

Grantee Document Review

Our document review involved compiling and systematically reviewing IPV-related materials from healthy relationship grantees and commonly used healthy relationship program curricula. We reviewed:

- Grant application text from 60 grantees on their approaches to addressing IPV;
- An additional document compiled by the ACF TA provider describing 11 grantees' IPV practices; and
- 56 grantees' IPV protocols and/or IPV-related materials.³

Review of Frequently-Used Curricula

We reviewed IPV-related elements of 14 healthy relationship program curricula commonly used by current ACF grantees (see text box). We examined IPV-related goals, activities, referral information, and instructor guidelines in these curricula.

Healthy Relationship Grantee Interviews

To learn about front-line challenges, barriers, successes, and lessons learned in implementing IPV approaches in healthy relationship programs, we conducted individual, semi-structured phone interviews with the program directors of a subset of nine grantees. This diverse set of grantees was purposively selected in consultation with ACF because they serve different populations and have a variety of strengths and challenges in their approaches to addressing IPV. Grantees in the FY 2011-2015 funding cohort were interviewed in their last year of funding. Our interview guide (included at the end of this document) contained questions in the following domains: IPV approaches and protocols, disclosure and referrals, IPV screening, addressing IPV in programming, staff training, partnerships, and requests for TA.

TA Provider Interviews

We also conducted semi-structured phone interviews with nine healthy relationship program TA providers⁴ to gain a bird's-eye view of how IPV approaches are being integrated into healthy relationship programs, variation across grantees in such approaches, and most common issues that healthy relationship grantees face. We purposively selected TA providers who have worked with multiple healthy relationship grantees and understand the variation of IPV approaches and practices across many grantees, including those with less developed approaches to IPV. Our interview guide (included at the end of this document) contained questions in the following domains: IPV approaches and protocols, disclosure and referrals, IPV screening, addressing IPV in programming, staff training, partnerships, and requests for TA.

Curriculum Developer Interviews

In order to gain a deeper understanding of the ways in which commonly used healthy relationship curricula address IPV, we conducted semi-structured phone interviews with four

Healthy Relationship Program Curricula Included in Document Review
Curricula for Youth-Serving Programs
Love U2: Relationship Smarts
Connections
Love Notes Version 2
Active Relationships for Young Adults
Curricula for Adult-Serving, Couples-Based Programs
PREP: Within Our Reach
PREP: For Strong Bonds
PREP: Version 7.0
Active Relationships: Marriage and Best Practices, Active Choices
Family Wellness – The Strongest Link: The Couple
Family Wellness – Survival Skills for Healthy Families
PREPARE/ENRICH
Mastering the Mysteries of Love
Curricula for Adult-Serving, Individual-Based Programs
PREP: Within My Reach
PICK a Partner Program

³ Grantees' application text related to IPV and descriptions of 11 grantees' approaches to addressing IPV were collected by ICF International, a healthy relationship program TA provider, and provided to us by ACF. Grantees' IPV protocols, screening tools, and other IPV-related materials were collected and provided to us by ACF project officers who work with the grantees.

⁴ One interview was conducted with a group of six TA providers who currently provide TA to healthy relationship grantees. The other three interviews were one-on-one phone interviews with national experts who provide TA on IPV in healthy relationship programs.

healthy relationship curriculum developers, three of whom had each developed multiple healthy relationship curricula. All four had co-developed at least one youth-based curriculum, and two had co-developed at least one adult-based curriculum. We interviewed curriculum developers representing curricula for both youth- and adult-serving programs and both couples- and individual-based programs. Our interview guide (included at the end of this document) contained questions in the following domains: curriculum logic model and intended outcomes, IPV-related content, IPV-related guidance for program facilitators, and TA requests.

Analytic Approach

Given that our central research goal was to describe healthy relationship grantees approaches to IPV, our analytic methods focused on descriptive analysis and were primarily qualitative.^{5,6}

Analysis of Grantee Documents and Curricula

We conducted a systematic data abstraction using two Excel spreadsheet abstraction templates: one to capture information from IPV protocols and related materials, and one to capture information from healthy relationship curricula. The IPV protocol template included data elements related to protocol components and materials, screening, response to IPV disclosure, training, local partners, and strategies for addressing IPV in programs. Data elements included both open-ended (e.g., describe guidelines for staff on how to respond to IPV disclosure) and closed-ended questions (e.g., does the grantee have an IPV protocol?) to generate both qualitative and quantitative data. The curriculum template included data elements on IPV-related goals and objectives, modules, activities, discussions; guidelines for facilitators in responding to IPV disclosure; and evaluation methods related to assessing the impacts of IPV-related content. We used filtering tools to quantify the closed-ended elements (e.g., how many protocols included a definition of IPV?), and we summarized qualitative data from the open-ended elements.

Analysis of Interview Data

All grantee, TA provider, and curriculum developer interviews were transcribed. To analyze data, passages were organized by topic (or “domains”) and type of interviewee (or “data source”). We grouped text by domain (e.g., IPV disclosure, screening, response, training, partnerships, TA), read across domain groupings, and created qualitative descriptive summaries of each domain by interviewee type and adult- or youth-focused programming. Finally, we triangulated across data sources to identify themes that emerged in all data sources and points at which findings varied by data source.

Limitations

This investigation was subject to several limitations. First, our document review cannot be considered fully exhaustive, as we were unable to obtain IPV protocols from all grantees, and we only reviewed 14 healthy relationship curricula. While we likely obtained IPV protocols from all grantees who had them, we cannot confirm that the four grantees from which we did not receive protocols have or do not have IPV protocols.

Additionally, the interviews we conducted were limited in scope. Although we sought to purposively select grantees, TA providers, and curriculum developers in order to represent a range of programs and approaches, we interviewed only a subset of individuals and organizations in each of these categories. Grantees with well-developed approaches may have been overrepresented in both the interviews and the document review, limiting our ability to document challenges and barriers to addressing IPV in healthy relationship programs. To account for this limitation, we asked TA providers to provide us with their perspectives on grantees who might be struggling with their IPV approaches. It is possible that different patterns might have emerged if we had interviewed all 60 grantees, all TA providers who work

⁵ Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description?. *Research in nursing and health*, 23(4), 334-340.

⁶ Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in nursing & health*, 33(1), 77-84.

with healthy relationship grantees, and developers of all commonly used healthy relationship curricula.

Finally, we did not use qualitative software (e.g., Nvivo, Atlas.ti) to systematically code interview data. While we did group data passages by domains and data sources, we may have lost some of the detail that coding via qualitative software can provide.

Document review of healthy relationship IPV protocols and IPV materials, elements of the Excel spreadsheet

Review Item	Response Guidelines
Description of materials reviewed	Brief description
Does the grantee have an IPV protocol?	Yes/No
Does the IPV protocol have a definition of IPV (or DV)?	Yes/No
What is the definition of IPV/DV in the protocol?	Brief description
Does the IPV protocol have a scope and purpose?	Yes/No
Does the IPV protocol have an overview of the program approach/program description?	Yes/No
Does the IPV protocol have a guiding principles and shared values?	Yes/No
Does the IPV protocol requires that staff review the protocol?	Yes/No
Identification	
Does the IPV protocol include a description of how staff will identify IPV among participants (either by screening or other means)?	Yes/No
If the grantee uses a formal screening tool, please name or briefly describe the tool.	Brief description
How often are program participants screened?	At intake only, multiple times, at intake and conclusion of program, staff inquires if IPV is suspected
If no formal screening tool is used, does the grantee have guidelines on how to identify potential IPV among participants?	Yes/No
If the grantee uses informal means to identify IPV among participants, briefly describe.	Brief description
Does the IPV protocol identify different programming points when IPV can be identified?	Yes/No
If so, what are the ways to identify IPV at the different points? Do those ways differ at different programming points?	Brief description
Summarize the main points of how grantee is identifying IPV among their participants and any other details surrounding screening and disclosure	Brief description
Response	
Does the IPV protocol include guidelines for how staff should respond to IPV disclosure?	Yes/No
Describe the guidelines.	Brief description
Does the IPV protocol identify different programming points when response to IPV disclosure is needed?	Yes/No
If so, what are the ways to respond to IPV disclosure at the different points? Do those ways differ at different programming points?	Brief description
Does the IPV protocol address ways to ensure that IPV disclosure is safe and confidential?	Yes/No
If yes, describe how confidentiality and privacy of IPV victims is maintained.	Brief description

Review Item	Response Guidelines
Do the response guidelines include: warm handoffs? <i>(Warm handoffs can include any description of ways that the grantee staff directly links participants experiencing IPV to staff at an IPV organization or internal staff dedicated to providing IPV services, via phone or face-to-face.)</i>	Yes/No
Do the response guidelines include: referrals? <i>(Referrals can include providing participants with a list of organizations that provide services, or specific tailored referrals to an IPV agency or service provider that can meet a particular need.)</i>	Yes/No
Do the response guidelines include: in-house counseling? <i>(In-house counseling can include any counseling or case management that the grantee provides using its own staff)</i>	Yes/No
Do the response guidelines include: safety planning? <i>(Safety planning can include any reference to grantees helping victims develop a “safety plan” or any other strategies to keep victims safe during a violent occurrence or if they need to leave their abusive partner)</i>	Yes/No
Response to IPV and other details: program inclusion and exclusion criteria, any in-house program follow-up for victims and perpetrators, referral procedures	Brief description
Training	
Does the IPV protocol include requirements for IPV staff training?	Yes/No
If yes, please describe the staff training.	Brief description
Partnerships	
Does the grantee have a clearly designated local partner with IPV expertise?	Yes/No
If yes, who is the local IPV partner?	Name of IPV partner/s
How many years has the grantee worked with the local IPV partner?	# of years
IPV partnership characteristics: <i>presence of a Memorandum of Understanding with an IPV-focused partner organization, partner statement of work, how IPV partner organization activities are funded, years of collaboration with the IPV partner, stage at which partner became involved.</i>	Brief description
Curriculum	
What curriculum does the grantee use?	Name of healthy relationship curriculum
IPV education approach: <i>existence of IPV-focused curriculum module(s), curriculum name, citation, any adaptations, other HM curriculum elements related to IPV</i>	Brief description
Notes	
Notes: <i>Include any additional pertinent information</i>	Other information that emerges from review

Curriculum Review Elements

Review Item	Response Guidelines
Type of curriculum.	Youth, Individual, Couples
Does the curriculum list any goals or objectives related to IPV?	Yes/No
If yes, what are the goals and/or objectives?	Copy of the goals/objectives
List the curricula modules or core components related to IPV, if any	Brief description
List any IPV-focused activities or discussions, if any	Brief description
Does curriculum include instructions on how to talk about IPV in a "safe" way?	Yes/No
Does the curriculum include diff forms of IPV for the facilitator?	Yes/No
Does curriculum address gender constructs, gender roles, or systemic oppression?	Yes/No
Does curriculum include modules describing healthy vs. unhealthy relationships?	Yes/No
Does curriculum include instruction and activities designed to train participants to identify warning signs?	Yes/No
Does the curriculum include information about how participants can get help if they are in an IPV situation?	Yes/No
If yes, what information is included about how participants can get help related to IPV?	Brief description
List any guidelines for facilitators on how to address IPV-related questions or issues that might arise during implementation	Brief description
List any information regarding any assessment or evaluation to assess impacts of IPV-related content/programming	Brief description
Notes: <i>Include any additional pertinent information</i>	Other information that emerges from review

Grantee Interview Guide

Text color code:

White=questions for all grantees	Green= youth-serving grantees only	Purple=adult-serving grantees only	Light-blue=segue language
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Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
Introduction and Interview Overview	<p>Thank you for taking the time to meet with us today! I’m [interviewer’s name] and on the phone we also have [note-taker’s name]. We are with RTI International. RTI is a not for profit research organization headquartered in N.C. We are working with the Administration for Children and Families to develop approaches to identifying intimate partner violence, including teen dating violence, in healthy marriage programs. As part of this work, we want to understand how current healthy marriage grantees, such as you, address intimate partner violence (<i>or teen dating violence if they are a youth-serving grantee</i>) in their own programs. I’ll be asking you questions about your approaches to addressing intimate partner violence (<i>or teen dating violence if they are a youth-serving grantee</i>) among your program participants. We’ll cover topics like screening, disclosure, staff training, TA, and your suggestions for ways to support future grantees with this issue. These interviews are not designed to evaluate the performance of any particular grantee. Rather, they are designed to give us an opportunity to hear firsthand from you about your experiences, what has been accomplished, what has worked well, challenges you may have encountered along the way, and suggestions you might have for ACF.</p> <p>Your participation is voluntary. You may decline to answer any question and you may stop the interview at any time. With your permission, we may audio record the interview to help ensure that we capture everything you say in the interview. The information provided in the interviews will be summarized in a concise brief that will include information we have gathered from all 60 healthy marriage grantees. In our brief, we may attribute some responses to individuals by referencing their role, but we will not use their name nor say what grantee organization they are from. We do not anticipate any risks from participating in the interview, and there are no direct benefits to you from participating.</p> <p>Before we begin, we would like to ask if it would be okay for us to record the interviews for note-taking purposes. Is this okay with you? (<i>Get verbal okay</i>). Do you have any questions before we get started?</p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
Opening questions	<p>Please state your name and role in this program.</p> <p>How long have you been working for the program?</p> <p><i>[Interviewer should review and understand the primary structure and approach of the grantee’s healthy marriage program prior to the interview].</i></p> <p>I know a little bit about your healthy marriage program <i>[explain what you know about their program]</i>. What would you add or correct about that? Are there any other features of your program that I’m missing? <i>Probes: Target population, curriculum used, length of program</i></p>
Segue into General Approaches to Addressing IPV	<p>For adult-serving grantees: As I mentioned earlier, the purpose of this interview is to get a better understanding of how your healthy marriage program addresses domestic violence or intimate partner violence among program participants. Note that I’ll be using the term “IPV” to refer to domestic violence or intimate partner violence.</p> <p>For youth-serving grantees: As I mentioned earlier, the purpose of this interview is to get a better understanding of how your healthy marriage program addresses teen dating violence or intimate partner violence among program participants. Note that I’ll be using the term “IPV” to refer to teen dating violence, domestic violence, or intimate partner violence.</p> <p>First, I’d like to talk about your program’s general approaches to addressing IPV. <i>[Prior to the interview, the interviewer will review all of the available IPV materials from the grantee. The interviewer should explain the materials that they have reviewed, including the IPV protocol – if the grantee has one – and any other materials that were submitted by the FPS].</i></p>
General Approaches to Addressing IPV	
General approaches to IPV	Can you tell me a little about how your program addresses IPV? <i>(Interviewer note: This initial question is designed to get whatever thoughts come to the respondent’s mind first on this topic. More detailed information on various aspects of addressing IPV will be covered in the respective sections that follow.)</i>
Segue into Development of IPV Approaches/Protocols	Great. Next we’re going to talk specifically about how you developed these approaches.

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
Development of IPV Approaches/Protocols	
How were the protocols developed?	<p>How did you develop your program's [<i>IPV protocol or IPV approach</i>]? <i>Probes: How long did it take to put together your approach? Any challenges? Anything that made it easier?</i></p>
Did grantees draw upon IPV theories to develop their IPV protocols? Which theories did they use?	<p>Sometimes when programs develop guidelines to address IPV, they draw on background information or a rationale that explain how and why IPV happens. Did you draw upon any IPV theories or ideas like that to develop your [<i>protocol/approach</i>]? If so, which? <i>Probe only if needed for comprehension: For example, some IPV protocols are based on theories like the Duluth Model's "power and control wheel".</i></p>
Segue to addressing IPV in Curriculum/Programming	<p>I now want to turn our attention to how the curriculum your program uses addresses IPV.</p>
Addressing IPV in Curriculum/Programming	
How do grantees address IPV in their healthy relationship programming?	<p>Does the curriculum that your program uses directly address the topic of IPV? How? <i>Probe: Can you provide examples? Probe for sessions or activities on IPV, discussions, definitions, etc.</i></p> <p>Do you distribute any resources or informational materials on IPV to all program participants? (<i>If needed, clarify that this question is about information or resources provided to ALL participants, whether or not IPV has been disclosed.</i>)</p>
	<p>How do program staff respond if they witness something during a program activity that appears to be IPV? <i>Probe: Do you have any examples of this? If this has not happened, how do you think staff would respond?</i></p>
	<i>Probe: How do program staff address altercations or partner violence among youth in the program?</i>
	<p><i>If not already addressed: Can couples participate in all program activities if they are experiencing IPV? Please explain how your program addresses this issue.</i> <i>Probe: Can someone still participate in the program if IPV is identified during program implementation?</i></p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
<p>How does the culture/s of the target population affect how grantees address IPV?</p>	<p>[Ask only if respondent indicates IPV curriculum content or IPV resource dissemination] In your opinion, does the IPV-related curriculum/resource content handle IPV in a way that is sensitive to your participants’ culture/s? Are there any ways that this content could be made more sensitive, in your opinion?</p> <p><i>Probes: Have there been any challenges with cultural “fit” of the curricula or materials?</i></p>
	<p><i>Probe: From your perspective, what are the main challenges in addressing IPV among youth?</i></p>
<p>Segue into IPV Identification and Disclosure</p>	<p>Thank you. We’ve talked about your general approaches and how the curriculum addresses IPV. Now, I want to talk about IPV disclosure. By IPV disclosure, I mean when participants or applicants to your program bring up or discuss experiencing any kind of violence, including emotional abuse or psychological control, by their partner.</p>
<p>IPV Identification/Disclosure</p>	
<p>How do staff identify IPV among participants?</p>	<p><i>(Note to interviewers: Prompt interviewees to think about each specific program point below.)</i></p> <p>Experiences with IPV/dating violence can be disclosed at multiple points, for example during:</p> <ul style="list-style-type: none"> • Initial intake; • Classes: <ul style="list-style-type: none"> ○ When discussing IPV or teen dating violence specifically, as part of the regular curriculum; ○ In the course of other class discussions; and/or • Outside of normal class times (e.g. during coffee breaks, when meeting one-on-one with a facilitator) <p>At what point(s) in time do you find that IPV disclosures tend to occur in your program?</p> <p>To whom (which staff) are disclosures typically made?</p>
	<p>Please talk about special considerations that you make in identifying IPV among youth, either before the program begins (if there is an application/intake process) or during programming.</p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
Segue into Screening	Although IPV/dating violence can be disclosed without specific prompting, sometimes programs actively ask participants about current experiences with IPV/dating violence. This can be done with a formal set of screening questions, and sometimes with an informal screening interview. As with other disclosures, this active assessment can take place at intake, or at other times, for example during coffee breaks.
How do staff screen for or identify IPV in practice?	<p>Please explain anything that your staff do to actively identify IPV among program applicants or participants.</p> <p>Is there a formal screening process?</p> <p><i>If the grantee formally screens participants, ask:</i></p> <p>Do you use any kind of screening tool or standard set of questions that you ask all participants in order to identify IPV experiences or IPV risk?</p> <p>At what point in program enrollment or participation does screening typically take place (when/where/by whom)?</p> <p><i>If the grantee does not formally screen participants for IPV, ask:</i></p> <p>Please tell me more about the kinds of things that staff do during program intake or program activities to identify participants who may be experiencing IPV or be at elevated risk. <i>Probe for approaches such as finding out whether prospective enrollees have protective orders or a criminal history of DV, watching for particular kinds of interactions during program participation, inviting participants to talk to them if they have questions or concerns about IPV, etc.</i></p> <p>Please talk about special considerations that you make in identifying IPV among youth, either before the program begins (if there is an application/intake process) or during programming.</p> <p>Do you have an example of a time when violence was identified? What happened?</p> <p>What do you think are the most common challenges in identifying IPV among program applicants or participants?</p> <p><i>Probe: How, if at all, has your program tried to address these challenges?</i></p> <p><i>Probe: Any specific challenges related to identifying IPV among the youth that you work with?</i></p> <p>How often does your program typically identify someone who has experienced IPV or is in a violent relationship?</p> <p><i>Probe: How common do you think IPV is among program participants?</i></p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
How do staff address confidentiality, privacy, and safety?	<p>How does the program ensure confidentiality and safety for the program participant or applicant? <i>Probe: If IPV disclosure by one member of a couple affects the services that a couple is able to participate in, how is that handled with the non-disclosing couple member? How does the program try to ensure safety in this kind of situation? Any (other) challenges in ensuring confidentiality?</i></p> <p>How does the program address confidentiality and requirements of mandated reporting?</p>
How were the IPV screening tools or other methods to identify IPV developed or selected?	<p>How did you develop your system (screening or otherwise) for identifying IPV among program participants? Have you made any changes to it along the way?</p> <p><i>Probe: From your perspective, what are the main challenges in identifying IPV among youth?</i></p>
Segue to addressing IPV among participants	Thank you. Next, I want to talk about what happens in the program if becomes clear that a participant is experiencing IPV.
Addressing IPV Among Participants	
How do grantees respond to IPV disclosure?	<p>First, what happens after it becomes clear that a participant is experiencing IPV? How does the program respond?</p> <p><i>Probes: Be sure to ask about the following:</i></p> <ul style="list-style-type: none"> • <i>In-house services</i>, e.g., <i>Does your organization have someone on staff who can provide IPV counseling or case management?</i> • <i>Referral processes</i>, e.g., <i>Do you give someone information about an IPV organization or refer someone to an organization?</i> • <i>Warm hand-offs</i>, e.g., <i>Do you contact someone at another organization and make sure that the participant begins receiving services immediately with them?</i> • <i>Safety planning</i>, e.g., <i>Do you help victims create their own plans with strategies on staying safe when violence occurs or things they can do to prepare to leave a relationship?</i> • <i>Other ways that the program responds</i> <p>Which staff are involved in these program responses?</p> <p>Are there consequences to disclosure in terms of program participation (e.g., will the participant be removed from the program)?</p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
	<p>Do responses to IPV differ depending on how or when in program enrollment or participation it is disclosed? For example, how do responses to IPV differ by:</p> <ul style="list-style-type: none"> • Initial intake; • Classes: <ul style="list-style-type: none"> ○ When discussing IPV or teen dating violence specifically, as part of the regular curriculum; ○ In the course of other class discussions; and/or <p>Outside of normal class times (e.g. during coffee breaks, when meeting one-on-one with a facilitator)</p> <p>Can you talk about how your staff respond to minor participants who are experiencing IPV/teen dating violence? <i>Probes: Please describe any policies or guidelines on how staff should address a minor who is experiencing IPV.</i></p>
<p>How is the referral process typically handled? Any examples of how the referral system has worked well?</p>	<p><i>[If the grantee has a referral process as identified in the previous questions, ask the following questions]</i></p> <p>How is the referral process typically handled? <i>Probe for any relationship between grantee and referral agencies, how involved program staff are in making sure desired services are received.</i></p> <p>Any examples of how the referral process has worked well? <i>Probes: Any specific examples? Challenges?</i></p>
<p>Any challenging issues that have come up in practice?</p>	<p>Any challenging issues that have come up in helping participants who are experiencing IPV? <i>Probes: Any specific examples, without naming names?</i></p>
<p>How does the culture/s of the target population affect how grantees address IPV?</p>	<p>I understand that your program serves <i>[state target population]</i>. There are often differences in how groups of people understand and talk about IPV. Are there ways that your program tries to respond to IPV in ways that are sensitive to your participants' culture/s? <i>Probe: How do you provide culturally sensitive follow-up care?</i></p> <p><i>Probe: From your perspective, what are the main challenges in responding to IPV disclosure among youth?</i></p>
<p>Segue to staff training</p>	<p>Thank you. Next I want to ask you some questions about staff training related to IPV.</p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
Staff Training	
How are staff trained to address these issues? Are there follow-up trainings?	<p>Please explain how staff are trained to address IPV. <i>Probes: Who conducts the trainings (e.g., internal staff or a partner DV agency)? How often do the trainings happen? Are there follow up trainings? What do the trainings include?</i></p> <p>Do all staff receive the same training? <i>Probe on whether staff receive different training depending on their roles.</i></p> <p><i>Probes: If you use peer advocates, can you describe their training? What, if any, special considerations are taken to train staff to talk to youth about IPV?</i></p> <p>How was the training developed?</p> <p>Are there any challenges in getting staff trained? <i>Probe: How have you addressed these challenges? What advice would you give other healthy marriage grantees on staff training regarding IPV?</i></p>
Segue to partners	<p>Thank you. Now I want to focus on your partnership with [IPV partner/s].</p> <ul style="list-style-type: none"> • <i>If they have talked about their partner/s during the interview:</i> So you have already touched on some ways that you are working with your partner/s. [Summarize the ways that they have talked about working with their partners during the interview.] I'm going to ask you a couple more questions about your partner/s. • <i>If they have not talked about their partner/s during the interview:</i> I am now going to ask you some questions about how you are working with your IPV partner/s.
IPV Partners	
How do they involve their IPV prevention/intervention agency partners?	<p>Please describe your partnership with [IPV partner agency/ies]. <i>Probe: How long have you partnered with them? Have you worked with the same contact person, or has that changed over time? Do you refer to other IPV agencies?</i></p> <p>What have been the benefits of working with [IPV partner agency/ies]?</p>
How often do they meet?	<p>How often do you meet with [IPV partner agency/ies]? What do you typically discuss/do when you meet?</p>
Segue to TA provision	<p>Thanks so much for this information. We are almost done. Last, I wanted to talk about how, if at all, you have utilized technical assistance to address IPV.</p>

Research Domains and Questions/ Interview Sections	Grantee Interview Guide Questions
TA Provision	
Have they requested TA related to IPV screening or protocols? What was the outcome of those requests?	Have you received or requested technical assistance related to IPV issues? <i>Probe: Who provided you support? What did the support entail? Technical assistance related to IPV protocols? Screening tools? Training? Partnerships?</i>
	What were the outcomes of those requests?
	Was there any TA or training that you would want that you did not get? Please explain.
	Was there any TA that was especially helpful?
	What kind of support might have been helpful? <i>Probe: Any barriers or reasons why they did not ask for support?</i>

TA Provider Interview Guide

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
Introduction and Interview Overview	<p>Thank you for taking the time to meet with us today! I'm [interviewer's name] and on the phone we also have [note-taker's name]. As you may know, we are with RTI International. RTI is a not for profit research organization headquartered in N.C. We are working with the Administration for Children and Families to develop approaches to identifying intimate partner violence, including teen dating violence, in healthy marriage programs. As part of this work, we want to understand how current healthy marriage grantees address intimate partner violence in their own programs; learning from your past experience in this regard will be helpful for future efforts around healthy marriage and IPV.</p> <p>We are interviewing some grantee staff, but we also wanted to talk with 3 technical assistance providers to get a "bird's eye" view perspective on how grantees are addressing IPV. You have been identified as a TA provider who has some understanding of the variation of IPV approaches and practices across healthy marriage grantees, including grantees who may have struggled with developing approaches to IPV. We want to know about the range of healthy marriage grantees' approaches to addressing IPV, and we'll cover topics like screening, disclosure, staff training, technical assistance that you have provided, and your suggestions for ways to support future grantees with this issue.</p> <p>Your participation is voluntary. You may decline to answer any question and you may stop the interview at any time. With your permission, we will audio record the interview to help ensure that we capture everything you say in the interview. The information provided in the interviews will be summarized in a concise brief that will include information from healthy marriage grantees, their documents and materials, and interviews with other TA providers. In our brief, we may attribute some responses to individuals by their role (such as saying that a particular perspective came from a TA provider versus from a grantee staff member), but we will not use names or indicate what site or organization they are from. We do not anticipate any risks from participating in the interview, and there are no direct benefits to you for participating.</p> <p>Before we begin, we would like to ask if it would be okay for us to record the interviews for note-taking purposes. Is this okay with you? (<i>Get verbal okay</i>). Do you have any questions before we get started?</p>

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
Opening questions	Please state your name and role as a TA provider for healthy marriage grantees. <i>Probe for the range of TA they provide, including their proportion of TA that relates to IPV in any way.</i>
	How long have you provided technical assistance to healthy marriage grantees? In what capacity?
	How often do you (or have you) provide/d TA related to addressing IPV?
Segue into General Approaches to Addressing IPV	As I mentioned earlier, the purpose of this interview is to get a better understanding of how healthy marriage grantees address domestic violence, intimate partner violence, or teen dating violence among program participants, as well as their needs for support in these areas to date. Note that I'll be using the term "IPV" to refer to teen dating violence, domestic violence, or intimate partner violence. First, I'd like to talk about your grantees' general approaches to addressing IPV.
General Approaches to Addressing IPV	
General approaches to IPV	Can you describe the range of approaches to addressing IPV used by healthy marriage grantees? <i>(Interviewer note: This initial question is designed to get whatever thoughts come to the respondent's mind first on this topic. More detailed information on various aspects of addressing IPV will be covered in the respective sections that follow.)</i> <i>Probe: What kinds of strategies are often included in grantees' approaches (e.g., staff training, working with partners)?</i>
Segue into Development of IPV Approaches/Protocols	Great. Next we're going to talk specifically about how grantees have developed these approaches.
Development of IPV Protocols/Approaches	
Can you describe the range of healthy relationship grantees' IPV protocols, including content included in each protocol?	We understand that grantees were not required to create IPV protocols for this current funding cycle. From what you know, can you describe the range of healthy marriage grantees' protocols for addressing IPV? What type of content is typically included in grantees' protocols or approaches?

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
How were the protocols developed?	<p>How have grantees developed their IPV approaches and/or protocols? <i>Probes: What do you think were the challenges in developing IPV approaches/protocols? For those grantees who have more developed approaches, what grantee characteristics or resources helped facilitate their development of these approaches?</i></p> <p>Were you involved with helping grantees develop their IPV approaches or protocols? If so, what kind of technical assistance did you provide?</p>
Did grantees draw upon IPV theories to develop their IPV protocols? Which theories did they use?	<p>Sometimes when programs develop guidelines to address IPV, they draw on theories, background information, or a rationale that explain how and why IPV develops. Did grantees draw upon any IPV theories to develop their protocols or approaches? If so, which theory/ies did they use? <i>Probe only if needed for comprehension: Some IPV protocols are based on theories, like the Duluth Model/“power and control wheel”.</i></p>
How are protocols being used in practice?	<p>From your experience working with grantees, how do you think IPV protocols or approaches are put into practice? <i>Probes: If protocols or approaches are not well-utilized, what are the main barriers? If protocols or approaches are well-integrated into some grantees’ programs, what has helped them do this?</i></p>
Segue to addressing IPV in Curricula/Programming	<p>Thank you; this information is really helpful. I now want to turn our attention to how grantees address IPV in healthy marriage programming, like program curricula.</p>
Addressing IPV in Curricula/Programming	
How are grantees addressing IPV in their curricula?	<p>From your knowledge about grantees’ curricula, how do healthy marriage curricula typically address IPV? In addition to IPV-related curriculum content, how else do grantees address IPV in their regular program activities, as far as you know? For example, do they proactively provide IPV resources, like brochures or handouts? <i>Probe: How do youth-serving grantees provide educational content on IPV (or teen dating violence) in their programming? Do they address IPV in any other way in the course of their programming?</i></p>
Segue into IPV Disclosure and Screening	<p>I want to talk about how grantees address IPV disclosure. By IPV disclosure, I mean when participants or applicants to the program bring up or discuss experiencing any kind of violence by their partner.</p>

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
IPV Disclosure/Screening	
Across grantees, when does IPV disclosure occur?	<p>Experiences with IPV/dating violence can be disclosed at multiple points, for example during:</p> <ul style="list-style-type: none"> • Initial intake; • Classes: <ul style="list-style-type: none"> ○ When discussing IPV or teen dating violence specifically, as part of the regular curriculum; ○ In the course of other class discussions; and/or • Outside of normal class times (e.g. during coffee breaks, when meeting one-on-one with a facilitator) <p>At what point(s) in time do grantees typically find that IPV disclosures tend to occur? To whom (which staff) are disclosures typically made?</p>
Segue into Screening	<p>Although IPV/dating violence can be disclosed without specific prompting, sometimes programs actively ask participants about current experiences with IPV/dating violence. This can be done with a formal set of screening questions, and sometimes with an informal screening interview. As with other disclosures, this active assessment can take place at intake, or at other times, for example during coffee breaks.</p>
Across grantees, what do you think are the common ways that grantees screen for IPV?	<p>Can you talk about the range of how grantees identify IPV among participants? <i>Probe: How does this vary by target population (e.g., youth)? Do you have a sense of how often grantees have identified IPV among participants? If they do not often identify IPV, why do you think that might be?</i></p> <p>For grantees who use a formal screening process, how do they screen participants? <i>Probe: How is screening done in practice? Examples? What is the range of screening tools that you have seen? At what points in time in the program does screening tend to occur?</i></p> <p>For grantees who do not formally screen participants, how do they identify IPV among participants? <i>Probe: How does this happen in practice? Examples?</i></p>
What are common issues/barriers?	<p>What do you think are the most common challenges for healthy marriage grantees in identifying IPV among program applicants or participants? <i>Probe: How, if at all, have you provided technical assistance to address these challenges? Examples?</i></p>
Segue to addressing/responding to IPV	<p>Thank you. Next, I want to talk about how grantees respond when IPV is identified among a program participant.</p>

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
Addressing IPV Among Participants	
How do grantees respond to IPV disclosure?	<p>Across grantees that you have worked with, what happens after someone has disclosed IPV? How do programs typically respond?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> • <i>In-house services</i>, e.g., if grantees have someone on staff who can provide IPV counseling or case management • <i>Referral processes</i>, e.g., if grantees provide someone information about an IPV organization or refer someone to an organization • <i>Warm hand-offs</i>, e.g., if grantees contact someone at another organization and make sure that the participant begins receiving services immediately with them • <i>Safety planning</i>, e.g., helping victims create their own plans with strategies on staying safe when violence occurs or things they can do to prepare to leave an IPV relationship • <i>Other ways that grantees respond</i> <p>Are there typically consequences to disclosure (e.g., will the participant be removed from the program)?</p> <p>Do responses to IPV differ depending on how or when in program enrollment or participation it is disclosed? If so, how?</p> <p><i>Probe for any relationship between grantee and referral agencies, how involved program staff are in making sure desired services are received.</i></p>
What are the most common issues in responding to disclosure?	<p>Across grantees, what are the most common issues or challenges to responding to IPV disclosure?</p> <p><i>Probe for challenges related to inclusion/exclusion decisions, referral follow-through, appropriate service provision and follow-up by grantee staff, etc. and ways that the TA provider has assisted in addressing these issues. Examples?</i></p>
How does the culture/s of the target population affect how grantees address IPV?	<p>How, if at all, have you seen grantees try to develop IPV approaches that “fit” the culture or cultures of their target populations?</p> <p><i>Probe for examples of ways grantees have addressed the culture of their target population in their IPV approaches.</i></p>
Segue to staff training	<p>Thank you. Next I want to ask you some questions about how grantees carry out staff training related to IPV.</p>

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
Staff Training	
What are grantees doing in terms of training staff to address IPV? Can you describe the range of training activities?	<p>From your experience, how are grantees training staff on IPV? Please describe the range of grantee approaches to IPV training.</p> <p><i>Probes: What do the trainings typically include? Who conducts the trainings (e.g., internal staff or a partner DV agency)? Are there follow-up trainings? Do all staff typically get the same training or do staff get different training depending on their roles?</i></p> <p>Are there any challenges to getting staff trained?</p> <p><i>Probe: Have you provided technical assistance around training staff on IPV? Examples?</i></p>
How do most grantees prepare their staff to address disclosure and provide referrals?	<p>How do grantees typically prepare their staff to address IPV disclosure? To respond to IPV disclosure?</p> <p><i>Probe for differences in training by role, challenges in preparing staff, including staff time, relationships with referral-receiving agencies, staff experience with IPV issues or beliefs about IPV, etc.</i></p>
Segue to partners	Thank you. Now I want to focus on how grantees work with local IPV partner agencies.
IPV Partners	
How are grantees working with their local partners in practice?	<p>Please describe how grantees are working with their local partners in practice.</p> <p><i>Probe: What roles do partners usually take on? Do grantees refer to other IPV agencies (besides their partners)?</i></p>
Can you talk about successful partnerships? Less successful partnerships?	<p>From your experience, can you talk about some successful partnerships that grantees have established?</p> <p><i>Probes: What about these partnerships made them successful? Probe for additional examples of successful partnerships.</i></p> <p>What about less successful partnerships?</p> <p><i>Probes: What about these partnerships made them less successful? What do you think was challenging for the healthy marriage grantee? What do you think was challenging for the IPV partner agency? Probe for additional examples of less successful partnerships.</i></p>
Segue to TA provision	Thanks so much for this information. We are almost done. Last, I wanted to talk about your role in providing technical assistance to healthy marriage grantees.

Research Domains and Questions/ Interview Sections	TA Interview Guide Questions
TA provision	
<p>What are your experiences with grantees requesting TA related to IPV screening and protocols? What was the outcome of those requests?</p>	<ul style="list-style-type: none"> • <i>If they have already discussed examples of providing technical assistance to healthy marriage grantees:</i> <ul style="list-style-type: none"> ○ I know you have already talked about some examples of how you have provided IPV related technical assistance to healthy marriage grantees. Can you think of other experiences you have had with grantees requesting TA related to IPV screening protocols? • <i>If they have not yet discussed examples of providing technical assistance to healthy marriage grantees:</i> <ul style="list-style-type: none"> ○ Can you think of experiences you have had with grantees requesting TA related to IPV screening protocols? <p>What were the outcomes of those requests?</p> <p>Were there any technical assistance requests that required involvement of additional experts?</p> <p>Can you provide any examples of when you initiated technical assistance related to grantees efforts related to IPV screening and protocols, without it being specifically requested by the grantee? Why did you initiate this TA? How well do you think grantees were able to use the TA provided?</p> <p>Based on your experiences what would be the best ways to support future grantees? <i>Probe on optimal approaches on screening, disclosure, training, partnership building, and TA approaches.</i></p>

Curriculum Developer Interview Guide

Research Domains and Questions/ Interview Sections	Curriculum Developer Guide Questions
Introduction and Brief Overview	<p>Thank you for taking the time to talk with us today! I'm [name] and on the phone we also have [note-taker's name]. As you may know, we are with RTI International. RTI is a not for profit research organization headquartered in N.C. We are working with the Administration for Children and Families to develop approaches to identifying and responding to intimate partner violence, including teen dating violence, in healthy marriage programs. As part of this work, we want to understand how current healthy marriage and relationship curricula address intimate partner violence and teen dating violence.</p> <p>We are talking to developers of commonly implemented healthy relationship curricula to get their perspectives. We'd like to talk with you a little bit more about [curriculum name], to better understand how you developed [curriculum name], how it is intended to affect relationships, and if you have ever provided technical assistance on addressing intimate partner violence with this curriculum.</p> <p>With your permission, we will audio record this conversation to help ensure that we capture everything you say. The information you at provide will be summarized in a short brief that will include information from healthy marriage grantees, their documents and materials, and information from TA providers and other curriculum developers. In our brief, we may attribute some responses to individuals by their role, but we will not use names or indicate what site or organization they are from.</p> <p>We do not anticipate any risks from participating in the interview, and there are no direct benefits to you for participating. Before we begin, we would like to ask if it would be okay for us to record the interviews for note-taking purposes. Is this okay with you? (<i>Get verbal okay</i>). Do you have any questions before we get started?</p>

Research Domains and Questions/ Interview Sections	Curriculum Developer Guide Questions
How was curricula developed to address IPV/healthy relationships?	<p>Please walk me through the curriculum logic model. What outcomes is the curriculum intended to affect, and how? (Probe for intended distal outcomes as well as intended mediators or more proximal outcomes.)</p> <p>In developing this curriculum, did you draw on any research or theory about fostering healthy relationships or marriages? (If needed, probe: Did any research or theory inform the outcomes you chose to target? Did any research or theory inform the ways you went about trying to affect those outcomes in the curriculum content?)</p> <p>Did you draw on any research or theory about preventing or addressing intimate partner violence? (If needed, probe: Did IPV research or theory inform the outcomes you chose to target? Did IPV research or theory inform the ways you went about trying to affect those outcomes in the curriculum content?)</p>
Curriculum Content	<p>We've already reviewed your curriculum, and we think we've identified the modules and activities that related to IPV/teen dating violence – but we might have missed some. What, if any, content in this curriculum is intended to address intimate partner violence or teen dating violence? Please explain your approach. (Probe regarding specific modules, activities, timing, etc. based on findings from curriculum content review. One specific probe: Thanks for identifying these modules. Are there any other activities in other modules that related to IPV/teen dating violence, that we might have overlooked?)</p>
Supplemental Guidance	<p>Does your curriculum include any guidance for implementers on what kinds of couples (or individuals, or teens) are appropriate for the program, and which aren't? Do you have any guidance related to couples (or individuals) currently experiencing IPV (or teen dating violence) – that is, do you recommend that some types of couples or individuals should not engage in the program?</p> <p>If so, how do you recommend that such couples/individuals/teens be identified?</p> <p>Does your curriculum include any guidance for implementers on how to respond if IPV (or teen dating violence) is disclosed during programming? What is the guidance?</p>
What are your experiences with grantees requesting TA related to your healthy relationship curriculum?	<p>Have you been contacted by any implementers of your curriculum with questions about addressing intimate partner violence using this curriculum? Have you received any questions about the suitability of the curriculum for use with individuals or couples currently experiencing intimate partner violence?</p> <p>What were the outcomes of those requests?</p> <p>As far as you know, have you provided technical assistance to any healthy marriage grantees funded by the federal Administration for Children and Families (that you know of)?</p>