



NATIONAL RESOURCE CENTER *for*
HEALTHY MARRIAGE *and* FAMILIES



Family Violence Prevention

A Toolkit for Stakeholders





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Introduction

Government agencies determine program eligibility based on service provision guidelines and program requirements. Oftentimes, these program rules and regulations examine the circumstances of individuals, but rarely consider the applicants as members of interdependent families and communities.

Low income individuals and families often face a variety of challenges and issues (e.g., maintaining employment or stable sources of income, obtaining adequate housing, food insecurity, finding childcare). Social relationships can mitigate the stress and difficulties of living with limited resources: friends and family can lend a hand in ways such as watching the children, providing a meal or temporary shelter, and offering emotional support. Since these relationships provide crucial stability and support, many safety-net service providers are working to adapt their services and procedures to help support and enhance their clients' healthy relationships.

Not all social relationships are supportive though; some add stress and additional barriers to an individual's life. When there is violence or the threat of violence—physical, emotional, or psychological—a relationship becomes yet another challenge to be navigated and managed.

This toolkit is not intended to prepare service providers for domestic violence intervention or advocacy or child protection investigation and intervention. Domestic violence advocates and child protective services workers undergo extensive training and use specialized tools to become adept at recognizing and responding to domestic violence and other threats to family safety. Such expertise is well beyond the scope of this toolkit.



This toolkit's purpose is to help safety-net service providers integrate healthy marriage and relationship skills into existing service delivery systems as part of a comprehensive family-centered approach to promoting self-sufficiency. This toolkit aims to help agencies better understand the issues that low-income families face and consider how strengthening healthy relationships and promoting safety can complement existing programs and services.

The intent of this toolkit is to provide general information and raise awareness about the importance of addressing domestic violence, child maltreatment, and family safety. This toolkit includes information that will increase service providers' understanding of these issues and will also help them identify other beneficial resources or referrals in the community that may support their efforts to institute healthy relationship policies and practices.

This toolkit provides information and resources to assist agencies in incorporating domestic violence and child maltreatment awareness into service provision. It is divided into three sections:

- **Section One—Increasing Awareness and Recognition of Domestic Violence and Child Maltreatment:** Examines why it is important to be aware of domestic violence and child maltreatment.
- **Section Two—Integrating Healthy Marriage and Relationship Education:** Provides information and strategies for agencies that are interested in integrating domestic violence and child maltreatment prevention, along with healthy marriage and relationship education, into existing service delivery systems.
- **Section Three—Handouts, Resources, and Other Information:** Provides handouts and information that will be useful to stakeholders working to prevent domestic violence and child maltreatment and promote healthy relationships.

This toolkit is designed to help stakeholders—including administrators, supervisors, and safety-net service providers—around the country who serve families, couples, and individuals. The term safety-net service providers refers to governmental agencies and programs such as Temporary Assistance for Needy Families (TANF), child support services, child welfare, labor and workforce services, and Head Start, along with other stakeholders who provide community and family services, education, youth independent living, and Tribal services.

Agencies should use this toolkit to support their work with families and individuals in a range of relationship contexts, including those who:

- **Are at risk of domestic violence or child maltreatment;**
- **Have already experienced family violence; or**
- **Are asking for agency support as they work toward or attempt to maintain healthy family relationships.**

For purposes of this toolkit:

Domestic violence generally refers to a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.

Child maltreatment generally refers to child abuse or neglect; the Federal Child Abuse Prevention and Treatment Act of 1974 (CAPTA) (as amended by the CAPTA Reauthorization Act of 2010) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or any act or failure to act which presents an imminent risk of serious harm.”

This document is designed to be used in parts, rather than as a step-by-step manual. Agencies and staff are encouraged to determine the most relevant and useful portions of this toolkit and employ them as appropriate.

Caseworkers and service providers often do not know the status of a client’s relationships, so the suggestions in this toolkit have been designed to be universally applicable.

This toolkit’s central approach is simple:

- Service providers talk with clients (particularly parents) about their service needs, goals, and plans for their family’s safety and healthy relationships.
- Service providers offer information, services, and referrals to support healthy relationships in the family.

Using this approach, the family’s goals and objectives for safety and healthy relationships are prioritized in their service delivery plan.

Section 1:

Increasing Awareness and Recognition of Domestic Violence and Child Maltreatment

In practice, service providers should have:

- A general awareness of domestic violence and child maltreatment; and
- A relationship with their clients where they feel comfortable enough to give necessary information about family dynamics and basic needs.

An open exchange of information allows for targeted agency support and assistance. If an agency's goal is to help families find success through healthy interdependence and mutual reliance, domestic violence and child maltreatment awareness and prevention are crucial.

Service providers must understand the client's perspective and concerns about family dynamics and family safety to work efficiently and effectively. Working with the client to develop a service plan that recognizes these dynamics can help create a pathway to self-sufficiency and healthy family relationships.

This section includes:

- **General, evidence-based information on domestic violence and child maltreatment.**
- **Case studies for critical thinking about intake and counseling protocols.**
- **Tips for caseworkers and service providers to respond to disclosures of violence.**
- **Tips for safely sharing information on domestic violence and advocacy services.**
- **Resources for additional information and sharing, including fact sheets and websites.**

Domestic Violence and Child Maltreatment: Awareness and Recognition

Why Is Awareness Important?

Women who live in poverty and are connected to social welfare, income supports, and child welfare services experience extremely high rates of domestic violence victimization (Allen, Bybee, & Sullivan, 2004). A significant percentage of women in poverty are survivors of childhood sexual assault or have witnessed domestic violence as a child, and a disproportionate number have experienced sexual assault or domestic violence in their adulthood. The long-term effects of trauma that accompany histories of victimization can impede or compromise a woman's ability to comply with program, service, or system requirements. Women currently in violent relationships often find their day-to-day well-being and involvement and interaction with service providers affected.

Not all women who live in poverty or who are involved with social welfare services have been or are being abused. However, given the high rates of prevalence, safety-net service providers are likely to interact with a large number of victims and will have the opportunity to provide them with useful information and resources that can effectively promote family safety.

While it is not necessary for service providers to become experts in domestic violence and child maltreatment prevention and intervention, providers should seek to develop a general understanding of how these abusive behaviors affect clients, including their participation in social service programs that can assist families in achieving self-sufficiency. A general understanding of domestic violence and child maltreatment, coupled with appropriate services and solutions, can play an important role in promoting the welfare and safety of family members and have a positive effect on outcomes.

Awareness in Everyday Service Provision

Service plans should be informed by pertinent information about the client's family situations, the client's own needs assessment, and the provider's awareness of the dynamics of family violence and child maltreatment. This may be similar to current agency policies and practices, but even small changes or a slight refocus could help increase your agency's positive impact on families.

Many individuals experiencing domestic violence or child maltreatment want to continue to nurture and grow intimate family relationships, but they also want those relationships to be free from violence, neglect, and abuse (Boggess, & Groblewski, 2011). Additionally, those who are not experiencing violence often still want to further develop their healthy

Key elements of a healthy family approach to service provision include:

- ***Listening*** and understanding;
- ***Being aware*** and receptive to information and clues;
- ***Recognizing*** important information about family relationships and dynamics;
- ***Thinking critically*** about how those dynamics might impact a family service plan or employment plan; and
- ***Responding*** with supportive services, referrals, and crisis intervention as necessary and in accordance with agency policy and practice.



The following are some questions that may be asked of service providers and reveal possible concerns (of both mothers and fathers):

1. Can you help him/her to stop abusing me?
2. Why would you tell me to not use corporal punishment when the world has been aggressive to me, and I turned out just fine?
3. What can I do or learn to make sure my children are safe, protected, and supported?
4. Why does he/she get access to the children when he/she has been so violent?
5. How can I make decisions about keeping my children safe?
6. Why can't you help him/her be a better father/mother?
7. How do I know that I can trust him/her? Has he/she changed?
8. Why do you demonize him/her?
9. How can you help us to be happy and healthy again?
10. Why does he/she do the things that he/she knows will lead to tension and then lead to violence?
11. Why does he/she have so many systems advantages?
12. I want my children to see their father/mother, but at what cost to my children and me?

relationship skills such as interpersonal communication. In prioritizing and supporting family relationships, service providers also should realize that intimate partner violence threatens not only the targeted individual, but also the safety and well-being of children and other family members. Service providers should be aware and informed of the various programs and services in their community that address domestic violence, child welfare, healthy relationships, healthy parenting, and financial literacy so they can make appropriate referrals or provide information about these resources to clients.

Healthy, supportive family relationships are important to the well-being of children and their parents. However, in circumstances of domestic violence or child maltreatment, the only safe option may be to end the relationship and separate family members. In these situations, parents and service providers must weigh concerns about individual and family safety against the desire to keep the family together.

Clients may not feel comfortable voicing these concerns and service providers often may not be able to answer such questions. Nevertheless, service providers should be aware that these concerns often underlie client decisions in situations of domestic violence and child maltreatment. Understanding these concerns (even when they are not articulated or even warranted) will be helpful in case planning and service provision.

Understanding Domestic Violence

- **Domestic violence is an unhealthy and unsafe relationship pattern.** It can include any one or a combination of physical abuse; sexual assault; psychological, emotional, or mental abuse; and financial abuse. In addition to the actual act or use of violence, abusive relationships often include the threat of violence. One partner may consistently use fear to manipulate the other (Pence & Dasgupta, 2006).
- **It is about power and control.** Domestic violence, in its most serious form, consists of exercising power and control over an intimate partner. A wide variety of factors can precipitate or exacerbate incidents of violence, including economic stress, drug or alcohol use, perceived threats to rigid gender role identification, and mental health issues. However, none of these factors is an excuse for violence. The choice to use violence and the responsibility to stop always lie with the perpetrator.
- **Victims are typically women, but not always.** Because the vast majority of people who use violence to exercise power and control are men, and the majority of victims of reported domestic violence are women, it is common to refer to domestic violence perpetrators as “men/he/him” and victims as “women/she/her.”
- **Empower clients.** It is extremely important for caseworkers to provide services that empower clients. The wellbeing of children is central to most victims’ decisions. The easiest way to help empower clients is to provide accurate and relevant information, resources, and options so that they can make well-informed choices for themselves and their families. It is important to support clients in the decisions they make.
- **Providers need to remain flexible.** Service providers can expect that a female client is likely to change her mind about her relationship or circumstances depending on what she feels is best for herself and her children at a given time. She may decide to end the relationship and then change her mind to reconcile with her partner, or she may initially say that she is going to maintain her relationship and then later choose to leave. Regardless, service providers can play a critical role by anticipating that a client’s plans may change. To the extent possible, providers should remain flexible and provide ongoing, relevant information to assist clients in making educated, well-informed decisions.
- **“Why doesn’t she just leave?”** is one of the hardest things to understand about domestic violence. Victims commonly report that they want the violence—not the relationship—to end. Many domestic violence relationships start out as romantic relationships with the potential for love, creating a complex mix of emotions tied to the relationships. Some women still love the men they are with, despite their use of violence, while others are committed to fulfilling their marriage vows or recognize that the man is a good father and want to maintain a positive relationship between the father and children. Regardless of what it may look like to those outside of the relationship, women have genuine reasons when they choose to preserve their relationships. Again, the most effective way of promoting their safety is to provide accurate information they can use to make well-educated decisions for themselves and their families.

- **Effects of trauma are complex.** It can often be difficult to understand the ongoing effects of trauma, particularly in the lives of women who are no longer in abusive relationships. Victims' abilities to comply with work or other program requirements can be affected, impeded, or impaired. They may feel overwhelmed by conflicting priorities such as potential court dates and service provider appointments, as well as suffering from the mental health consequences of violence and maltreatment (Davies, Lyon, & Monti-Catania, 1998). Many domestic violence programs offer group support or counseling to help women work through their trauma histories. Dealing with the emotional and psychological effects of victimization can be a very long, slow, and complex process.



- **Not all men are violent.** Even among men who are violent in their intimate relationships, the use of violence can be sporadic. Women may choose to stay in relationships where they believe men can change. As a result, women may ask service providers for referrals to services that address their partners' needs, for example, to end the violence, learn healthy relationship skills, obtain help finding a job, or address mental health and/or substance abuse and dependency issues.
- **Not everyone experiences or reacts to violence in the same way.** Victims will ultimately decide whether to stay or leave violent relationships. Physical safety is not guaranteed when women leave violent relationships. In fact, leaving an abusive partner is often the most dangerous and potentially lethal time for a victim (Davies, 2008). Help connect victims to local resources and support them, regardless of their decision to stay or leave, to ensure client safety.
- **Victims must make their own decisions.** Pressing victims to leave or creating program or service consequences for not leaving can have unintended negative consequences or further compromise the safety of victims and their children. Women are the experts on both their partners' use of violence and their own personal situation (Campbell, 2007). Caseworkers and service providers must provide information to help women make educated decisions and then support them in those choices.

- Many programs have rules and protocols that respond to the unique needs of victims of domestic violence.** Current and past victimization can create factors that make it difficult for women to comply with system, program, or service requirements. For example, a woman whose partner's violence escalates in relation to her success outside their home may find it difficult to work regularly and comply with TANF work requirements. To the extent possible, flexibility in service provision can increase women's safety and improve program outcomes. Though work requirements are an established and central part of TANF, caseworkers who are mindful of their clients' particular challenges could assess exemptions and options to find jobs for their clients where the type of work or the time of day would be more suited to individual situations. It can be beneficial for caseworkers to be familiar with options within their programs that are available to clients who disclose domestic violence (e.g., family violence option, good cause waivers).



- A victim's particular circumstances affect the factors that go into decision-making.** For example, women who do not work outside the home can experience income insecurity as a result of leaving employed and financially stable, but abusive partners. However, women in financially stable relationships may be more likely to have other social and financial resources (Davies, Lyon, & Monti-Catania, 1998). Women living in chronic poverty, with limited or no social and financial resources, will have different considerations. For such victims, addressing violence in their relationships is oftentimes not identified as their most pressing need (Boggess & Groblewski, 2011). Victims of violence who live in poverty commonly ask domestic violence advocates about services for food and shelter for their children before discussing their own victimization or need for safety.
- Know when to call in a domestic violence expert.** Service providers that do not have a background in domestic violence may be afraid of doing or saying the “wrong thing,” but avoiding the conversation may unintentionally make the situation worse. Service providers should give referrals to local services and advocates in these situations.

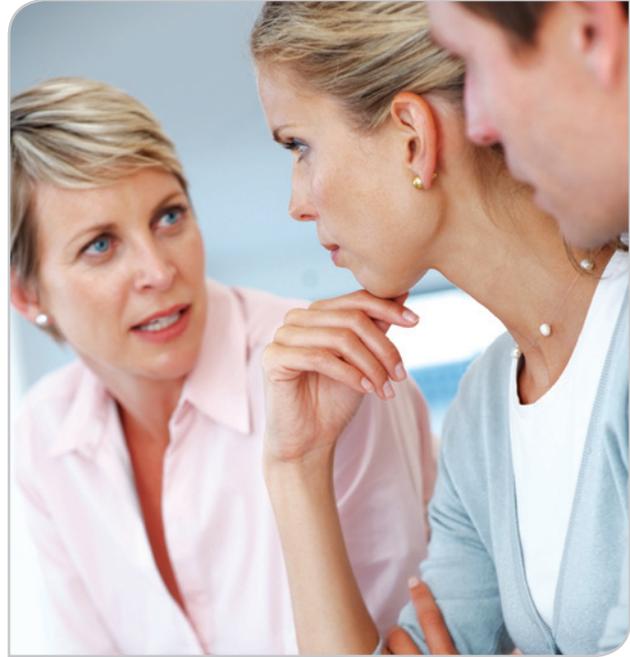
Understanding Child Maltreatment

- Child maltreatment refers to physical abuse, sexual abuse, or neglect of a child by a parent or other caretaker. Physical and sexual abuse are non-accidental acts (e.g., punching, shaking, throwing, kicking, burning, fondling) that result in physical or mental injury or harm to a child. Child neglect generally is a failure to act or omission of a child's basic needs for healthy growth and development, which causes harm or imminent risk of harm to the child (e.g., lack of food, shelter, clothing; failure to protect from sexual abuse; inadequate supervision; failure to provide needed medical care or education) (Child Welfare Information Gateway, 2008; Gilmore & Kaplan, 2009).
- Neglect is the most common form of child maltreatment. In FY 2011, 78.5% of confirmed victims of child maltreatment suffered neglect, whereas 17.6% suffered physical abuse and 9.1% suffered sexual abuse (Children's Bureau, 2011). It is well-established that poverty is highly correlated with neglect, particularly chronic neglect (Gilmore, 2009).
- Not surprisingly, infants and toddlers (ages 0 to 3) are the most vulnerable to child maltreatment (Children's Bureau, 2011). There is an increasing pool of research verifying the long-term, detrimental effects of early neglect (e.g., lack of nurturing) on brain development (Cohn, 2011; Perry, 2002), making prevention and early intervention efforts to strengthen families all that much more critical.
- Risk factors (e.g., poverty, substance abuse) for child maltreatment and domestic violence overlap, so the co-occurrence of these two issues in households also is not surprising. Researchers estimate that in families where either child maltreatment or domestic violence is identified, between 30% and 60% are experiencing co-occurrence of both issues (Bragg, 2003). One researcher compared families with varying severity of domestic violence and co-occurring child maltreatment with families where only child maltreatment was present; she found higher rates of child neglect (specifically, lack of supervision) and lower rates of child physical abuse co-occurred with severe domestic violence, compared to child maltreatment-only and less severe domestic violence cases (Hartley, 2004).
- Practitioners increasingly understand that using a differential response to different types of cases and a more holistic approach to family needs are more successful strategies for supporting and strengthening families (Gilmore, 2010). To that end, a recent Child Welfare Information Gateway publication highlighted the use of differential response in less severe cases of domestic violence that come to the attention of child protective services (Child Welfare Information Gateway, 2009); this approach allows child welfare workers to focus more explicitly on engaging with and providing voluntary services for families, rather than proving or disproving a specific incidence of child maltreatment (Gilmore, 2010).

The scope of child maltreatment is significant. Each year, about 3 million referrals, involving an estimated 6 million children, are made to public child protection agencies, and about two-thirds of those referrals have sufficient information to warrant an agency response (e.g., investigation) (Children's Bureau, 2011).

Support and Active Listening

To an outside observer, the actions, reactions, or inactions of victims and family members affected by domestic violence or child maltreatment can be confusing. There are frequently good and strategic reasons behind victims' behavior and caseworkers should be supportive of clients' choices and actions. Doing so can be key to developing a positive, productive working relationship with clients.



Staying in Contact with an Abuser

Women may remain in contact with the men who have used violence against them for a variety of reasons.

- Some victims want the violence to end, but not the relationship: they are invested in the relationship and believe that their partners can become nonviolent with help. While some men can and do change, others do not.
- Women of faith frequently choose to remain with an abusive or destructive partner because they believe in fulfilling their marriage vows.
- Some women feel that despite the violence towards them, their partners are good fathers and so the women are committed to preserving their children's bond with them. In other instances, victims may not have a choice when it comes to co-parenting with former partners who were abusive and maintain visitation rights. While the romantic relationship may be over and the woman may want nothing to do with him, there is a court order to share legal or physical custody and, as a result, she must navigate an ongoing parenting relationship with him.
- Some victims and their abusers are part of the same small or tight-knit community and cannot avoid having occasional contact with each other. They may share friends or be close with one another's family, whereby it becomes extremely difficult to avoid sightings or contact.
- For women in poverty, an unemployed partner may provide childcare while she goes to work. A decision to end the relationship could jeopardize her job. She may not have another reasonable childcare option, and she may decide to remain in a relationship with him because she cannot risk losing her income or her ability to feed and house her children. This is particularly the case where a victim feels that the abusive partner does not present a safety concern in his care of the children when she is not present.

Service providers may not be aware of all of the relationship dynamics involved, and it is likely that a client will withdraw from anyone who persistently tries to persuade her that the only option is to sever ties with her abuser.

Abusers commonly isolate their victims from friends and family and monitor the time that victims spend with other people. Therefore, as long as a woman wants to maintain the relationship, it is crucial for the people in her life—professionals included—to strive to keep lines of communication open. Keeping communication open does not mean passively standing by and supporting whatever happens to the victim, but instead involves expressing concern for safety and well-being, helping to identify available options, and communicating support, regardless of the course of action she decides to take.

Case Study A: Ms. Wilson

You are a TANF case manager whose goal is to help Ms. Wilson gain self-sufficiency in the form of a job that will move her off of TANF. Ms. Wilson is an unmarried mother with three sons. Her seven-year-old son has autism. Her six- and seven-year-old children have the same father, but he provides no income support or child support. She has lost track of his whereabouts, and child support enforcement has not found him in any data match. She is still romantically involved with the father of her three-year-old and he sometimes babysits all three children.

Ms. Wilson has been late for two job interviews that you arranged for her. She has not explained the reasons. If she cannot make the next job interview, she may be determined to be non-compliant.

CONSIDER THE FOLLOWING:

- What does Ms. Wilson say or imply is her most urgent need?
- How will she meet her childcare needs?
- How does her partner figure into her family strengths and needs?
- What is her explanation for missing the job interviews?
- How, if at all, does her partner figure into her explanation about the job interviews?
- What does she tell you that she needs to follow through on the interviews?
- What are her immediate concerns for her children outside of their financial security and basic needs?

Ms. Wilson's responses to these questions may assist you in better understanding her perspective. Consider using your agency policies and practices along with the information revealed in her answers to identify and connect Ms. Wilson to resources that may help her address her urgent needs so she is able to get to her next interview on time.

Case Study B: Mr. Garcia

You are a Supplemental Nutrition Assistance Program (SNAP) eligibility worker. Mr. Garcia is a single father of a four-year-old daughter. On his SNAP application, Mr. Garcia identifies himself as a U.S. citizen of *Hispanic, Latino, or Spanish Origin*. During his SNAP interview, he says that his daughter's mother is not available to share custody or provide any other support for the child at this time. Mr. Garcia wants to keep his daughter out of the foster care system and is working to organize his life so that he can take care of her himself. He has a job, but it does not pay enough to meet their needs.

Mr. Garcia reveals that a few days after he submitted his SNAP application, his landlord made a report to the local child welfare authorities. Mr. Garcia shares that he left his daughter locked in the apartment alone while she was sleeping because his supervisor asked him to work a midnight shift and he needed the money. Mr. Garcia says he had never done that before, that his neighbor has a key to his apartment, that he had asked her to check in on his sleeping daughter, and that his daughter knows to go to the neighbor if she ever cannot find her papa. According to Mr. Garcia, a child protective services worker visited him and his daughter yesterday, and informed him they were closing his case.

CONSIDER THE FOLLOWING:

- Do any agency policies or best practices direct that next steps should involve contact with child welfare services? If child welfare services also is involved with the family, how can you serve the family collaboratively yet define your individual roles?
- Can your agency offer Mr. Garcia literacy or language services and supports if needed?
- What real or perceived barriers may arise from the fact that Mr. Garcia is a man and may present a less familiar family situation to service providers?
- What is Mr. Garcia's current relationship and contact like with his child's mother?
- Is there a possibility that Mr. Garcia might develop a relationship with one of the child's maternal relatives to help him take care of his daughter? Does he have relatives of his own who might provide that type of support?
- Could support or services for the child's mother be able to help her take on more involvement?

The answers to these questions could determine appropriate referrals for this child and her family.

Case Study C: Ms. Johnson

You are a child support caseworker. Ms. Johnson has two children and has applied for a childcare subsidy and SNAP benefits. Ms. Johnson has not seen the father of her four-year old son in two years. Though their relationship is definitely over, she knows where he lives and where he works. Up until this point, she has simply decided not to ask him to help her take care of their son. Ms. Johnson is working, going to school, and engaged to the father of her one-year-old daughter. Her fiancé has a job, but is worried about being fired or downsized. Ms. Johnson describes him as a being a hard worker who loves her and both kids. Right now, her fiancé lives with his mother to save money and he regularly pays child support to Ms. Johnson for his one-year-old daughter.

Your exchange with her is basic and straightforward and the information she provides helps you begin the legal child support process. She provides detailed information about her ex-boyfriend, including his place of employment and his residence. At first, this looks like an easy case that should pose no problems for either you or Ms. Johnson. Then, she tells you that she and her ex-boyfriend broke up because she was afraid for her life and the safety of her child when she was with him.

CONSIDER THE FOLLOWING:

- What concerns does Ms. Johnson have about her ex-boyfriend having future contact with her son? What was the ex-boyfriend's relationship and parenting style like with their son? Is she still afraid of him or afraid for her child or family's safety around him?
- What is Ms. Johnson's understanding of the child support process and service of a petition on the ex-boyfriend? What concerns does she have about her ex boyfriend's reaction to a child support petition?
- What concerns does she have about the possibility that this process will have a negative effect on her relationship with her fiancé?

Child support is an important source of income for households that receive it (U.S. Department of Health and Human Services, 2011). Upon further conversations with Ms. Johnson, you may determine:

- The best chance for her new family to form may be with added child support income;
- She no longer feels threatened by her ex because circumstances have changed; or
- The risk of violence to this family requires some modification to or rethinking of the standard legal child support process.

Service providers should seek to incorporate the client's perspective on the situation—including strengths, goals, and support systems—to inform your case management and service provision. Safety should always be the first concern.

In this situation, a service provider might ask Ms. Johnson directly whether she believes that she or her children are in danger. Ms. Johnson is a good example of a client who would benefit from a routine exchange of information about family safety, including ways to minimize impact to the health or stability of her current relationship. Ms. Johnson and her current fiancé also may be interested in and good candidates for healthy marriage education.

Victims of domestic violence who have children consider the safety of their children. Service providers should help their clients think through possible outcomes and identify the options that protect the children from danger, including violence, abuse, or neglect.

Not Reporting Violence to the Police

Many victims do not call the police when they experience violence, waiting until the violence escalates to the point where their lives are seriously at risk. A variety of factors may go into a victim's decision to delay or forego calling the police when violence occurs.

- Some victims have had past negative experiences with law enforcement. Some have called to report prior incidents of abuse; have had contact with the police that was unrelated to domestic violence, but left them feeling they could not reach out to law enforcement for protection; or have had friends or family members with such experiences.
- Negative history between law enforcement and communities of color can affect victims' of color decisions not to report abuse. For example, there are disparities in incarceration rates between African Americans and white Americans in the United States (Raphael, 2004), and African American women commonly explain that they cannot call the police to report their own victimization because they do not want to be responsible for "putting another black man in jail" (Bogges, & Groblewski, 2011).
- Immigrant women may face a language barrier or have had experiences with police in their native countries where the rule of law does not ensure protection of victims. Spousal abuse is not against the law in many countries; therefore immigrant victims may not think of calling law enforcement as an option. Furthermore, men who abuse immigrant women commonly tell their victims that they will be deported if they call the police. Regardless of their immigration status, many women fear this threat and therefore do not involve the police.
- Victims with children may also fear that calling the police will put them at risk of having their children removed.

In the end, victims of violence may call the police only when they perceive that it will increase their safety to do so. This fact means that service providers must be prepared to respond when clients disclose domestic abuse and these disclosures likely mean that the victim has determined that the service provider is the safest person for her to tell about the abuse.



Wanting to Leave, but Deciding Not to Go to a Shelter

While shelter services are in high demand, there are a substantial number of victims who never contact domestic violence shelters. Some victims may think they must end their relationships or sever ties with their abusers in order to access services. Others are willing and interested in leaving their relationships and abusers, but available services are not culturally responsive or accessible to them.

A victim's economic status and culture influence the decisions she makes. Having services that are culturally competent and able to meet individual victims' needs is important. There are a variety of ways to provide culturally relevant services, including being responsive to differences in language, food, personal care items, religious observances, and approaches to parenting/family. A victim who wants to leave her abuser, but who perceives that important financial or cultural needs will not be met may not view the shelter as a reasonable option.

It Isn't "Domestic Violence"

Despite telltale signs of an abusive relationship, some women may not identify their experience as domestic violence.

- **For many women, these words do not reflect or resonate with their experiences.** Perhaps they identify what happens in their relationship as "fighting." Some women do not identify as victims of domestic violence because they claim that "I gave as good as I got" (Garfield, 2005).
- **For some, domestic violence has been normalized.** They grew up with verbal, emotional, or physical abuse as a common part of their family experiences. For some women, domestic violence was not only part of their mothers' experiences, but also their grandmothers' and the other women in their families. Therefore some victims may come to learn that violence is an inherent part of intimate or family relationships.

It can be helpful to talk with women about whether they feel safe in their homes, rather than focusing on "domestic violence." Service providers can also ask women whether their relationships include any of the signs of domestic violence and offer information and referrals to services. Remember, the victim must be the one to decide whether to take the information.

One reason that victims may not take home information on domestic violence or shelter services is that it could put them at risk if their abusers see it. Abusers may find fact sheets or brochures and become violent with women for having told someone they are experiencing abuse.

Alcohol or Drug Abuse and Dependency

Abusing drugs and alcohol impairs one's judgment and ability to navigate life. People commonly use substances as a means of self-medicating, including individuals with a history of trauma. While not all victims of violence turn to alcohol or drugs as a coping mechanism, a significant number do. These victims can be best served by being connected with mental health, counseling, or support groups that can help them work through their traumas and find healthier methods of coping.

Critical Thinking about Intake and Counseling Protocols: Three Case Studies

The three case studies outlined here can help service providers think broadly and critically about situations presented by clients and service applicants. The questions attached to each case study can help determine the best course of agency action in the case presented. Within the bounds of agency protocols and policies, service providers can incorporate awareness and understanding of domestic violence and child maltreatment to help clients take advantage of previously underutilized resources. These case studies may not be fully representative of the situations encountered at a particular agency, but they still illustrate an enhanced service provision model that can have a positive impact on family stability and on the effectiveness of your agency.

Responding to Disclosures of Domestic Violence or Child Maltreatment

Service providers do not have to become experts in domestic violence or child maltreatment in order to support families and respond to their needs. With a few simple tips, workers can be better prepared to respond to disclosures of violence and can help victims achieve safety for themselves and their children.

The ramifications and consequences of disclosing child maltreatment are different than disclosing intimate partner violence. In cases of possible child maltreatment, service providers should know whether they must report the situation as “mandated reporters” and share this information with clients at the outset. Explain what it means to be a mandated reporter, what you are required to report, and to whom. At the same time, inform clients of your agency’s policy on confidentiality.

Every State in the United States, the District of Columbia, and most U.S. territories have a mandatory reporting law that requires certain professionals—and sometimes all persons—to report suspected cases of child abuse or neglect to child protective services or law enforcement. For more information including synopses of State laws, see the 2012 Child Welfare Information Gateway fact sheet, *Mandatory Reporters of Child Abuse and Neglect*, available at www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm. Child Welfare Information Gateway also maintains a listing of child maltreatment reporting numbers by State at www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082.

Express Empathy and Concern

When a victim decides to share details of abuse, service providers should express empathy and concern and try not to appear shocked. Victims report that in abusive relationships violence becomes part of daily life. Expressing that they do not deserve to be abused or experience violence is helpful.

Explain Your Program or Agency's Role and Responsibilities

After being supportive, the most useful thing a service provider can do is to provide accurate information about the victim's options and the agency's policies. Be clear about the rules and protocols that service providers are required to follow.

Explain the agency's policies, protocols, and procedures for protecting victims of domestic violence and child maltreatment (e.g., the family violence option, good cause exemptions, having a case flagged for confidentiality, and mandated reporting).

Keep the Door Open

After making sure that a client's safety and economic needs are met, create an environment where a client living with compromised safety will feel comfortable coming to you again in the future. Service providers should be careful not to make judgmental comments that make clients feel they can only receive assistance or support if they sever ties with their abusers.

Some policies grounded in Federal law that support family safety:

Family Violence Option: A TANF policy allowing States to waive certain TANF requirements for domestic violence victims, such as time limits on receipt of benefits and cooperation with child support enforcement, if those requirements would put the client's safety at risk or prevent the client from escaping the abuse. The State TANF plan must include domestic violence screening, measures to maintain client confidentiality, and service referrals for victims.

Good cause exemption: A related policy allowing a parent to request and receive exemption from the need to cooperate with paternity establishment and child support requirements if it would place the parent or child's safety at risk.

Having a case flagged for confidentiality: A requirement for State child support enforcement agencies to place a "flag" in their automated systems when there is reasonable evidence of domestic violence or a protection order, triggering certain protections such as not sharing the victim's address.

Mandated reporting: A law that exists in all States, most U.S. territories, and the District of Columbia requiring certain professionals—and sometimes all persons—to report suspected cases of child abuse or neglect to child protective services or law enforcement.

Section 2:

Integrating Healthy Marriage and Relationship Education into Safety-net Services

What Is Healthy Marriage and Relationship Education?

Healthy marriage and relationship education teaches core relationship skills to individuals or couples, on a voluntary basis, to help them attain, maintain, or strengthen a healthy marriage or committed relationship. It often occurs in a group setting and is not meant to be therapy or clinical treatment for couples already experiencing serious issues.

A couple's relationship health can change over time. Research shows that an unhealthy marriage can negatively impact the couple's physical and mental health, job functioning, and parenting, as well as their child's social and cognitive skills and educational achievement (Anderson et al., 2004).

Healthy marriage and relationship education builds the core skills of *healthy communication* and *conflict-resolution*, and enhances critical skills like *parenting* and *financial education*. Enhancing these skills can reduce stress and improve coping skills for families navigating the normal issues related to parenting, everyday life, and finances.

Integrating healthy marriage and relationship education into service delivery systems has the potential to affect family safety and stability, child well-being, and self-sufficiency, benefitting individuals, families, and communities.

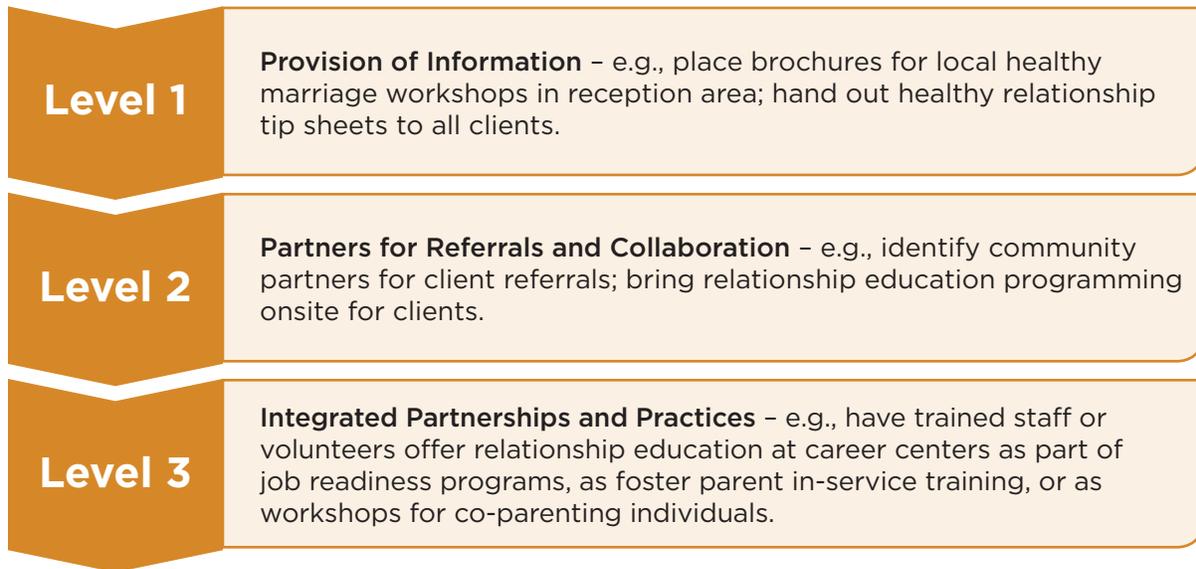
A healthy marriage is not based on socioeconomic status, employment status, or family characteristics. Based on an extensive literature review, Child Trends identified the following core constructs of a healthy marriage (Anderson et al., 2004):

- **Commitment to each other and any children;**
- **Satisfaction;**
- **Communication;**
- **Conflict resolution;**
- **Lack of domestic violence;**
- **Fidelity;**
- **Quality interaction/time together;**
- **Intimacy/emotional support; and**
- **Duration/legal marital status.**

Strategies for Integration

Healthy marriage and relationship education skills can be integrated in different ways based on local strengths, needs, and capacity. The National Resource Center for Healthy Marriage and Families has created a *Levels of Integration* concept to visualize levels along a continuum of integration efforts.

Levels of Integration



Level One – Provision of Information

Sharing facts about the importance of healthy marriage and relationship skills is a good starting point for basic engagement of individuals, couples, and families. Basic engagement strategies can include distributing tip sheets, information, and resources throughout the community.

Level Two – Partners for Referrals and Collaboration

Engaging community members and other stakeholders also helps agencies reach the next level of integration—partnerships. Developing partnerships with other organizations within the community is a great way to pool resources and expertise for the benefit of families.

Level Three – Integrated Partnerships and Practices

Stakeholders can help strengthen couples' and families' health and well-being by fully integrating healthy marriage and relationship education into existing social service delivery systems that serve individuals, couples, and families. To achieve full integration, all service providers should be trained or cross-trained so they are prepared to discuss and teach core skills (e.g., healthy communication, conflict resolution, parenting, and financial management) as an interwoven part of service delivery. Well-established partners can help effectively integrate healthy marriage and relationship education into service-delivery systems by providing training, tips, and other resources.



Level I: Provision of Information

Social service providers may choose to integrate healthy marriage and relationship skills by distributing information to colleagues and clients regarding the importance of these skills and how they support the overall strengthening of families. Basic engagement is a great way to begin a dialogue and a fairly low-cost approach to increasing public awareness. Depending upon the agency's service delivery system, this could include placing tip sheets or fact sheets in a waiting area; handing them out during client meetings or consultations; or handing out tip sheets or factsheets to colleagues at in-service trainings, staff meetings, community meetings, or agency-sponsored town hall events. By sharing this information, stakeholders are providing participants with basic information and tools they can use to strengthen their relationships and families.

The Handouts, Resources, and Information section of this toolkit has activities, handouts, and tip sheets specifically about domestic violence and child maltreatment. Service providers are encouraged to integrate these resources into their offices and service delivery plans to promote family safety.

The National Resource Center for Healthy Marriage and Families also has a virtual library with more than 500 free materials in a variety of formats—including factsheets, research-to-practice briefs, brochures, pamphlets, training resources, program reports or evaluations, and research materials. Visit www.HealthyMarriageandFamilies.org to find information and handouts about healthy marriage and relationship education.

Three Ways to Safely Share Information on Family Violence

Not all domestic violence victims will inform you that they are in an abusive relationship. Whether or not a victim chooses to disclose that she is experiencing violence, here are three ways to safely make domestic violence and advocacy information available to all of your agency's clients.

Flyers in bathroom stalls

Work with your State coalition or local domestic violence program to create a flyer that can be hung in the stalls of women's restrooms. Flyers should include tear-off tabs with the numbers to the local domestic violence program and the National Domestic Violence Hotline. By hanging these fliers in restroom stalls, women can be guaranteed that no one will see them taking the information, which can be important to preserving their safety.

Place "early signs" posters prominently around the office

This toolkit includes sample content for a poster listing the early signs of unhealthy relationships. Hang the poster around the agency, including in caseworkers' offices and cubicles. Have tear-away slips of paper or cards with the local domestic violence program and National Domestic Violence Hotline's phone numbers that women can take with them.

Give a brochure about local services to every client

As part of your intake procedure, provide every client or applicant with a brochure that lists a wide range of local services, such as food pantries, homeless shelters, health care, and mental health providers, along with domestic violence and sexual assault services and hotlines. An abuser is less likely to question how or why a victim has information on domestic violence or sexual assault services when it is included along with a variety of other services. Giving clients comprehensive information about available services can promote safety and respond to needs holistically.

Level II: Partners for Referrals and Collaboration

Effective collaboration, through partnerships and referrals, increases efficiency and success by leveraging shared resources and expertise. Collaboration refers to two or more entities or organizations working together to achieve an agreed-upon goal.

Even though referrals are not always successful and client follow through is not guaranteed, a good referral system can complement and supplement your agency services. Agencies may want to consider developing a brochure that lists a wide range of services (including housing, food pantries, domestic violence programs, healthcare, or mental health providers) to give every client.

Identifying and Approaching Potential Partners

The first step to creating successful partnerships is identifying and gathering information about resources and organizations available in the community. Though overcoming hesitation and approaching potential partners (who might otherwise seem to be adversaries) can be difficult, it is important to explore all opportunities for collaboration. Once potential organizations have been identified, your organization should develop a set of practices for determining whether a partnership is appropriate and for resolving issues that may arise as cases are referred to partners.

ASSESSMENT TOOL FOR SERVICE PROVIDERS: QUESTIONS FOR OTHER AGENCIES

Use the following questions to guide agency staff in identifying other community service providers and programs that will complement existing services, resulting in a holistic approach to strengthening families.

The goal of this tool is to identify programs serving a similar family demographic to that of your agency. These questions were intended for programs that focus on employment-based training, job skills, peer support, asset building/financial literacy, case management, re-entry programming, parenting, alcohol and drug abuse recovery, basic needs, or some combination of those.

Questions:

- Could you provide me with a general overview of the services your agency provides?
- Where is your agency located (single site, multiple sites)?
- Who does your agency serve (age, race/ethnicity, gender, noncustodial parents)?
- What barriers get in the way of families' initial participation in your program(s)?
- Can we discuss each of your programs more specifically?

Employment:

- Does your agency provide job placement assistance, job skills training, apprenticeships, certification training, and soft skills only or in combination?
- Does your agency have partnerships with employers, State/city workforce development agencies, other community-based agencies?
- Does your agency track participants' progress (completion, job attainment, job retention, dropping out)?
- Does your agency provide job supports or does it partner with other organizations that can assist with this?
- What types of jobs are typically available to participants?
- Does your agency develop skills training for available, higher wage jobs?
- What do you see as barriers to participants obtaining employment?
- Is it currently possible to address these barriers? If so, what is being done? If not, what changes need to happen (procedures, policies)?

Case Management:

- Do you provide case management to participants?
- Basic needs (food, housing, transportation)?
- Health care (physical and/or mental health)?
- Domestic violence services (shelter, prevention, intervention)?
- Substance abuse or dependency treatment?
- Employment support?
- Advocacy?
- Inter/intra-agency coordination of services?
- Referrals? If so, what is the process?
- Long- or short-term follow-up?

Asset Building/Financial Literacy:

- Does your agency address issues of financial literacy?
- What is addressed (repairing credit reports, budgeting, reducing debt)?
- How are these issues addressed (curriculum-based, trainings)?
- Does your agency partner with a financial institution or other agency?
- Does your program address asset building?
- What is addressed and how (savings accounts, Individual Development Accounts, Earned Income Tax Credit)?

Peer Support:

- Does your agency provide an opportunity for participants to provide each other with support?
- What does this look like (one time only, ongoing regular meetings, focused topic)?
- What is the response of participants?

Healthy Relationships/Parenting:

- Does your program address either or both of these issues?
- What sort of programming does your agency use (curriculum-based, workshops)?
- Does your agency work with married or co-habiting couples only?
- Does your agency address domestic violence in your programming? If so, how (do you partner with domestic violence advocates/agency, provide in-house training)?

Creating a Referral System through Relationships and Partnerships

Once an agency has identified and approached potential partners, service providers should invite representatives from the other organization to their office so that they can meet each other, share concerns, identify opportunities for collaboration, and work out a referral system.

When forming partnerships, it is not necessary to become directly involved in the work of a partner organization. Instead, partners should become informed about each other's work

and be able to make appropriate referrals for the services offered.

Service providers should develop a strong knowledge of their partners' capabilities so that they can tailor their suggestions and referrals based upon their knowledge of available services.

Service providers need to provide clients with accurate information about other agencies. Victims of domestic violence may not be able to safely leave home for frequent appointments, so they need precise information to help them prioritize which programs to approach. For example, if a program has a long waiting list, but is the only place that provides a certain service, be sure to tell clients that information. Also inform them if any agencies give priority to domestic violence victims or families involved with child welfare (e.g., housing services where housing is the identified barrier to reunification). Be clear with clients if applying for other services is an eligibility requirement for an agency.

Whenever possible, provide clients with information about the expectations and eligibility requirements when approaching different agencies. Options may include calling law enforcement, domestic violence agencies or shelters, housing services, or health care professionals. Take the time to discuss any documents needed for verification of eligibility so that they can be prepared before contacting the agency.

Ask clients what degree of assistance they would like and leave room for the possibility that they may not want other services at this point in time. If this is the case, service providers should let their clients know that they will be available in the future to help connect them with services if they change their minds.

Some victims may specifically ask for services for abusive partners, so service providers should know what is available in their communities. In addition to batterers' intervention programs, victims may be looking to connect their abusers with social welfare and employment services. Service providers should be able to share information (including contact information, how a program is to meet the individual's needs, and potential pros and cons) about these programs with their clients.

Victims of domestic violence and child maltreatment may need a variety of services to achieve physical and emotional safety, as well as family economic stability. Provide information about services that are available to:

- **Victims of domestic violence;**
- **Families impacted by child neglect or maltreatment;**
- **Individuals who needs economic assistance; or**
- **Families that need help developing healthy marriage and relationship supports.**

Referring a client to other services might entail:

- **Providing the client with contact information for other agencies;**
- **Providing the client with the information of a contact person who works at the agency; or**
- **Reaching out to the organization directly (by phone or email) on behalf of the client.**

When developing partnerships with other agencies around healthy marriage and relationship education, all partners should share a common vision of promoting healthy relationships. Although not appropriate for high-conflict couples, stakeholders should be educated on the positive impacts of a healthy marriage on family safety and stability, employment, and self-sufficiency. Through partnerships, agencies can identify resources and experts on various components of healthy relationship skills—such as communication, conflict resolution, parenting, and financial management—and collectively integrate the components into group workshops or classes for couples and families.

Lastly, provide an opportunity for clients to give you feedback about partner agencies to gauge the effectiveness of referrals. If clients do not receive assistance, determine if there is another place to send them or other clients who need the same service.

For more tips and tools on developing partnerships to promote healthy marriage and relationship education, including a collaboration assessment and partnership agreement template, visit the National Resource Center for Healthy Marriage and Families web page about partnerships at www.HealthyMarriageandFamilies.org/partnerships.

Men, Healthy Relationships, and Service Collaboration

While women and children are the recipients of most social services, agencies that recognize the role of men in the lives of the women served and the importance of their relationships can gain understanding and information about their clients and families that can enhance service provision. Efforts to serve families from a more holistic perspective improve the likelihood of outcomes that include enhanced well-being and family safety.

Increasing attention has been given to the need for low-income noncustodial fathers to contribute financial support to their children in order to increase household income and reduce poverty. Financial support from noncustodial fathers was central to welfare reform and the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (PRWORA). When PRWORA was passed,





it placed a new emphasis on identifying fathers of children receiving public assistance, establishing legal paternity, and establishing and enforcing the payment of child support orders. The focus on fathers has continued since PRWORA, with the most recent welfare reauthorization legislation, the Deficit Reduction Act of 2005, which included programming aimed at increasing child support payments through healthy marriage and responsible fatherhood programs.

Service providers should learn more about and interact with the local organizations that have responsible fatherhood and healthy marriage and relationship education programs that serve men or couples.

Agency administrators can:

- Determine the need for outreach to programs that serve noncustodial parents and fathers;
- Learn more about community-based organizations that serve the men in their communities; and
- Collaborate with fatherhood and healthy marriage education programs to address the issue of family violence.

These types of collaborations can enhance parental support and support domestic violence and child maltreatment prevention and intervention efforts. These collaborations are important because many custodial mothers want their children to know and interact with their fathers, parents and children benefit from a safe and positive environment where parents share the emotional and financial burden of child-rearing, and unmarried or separated parents in a healthy parenting relationship can pool their resources to take care of themselves and their children.

Formalizing Collaboration and Partnership

The following information is for agency administrators who are preparing to offer services through collaboration or referrals to promote safe and healthy family relationships. Agency administrators should use this information to begin planning and discussing collaboration with community-based organizations or other government agencies. This information can also be used for a deeper level of partnership, as outlined in the next section on Level III: Integrated Partnerships and Practices.



- Identify the short- and long-term objectives of the collaboration and ensure that both partnering agencies share these objectives.
- Consider formalizing the partnership with a memorandum of understanding that lays out the objectives, roles, and responsibilities for the partnership.
- Remember that program staff can change, so be sure that the partnership exists between programs and not between staff.
- Each partnering agency should evaluate its own capacity upon entering into the partnership. Administrators should be realistic about the time and resource demands collaboration will require.
- Once an initial agreement is in place, clarify the mission and goals of the partnership. Determine whether the overall focus and plans are consistent with the mission, goals, objectives, and priorities of each partner. Be clear about how the program will operate. Work out any difficulties as soon as they arise.
- Be aware of the changing environment and needs of the community. Be prepared to be flexible enough to address and accommodate these changes.

Level III: Integrated Partnerships and Practices

Agencies that want to go a step beyond referral and collaboration should consider integrating safe and healthy family relationships programming into existing services. The first step of integrating programming involves assessing the readiness of the agency and the potential partners that have been identified. Agencies should be prepared to incorporate an understanding of family relationships and connections, including those with fathers and other men who are important to families, into everyday services.

Policymakers and agency administrators should consider changing policies and practices to facilitate the integration of healthy relationship education, along with family violence and child maltreatment prevention, into the day-to-day operations of the agency.

Full integration incorporates comprehensive healthy relationship programming that may include communication, conflict resolution, parenting and financial education into existing services. These healthy relationship education components may integrate as a unit, or the individual components may be integrated depending on the needs and existing strengths of a community's services. Full integration involves training service providers and agency staff or volunteers to teach healthy marriage and relationship skills as part of existing individualized services (e.g., during home visits or client consultations) or offer group-based programs (e.g., workshops or in-service training) for individuals and families being served by the safety-net provider agency.

For example, if home visits are the main form of contact between the stakeholder and the participant, staff can be trained to integrate healthy marriage and relationship education or domestic violence prevention into their discussions with the families during the home visits. If classes or workshops are already part of a service delivery system, healthy marriage and relationship education curricula could be included to encourage participants to adopt and strengthen these skills.

Stakeholders can help strengthen couples' and families' health and well-being by fully integrating domestic violence and child maltreatment prevention protocols, along with healthy marriage and relationship education into existing social service delivery systems. Well-established partnerships can help effectively integrate healthy marriage and relationship education.

Agencies and their partners that are interested in integrated practice should consider the following:

- **How will agency staff be trained to incorporate information from the other levels (e.g., use of fact sheets and resources from partners) into their own practices?**
- **How will agency staff be trained (or integrated with already trained partner staff) to provide healthy marriage or relationship education that incorporates family violence and child maltreatment awareness and responsiveness?**
- **How will the process of developing an integrated approach be documented?**
- **How will the process and/or outcomes be evaluated?**

There are many considerations involved in program planning, development, and implementation. The National Resource Center for Healthy Marriage and Families website contains lots of helpful tips and tools on full integration and program development for State, local, and Tribal stakeholders. Visit www.HealthyMarriageandFamilies.org/program-development to learn more.

Anticipating and Addressing Staff Concerns

When starting up a new program or partnership, there is always the potential for challenges to occur. Frontline service providers who directly work with clients may have some concerns during the initial period of implementation. Potential staff concerns and ideas for addressing these apprehensions include:

- *We already have high caseloads and limited resources. Won't adding new services strain our ability to manage existing workloads?*

While changing the way you work may seem daunting, integrating healthy relationship education will ultimately help ease workloads. Forming partnerships will result in more communication, increased resources, and pooled expertise, allowing you to better serve your clients. Further, safe stable families using healthy relationship skills such as conflict resolution and communication will ultimately become more self-sufficient and experience greater well-being.

- *What does family violence prevention or healthy relationship development have to do with my work?*

It is understandable that some service providers might feel that their agency is not equipped to address unhealthy intimate and family relationships, or they may personally feel they do not have the expertise or interest in these issues. However, service providers should remember that their office might be one of the only places that comes into direct contact with the client. Thus, understanding healthy relationship skills and education as part of a holistic preventive strategy, along with policies and procedures for safety intervention, is particularly important.

- *Why do we have to integrate new services? I am already sensitive to my clients' needs.*

Caseworkers who are sensitive to the needs of their clients struggle with connecting clients to resources when they are often already overwhelmed. Integrating healthy relationship education into the service delivery system increases the likelihood that clients will take advantage of the services. Additionally, it serves as a new tool to assist families who are stuck in a repeat pattern of unsuccessful efforts to attain self-sufficiency.

- *The nature of my work does not engender trust on my part or the client's part. There is no way I will be able to develop trust with my clients on these issues.*

Developing trust is a challenge, particularly if your job requires you to determine eligibility, protect children, or enforce program requirements. The information provided in this toolkit does not conflict with this work and encourages the development of an enhanced professional relationship in order to determine the best service plan for parents and children.

Section 3:

Handouts, Resources, and Other Information

The following section contains several types of resources that are primarily targeted to direct service providers in safety-net service settings. Stakeholders are encouraged to make copies of these resources, share them with colleagues, and disseminate as appropriate.

Tip Sheets are for service providers and other professional staff. They may be used for in-service trainings, supervision, or individual case management as a framework to guide case planning and decision-making.

Handouts are for the people service providers serve. However, providers should use caution when distributing information about domestic violence to possible victims, whose lives may be in greater danger if their abuser discovers the material and perceives it as a loss of control over the victim or his family life. It is best to collaborate with a local domestic violence program to discuss best practices.

This section also includes a selection of resources to guide service providers in finding more information including **online fact sheets and information, domestic violence and sexual assault hotlines, domestic violence facts and information, child maltreatment facts and tools, culturally specific resources, and national organizations and Federal agencies.**

Tip Sheets and Handouts

What to Do When a Client Reports Domestic Violence. (p. 35) Service providers can use this tip sheet as a guide for one-to-one conversation with a client, in a private location, when the provider suspects that a client is experiencing domestic violence and regardless of whether the client has actually said that there is domestic violence occurring. Service providers also should consult with their supervisors if they suspect domestic violence or child maltreatment to discuss agency protocols and available community resources.

Talking About Child Safety and Well-being. (p. 36) This handout can be copied for parents and other primary caretakers; used by therapists or other support workers in interactive sessions with parents and caregivers; and used with individual parents and caretakers, couples, or peer support groups. Within the context of such meetings, service providers with child development knowledge or expertise also can use this document as a framework to help parents and caretakers talk through and think proactively about ways to protect their children from harm and to reinforce the positive ways they are already parenting their children. Service providers also can provide local resources for the topics covered, such as utility assistance, respite care, child protection and law enforcement numbers, and health care resources.

Early Warning Signs of Domestic Violence. (p. 38) Service providers can make copies of this handout available in waiting rooms and resource areas. It is advisable to include a warning for victims to either throw away the handout after reading it or give it to a trusted friend, clergy person, or relative to hold onto and for support.

Tip Sheet for Developing Family-centered Service Plans. (p. 39) Service providers should prioritize clients' goals and objectives and create family-centered service plans that support safe and healthy family relationship building. Use the following topics (or work with local advocates to develop other potential scenarios) to facilitate agency discussion about domestic violence and child maltreatment, including how service providers might best respond to promote safety, empower victims, and strengthen families using resources specific to their community.

Case Management—Working to Support Families and Children. (p. 41) This tip sheet is for service providers, supervisors, and administrators. It may be distributed in family safety in-service trainings and/or posted in offices or meeting rooms to serve as a reminder of holistic, strengths-based case management practices for supporting families and children.

Family Violence and Child Maltreatment—Awareness in Everyday Service Provision. (p. 42) This tip sheet is for direct service providers. It may be distributed in in-service trainings and/or posted in offices or meeting rooms to serve as a reminder of informed, family-centered practices for supporting families and children.

Including Men and Fathers. (p. 43) This tip sheet reminds service providers, supervisors, and administrators of ways to create or maintain a father-friendly practice and environment. It is important to engage fathers (or other significant male figures in the family) in case planning, decision-making, and service referrals to take a holistic approach to family strengths and needs. This tip sheet may be used as a handout in in-service trainings or posted in offices or meeting rooms as a reminder of father-friendly practices.

What to Do When a Client Reports Domestic Violence

Do:

- Inform her if you are a mandated reporter and what that means.
- Express your concern for her safety and that of her children, if any.
- Be clear about your role and responsibilities.
- Be a good listener and just listen.
- Tell her that no one should be hurt or abused and that it is not her fault.
- Offer her contact information for her local shelter crisis line and/or the National Domestic Violence Hotline. Remember that it may not be safe for her to take written materials home with her: one possibility is to include the contact information number in other resource information.
- Offer to let the client use the phone in your office.
- Discuss her options and possible outcomes; be realistic.
- Respect that she knows the most about her abuser and her circumstances.
- Support her decisions.
- Discuss the concept of safety-planning if she is not ready to leave her abuser.
- Keep the door open for her to call or come back to you.

Do not:

- Tell her what she should do.
- Ask her what she did to deserve the abuse.
- Ask what is wrong with her.
- Ask why she stays in the relationship.
- Require her to call the shelter or sever ties with her abuser in order to receive services from your agency.

Adapted from the National Center on Domestic and Sexual Violence

Talking About Child Safety and Well-being

- **Leaving a child home alone may not be okay.** It is not okay to leave your child at home alone unless and until you are certain the child feels comfortable, knows who to contact and how to get help in an emergency, and is able to take care of himself or herself. Never leave an infant or toddler home alone, even for a short period.
- **Ask an expert.** Talk with a caseworker, health care provider, licensed childcare provider, or another expert when you need to find new and effective ways to discipline your child. The best discipline depends on a child's developmental level (physical and mental ability). Service providers can help identify safe, developmentally appropriate methods of discipline.
- **Listen to and observe your child.** If she/he says she/he is being hurt, acts sad or very quiet, or avoids eye contact with you, ask if she/he is okay. Talk with teachers or other care providers about your concerns and see if they have noticed anything unusual. Talk with your child about your observations. If you think your child is being hurt (mentally or physically) by someone else, either talk to that person directly or call your local child protection agency or law enforcement for assistance.
- **Communication is key.** Write notes to your child's teacher routinely (e.g., once per month) asking him or her to send a note back about how your child is doing. If you notice your child is doing worse in school than usual, ask how she/he is feeling. Set aside time on a drive back from day care or school, or during a family meal each day to ask your child about his or her day. Ask about the best thing that happened and the worst thing that happened that day.
- **Explain your child's routine.** Talk to teachers, babysitters, and relatives who care for your child about your child's normal routine and how you expect the child to be re-directed or disciplined. Ask teachers to notify you if your child is acting up, acting differently, or misbehaving in class and if his or her school work declines.
- **Pay attention to new injuries.** If your child has new bruises, cuts, or other marks you don't recognize, ask both your child and anyone else who cared for the child how it happened. If you are not sure how to treat a minor injury, contact your health care provider for guidance. Take your child to a health care provider if an injury looks serious or if you are not sure if it's serious. Report any concerns about other care providers to the police or the care provider's supervisor (or both).
- **Identify financial assistance.** When your money doesn't stretch through the entire month, look for community resources that might help you get clothing, food, or help paying utilities such as electric and gas bills.

Know when you need a break.

If you are feeling overwhelmed or exhausted, find respite (temporary) care through close friends or relatives you trust. You can also try finding respite care in your community by calling the national hotline at **919-490-5577, extension 223**, or going to <http://archrespitelo.org/respitelocator>

- **Watch for signs of discomfort.** It is normal and healthy for children to be wary of strangers and people they do not see very often (even relatives). However, if your child hesitates to be left alone with any person, take his or her concerns seriously! Try to talk with your child immediately and privately about his or her hesitation. Never leave a child alone with another person—even one you know well—if the child shows fear, anger, or discomfort toward that person and you do not know the cause of the emotion.
- **Health care is important.** Schedule and take your children to all medical appointments recommended by a health care provider; keep their immunizations up to date; and make sure that medical appointments are scheduled on the days and times that work for you.
- **Ask questions about medication.** If your child is prescribed medication, ask the doctor or pharmacist what the effects of the medications are, such as whether it will make your child drowsy or nervous. Make sure that medical staff who see your child know about other medications your child is taking. Combining certain medications can be dangerous! If you do not understand anything the medical staff tell you, ask the medical staff for more explanation until you do understand (even if they seem annoyed).

Early Warning Signs of Domestic Violence

- He insists on moving into the relationship too quickly.
- He is very charming and seems “too good to be true.”
- He does not respect your boundaries.
- He criticizes your appearance or interests and frequently puts you down.
- He is excessively jealous and accuses you of having affairs.
- He wants to know where you are all of the time and frequently calls, emails, or texts you throughout the day.
- He insists that you stop spending time with your friends or family, or makes it extremely difficult for you to do so. He “makes you pay” after you spend time with others.
- He doesn’t take responsibility for his actions and blames others for everything that goes wrong.
- He blames the entire failure of previous relationships on the other person; for example, “My ex was a total bitch.”
- He has a history of battery.
- He can rage out of control and is impulsive.

If this sounds like your boyfriend, husband, or partner, there are people you can talk to.

No one deserves abuse. Help is available. Call **1-800-799-SAFE (7233)**.

Adapted from nnedv.org

Tip Sheet for Developing Family-Centered Service Plans

Child Protection/Welfare

In a two-parent household where the father is physically violent toward the mother, consider the following:

- In addition to violence, what other factors put the children’s safety and well-being at risk?
- How does the father’s violence toward the mother affect the children? In terms of immediate safety? In terms of current and future risk of harm?
- Are there other power and control issues that might keep the mother in the relationship? Has the father threatened to kill her or the children if she attempts to leave?
- In considering “failure to protect,” what happens to household income or childcare if the mother leaves with the children? What local resources—both formal and informal—can help keep the children safe while minimizing the impact of separation from one or both parents? Are there reasonable housing alternatives?
- What else might be going on to keep the mother in the same house as the father?
- What are the family strengths? How can these be leveraged to help empower the mother and provide supportive services to the family?
- Is the mother connected to or working with a domestic violence advocate?

Child Support

A woman has been referred through her application for TANF services and she does not want to tell you about the father of her child, consider the following questions:

- Has the client explained why she does not want to share information about the father of her child?
- What concerns does the client have about involving the child support system in her relationship with the father?
- How safe (e.g., on a scale of 1 to 10) does the client feel with the father of the child? Does she say why? How safe does she feel it would be for him to know where she and the child are?
- Does she know about the good cause exemption for victims of domestic violence?
- What documentation does your agency require to verify that good cause exists?
- Why might there not be a police record of her victimization?

TANF

A woman applying for TANF has very limited education, skills, and work history. She shares that she is a survivor of domestic violence, consider the following questions:

- How might the client's experience impact her ability to fulfill work requirements?
- Does the client have court dates to attend as a result of the violence—either criminal or family court?
- Does the client have court orders that require her to attend counseling or complete other services? If so, can her work plan accommodate these appointments?
- Has the client had counseling for her own or her children's recovery from the violence? Does she or the children continue to have counseling appointments or a desire to resume? Can her work plan accommodate these appointments?
- If she misses her work requirements for things other than scheduled appointments, what else might be going on? Has she ever seen a counselor or attended a group support meeting?
- Are there community services such as healthy relationship education workshops or classes that could strengthen her interpersonal work skills and also her family self-sufficiency?

Case Management—Working to Support Families and Children

- Proactive healthy relationships *plus* domestic violence and child maltreatment awareness contribute to child and family well-being *and* to agencies' goals and objectives.
- An agency with awareness of domestic violence and child maltreatment can gather client information and provide referrals to help strengthen and preserve a client's family and community resources and support.
- A client may be more likely to accept information about domestic violence prevention, healthy relationship development, or prevention of child maltreatment if he or she believes that the agency recognizes and respects healthy family relationships and prioritizes the safety of individuals.
- Case management should incorporate an understanding of the strengths and the vulnerabilities of family relationships to allow clients to feel more comfortable accessing resources. For example, if a caseworker or agency policy does not seem to recognize a mother's dilemma when she has a chronically ill or severely mentally challenged child, a TANF work requirement, and a responsibility for her child's regular attendance at school, the mother may be less likely to access agency services and benefit from them.

A client may be more likely to follow through on case planning and goals and fulfill application or eligibility requirements if she feels she has been heard and understood and believes that her family's health and safety are important to the agency.

Family Violence and Child Maltreatment— Awareness in Everyday Service Provision

- **Provide an atmosphere of efficiency, competence, and openness.** Offer thorough and factual information as part of the services that keep clients and their families safe and successful.
- **Conduct clear, open, and receptive interviews; actively listen.** Most families view their relationships and behaviors at home as private and may be uncomfortable with questions and conversations about personal issues. Whenever possible, gather information and use open-ended questions that invite clients to share their stories, including existing fears or anxieties. Consider each client and family as an individual case with its own particular strengths, vulnerabilities, and circumstances. Listen to the information provided in the interview as personal to that family. Do not press for information that may compromise a client’s safety.
- **Be aware.** Pushing a client to make a particular decision can have unintended consequences. Neither “just leave him,” nor “your children need their father,” is always the “best” advice. These actions can have consequences to child well-being, family finances, and safety. For example, often the most dangerous action a victim can take is to leave the abuser; that perceived loss of control for the abuser all too often leads the abuser to kill or attempt to kill the victim. Leaving also may result in homelessness, loss of family income or financial stability, or lengthy custody battles. Staying may represent financial stability, cultural acceptance, or father involvement in the children’s upbringing. These are complex decisions that must be weighed against the level of safety or risk at home.
- **Do not assume that a client will provide all the information you need about her family relationship dynamics.** In the first (or second or third interview), she may not disclose the pertinent details of her life. In fact, no matter how much trust and open exchange is developed between you and your client, some personal information might not be shared in your interviews or case planning sessions.
- **Try to make the solution fit the problem.** Make the service plan fit the family’s circumstances and needs. Agency rules and regulations determine the service options available for clients, but for families dealing with violence, it is particularly important to consider all of the service options available to them.
- **Individual safety and healthy relationships can be mutually supportive goals.** A family service approach that supports healthy relationship development does not necessarily present a conflict with the goals of immediate and long-term safety for individual family members. Couples can benefit from healthy relationship education by improving communication and learning conflict resolution skills that allow them to work through disagreements without escalating to violence.

Use the information the client shares.

Acknowledge individual and family strengths and successes.

Including Men and Fathers

It may be helpful to take stock of whether your day-to-day practices and physical space are inclusive of fathers. Including fathers and other men in families is a crucial element of successful healthy relationship programming. In many single-parent families, there may be male partners who are actively involved in the lives of the children. Additionally, many resident and nonresident fathers are actively engaged in their children's or their partner's lives.

Service providers should know whether there is a father who is actively engaged in the family, even if he is not a resident of the household. This information is important for increasing domestic violence awareness and providing healthy relationship supportive services. Whether you can determine the nature of the father's relationship with the family or not, his presence, absence, negative actions, and positive contribution have an important impact on the family you are serving.

Agencies should encourage an office climate and procedures that welcome families regardless of their make-up, gender, or race. Use this checklist to ensure that your agency is a supportive environment for fathers:

- **Look carefully at the images portrayed in your office space.** These can send powerful messages to clients about the services available to them. If you are conscious of the images, they can be inclusive of everyone who has a stake in the families you serve. Be sure that fathers are represented in images and materials available in your office.
- **Evaluate the communication between workers and clients in your agency.** Are there steps you can take to make it more hospitable to men and fathers? For example, do workers assume a man is not a custodial parent? Are they more inclined to suspect that a father will not be as nurturing to his children than a mother would be?
- **Make sure fathers are represented in your resource and information materials.** Does the language used in signs, announcements, and paperwork include references to men and fathers? Are there ways to represent fathers in a positive light in your materials?
- **Evaluate the associations that staff members have with fathers.** Are they more likely to bring up the ways in which fathers are not responsible? Try to encourage an awareness of preconceptions and stereotypes that might be harmful to outreach to fathers.
- **Be careful how intake and application forms refer to fathers/husbands/noncustodial parents.** In some cases these forms will be determined by agency regulations and requirements, but when there is flexibility use a neutral tone when gathering information about fathers in intake and application forms.

Online Fact Sheets and Information

Healthy Relationship Facts and Tools

The following resources feature healthy relationship information and interactive guidance for individuals and families. Caseworkers can provide these facts sheets for use by or with their clients to help assess or reconsider the status of their relationships. Caseworkers should be prepared to follow up on this information with resources, referrals, or services as needed.

Choose Respect—Developing Healthy Relationships: A Role for Adults

This tip sheet from Jewish Women International provides information on the prevalence of teen dating abuse, ways for adults to discuss relationships with teens, how to spot potentially unhealthy relationships, and key skills that adults can help teens to develop.

www.jwi.org/document.doc?id=33

Male Involvement to Help Boys Develop Healthy Relationships

This brochure from the Family Violence Prevention Fund encourages men to play an active role in promoting boys' ability to develop healthy relationships, to have positive male role models, and to listen.

www.futureswithoutviolence.org/userfiles/file/PublicCommunications/CBIMbrochure_revised.pdf

Healthy Relationship Quiz

This quiz features a series of questions regarding the quiz-taker's relationship that are scored to identify whether the relationship is healthy, has some warning signs, has warning signs that should not be ignored, or might be an abusive relationship.

www.thesafespace.org/wp-content/uploads/Quiz_Is_Your_Relationship_Healthy_6.10.pdf

Source: National Center on Domestic and Sexual Violence, www.ncdsv.org

Domestic Violence and Sexual Assault Hotlines

Following is contact information for national domestic violence and sexual assault hotlines. Caseworkers should be prepared to follow up on this information with local resources, referrals, or services as needed.

National Domestic Violence Hotline

1-800-799-7233

1-800-787-3224 (TTY)

www.thehotline.org

The National Domestic Violence Hotline provides an immediate response to victims of domestic violence and their families, and is a seamless referral system to community programs in response to the needs of the women, men, and children on the line. The Hotline is operated 24/7 and available in 170 languages.

National Sexual Assault Hotline

800-656-HOPE (4673)

Rape, Abuse, & Incest National Network (RAINN)

www.rainn.org

RAINN, the nation's largest anti-sexual assault organization, operates the National Sexual Assault Hotline at 1-800-656-HOPE and carries out programs to prevent sexual assault, help victims, and ensure that perpetrators are brought to justice.

Domestic Violence Facts and Information

These fact sheets can be used to inform your staff or your clients, used as springboards for discussion in staff meetings, or used in any way that is most appropriate and helpful for your work. They can be copied and left in your office, distributed to staff to have available for clients, or kept in files on computer desktops.

Intimate Partner Violence

This fact sheet from the Centers for Disease Control and Prevention (CDC) defines intimate partner violence, describes its effect on health, explains why it is a public health problem, describes who is most at risk, and explains how it can be prevented. It also describes the CDC's approach to intimate partner violence prevention and provides a list of resources and references.

www.cdc.gov/violenceprevention/pdf/ipv_factsheet-a.pdf

Domestic Violence Facts

This fact sheet from the National Coalition Against Domestic Violence provides information on the rate and demographics of domestic violence; the impact on children who witness domestic violence; homicide and injury, sexual assault, and stalking; the economic impact of domestic violence; a diagram of the power and control wheel; information on reporting rates and protection orders; and a list of help lines.

[www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)

Domestic Violence and Health

This fact sheet from the Family Violence Prevention Fund provides information on the links between domestic violence and eating behaviors, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, immunization rates, and access to health care.

www.futureswithoutviolence.org/userfiles/file/Children_and_Families/ipv.pdf

Housing Rights for Survivors of Domestic Violence

This fact sheet from the American Civil Liberties Union covers legal rights in public or private housing; provisions of the Violence Against Women Act that protect survivors of domestic violence, dating violence, and stalking; and steps to enforce housing rights.

www.aclu.org/files/pdfs/womensrights/kyr_housing_2008.pdf

Domestic Violence Victims' Rights under the Food Stamp Program

A list of six important legal rights under the food stamp program for domestic violence victims from the National Law Center on Homelessness and Poverty.

www.nlchp.org/content/pubs/Are%20You%20a%20Victim%20of%20DV3.pdf

Frequently Asked Questions about Domestic Violence

A list of frequently asked questions and answers about domestic violence from the National Network to End Domestic Violence.

http://nnedv.org/docs/Stats/NNEDV_FAQaboutDV2010.pdf

Child Maltreatment Facts and Tools

How the Child Welfare System Works

This Child Welfare Information Gateway fact sheet includes answers to the following questions:

- What happens when possible abuse or neglect is reported?
- What happens after a report is “screened in?”
- What happens in substantiated (founded) cases?
- What happens to people who abuse children?
- What happens to children who enter foster care?
- Where can I find additional resources?

www.childwelfare.gov/pubs/factsheets/cpswork.cfm

Understanding Child Maltreatment

This CDC fact sheet includes information about common types of abuse, how child maltreatment affects health, who is at risk for child maltreatment, child maltreatment prevention, and referrals to learn more.

www.cdc.gov/violenceprevention/pdf/CM-factsheet-a.pdf

Child Maltreatment Facts at a Glance

This CDC fact sheet includes statistics about child maltreatment, gender and race disparities among children, characteristics of perpetrators, nonfatal cases of child maltreatment, and fatalities from child maltreatment.

<http://www.cdc.gov/violenceprevention/pdf/CM-DataSheet-a.pdf>

Trauma-Informed Care for Children Exposed to Violence

This tip sheet from the Office of Juvenile Justice and Delinquency Prevention and Safe Start includes information for agencies and staff working with youth; provides information on what happens to youth who have been exposed to violence; and covers warning signs, symptoms, what youth workers can do, planning interventions and making assessments, and when to seek professional help.

www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Working%20with%20Youth.pdf

Recognizing Child Abuse and Neglect

This CDC fact sheet includes information about signs of child abuse that should be considered when they are present for the child, the parent, or the parent and the child; signs of physical abuse, neglect, sexual abuse, and emotional maltreatment; and resources for further information.

www.cdc.gov/violenceprevention/pdf/CM-factsheet-a.pdf

Child Sexual Abuse

This fact sheet from the National Child Traumatic Stress Network includes information about what is child sexual abuse, who is sexually abused, warning signs that a child is being sexually abused, reasons children do not disclose sexual abuse, what to do if a child discloses sexual abuse, tips to help protect children from sexual abuse, and child sexual abuse myths and facts.

www.nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf

Tips for Engaging Men and Fathers

This tip sheet from the Office of Juvenile Justice and Delinquency Prevention and Safe Start includes information to help determine when fathers should be engaged in helping children exposed to violence heal, develop protocols to respond effectively to fathers, motivate men to expand their parenting skills, and establish meaningful relationships with community-based organizations to better serve fathers.

www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Fathers.pdf

Culturally Specific Resources

National Indigenous Women's Resource Center

406-465-1638

The National Indigenous Women's Resource Center, Inc. is a Native nonprofit organization that was created specifically to serve as the National Indian Resource Center addressing domestic violence and safety for Indian women.

www.niwrc.com

Asian & Pacific Islander Institute on Domestic Violence

415-568-3315

The Asian & Pacific Islander Institute on Domestic Violence is a national training and technical assistance provider and clearinghouse on gender violence in Asian, Native Hawaiian, and Pacific Islander communities. It serves a national network of advocates, community members, organizations, service agencies, professionals, researchers, policy advocates, and activists from community and social justice organizations working to eliminate violence against women.

www.apiidv.org

Casa de Esperanza

651-646-5553

The National Latina Network for Healthy Families and Communities exists to advance effective responses to eliminate violence and promote healthy relationships within Latina families and communities.

www.casadeesperanza.org

Institute on Domestic Violence in the African American Community

877-643-8222

The Institute on Domestic Violence in the African American Community is an organization focused on the unique circumstances and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their community.

www.dvinstitute.org

National Organizations and Federal Agencies

The following is a partial list of national and Federal resources related to the content of this toolkit. These resources also generally are an excellent place to start when looking for State or local programs. If you look for additional programs or resources on the Internet, be sure that they are safe and credible programs by checking for their connection to State or Federal government programs.

Centers for Disease Control and Prevention, Division of Violence Prevention

www.cdc.gov/violenceprevention/childmaltreatment/

Child Welfare Information Gateway

www.childwelfare.gov

National Child Traumatic Stress Network

www.nctsn.org

National Coalition Against Domestic Violence

www.ncadv.org

National Network to End Domestic Violence

www.nnedv.org

National Online Resource Center on Violence Against Women

www.vawnet.org

National Resource Center for Healthy Marriage and Families

www.HealthyMarriageandFamilies.org

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

www.acf.hhs.gov/programs/cb/

U.S. Department of Justice, Office on Violence Against Women

www.ovw.usdoj.gov

Conclusion

Families are unique and complex units.

Each adult brings to the relationship their perceptions and expectations of family life based on their own positive and negative experiences. Differing parenting styles, spending habits, and conflict resolution styles commonly create stress for families. Even children reared in the same families facing the same stressors, respond differently. For low-resource families, these stressors and their impact can be even more complex and problematic. As a result, there cannot be a “one size fits all” approach to family safety.

Service providers should also understand that healthy marriage and relationship education can be beneficial in a preventative role, but is not advised in high-conflict situations that may require more intense intervention. Working with local certified experts in domestic violence and child maltreatment is one way to ensure agency staff members understand which community resources are most appropriate under specific circumstances.



Successful prevention and intervention hinges on understanding the dynamics of a specific family and knowing what information and resources are available in the community to support that family whether the immediate goal is to strengthen the family so it can remain intact or if separating the family members is the only safe option.

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