



Domestic Violence Protocol for Home Visiting Programs

Developed by:



Project Connect | Texas

A Public Health Collaboration to Prevent Family and Sexual Violence

Texas Council On
FAMILY VIOLENCE
Over Thirty Years of Building a Safer Texas

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Introduction

Home Visitation Programs provide families and clients with a range of information and skills, while supporting healthy and safe outcomes in communities. Domestic violence programs share these goals with home visitors, and thus are natural allies in the efforts to improve the health and safety of participating families. Due to the unique opportunities for direct client interaction and observation, home visitation programs are well positioned to support clients experiencing domestic violence. The complexities of domestic violence and the program support systems necessary for effective assessment and response require home visitation programs to collaboratively develop a Domestic Violence Protocol with the local domestic violence program, ensuring the safety and well-being of home visitation staff and clients.

Purpose of the Domestic Violence Protocol for Home Visiting Programs

A Domestic Violence Protocol for Home Visiting Programs describes, in detail, how the home visiting program can incorporate information about domestic violence within its activities and collaborate with domestic violence experts. In doing so, the home visiting program will demonstrate that deliberate and thoughtful steps will be taken to ensure that domestic violence issues within families targeted by your program are safely, routinely and consistently identified and appropriately addressed, and that adequate supports and safeguards are in place for clients dealing with domestic violence. The Domestic Violence Protocol will serve as a resource for all staff and providers involved in the implementation of the home visiting program, providing concrete guidance, reflecting daily practices at the program level, and reflecting the roles and responsibilities of different program partners.

The Domestic Violence Protocol Template

The Domestic Violence Protocol outlined within this document is a template—a tool to assist home visiting programs in developing an informed and relevant Domestic Violence Protocol in coordination with local domestic violence programs.

Variations across sites related to key project partners, referral and referring agencies, services provided, and current domestic violence policies and practices within the program will affect how a site might approach assessing domestic violence and then responding when domestic violence is disclosed or detected.

Each home visiting program—working in collaboration with the local domestic violence program—should develop their domestic violence protocol by adapting and completing this template.



The home visiting program should include site-specific information within the Protocol to ensure that the Protocol reflects the particular characteristics of the program, program clients and the community in which the program is located. This template identifies key components¹ that sites should include in their domestic violence protocol and provides commentary in the form of critical questions and analysis to facilitate program-level discussion and decision-making.

A Note on Using the Domestic Violence Protocol Template

This document contains the *actual* protocol template that home visiting programs will fill out with local domestic violence programs. Within the document, several additional resource documents are referenced, including:

“Domestic Violence Definition Recommended for Home Visit Programs”

“Child Abuse and a Domestic Violence Protocol”

“Reviewing Your Domestic Violence Protocol”

“Creating a Domestic Violence and Sexual Assault Resource Sheet”

Please see the Appendix to this Protocol for these supplemental documents. When distributing a final, completed Domestic Violence Protocol or this Protocol template, please include the supplemental documents as well.

¹ For a more in-depth explanation of the components, please see Anne Menard’s “Blueprint to Guide Development of Domestic Violence Protocols.” (TCFV can provide you with this document, upon request.)



Collaboration with Local Domestic Violence Programs

Home Visitation Programs should *collaboratively* develop a Domestic Violence Protocol with the local domestic violence program(s). Please note the actual process of developing a Domestic Violence Protocol is important in and of itself in terms of relationship- and knowledge-building. Domestic violence program advocates look forward to this collaboration and working toward the shared goal of promoting healthy relationships and families.

Implementing the Collaboration Process and Domestic Violence Protocol Template: Some Guidance Steps

Build a Committee

Before beginning the process of developing a Domestic Violence Protocol for Home Visiting Programs, take the time to create a committee that will be going through the development process together. This committee should include home visitors, supervisors, and administrative colleagues. After this group is formed, invite representatives of local domestic violence programs to participate in the committee. The input of local domestic violence advocates and program staff will be crucial to developing the most appropriate and informed protocol for your community.

Cross-Training

After the committee is formed, the Home Visiting Program and the Domestic Violence program should engage in cross-training and information-sharing. This session is vital to the collaboration process, and should include:

- An overview of domestic violence
- An overview of the services the local domestic violence program provides, including emergency services, childcare services, counseling, financial and legal support, and what a client's experience would be like in the shelter
- An explanation of the Home Visiting Program, including services offered and limits of confidentiality
- Q&A session between domestic violence program and home visiting program, for cross-training and information-sharing

Committee Meetings

After the initial meeting for cross-training and information-sharing between the home visiting program and the domestic violence program, the collaboration process should include subsequent meetings on developing the domestic violence protocol, including:



- A meeting for the committee at the home visitation program to work on completing the skeleton template for the Protocol (included in this document)
- A meeting between the home visiting program and the domestic violence program to work on developing the Protocol together
- A final meeting to finalize the Protocol and for the home visiting program and domestic violence program to sign the final Protocol and establish follow-up and sustainability plans

Note to Programs: The process of developing a Domestic Violence Protocol is important.

- Putting together a domestic violence protocol is *an opportunity for collaboration and capacity-building*.
- During this process, home visiting providers have the opportunity to *reflect on the unique communities and situations from which clients come*.
- In developing a protocol, home visiting providers will identify the various *ways in which individuals and families find out about the program*, and outline all of the *points of contact with potential and new clients*.
- The protocol process is a pertinent time for home visiting providers to *connect with the local family violence center* and begin to jointly clarify respective roles and responsibilities.
- *In developing a protocol, it is beneficial to share information with the local family violence center* about how, when and where the program encounters potential and new clients, as well as details of programming and services offered.
- This sharing of information will enable a home visiting provider and the local family violence center to *explore how best to provide clear information on the program's purpose, and to offer safe, supportive opportunities for individuals to learn about the resources available to address issues, such as domestic violence, that go beyond the scope of the HV Program*.

Domestic Violence Protocol for Home Visiting Programs²

A. Home Visiting Program Contact Information

Home Visiting Program Member(s) filling out the template: _____

Program name: _____

Program address, phone, and fax: _____

Program director name: _____

Key program contact person, including phone and email: _____

B. Home Visiting Program Mission and Services Provided

C. Program Description

What are the characteristics of the communities and families being targeted by the Home Visiting Program (e.g., individuals or couples, women with or without children, low-income women, Latino women, etc.)?

² To be completed by Home Visiting Program collaboratively with local Domestic Violence Program

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Describe the *duration* of the Home Visiting services being offered (e.g., a two-year program, a three-year program, etc.) and the *frequency* of the services (e.g., monthly meetings, biweekly meetings, weekly meetings, etc.):

Duration: _____

Frequency: _____

Curricula used in the home visitation program (include the name of the curriculum or curricula used and the developer(s) of the curricula) and the *settings* in which the curriculum is administered (e.g., home visits, classrooms, etc.):

Name of curriculum: _____

Developer of curriculum: _____

Where curriculum is administered: _____

Describe how home visiting program recruits, screens and trains home visitors:

Describe *how and by whom* program clients are referred to/recruited by your home visiting program:

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Describe how your home visiting program will attempt to ensure that clients' decision to participate in your program is voluntary and informed:

D. Domestic Violence Program Partners

The individuals and/or families that participate in the home visitation program may be facing issues that are outside the scope of the program. If clients are facing issues, particularly domestic violence, that are beyond the scope of the program, there are community resources and referrals available.

Name of Local Domestic Violence Program: _____

Location: _____

Domestic Violence Program Mission and Services Provided (Domestic Violence Program advocate should fill out this section or provide the home visiting program with the information to fill out this section):

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After discussion with the local domestic violence program, list the name and contact information for the specific staff person identified by the domestic violence program to be the best contact for your program to consult with regarding domestic violence issues:

Name: _____

Contact information: _____

List out the name and contact information for the staff person identified by your home visiting program to be the best person for the local domestic violence program to contact if they have questions about your HV activities and/or their intersection with domestic violence issues:

Name: _____

Contact information: _____

Please note: If your service area covers a large geographic area, list out the contact information for the local domestic violence programs that provide services in those areas, as well as identify the main domestic violence contact person that your program should communicate with.

Identify a staff person at your HV program who is responsible for updating the list of DV contacts in your

area: _____

Ensure that the list is updated at least once a year. Date the list was last updated: _____

E. Shared Values and Beliefs that Guide Home Visiting (HV) and Domestic Violence (DV) Fields and Impact Their Partnerships

The Home Visiting and Domestic Violence fields share values. The core, common value that guides collaboration is the commitment to and promotion of healthy relationships. Below are some additional values and beliefs that might guide HV-DV partnerships. Talk through these issues with your local DV program in order to jointly communicate your vision for your partnership and discover where there is agreement with the DV field on these values or beliefs. There are spaces below to add shared values that you determine with your local DV program.

- A healthy relationship is a safe, secure, loving relationship built on friendship, passion and commitment. Healthy relationships are strong and can handle life's ups and downs. They are partnerships based on respect, trust and a willingness to communicate and resolve differences. Domestic violence plays no part in a healthy relationship. Children living in homes of those who have healthy relationships are respected and nurtured by two dedicated and loving parents.
- The goal or purpose of Home Visitation programs is to strengthen families.
- Participation in all home visits is *voluntary*.

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- The key is to promote *healthy, nonabusive* relationships (i.e., characterized by mutual respect and nonviolence), while respecting the fact that marriage is not for everyone.
- Recognize the diversity of the communities with whom we work and the importance of providing culturally sensitive approaches to supporting the development of healthy relationships and families.
- Recognize that domestic violence knows no boundaries and can occur in *all* types of intimate relationships (i.e., domestic partnerships, same-sex, unmarried couples, etc.).
- Acknowledge the existence and prevalence of domestic violence.
- Acknowledge the presence of violence in a relationship is both unhealthy and dangerous.
- The goal of collaboration between Home Visitation and Domestic Violence fields is to attempt to ensure that home visiting services are provided safely and sensitively.
- In promoting healthy relationships and responsible fatherhood, care should be taken not to disparage or compromise the efforts and successes of single parents.
- Other shared values:

F. Definition of Domestic Violence for the Purposes of This Protocol³

Domestic violence is:

- *A pattern of abusive and coercive behaviors, including physical, sexual, psychological and economic coercion, progressive isolation, stalking, deprivation, intimidation and threats directed at achieving compliance from or power or control over the victim.*⁴
- At its core, domestic violence is about one intimate partner asserting *power* and/or *control* over the other partner. The impacts of the presence of power and control in a relationship are one partner *fears* the other partner and feels one's *options* or perceived *freedoms are limited due to the attitudes and/or actions of the partner*.
- Domestic violence can also include *reproductive coercion*, which involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health; while these

³ For further discussion, please see the supplemental document *Domestic Violence Definition Recommended for Home Visiting Programs* (Appendix).

⁴ Adapted from Anne L. Ganley, for Futures Without Violence (www.futureswithoutviolence.org).

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forms of coercion are especially common among women experiencing physical or sexual violence by an intimate partner, they may occur independent of physical or sexual violence in a relationship.

- Recognize that domestic violence can occur in any type of intimate relationship; however, statistics reveal that it is predominantly perpetrated by men against women and that the abuse perpetrated by men against women typically produces greater injuries and/or danger.

G. Creating Safe Spaces for Disclosure

A client who is experiencing abuse may not disclose abuse for a variety of reasons, including fear and/or shame. The key is to *provide universal information* to all program clients on the nature and scope of your program, as well as on available referral resources. The universal information approach will provide overall education to all program clients on community resources and stress your program's commitment to healthy relationships and nonviolence.

Your program can provide signals that your program and services are safe and supportive by making information and resource materials about domestic violence visible and readily available to both clients and staff of your program (i.e., post National Domestic Violence Hotline posters, leave out cards or materials about the local domestic violence center, place outreach tools and resource materials in common spaces, provide universal information to clients about resources/referrals).⁵

Routinely inform clients about available resources (materials, referral information, safety cards⁶) addressing certain critical issues (such as substance abuse, mental health issues, serious financial problems, domestic violence, etc.) that may not be the focus of your program.

Community Referral Resources

An attachment to the Domestic Violence Protocol should be created by the Home Visiting program listing community referral resources for a range of issues outside of the routine scope of the program that program clients might be facing (e.g., domestic violence, substance abuse, mental health issues, etc.). The referral resources list should include the name of the program/agency and contact information. The more extensive this community referral resources list, the more beneficial it will be to staff and program clients. Please refer to the supplemental document *Creating a Domestic Violence & Sexual Assault Resource Sheet* for guidance (please see the Appendix to this document).

⁵ TCFV has materials you may utilize. Contact us at (512) 794-1133 or refer to the Resources page of the TCFV website: www.tcfv.org. Futures Without Violence (www.futureswithoutviolence.org/health) is also an excellent resource for client education materials. Your local family violence program may also have materials specific to services in your area.

⁶ Home Visitation Safety cards are available at no cost from Futures Without Violence (www.futureswithoutviolence.org), and offer a wealth of information to your client regarding healthy relationships, violence, and where to get help. Please see TCFV's *Home Visitation Guidelines for Screening, Assessing, and Responding to Domestic Violence* for more information on using these safety cards as part of client education.

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H. Screening and Assessment for Domestic Violence⁷

If your home visiting program has a formal client screening and assessment process for domestic violence, please describe or attach to this protocol.

Who will be screened for domestic violence and at what point of contact? _____

Who is responsible for client screening and assessment of domestic violence, and what domestic violence training has he/she received?

Describe the screening procedures and tools that will be used: _____

Please refer to TCFV's *Home Visitation Guidelines on Screening, Assessment and Response to Domestic Violence* for guidance, scripts and other practical learning tools for home visitors.

Note: Be sure that the local domestic violence program has reviewed and provided feedback on your screening tool(s). If staff utilizes other screening tools and scripts in the screening process, attach a copy of these documents to your protocol.

⁷ Please refer to TCFV's *Home Visitation Guidelines for Screening, Assessing, and Responding to Domestic Violence* for more information. These guidelines were developed to support home visitors in safely and effectively screening, assessing and responding to domestic violence during home visits, and offers tips, scripts, and tools for them to utilize.

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Describe your home visiting program's experience to-date with client disclosure of domestic violence:

How does your program currently address client disclosure of domestic violence? (i.e., up to now, what steps have been taken to respond to disclosures of domestic violence within your program)?

I. Confidentiality

Perpetrators who discover that a victim has told someone about their abuse may retaliate with further threats and violence. For this and other ethical reasons, it is important information related to disclosures of domestic violence is handled with utmost care and that the privacy and confidentiality of clients receive the highest priority.

This section of the protocol should *clearly describe the confidentiality policies of your program*. To clarify roles and avoid misunderstandings, expectations related to what information will and will not be shared related to domestic violence disclosures should be described as well.

Please describe how personal information disclosed by clients will be treated by your home visiting program and how personal information will be recorded and maintained:

Will any written information be kept on clients? _____

If yes, for how long? _____

What are your program's confidentiality policies? (Will client information be completely confidential, confidential among necessary program staff, etc.?)

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Explain how it is determined which staff members will be made knowledgeable of client information and why:

Will client information be shared with community partners? When and under what circumstances?

What information will and will not be shared [and with whom] related to domestic violence disclosures?

Note: It is important that your program *clearly communicate* (verbally and in writing) your program's confidentiality policies with *all* program clients. Clearly explain what information will and will not be held in confidence and with whom the information will be shared. *Always* be explicit about the circumstances under which confidentiality will not be maintained (for example, in cases of child abuse⁸), and *always* train staff to disclose limits of confidentiality with clients prior to any screening or assessment of domestic violence⁹.

J. Documentation

Documentation of domestic violence disclosures can be very important for continuity of care and support for clients, but client safety and protection should be prioritized. Please describe how your program documents screening, assessment, and disclosures of domestic violence, and what information is included in this documentation:

Does your program document that client screening for domestic violence occurred? If so, how?

⁸ For additional discussion, please see the TCFV-developed supplemental document *Child Abuse and a Domestic Violence Protocol* (Appendix).

⁹ For more information for home visitors on discussing the limits of confidentiality with their clients, please see TCFV's *Home Visitation Guidelines on Screening, Assessing and Responding to Domestic Violence*.

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Does your program document what materials were shared with the client regarding domestic violence (i.e., safety cards, assessment tools, handouts, referral information)?

What is the home visitor procedure for documenting disclosures and/or incidents of domestic violence?

Does your program have a form or template for standardized documentation?

What are the confidentiality stipulations of documentation of domestic violence disclosures, and who has access to clients' information? How is client privacy protected?

K. Training On Domestic Violence Issues

Training and Supervisory Support for Home Visitors:

Home visitors are a critical, invaluable resource when it comes to both working to prevent domestic violence, and supporting clients experiencing domestic violence. Being acquainted with clients on such a personal level gives them insight and knowledge into often unseen aspects of the client's experience. Home visitors, however, are not expected to know everything surrounding domestic violence and its complexities, and therefore should be provided with support and training to supplement and inform the work they do with their clients.

At a minimum, home visitors should have the training and guidelines needed to safely assess for domestic violence and intervene when domestic violence situations have been identified, including:

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1. Definitions of family violence, including power and control wheel and the social-ecological model.
2. Identification of domestic violence, including verbal and nonverbal cues from mothers, partners, and children.
3. Strategies to approach victims, assess their safety and the safety of their children, and provide them with concrete strategies for keeping themselves and their children safe.
4. Basic understanding about how to recognize and assess harm in children across development stages.
5. Assessment for reproductive coercion, including the role of reproductive coercion in unplanned pregnancy, rapid repeat pregnancies, and sexually transmitted infections.
6. Strategies to promote healthy pre-conception and inter-conception.
7. Techniques to talk to parents about the effects of domestic violence on children so they can thoroughly understand its negative impact on development.
8. Strategies to ensure home visitor safety in prevention and intervention efforts.
9. Self-care strategies to help staff reduce stress and tension associated with their work.
10. Regular values clarification activities that reiterate shared values and provide an opportunity for staff to check in about struggles they are experiencing in their efforts.

Please describe all domestic violence training that home visiting staff and practitioners in your network will participate in over the next year, as well as any training for clients:

Training 1

Date of training: _____

Content of training: _____

Staff person conducting the training: _____

Staff members receiving the training: _____

Training 2

Date of training: _____

Content of training: _____

Staff person conducting the training: _____

Staff members receiving the training: _____

Please add additional trainings sections, as needed.

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L. Trauma Informed Management

Safety Protocol

Home visitors face unique challenges and risks when working with families who are experiencing domestic violence. Home visitors may see things while visiting clients in their homes that other service providers working with the same family are not aware of, such as escalating tension, threatening behaviors, and signs of violence (broken furniture, hole in the wall, etc.). A home visitor may be in the home when physical violence erupts, therefore it is essential home visitation programs have a safety protocol for staff to follow when working with families experiencing domestic violence.

Please describe the safety protocol in place for staff to follow when confronted with a threatening or violent situation on the job:

Note: Please see TCFV's *Home Visitation Guidelines on Screening, Assessment and Response to Domestic Violence* for a few examples of safety strategies for home visitors.

Secondary Traumatic Stress

Secondary traumatic stress—vicarious trauma, burnout, and compassion fatigue—describes how caring for trauma survivors can have a negative impact on service providers. Asking clients about violence and coercion can lead to secondary traumatic stress in home visiting staff.

Some things to consider:

- Lifetime exposure to violence is common among home visitors.
- Working with clients who are experiencing domestic violence can trigger painful memories and trauma for staff.
- A personal history of exposure to violence increases the risk of experiencing secondary traumatic stress.

When organizations take an active interest in staff well being, they take a big step toward addressing underlying issues contributing to vicarious trauma. Even in crisis situations, there are many ways organizations and management can structure work roles and develop organizational cultures that help lessen vicarious trauma in staff.

Here are some basic considerations for organizations—these lessen the risk of vicarious trauma by helping home visitors feel supported, valued, competent and connected:

- Adequate salary and time off for all staff

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- Sufficient orientation, professional training and management supervision for staff to feel competent and supported in their jobs
- Plans for staff safety
- Access to medical and mental health support services, including:
 - Health insurance
 - Information/training about effective self-care
 - Access to qualified, confidential counseling support as needed

Strategies for Program Managers:

- Identify what resources are available through employee assistance/human resource programs.
- Implement debriefing sessions and periodic case reviews.
- Develop plans for how to respond to different situations that are stressful for staff.
- Offer stress management training to staff.
- Implement policies to maintain a secure and violence-free work environment.

M. Collaboration Issues

Since this protocol encourages active collaborations between home visiting programs and domestic violence programs, TCFV can provide a sample MOU template to home visiting programs to assist in developing contracts that list out respective roles and responsibilities and compensation provisions. Please feel free to contact TCFV if you would like to review and/or utilize this MOU template to establish a formal contractual relationship with local domestic violence programs.

N. Review of Protocol

The home visiting domestic violence protocol should be a *working document* that is reviewed on a regular basis (e.g., six-month review or annual review) by the program, along with feedback from the local domestic violence program.¹⁰ The review process will enable you to reassess, based on past activities, experiences with client disclosures of domestic violence, and anticipated changes in your program's activities over the course of the next six months to a year. Also assess the protocol's strengths and weaknesses, and to determine what has worked and what needs to be amended.

Indicate scheduled review of protocol (e.g., six-month or annual): _____

Date of next protocol review: _____

Name and contact information for domestic violence program contact who will review the protocol:

¹⁰ Please refer to the TCFV-developed supplemental document *Reviewing Your Domestic Violence Protocol* (Appendix), a document designed to help home visiting programs, in conversation with local domestic violence programs, develop and make modifications to their domestic violence protocols.

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Name: _____

Contact information: _____

Name of domestic violence program: _____

Signatures of Home Visiting Program and Domestic Violence Program

Statement: Signature indicates that the Home Visiting (HV) and Domestic Violence (DV) program staff persons listed below have met and discussed the policies and procedures listed in this protocol (not a contract).

_____	_____	_____
Signature and Printed Name	Date	Title of HV Program Staff Person Signing

_____	_____	_____
Signature and Printed Name	Date	Title of DV Program Staff Person Signing

Please jointly describe your action plan for ongoing communication and collaboration:

Supplemental Documents

Note: Include a list of all documents attached to the domestic violence protocol, including the community resources referral document your program creates.



Appendix¹¹

to the Domestic Violence Protocol for Home Visiting Programs

¹¹ This Appendix contains supplemental documents that will support your program's development of a Domestic Violence Protocol. For additional support, please contact Texas Council on Family Violence for guidance and resources.



Domestic Violence Definition Recommended for Home Visiting Programs¹²

In developing your program's domestic violence protocol, it is important that domestic violence is clearly defined and described. The definition/description of domestic violence highlighted in your protocol should be used consistently by all partners and throughout all program activities. The Texas Council on Family Violence (TCFV) recommends that Home Visiting Programs adopt a comprehensive definition and description of domestic violence, as provided below.

DOMESTIC VIOLENCE IS:

- A pattern of behaviors, including a variety of tactics — some physically injurious, some not; some criminal, some not.
- A pattern of coercive behaviors, including physical, sexual, reproductive, psychological and economic coercion.
- A combination of physical force and terror that causes physical and psychological harm to the victim and to children.
- A pattern of purposeful behavior, directed at achieving compliance from or power or control over the victim.¹³

A BROAD SPECTRUM OF ACTIONS CAN FOSTER AN ABUSIVE RELATIONSHIP. EXAMPLES OF SOME OF THESE ACTIONS INCLUDE:

- Putting the other partner down
- Making the other partner feel bad about herself
- Calling the other partner names
- Humiliating the other partner
- Treating the other partner like a servant
- Making all the big decisions
- Controlling what the other partner does, who she sees and whom she talks to
- Using jealousy to justify actions
- Making the other partner afraid with looks and gestures
- Smashing things, abusing pets, displaying weapons
- Making the other partner feel guilty about the children by telling her she is a bad parent or by saying the children always need two parents in the house
- Forcing the other partner to get pregnant or preventing her from using birth control

¹² Developed by the Texas Council on Family Violence (TCFV) for Healthy Start Alliance programs.

¹³ Adapted from Anne L. Ganley, for Futures Without Violence.



GO BEYOND THE STATUTORY DEFINITION OF DOMESTIC VIOLENCE:

The definition of domestic violence recommended by TCFV is comprehensive and goes beyond the statutory definition. The law defines domestic violence narrowly, speaking only to physical violence and threats of physical violence. The legal definition in the Texas Family Code has corresponding penalties in the Texas Penal Code for offenders. Further, the legal definition is utilized throughout state law to determine eligibility for certain statutorily provided protections for survivors. Therefore the law is limited to addressing domestic violence only according to actions that are considered criminal.

In Texas, the statutory term for domestic violence is “family violence.” The Texas Family Code definition of family violence reads:

§ 71.004. FAMILY VIOLENCE. “Family violence” means:

- (1) an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself;
- (2) abuse, as that term is defined by Sections 261.001(1)(C), (E), and (G), by a member of a family or household toward a child of the family or household; or
- (3) dating violence, as that term is defined by Section 71.0021.

Added by Acts 1997, 75th Leg., ch. 34, § 1, eff. May 5, 1997.

Amended by Acts 2001, 77th Leg., ch. 91, § 2, eff. Sept. 1, 2001.

EXPANDED DEFINITIONS

The intersections between IPV (DV), reproductive coercion and reproductive health have expanded our understanding of the dynamics and health effects of abusive adult and teen relationships. This has led to new terminology to describe forms of abuse and controlling behaviors related to reproductive health.

Intimate Partner Violence: Intimate partner violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Adolescent Relationship Abuse: Adolescent relationship abuse refers to a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person whom they are dating or in a relationship with—whether of the same or opposite sex—in which one or both partners is a minor. Similar to adult IPV, the emphasis on the repeated controlling and abusive behaviors distinguishes relationship abuse from isolated events (e.g., a single experience of sexual assault occurring at a party where two people did not know each other). Sexual and physical assaults occur in the context of relationship abuse, but the defining characteristic is a repetitive pattern of behaviors aimed to maintain power and control in a relationship. For adolescents, such behaviors include monitoring cell phone usage, telling a partner what she/he can wear, controlling whether the partner goes to school that day, as well as manipulating contraceptive use.



Reproductive Coercion: Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health, and can be present in same sex or heterosexual relationships. Examples of reproductive coercion include:

- Explicit attempts to impregnate a female partner against her will
- Controlling the outcomes of a pregnancy
- Coercing a partner to engage in unwanted sexual acts
- Forced non-condom use
- Threats or acts of violence if a person doesn't agree to have sex
- Intentionally exposing a partner to an STI/HIV

While these forms of coercion are especially common among women experiencing physical or sexual violence by an intimate partner, they may occur independent of physical or sexual violence in a relationship and expand the continuum of power and control that can occur in an unhealthy relationship.

The following definitions are examples of reproductive coercion.

Birth Control Sabotage: Birth control sabotage is active interference with contraceptive methods by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Examples of birth control sabotage include:

- Hiding, withholding or destroying a partner's birth control pills
- Breaking a condom on purpose
- Not withdrawing when that was the agreed upon method of contraception
- Pulling out vaginal rings
- Tearing off contraceptive patches

Pregnancy Pressure: Pregnancy pressure involves behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant. These behaviors may be verbal or physical threats or a combination of both. Examples of pregnancy pressure include:

- "I'll leave you if you don't get pregnant."
- "I'll have a baby with someone else if you don't become pregnant."
- "I'll hurt you if you don't agree to become pregnant."

Pregnancy Coercion: Pregnancy coercion involves threats or acts of violence if a partner does not comply with the perpetrator's wishes regarding the decision of whether to terminate or continue a pregnancy. Examples of pregnancy coercion include:

- Forcing a woman to carry to term against her wishes through threats or acts of violence
- Forcing a partner to terminate a pregnancy when she does not want to
- Injuring a partner in a way that may cause a miscarriage



Reviewing the Domestic Violence Protocol With the Local Domestic Violence Program¹⁴

An effective, well-implemented domestic violence protocol is a necessary tool to ensure individuals affected by domestic violence and seeking services through home visiting programs learn about assistance available that promotes safety for them and their children. It is important to tailor a protocol to the specific program and the community being served. Further, periodic reviews of the protocol can provide an opportunity to assess the protocol's strengths and weaknesses and to determine what works and what does not. This document is designed to help home visiting programs, in conversation with local domestic violence programs, make modifications to their domestic violence protocols based on experiences providing services in a particular community.

Partnerships:

- Do local domestic violence (DV) partners understand the purpose and scope of the home visiting (HV) program? What questions or concerns do local DV partners have for the HV program? What questions does the HV program have for DV partners?
- In what ways could local domestic violence partners be utilized to enhance the HV program's capacity and promote safety for clients?
- Is there a plan to check in with local domestic violence partners regularly?

Addressing Safety in your Protocol:

- How does the protocol define domestic violence (i.e., Does it include a comprehensive definition of domestic violence, as recommended by TCFV)?
- How does the protocol address confidentiality?
- How does the protocol outline ways in which the program creates a safe, supportive environment? (i.e., are there visible signs around the program office, such as posters or brochures, communicating domestic violence is not acceptable and that help is available? What materials are given to all clients and/or what kinds of statements are made to communicate this to potential and/or current clients?)

¹⁴ Adapted from Anne Menard's (Director of the National Resource Center on Domestic Violence) "How Are You Doing? Reviewing Your Domestic Violence Protocol," developed for the National Healthy Marriage Resource Center.



- How does the protocol address disclosure of domestic violence? (I.e., Have there been disclosures of domestic violence? What steps were taken?)

Implementation:

- Are all staff, volunteers, consultants, and community partners working with the HV program and/or with potential and current clients trained on domestic violence? Who provides this training? (Note: it should be a domestic violence advocate from a local DV shelter/program and/or a domestic violence advocate from a state DV coalition.)
- Do all staff, volunteers, and community partners have a clear understanding of all aspects of the protocol, and are they confident in their abilities to apply the protocol to their work?
- In what situations has the protocol been referred to and/or utilized? What suggestions do staff, volunteer, consultants, and community partners have in regards to needed changes and/or additions to the protocol so that it will be more useful?



Child Abuse and a Domestic Violence Protocol

Child Abuse and Domestic Violence

- Child abuse and domestic violence are two very serious but separate issues.
- Although child abuse and domestic violence may both be present in some homes, the two have distinct statutory reporting requirements and require very different action. These reporting requirements differ across states and territories, and home visiting programs should consult with local coalitions regarding information about mandatory reporting laws that apply to them.
- Before interacting with clients, be sure to clearly explain up front the extent of confidentiality of information that clients might share. Particularly note to all clients that, in most states, while the majority of information that clients might share will be kept private or only recorded in their medical records, you and other program staff are **mandated** to report known or suspected child abuse and neglect.

If, in the context of a disclosure of domestic violence, concerns about child abuse arise, the following guidance may promote greater safety for victims and their children:

- If it is determined that a child abuse report needs to be made, discuss this with the client and offer the client the opportunity to make the call himself/herself, with support of program staff.
- If the client does not wish or is not present to make the child abuse report, make every effort to inform her or him when a child abuse report is made and that the client and/or the client's family may be contacted by phone, mail or in person by a Child Protective Services staff person.

Please note: this information is meant to be adapted according to your local mandatory reporting laws. Please consult local resources to update your protocol with the most relevant, recent information regarding domestic violence laws and child abuse reporting.



Creating a Domestic Violence & Sexual Assault Resource Sheet

Call your local programs and find out what services are offered:

- Crisis hotline
- Individual counseling
- Case management
- Support groups
- Emergency shelter (Are children allowed? What ages? Boys and girls?)
- Transitional housing
- Housing advocacy
- Transportation vouchers
- Legal advocacy: police and court accompaniment, restraining order assistance, law clinics
- Hospital accompaniment (for sexual assault exams)
- Court-mandated counseling programs (parenting, batterer's intervention)
- Counseling for child witnesses to violence
- Services for adolescents
- Services for LGBT community
- On-site health services
- Community education/outreach
- Children's programming
- Other:

What languages are spoken?

Do they have any other culturally specific programs?

Are they near public transit or do they offer transportation services?

Is there any cost for services?

Are there evening hours?

Are there any restrictions for receiving services (sobriety, active restraining order, etc.)?

Do they currently or would they be willing to provide training to community members?

Explain why you are calling and ask if there is anything else you should know about their services.

Identify a key contact person for your program to establish a working relationship with for more information.



For more information, please contact:

Texas Council on Family Violence

P.O. Box 161810

Austin, Texas 78716

1-800-525-1978

www.tcfv.org



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