



Opportunities for Teen Dating Violence Disclosure in Youth-Serving Healthy Marriage and Relationship Education (HMRE) Programs

FINAL REPORT

August 2020
OPRE Report 2020-79

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Tasseli McKay, Marni Kan, Julia Brinton, Marcus Berzofsky, Paul Biemer, Susan Edwards, Justin Landwehr, Kathleen Krieger, and Anupa Bir

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Samantha Illangasekare, Project Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHSP23320095651WC

Project director: Tasseli McKay
RTI International
3040 East Cornwallis Rd.
Research Triangle Park, NC 27709

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STUDY HIGHLIGHTS AND KEY RECOMMENDATIONS

1



Most youth who date (69%) experience some form of physical violence, sexual coercion, controlling behavior, or psychological aggression from a dating partner (Taylor & Mumford, 2016). Youth are rarely offered explicit opportunity to disclose these experiences to a trusted adult or told where they can get help if they need it (Miller et al., 2010; Murray et al., 2016).

High school–based relationship education programs, funded by the Office of Family Assistance (OFA) in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, represent one opportunity for reaching youth experiencing teen dating violence (TDV) and connecting them with help. With funding from OFA, ACF’s Office of Planning, Research and Evaluation contracted with RTI International to conduct the Responding to Intimate Violence in Relationship Programs (RIViR) study to compare different approaches for offering youth the chance to share their experiences and connect to services. The study focused on two research questions:¹

- How do three tools for inviting TDV disclosure compare in their ability to guide Healthy Marriage and Relationship Education (HMRE) program responses to participants’ TDV-related needs?
- How well do the tools work from the perspectives of program participants, staff, and partners?

The study identified strategies for HMRE programs to build organizational capacity and readiness for identifying and responding to TDV; create survivor–centered, trauma-informed opportunities for TDV disclosure; and protect the safety of TDV survivors.

Findings suggest that HMRE programs working to build organizational capacity and readiness should do the following:

Actively partner with a local domestic violence program with a commitment to serving youth. Partnerships might include reciprocal training activities, TDV education of HMRE program staff and youth by the domestic violence program, case-specific communication, and referrals of youth who experience TDV.

Involve and train staff who are highly skilled at relating to youth. Creating a comfortable environment in which youth can access information or disclose TDV requires warmth, relatability, and non-judgment. These qualities can help staff engage meaningfully with youth experiences, needs, and perspectives.

Dedicate staff time to planning and data management. Careful planning and preparation help ensure that TDV assessments and universal education activities are well-integrated into service delivery and do not interrupt program flow. Information on permissions, disclosures, and referral status also requires careful management.

¹More information on the study approach and the full text of these research questions follows in Section 2: Study Purpose and Design.

To create survivor-centered, trauma-informed opportunities for TDV disclosure, study results suggest that healthy relationship programs should:

Be transparent with youth about any reporting obligations. If staff are mandated reporters or school policy requires reporting, this should be clearly communicated to youth before any opportunity for TDV disclosure.

Offer TDV assessments more than once, using more than one approach. Some youth relate best to a self-administered, tablet-based questionnaire, while others appreciate a one-on-one, open-ended conversation. The conversational approach is most suitable later in the program.

Assess physical violence and sexual coercion. Questionnaire-style TDV assessment tools need to ask about experiences with physical violence and sexual coercion. Tools that include such items are more likely to accurately identify youth experiencing TDV. If this content is included, a shorter approach (three questions total) can work at least as well as a longer questionnaire.

Provide universal education. Universal education means providing all youth with information about TDV and available resources. It can take the form of a tailored “safety card” with examples of healthy and unhealthy relationship behaviors and TDV warning signs, along with contact information for key resources.

Finally, results suggest that programs can help protect the safety of TDV survivors by supporting and informing youth who do and do not choose to disclose their TDV experiences to HMRE program staff. HMRE programs should do the following:

Plan for a confidential, onsite follow-up conversation. Following up with youth who disclose TDV on a self-administered tool requires timeliness and close attention to confidentiality. Working within school protocols and schedules, HMRE programs should seek a private time and space for individual conversations with youth about available resources that might fit their needs.

Offer referrals to a variety of resources. Some youth may require face-to-face support from a local domestic violence program and may be able to obtain parent permission for this, whereas others may prefer to access anonymous, remote resources (e.g., websites, chat resources, or hotlines). Youth may need and appreciate resource information on non-TDV-related concerns as well.

Make sure all youth know where to find help. Some youth who experience TDV will choose not to disclose it to HMRE program staff—nor should they have to disclose their experiences to be able to get more information. Universal education should be provided early and repeatedly in the HMRE program to help ensure that all youth have the information they need.

This report describes the impetus for efforts to recognize and respond to TDV in HMRE programs and gives a brief overview of the RIViR study design and methods (Section 2); details RIViR study results on building organizational capacity and readiness for addressing TDV (Section 3), choosing an approach to inviting TDV disclosure (Section 4), and protecting TDV survivor safety (Section 5); and summarizes the limitations of the study and key directions for future research and practice (Section 6). Detailed information on study methods, tools, and results is available in the Appendices.

STUDY PURPOSE & DESIGN

2



Violence in adult relationships, also known as intimate partner violence (IPV), is defined as physical, sexual, or psychological harm or reproductive coercion by a spouse, partner, or former partner (CDC, 2019a). TDV occurs when these same harms arise in an adolescent dating relationship, typically among middle and high school-aged youth. Abuse in adult relationships is widespread (31.5% of women and 27.5% of men report experiencing IPV at some point in their lifetime; Breiding et al., 2015), and youth reports are even higher; national surveys of U.S. youth indicate that 69% of adolescents who have dated also report having experienced some form of physical, sexual, or psychological harm from a dating partner (Taylor & Mumford, 2016). TDV has both individual and societal consequences, which can be long lasting. Youth who experience TDV are more likely to experience symptoms of depression and anxiety; engage in risky behaviors like smoking, binge drinking, and drug use; exhibit antisocial behaviors like lying, theft, and bullying; and are at elevated risk for suicidal ideation. Additionally, youth who experience violence before the age of 18 are more likely to experience violence in their adult relationships (CDC, 2019b).

HMRE programs funded by OFA aim to provide comprehensive relationship education services that improve overall family well-being both in the present and in the future. Programs may also include job and career advancement activities to enhance economic stability. Programs serve a range of populations, including adult couples, adult individuals, and youth of high school age. Most youth-serving programs reach disadvantaged and diverse youth populations ages 14–17. HMRE programs deliver services in a variety of settings, with high schools being the most common. Most youth in these programs are Caucasian/White or African American/Black, with both African American/Black and Native American youth more heavily represented among HMRE program participants than in the general American population. Hispanic/Latino youth comprise one-fifth of youth-serving HMRE program participants, a similar proportion as in the general youth population (Scott, Karberg, Huz, & Oster, 2017).

As a condition of funding, federal authorizing legislation requires HMRE programs to document that they have consulted with a local domestic violence program or coalition and to address domestic violence (Social Security Act 42 U.S.C. 603). OFA further encouraged the development of a comprehensive approach to addressing domestic violence. Many youth-serving HMRE programs have taken steps to identify youth experiencing TDV when they enter the program. Typically, programs use questionnaire-style tools that ask about specific behaviors; for example, “A partner threatened to hit or throw something at me” (Conflict in Adolescent Dating Relationships Inventory). The accuracy of such tools in HMRE program populations is unknown. Furthermore, there is a lack of consensus regarding which (if any) existing TDV assessment tools might be considered the “gold standard” against which others should be compared (Rabin, Jennings, Campbell, & Bair-Merritt, 2009). Universal education approaches to engaging youth around TDV issues are of growing interest but have been little studied (McKay et al., 2016).

To address these gaps, the RIViR project partnered with HMRE programs funded by OFA grants to examine and compare three different approaches to recognizing and responding to IPV and TDV in adult-serving HMRE programs (described in OPRE Report #2020-93, [“Opportunities for Intimate Partner Violence Disclosure in Adult-Serving Healthy Marriage and Relationship Education Programs”](#)) and in youth-serving programs (described in the current report). Two HMRE programs collaborated with the RIViR team to examine TDV among their youth participants:

- More than Conquerors, Inc.’s “Mature Plus II” program, located in greater Atlanta, Georgia (<https://www.mtciga.org/>); and
- Youth and Family Services’ “Stronger Family Program,” located in Rapid City, South Dakota (<http://www.youthandfamilyservices.org/>).

The overarching objective of the study was to examine how tools for TDV assessment and universal education work for identifying HMRE program participants experiencing TDV so that they can be referred for further services. The study examined both the accuracy of the tools in assessing TDV and the feasibility of administering them in HMRE programs, including the conditions needed for successful use of the tools.

The full research questions that guided the qualitative and quantitative components of the study were as follows:

1. How well do three tools for inviting TDV disclosure compare with one another in their ability to guide HMRE program responses to their participants’ TDV-related needs, particularly whether to refer a participant to the program’s local domestic violence program partner?
2. How well do the tools work from the perspectives of HMRE program participants, staff, and domestic violence program partners in terms of perceived helpfulness and ease of implementation?

Both HMRE programs selected for the RIViR study delivered classroom-based instruction to youth in public and parochial high schools. They served primarily 9th and 10th grade students. Trained HMRE program facilitators delivered relationship education courses and other supplemental activities specific to the site (e.g., case management). Program participants were invited to participate in the study if they spoke English, were age 13 or older, and received parent permission.

HMRE program staff used three different web-based tools to offer youth an opportunity to share their experiences with TDV in different formats. One tool combined questionnaire-style items on controlling behavior from the Fragile Families (FF) study with questions on sexual coercion and physical violence from the Youth Risk Behavior Survey (YRBS). Another, the Conflict in Adolescent Dating Relationships Inventory (CADRI), included questions on controlling behavior, physical violence, and psychological aggression. Youth self-administered each of these two tools on tablets while sitting in the classroom with other youth. The third tool guided a one-on-one conversation between HMRE program staff and youth about healthy and unhealthy relationships, TDV concerns, and available resources. This tool took a universal education approach, offering examples of controlling behavior, physical violence, sexual coercion, and psychological aggression. Staff recorded whether youth raised any TDV-related concerns.

The three tools were given in random order over the course of the HMRE program (which ranged in duration from 3 weeks to 3 months), and each took approximately 5–10 minutes to complete. After the third tool, youth self-administered a brief set of survey questions about their responses to the tools, including their comfort, openness, familiarity with available resources, and perceptions of their interactions with HMRE program staff about TDV. Participants received a \$5 gift card after completing each tool.

The RIViR study team also conducted onsite qualitative interviews with HMRE program staff, their local domestic violence program partners, and youth participants in each site to understand how youth and service providers saw the tools and the process of implementing them. Interviews were recorded and transcribed.

To address the first research question, the study team conducted a latent class analysis to compare assessment results from all three tools. To address the second research question, the team used regression analysis to compare youth participants' responses to these interactions (comfort, openness, resource knowledge, and perceptions of the interaction with staff) after completion of different tools. We also conducted a formal, inductive analysis of qualitative interview data in ATLAS.ti to identify major themes.

Research evidence and practice-based knowledge suggests that HMRE programs need more information on (1) building organizational capacity and readiness to recognize and address TDV, (2) creating survivor-centered, trauma-informed opportunities for safe disclosure (including TDV assessment), and (3) protecting survivor safety (McKay et al., 2016). The following sections describe RIViR study findings in each of these areas.

The prevalence of TDV in youth-serving HMRE programs is unknown. However, the prevalence of IPV in adult-serving HMRE programs is substantial. In an evaluation of the Building Strong Families HMRE program, 26% of participants reported experiencing some form of physical violence at the hands of a partner in the past year. In an evaluation of the Supporting Healthy Marriage demonstration, 11% of adult participants reported experiencing physical violence from their spouse in the past 3 months. (For more information on the prevalence and experiences of individuals experiencing IPV in HMRE programs, see <https://www.cdc.gov/violenceprevention/pdf/ipv-factsheet508.pdf> and [Prevalence and Experiences: Intimate Partner Violence Prevalence and Experiences Among HMRE program Target Populations.](#))

Prior OFA-funded HMRE programs have worked to address IPV and TDV by building partnerships with local domestic violence programs, developing domestic violence protocols that outline steps for identifying IPV/TDV and connecting individuals with resources, and offering trainings for staff and participants. (See [Current Approaches to Addressing Intimate Partner Violence in HMRE programs](#) for more information on prior OFA-funded grantees' approaches to addressing IPV and TDV.)



BUILDING
ORGANIZATIONAL
CAPACITY AND
READINESS TO
RECOGNIZE AND
ADDRESS TDV

3



Youth-serving HMRE programs built organizational capacity and readiness for addressing TDV through partnership development, participation in training and technical assistance, strategic staffing, planning and preparation, and setting up systems for tracking TDV assessment and referral. Analyzing qualitative interview data with HMRE program staff, youth participants, and domestic violence program staff highlighted strategies that RIViR sites employed in each of these areas as they prepared for implementing TDV assessment. This section focuses on strategies for building organizational capacity and readiness that might be useful to other HMRE programs, schools, or youth-serving organizations preparing to recognize and address TDV.

3.1 Organizational Capacity

3.1.1 Partnership Development

More Than Conquerors, Inc. and Youth and Family Services worked in close partnership with their local domestic violence programs. These partnerships were well established (5 or more years in duration), and each of the two HMRE programs regarded its local domestic violence program partner as an important player in service delivery. In both sites, HMRE program staff and their domestic violence program partners shared a vision to support local youth by building awareness of TDV and expanding the avenues through which youth could access services.

The focus and role of the domestic violence program in these two partnerships differed considerably, however, largely because of state laws surrounding services for minors. In one site, staff from the local domestic violence program and the HMRE program trained one another on the services they offered and their philosophies and strategies for service provision. Domestic violence advocates coached HMRE program staff on how their services worked and how to describe them to youth experiencing abuse. HMRE program staff trained domestic violence program staff on core healthy relationship skills and concepts; for example, providing all interested domestic violence staff with a full-length, onsite version of an adult healthy relationship curriculum delivered at the domestic violence program offices. The HMRE program consulted with the domestic violence organization on how best to serve individual participants and also referred youth experiencing TDV to the domestic violence organization for specialized services.

The local domestic violence program had not previously offered dedicated services for TDV survivors. However, as a result of the partnership, domestic violence program staff reported that they were expanding their existing youth programs (previously oriented toward children who had witnessed violence between their parents) and cultivating new approaches and options for meeting TDV-related needs.



“With adolescents, it’s a different age group. They’re not kids, but they’re not adults, but they have their own thoughts and their feelings, and they can voice that. [Domestic violence programs] have to have the willingness but also the education...because it’s different than adult relationships, and it’s different than child abuse.”

(Domestic violence program staff member)

Although these two organizations already had a long history of collaboration, staff at the HMRE program and the domestic violence organization believed that working together to make the HMRE program a place where youth could talk about TDV and connect with TDV resources had strengthened their partnership. They cited collaborative efforts that extended beyond individual cases to the community level, where the two organizations were collaborating on community-wide education, awareness, and fundraising activities designed to benefit their shared target populations.

At the other site, staff reported that state laws restricted the direct provision of abuse-related services to minors. As such, the partnership focused on educating all youth about TDV and available resources rather than offering direct services to TDV survivors at the local domestic violence program. The domestic violence program and the HMRE program had jointly developed a TDV education curriculum tailored to the HMRE program’s youth population, which they continued to update together. This TDV education module was delivered by a domestic violence advocate in the high school classroom as part of the healthy relationship course. Although domestic violence program staff had group-based contact with every cohort of youth as part of this education module, the agency could not receive referrals of individual youth experiencing TDV because it was restricted by state law.

3.1.2 Training and Technical Assistance

To help the RIViR sites prepare to implement the three TDV assessment approaches, the RIViR team provided a 12-hour onsite training on assessing for, and responding to, TDV. This training was attended by all HMRE program leaders and staff. Staff felt that the training was clear and had adequately prepared them for implementing the TDV tools and referral protocols. They reflected that the training gave them a valuable opportunity to practice introducing and administering TDV assessment tools and universal education. They found one-on-one and group role plays particularly useful in preparing to administer the TDV tools. Several staff noted, however, that moving from practicing with their colleagues to leading these interactions with adolescents required a next level of skill and confidence that could only be gained through real-world implementation.

“It’s just different when I’m practicing the interview with you versus a 15-year-old!”

(HMRE program staff member)

At one site, leadership and advocates from the local domestic violence organization joined HMRE program staff for the training on opportunities for TDV disclosure. They learned about the TDV assessment and follow-up strategies that the HMRE program would be implementing and offered guidance to HMRE program staff during training; for example, suggesting specific language that could be used in talking with youth about TDV and offering referrals. This helped to build HMRE program staff skill and develop trust and familiarity between the two agencies regarding exactly how TDV disclosures would be invited and handled. Domestic violence program staff expressed confidence in the ability of HMRE program staff to recognize and respond to TDV.



“They’ve really done their homework. They’ve asked a lot of questions. They’ve done training on their own. They’ve done the work...I would feel very confident in their abilities. They ask questions, so it’s not like they struggle or they just make something up. They’re very willing to just call and say, ‘I don’t understand this. Please help me.’ And that’s one of the best things that has happened with the partnership, is that now I think staff on both sides feels very comfortable doing that.”

(Domestic violence program staff member)

3.1.3 Staffing and Other Resources

Staffing and other resources shaped sites’ capacities for implementing new strategies for recognizing and responding to TDV. Youth who participated in TDV assessments and universal education shared that HMRE program staff personalities and interaction styles were a crucial aspect of creating an atmosphere in which it was comfortable to discuss relationships and abuse. They felt that staff who shared about themselves, expressed non-judgmental attitudes about youth relationships, and interacted with youth in a warm (and not overly formal) manner seemed more relatable and approachable for sensitive concerns.

“She was really great. She really knew how to do an interview and she said that she had [children] and you just felt like you knew who she was and you could talk to her. That really helped.”

(Youth participant)

“They didn’t judge nobody. They didn’t single nobody out and stuff. They made sure everybody participated. It felt safe.”

(Youth participant)

HMRE program staff felt that a sincere, authentic personal commitment to supporting youth created the foundation for efforts to invite and respond to TDV disclosure.

HMRE program implementation of the web-based TDV tools also depended on their computing resources. Programs needed enough tablets for all youth in the healthy relationship class to use simultaneously and access to an adequate internet connection. Some HMRE programs were able to access the wireless internet service of the schools in which they were delivering services, whereas others used wireless hot spots. The capacity and reliability of these wireless connections strongly affected the ease and feasibility of TDV assessment.

“The whole technology piece is really big. There were all kinds of shenanigans with tablets getting kicked off the Internet, the screen orientation shifting, having to start them all over again several times, and trying to keep it upbeat with the kids.”

(HMRE program staff member)

Other helpful resources included labeled file totes to manage permission and consent forms associated with TDV assessment, a roller cart for transporting tablets within the schools, and a lockbox for any incentives provided to youth who completed TDV assessments.

3.2 Organizational Readiness

3.2.1 Planning and Preparation

Team-based planning and preparation laid the foundation for successful efforts to recognize and respond to TDV, according to HMRE program staff. After receiving training in procedures for TDV assessment and universal education, HMRE program staff found it essential to meet several times as a team to talk through each aspect of the planned procedures. These meetings focused on identifying roles and allocating responsibilities, as well as walking through the process together. HMRE program staff suggested that a summary version of key steps in inviting and responding to TDV disclosures, including target timeframes, should be integrated with the HMRE program's overall flow chart.

“It’s our job to keep it light and positive. To really, really be communicating with your coworkers and planning ahead on who’s going to do what, who’s taking the lead on what, where we’re going to jump in, and eliminating that awkwardness with the youth like, ‘Do they know what they’re doing?’ And getting the prep done ahead of time: Are the tablets charged? Get there 20 minutes early to make sure everything is fired up and connected, have the gift cards, plan for snacks and when they’re going to be handed out. Is there a point person explaining to the teacher about what the day is going to look like and what the needs are?”

(HMRE program staff member)

To manage materials and supplies related to opportunities for disclosure (e.g., any tablets, incentives, or consent forms needed for TDV assessment), HMRE program staff found it helpful to use a checklist for day-of-assessment materials and supplies.

3.2.2 Tracking Assessment and Referral

To be able to address TDV safely, confidentially, and accountably, HMRE programs needed rigorous systems for tracking and securing TDV-related information. Tracking the status of TDV assessment and follow-up was sometimes challenging for HMRE program staff, who juggled a variety of documentation responsibilities alongside their interactions with youth. Strategies that proved useful included filing incoming and outgoing material (e.g., documentation of any needed consent for TDV assessment) by class period, designating one staff person for data management, and integrating strategies for tracking the completion status of TDV assessment and any needed follow-up within the HMRE program's existing record-keeping system.

The following practice-based resources might also be helpful to HMRE programs in building readiness and capacity for addressing TDV:

- The Futures Without Violence guide, [Hanging Out or Hooking Up?](#) (tailored to clinicians) includes comprehensive suggestions on preparing to prevent, identify and address TDV.
- [State domestic violence coalitions](#) can help identify local domestic violence programs with expertise in serving youth.
- The discussion report, [Building Bridges between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs](#), offers guidance on building strong partnerships between HMRE programs and domestic violence agencies (Ooms et al., 2006).
- School-based HMRE programs might also wish to explore partnerships with other youth-serving programs and organizations committed to addressing TDV. These might include
 - School-based coaches involved in promoting respect, integrity and non-violence through the [Coaching Boys into Men](#) program; and
 - Youth-led organizations, such as [Youth MOVE](#), that deliver [peer-to-peer support](#), leadership development, and/or mentoring programs.
- [Creating Accessible, Culturally Relevant, Domestic Violence and Trauma Informed Agencies](#) includes a step-by-step process for building organizational readiness to interact with TDV survivors in a sensitive, culturally responsive, and trauma-informed manner (ASRI & National Center on Domestic Violence Trauma & Mental Health, 2012).
- [Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development, 2nd Edition](#) provides strategies and approaches to communicate effectively with teens from a positive youth development framework.
- The [Runaway and Homeless Youth Relationship Violence Toolkit](#) includes guidance on preparing to address TDV for programs that serve runaway and homeless youth populations.

CREATING SAFE,
SURVIVOR-CENTERED
OPPORTUNITIES FOR
TDV DISCLOSURE

4



4.1 Rates of TDV Disclosure

One in four youth from the two study sites disclosed having experienced some form of victimization during at least one of the three disclosure opportunities offered by HMRE program staff. Overall disclosure rates and rates by youth demographic characteristics are shown in Table 4-1. Not all youth from the two study sites had experience with romantic or sexual relationships. Two of the three tools included an indicator for whether youth had been in a romantic relationship in the past 12 months or were currently in a relationship. Among youth who indicated that they were or had been in a relationship, the rate of TDV reported was 1.4 times higher than in the full sample.

Youth were considered to have disclosed TDV if they reported experiencing any physical or sexual violence or a pattern of controlling behavior or psychological aggression (generally, behaviors that occurred “often” or more than three times in the past year). The assessment tool content and more information on how disclosure was defined can be found in the Appendices.

More youth (41%) who identified as having a non-heterosexual orientation disclosed TDV victimization compared with 22% of heterosexual youth (a statistically significant difference). Differences in rates of disclosure by grade level were not statistically significant.

Table 4-1. Rates of TDV Disclosure Among Youth

Characteristic	Frequency, %
Overall	
Full sample	25.0
Site	
Site 1	25.1
Site 2	22.8
Sex	
Male	25.7
Female	22.5
Race/Ethnicity	
White	23.0
Black	26.4
Hispanic	22.1
Native American	28.9
Other	25.4
Grade Level	
Grade 9	23.7
Grade 10	23.0
Grade 11	30.4
Grade 12	26.7
Sexual Orientation	
Heterosexual	22.3
Gay/Lesbian/ Bisexual/Other	41.4

4.2 Understanding the Context for TDV Disclosure

4.2.1 HMRE Programs as a Context for Recognizing TDV

HMRE program staff and youth participants saw the HMRE program as a supportive context for discussing and recognizing TDV. Youth entered the program with varied relationship experience—some had never been in a relationship, some had dated previously, and some were currently dating—but none reported having any relationship problems on their minds while participating. However, in considering what they had learned from participating in the HMRE program, most said that they had learned to recognize unhealthy or abusive behavior (i.e., “red flags”) in a partner.

HMRE program staff felt that two HMRE program service delivery strategies helped to create a supportive environment for youth to share about their lives or reach out for help: a more interactive, conversational style of relationship education and reflective activities (e.g., journaling) that encouraged youth to personalize the concepts being taught. Staff noted that such approaches were sometimes difficult to reconcile with their primary task of delivering a standardized curriculum with fidelity in a limited amount of classroom time. Still, when feasible, staff felt that these approaches made it easier for youth to raise a variety of sensitive issues (including TDV). Youth echoed this perception, suggesting that the way HMRE program staff delivered the healthy relationship curriculum mattered. When staff offered a personal perspective on the curriculum content and took a non-judgmental tone about the relationship decisions youth faced (e.g., abstinence before marriage or whether to end an abusive relationship), it opened the door for youth to share.

Rapport between HMRE program staff and students represented another asset that shaped how TDV assessments and education were received. Youth began the HMRE programs without prior contact with HMRE program staff and generally did not interact with them individually before the one-on-one TDV conversation. Sometimes, healthy relationship class facilitators helped administer the TDV assessments, but for practical reasons, TDV assessments were often led by HMRE program staff with whom youth had no prior contact. Nevertheless, youth reported very positive first impressions of HMRE program staff, whom they saw as warm and approachable. Most youth felt that staff knew enough about their personal situations to support them in staying safe.

4.2.2 Outside Influences on TDV Perceptions and Disclosure Decisions

Although the context within HMRE programs seemed to facilitate recognition of TDV, youth and staff identified aspects of the larger social context as working against it. HMRE and domestic violence program staff observed that depictions of intimate relationships in popular media made it more difficult for youth to recognize TDV because these representations normalized unhealthy and abusive behaviors. They noted that this normalization of abuse occurred in many students’ home lives as well. Staff and youth also indicated that school climates in which dating was discouraged (e.g., at some parochial schools) made it more difficult for youth to talk about TDV because of the stigma attached to dating.

4.3 Choosing a Mode for Inviting Disclosure

The two youth-serving RIViR sites offered participants the opportunity to share experiences with TDV in two different modes.

- **Tablet mode:** The two short, questionnaire-style TDV assessment tools (FF/YRBS and CADRI) were self-administered simultaneously by all consenting youth on tablets in the classroom (with oversight from an HMRE program staff member).
- **Conversational mode:** The universal TDV education tool was administered to youth during a one-on-one, semi-structured conversation with an HMRE program staff member.

Youth, HMRE program staff, and domestic violence program staff all strongly suggested that both modes were feasible and offered important advantages and different challenges. Each mode was seen working well with different youth. Staff and youth recommended including both approaches so that all youth could engage comfortably with at least one approach.

4.3.1 Self-Administered Tablet Mode

Youth found tablet-based tools straightforward to use. They felt comfortable answering sensitive, personal questions in a group setting on the tablets. Youth occasionally associated the classroom setting and questionnaire-style format with test-taking, which a few interviewees said provoked anxiety or a tendency to rush through the questions.

HMRE and domestic violence program staff also observed that youth felt very comfortable on tablets. They felt that the tablet mode put youth at ease and made it easier to manage privacy and confidentiality. Domestic violence program staff also suggested that completing the tablet-based assessment alongside an entire roomful of classmates could help to normalize TDV experiences and make it easier for youth to share them.

“The tablets, one of the cool things about that is...that’s what our youth are familiar with. They are very comfortable with that... That goes really well, because they’re able to do something...in a format that isn’t maybe so personal. You know, because they’re doing surveys all the time...That kind of opens it up then to then make it easier for that [open-ended] conversation.”

(Domestic violence program staff member)

4.3.2 Conversational Mode

Youth varied in their reactions to the one-on-one conversation format in which the universal education tool was delivered. Some asserted that it was fundamentally awkward; they felt that nothing that HMRE program staff could do would make a one-on-one conversation about personal relationships comfortable. Other youth appreciated the chance to connect with a staff member individually and reported that this interaction made them feel attended to and heard. Whether or not they preferred the conversation to the questionnaire-style assessments, youth often suggested that HMRE program staff made the conversation (more) comfortable by delivering the content in a relaxed, personal, and un-officious tone.

HMRE program staff who led these conversations also saw them as occasionally awkward, noting that many youth were quiet and gave short answers. Yet youth and domestic violence program partners noted that the conversations gave staff an important opportunity to hear about youth opinions and experiences on their own terms and in their own language.

“Pretty much just let them talk, tell you what the problem is, and then give your insight on it.”

(Youth participant)

“Let there be a conversation between both of you. Don’t make it awkward... Don’t just come in, stack your papers, and start reading those. Have a conversation with them. Make them feel like you’re there to talk to them, not just marking checkmarks on the survey.”

(Youth participant)



Compared with the tablet-based mode in which youth provided predetermined answers to questions on TDV experiences without any context, the conversational mode allowed discussion of thoughts and feelings around an experience—if youth chose to volunteer them.

4.3.3 Mode Differences in Disclosure

Youth were more likely to disclose TDV on tablets than in conversation with staff. Table 4-2 shows rates of TDV disclosure for each tool.

Table 4-2. Frequency of TDV Disclosure by Mode

	Tablet-based		Conversational
	FF/YRBS	CADRI	Universal Education Tool
TDV disclosure	12.7%	16.2%	0.5%

4.3.4 Youth Responses to TDV Assessments

At the end of the third TDV assessment, youth were invited to answer a series of self-administered questions about the tool they had just completed; the mode; and aspects of trauma-informed and survivor-defined practice, safety-related empowerment, and self-efficacy. Differences in these responses by tool are shown in Table 4-3 and the items are presented in Appendix B.4.

Table 4-3. Differences in Responses to TDV Assessment Tools

	Tablet-based		Conversational
	FF/YRBS N (%)	CADRI N (%)	Universal Education Tool N (%)
Tool very clear ¹	141 (81.0)	165 (82.5)	219 (97.8)
Very open in answering questions/talking with staff ¹	145 (84.3)	175 (87.1)	151 (68.0)
Concerned about privacy none of the time ²	116 (68.2)	117 (59.7)	171 (77.0)
Know options for keeping safe ¹	148 (88.6)	165 (85.5)	215 (96.4)
Prefer electronic mode ¹	142 (88.8)	174 (92.6)	80 (39.8)
	Mean (SD)	Mean (SD)	Mean (SD)
Comfort with tool/staff ^{1a}	-0.06 (0.70)	-0.03 (0.65)	-0.02 (0.65)
Number of resources they know how to access ³	1.46 (1.69)	1.71 (1.85)	2.10 (2.12)
How likely to share resources with others ^b	3.72 (1.88)	3.74 (1.84)	4.19 (1.73)

¹FF/YRBS and CADRI are both significantly different from universal education tool, controlling for site differences.

²CADRI is significantly different from universal education tool, controlling for site differences.

³FF/YRBS is significantly different from universal education tool, controlling for site differences.

^aComfort with tool/staff is an average of seven items, which were standardized to be on the same response scale (i.e., recoded so the mean of each item is 0 and the standard deviation is 1).

^bHow likely to share resources with others was measured on a 1 (not likely) to 6 (very likely) scale.

Most youth found the tools very clear and indicated a preference for whichever mode they had used for their most recent assessment. Overall, youth were more likely to indicate a preference for an electronic mode (tablet, smartphone, computer) than for a conversation. Youth who had just completed the universal education conversation, which included talking about healthy and unhealthy relationships and reviewing a resource list, rated the interaction more positively in terms of clarity and comfort with both the content and with staff. They also reported being more familiar with options for keeping themselves safe. Youth who had just participated in a questionnaire-style, tablet-based tool provided higher ratings of how open they had been about their experiences.

4.4 Choosing a Tool for Inviting Disclosure

4.4.1 Accuracy

As shown in Table 4-4, all three tools were highly specific. They rarely misidentified youth as TDV victims who were not. But none of the tools was very sensitive; all three often failed to identify youth who were experiencing TDV. Any of the tools, used in isolation, would result in disclosures from a fairly small proportion of TDV victims. With the universal education tool, very few youth shared personal experiences with TDV. When they did, this information was captured with a single yes/no item that indicated whether any TDV concerns were shared (whereas the questionnaire-style tools consisted of several items about specific behaviors). These factors contributed to low estimated sensitivity.

A psychometric analysis was conducted to estimate the accuracy of each of the three tools, including the following:

- **Sensitivity**, the probability that a tool will indicate the presence of TDV when a youth has experienced TDV.
- **Specificity**, the probability that a tool will indicate the absence of TDV when a youth has not experienced TDV.
- **False negative rate**, the proportion of participants who had experienced TDV who were flagged as not having experienced TDV.
- **False positive rate**, the proportion of participants who had not experienced TDV who were flagged as having experienced TDV.

Two types of latent class models, described in detail in Appendix A.3, were used for these estimates (Table 4-4). One approach compared each tool to a composite of all items from all tools to generate estimates of sensitivity and specificity. The other compared the full tools with each other to generate false negative and false positive rates. Both approaches yielded similar results.

Table 4-4. Accuracy of the Tools in Identifying TDV

	Tablet-based		Conversational
	FF/YRBS	CADRI	Universal Education Tool
Sensitivity	14.8%	18.8%	0.5%
Specificity	99.3%	98.4%	99.5%
False negative rate (95% CI)	70% (56%, 81%)	14% (7%, 25%)	99% (93%, 100%)
False positive rate (95% CI)	11% (8%, 14%)	4% (1%, 16%)	0% (0%, 2%)

CI, confidence interval.

Overall, the tools ranked in the following order with regard to accuracy:

1. The CADRI had the highest sensitivity and the lowest false negative rate.
2. The tool that combined FF and YRBS items was only slightly less sensitive than the CADRI but had higher false positive and false negative rates.
3. The universal education tool was much less sensitive (and had the highest false negative rate) but was highly specific (and had the lowest false positive rate).

4.4.2 Acceptability and Comprehension

Qualitative interviews suggested that all three tools were well accepted by youth. HMRE program staff who had expected resistance from youth to the tool contents were surprised to consistently encounter positive or neutral responses from youth.



“They were good questions.”

(Youth participant)

“Honestly, I don’t have any adjustments or changes that I would make because I felt like the questions were easy enough to answer by themselves.”

(Youth participant)

Staff who administered the group-based and one-on-one interactions also reported that they had not seen youth become distressed while completing the tools. However, HMRE and domestic violence program staff each noted that it was important to remain watchful and sensitive. HMRE program staff also reported that youth were more comfortable with the tool contents and had an easier time understanding them than expected. Staff

believed that the process of obtaining permission from parents and consent from youth for participation in the assessments had sent a clear message to youth that participation was their choice. This, in turn, might have promoted comfort with the tools.

“I think at first, again, some of them were a little like, ‘What are you going to ask me?’ but once they got in, it’s like, ‘No, that’s it? Cool, okay’.”

(HMRE program staff member)

Content of questionnaire-style tools. Neither youth nor staff identified any distinct advantages of one questionnaire-style tool over the other. Youth generally understood the questions and response options in the questionnaire-style tools. Some youth perceived the questions as repetitive. Staff noted that youth sometimes needed the instructions repeated because of divided attention in the classroom.

HMRE and domestic violence program staff acknowledged that the pre-set cutoff points used for identifying TDV on the questionnaire-style tools (i.e., standards for determining if a pattern of answers indicated TDV) came with limitations. They noted that these thresholds did not consider the wide variations in context that could shape the severity and impact of a given behavior. This challenge was salient regarding certain behaviors that were common and widely considered harmless among youth: technology-facilitated controlling behavior and the use of non-injurious physical violence as “play.” Emphasizing the goal of catching TDV before it escalated, staff agreed with the thresholds they had used (i.e., flagging as TDV any experience of sexual coercion or physical violence, or a pattern of repeated psychological aggression or controlling behavior). Such disclosures triggered a recommendation for follow-up.

“You’ve got to include physical contact for the purpose of harming. Sometimes, it’s like puppy pats or whatever. But I think [youth] understand, this was a hit to hurt me, not to play. [It’s] harder when you’re talking about emotional abuse, because some people just culturally are very harsh in how they will talk to each other. Their mothers talk to them like that, so if their boyfriend or their girlfriend is also kind of being very harsh in that context, the way they understand the world, it’s not necessarily abusive. Somebody else would say, ‘Of course it is,’ but in their world, it isn’t abusive. That’s more of a gray area for me.”

(HMRE program staff member)

Content of universal education tool. Youth and HMRE program staff each observed that it was sometimes difficult for youth to map the universal education tool’s general statements about healthy and unhealthy relationships onto their own experiences. Youth suggested that more specific examples would be clearer, whereas HMRE program staff proposed adding additional broad statements. HMRE and domestic violence program staff suggested that the universal education tool could offer more opportunities for exploring how specific relationship experiences made youth feel; for example, distinguishing the presence of fear. Youth liked and remembered the universal education “safety card” that staff offered them during this conversation, which listed examples of healthy and unhealthy relationship behaviors and a variety of local and national resources for TDV and other youth issues (e.g., suicide).

4.4.3 Length Considerations

Youth and HMRE program staff saw the questionnaire-style tools as relatively short and not too time-consuming. However, several shorter (three-item) hybrid tools performed at least as well as the original, longer tools implemented for purposes of the study. The three most accurate hybrid tools were all more sensitive than the original, longer tools (i.e., more likely to identify TDV when TDV was present). These hybrids also retained the high specificity of the original tools. As shown in Table 4-5, each of the highest-performing hybrid tools included a question on sexual coercion (drawn from the YRBS) and a question about physical violence (drawn from the CADRI).

The analysis that informed the results in Table 4-5 treated each item in each of the three tools as an indicator of each TDV construct (i.e., physical violence, sexual coercion, controlling behavior, psychological aggression) rather than summarizing them at the tool level. This approach was used to test the sensitivity and specificity of each combination of three items across all tools compared with the full collection of items.

4.4.4 Fit for Diverse Youth Populations

Differences in responses to the tools. Heterosexual youth were significantly more likely than non-heterosexual youth to be familiar with options for keeping them-selves safe after completing the TDV assessment tools. Compared with male youth, female youth indicated that they were significantly more likely to share TDV-related resources with others. Differences in youth responses (e.g., clarity, sense of privacy, knowledge of resources, and comfort with staff) by tool did not vary by youth race, gender, sexual orientation, or TDV disclosure status.

Table 4-5. Short Hybrid Tools with Highest Sensitivity

Item 1	Item 2	Item 3	Sensitivity, %
During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? <i>(Count things like kissing, touching, or being physically forced to have sexual intercourse.)</i>	During a conflict or argument with a romantic partner in the past 12 months: A partner kicked, hit, or punched me.	During the past 12 months, how many times did someone you were dating or going out with try to prevent you from going to work or school?	21.49
During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? <i>(Count things like kissing, touching, or being physically forced to have sexual intercourse.)</i>	During a conflict or argument with a romantic partner in the past 12 months: A partner kicked, hit, or punched me.	During a conflict or argument with a romantic partner in the past 12 months: A partner told me whom I could and could not talk to.	20.95
During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? <i>(Count things like kissing, touching, or being physically forced to have sexual intercourse.)</i>	During a conflict or argument with a romantic partner in the past 12 months: A partner kicked, hit, or punched me.	During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? <i>(Count such things as being hit, slammed into something, or injured with an object or weapon.)</i>	20.84

Note. All these combinations had specificity above 99%.

Differences in accuracy. In general, the accuracy of the three tools did not vary significantly by youth demographic characteristics. However, the power to detect demographic differences was limited by study sample size and distribution (e.g., very small numbers of transgender youth). There was some indication that tool accuracy varied by grade level. Although differences were not statistically significant, there appeared to be more error in identifying TDV among older students using the FF and YRBS tool, and more error in identifying TDV among younger students using the CADRI.

4.5 Choosing When and Where to Invite TDV Disclosure

4.5.1 Setting and Physical Space

Because they worked in high schools, HMRE program staff reported that offering opportunities for TDV disclosure as part of HMRE services demanded continual attention to physical space. The questionnaire-style tools that were self-administered on tablets could be given to an entire classroom of youth in the same room where healthy relationship classes took place. However, finding space for the universal education conversation was sometimes challenging. Youth noted that having a comfortable setting set the tone for an open conversation, but private or semi-private space was at a premium in the schools. HMRE program staff worked to identify and borrow classroom space (e.g., when a teacher had a break period) or devised ways to partition large, common spaces (e.g., gymnasiums or lunchrooms) using portable dividers. Despite their resourcefulness, staff occasionally found themselves facilitating the conversation in a supply closet or other sub-ideal space.



“I’d try to make my room welcoming to the person, so then they’d feel comfortable telling me what’s wrong and all of that.”

(HMRE program staff member)

4.5.2 Timing

Quantitative analysis indicated that there were no significant differences in TDV disclosure or tool accuracy by the order in which the tools were administered, nor did the number of days youth had been enrolled in the HMRE program at each tool administration appear to make a difference. There were also no differences in how youth responded to the tools based on duration of program participation. However, the pattern of results suggested that tool accuracy did vary with timing. All tools were most accurate when administered third (or last in the series of three), and false positive rates were highest when tools were administered first.

In qualitative interviews, HMRE program staff suggested that offering opportunities for TDV disclosure was preferable later in the program. This timing was seen as building on the staff–student rapport and trust that developed over the course of the program (particularly important for undocumented students) and on students’ growing healthy relationship knowledge.

“Towards the end of the semester, they’ve already gotten to know the teachers. They know us now. They trust us now. They feel comfortable. Then you’re more apt to get the truth of what’s going on. But right up front, you’re not getting that—and especially because we have so many undocumented students, too. So, that always scares them. ‘Are you there representing the feds?’”

(HMRE program staff member)

Staff advocated for offering repeated TDV assessments to give youth multiple chances to share their experiences and to capture escalating behavior patterns over time. Some suggested that conducting TDV assessments too early, like on the first day of class, could disrupt the flow of the healthy relationship curriculum and the facilitators’ efforts to create strong, engaging first impressions. Youth also suggested that later in the program was ideal, particularly for the one-on-one conversation.

“At the end...I feel like they’d be more comfortable—like, if I talked to you for a couple weeks at a time, then when you start asking me about my personal life, I’d be more inclined to tell you because I know you, I have a relationship.”

(Youth participant)

“It was good at the end because you already knew everything that they taught.”

(Youth participant)

4.5.3 Approaches to Permission and Assent

Qualitative data indicated that obtaining parent permission and youth assent or consent gave youth a clear sense of choice and was consistent with HMRE program approaches and requirements of the school setting (even outside of a research context). This practice was consistent with the RIViR sites' existing efforts to engage parents in decisions concerning their children's exposure to HMRE programming. Obtaining youth assent for participation in the TDV assessments (an additional step that was not done for HMRE program participation) also proved valuable. Whereas youth did not see themselves as having made a deliberate choice to take the healthy relationship class, they did perceive their participation in TDV assessment as a distinct choice.

4.6 Overcoming Implementation Challenges

4.6.1 School Protocols and Permissions

Working within school protocols and obtaining school-level permissions was a cornerstone of successfully delivering HMRE program services. Qualitative analysis indicated that HMRE program staff extended some of the same skills and practices they used for negotiating service delivery in schools to their efforts to offer TDV assessment. HMRE program staff drew on their existing relationships with school staff to secure school-level approval for TDV assessment. They reported that direct and thorough communication with teachers and school leadership about their plans—for example, sharing the full content of the TDV assessment tools—was important.

HMRE program staff sometimes had to “borrow” scarce class time for TDV assessments. Make-up sessions with students who had been absent were especially challenging. Requests for additional time with students drew on the accumulated goodwill that HMRE program staff had built with teachers and administrators. They maintained strong buy-in by encouraging school staff to sit in on their curricula, building individual relationships with school staff, and offering tokens of appreciation to teachers. HMRE program staff also paid careful attention to knowing and following all school protocols related to student safety, confidentiality, and mental health.

4.6.2 Building Trust (Quickly)

The school-based services that youth-serving HMRE programs implemented demanded that they develop trust and rapport with youth over a short time. Given the sensitive and stigmatized nature of TDV experiences, this rapid rapport building was particularly essential as a foundation for TDV assessment. In qualitative interviews, HMRE program

staff suggested that youth needed time to get to know them and to assess what was safe to share. Interviews with youth confirmed that trust, grounded in a clear sense of how their information would be used, was pivotal in helping them decide what personal information they wanted to share.

HMRE and domestic violence program staff stressed that addressing mandated reporting responsibilities skillfully was also critical. Developing clear protocols for mandated reporting, making sure all staff understood them, and communicating them transparently to youth helped ensure that staff could fulfill their legal responsibilities while maintaining youth trust in the program.

“For all of us as mandatory reporters, that definitely is a challenge...you have an adolescent disclosing something, or they need to talk about something, and maybe it will start out, and it’s dating, but maybe then soon other things are coming in, and being able to continue the trust in that relationship when you still have to do some things that maybe are not in the youth’s eyes maybe what they’re really wanting or what they think is a good thing at that time.”

(HMRE program staff member)

Staff–student rapport could also be disrupted by more trivial matters, and HMRE program staff worked hard not to let logistical concerns interfere with the engaging, interactive tone they aimed to set. On days when a TDV assessment was offered, HMRE program staff balanced their efforts to set a fun tone for youth with careful adherence to protocol (including seeking and documenting youth assent and setting up tablets for a classroom full of students). Having clear divisions of labor—for example, designating in advance who would prepare tablets, organize materials and supplies, supervise tablet-based assessment, conduct universal education conversations, coordinate onsite logistics at schools, and manage the collected forms—facilitated a smooth and competent flow. Snacks helped create a fun and positive tone for youth, and having youth leave the room when they were finished with an assessment helped maintain the privacy of students still completing it. This also helped to maintain an atmosphere of privacy and trust

The following practice-based resources might also be helpful in creating safe, survivor-centered opportunities for learning about and disclosing TDV:

- The Futures Without Violence resource catalog, [How to Talk to Teens About Dating Violence](#), includes a set of guides on engaging adolescents in conversation about relationships and TDV.
- The Healthy Marriage Resource Center’s publication, [Promoting Safety](#), includes a chapter on creating opportunities for abuse disclosure in HMRE programs (Menard, 2008 [updated 2015]).
- The [Universal Trauma-Informed Education for Addressing Intimate Partner Violence](#) guide offers recommendations for survivor-centered approaches to TDV education and disclosure opportunities (Greville, 2016).
- The [Trauma-Informed Screening Methods: Lessons from Behavioral Health Settings](#) presentation summarizes key elements of a trauma-informed approach to addressing interpersonal abuse, including offering trauma-informed disclosure opportunities (Warshaw, 2013, December).

PROTECTING TDV SURVIVOR SAFETY

5



5.1 Following Up with Youth Who Disclose TDV

When youth disclosed TDV during one-on-one conversations, HMRE program staff talked through available resources with them during the same conversation. When youth disclosed TDV on a tablet-based assessment tool, staff arranged to follow up with them individually for a private conversation about potential sources of support.

Following up on disclosures of TDV in the school setting required HMRE program staff to be resourceful. In qualitative interviews, HMRE and domestic violence program staff highlighted the importance of responding quickly when youth disclosed TDV using self-administered, tablet-based tools. For youth convenience, follow-up occurred in school settings, but finding the time and private space for such conversations could be challenging. HMRE program staff worked with school staff to identify opportunities for one-on-one follow-up with youth that would not raise concern or the interest of peers. Depending on the school, strategies included regularly scheduled case management meetings or calling youth to the main office for the stated reason of confirming that their information was complete.

Within these conversations, staff tended to approach youth in a gentle and low-pressure way. They did not offer a label (e.g., “abuse”) for the responses youth had provided to the assessment questions but took time to explore the meaning and context of their experiences and understand whether youth might be interested in receiving TDV-related services. Youth noted that similar to the universal education conversations, the setting in which the follow-up conversation occurred helped set the tone for an open and comfortable conversation.

“I feel like I would be more comfortable if I had to talk about something in a place where I’m in a comfortable space. So, like letting [youth] pick. If, like, you do a regular interview in an office and you feel like you want to follow-up, let them pick that next place.”

(Youth participant)

5.2 Referring Youth for TDV–Related Services

HMRE and domestic violence program staff shared stories of youth who had connected with TDV services—and even referred their family members to such services—because of participation in the universal education conversation or a follow-up conversation with staff following tablet-based TDV disclosure. During qualitative interviews, youth described strong awareness of available resources for addressing TDV based on their experiences with TDV assessment and, if applicable, based on follow-up conversations with HMRE program staff. Youth tended to remember the information on the “safety card” (including the list of local and national resources) they had reviewed with HMRE program staff. They appreciated the format and information on the card and the inclusion of resources not focused on TDV (particularly those for suicide, which youth saw as highly relevant).

HMRE program staff attempted to strike a delicate balance in communicating personalized referral information without making youth feel targeted or stigmatized. However, they faced several challenges in connecting youth with services. Qualitative data suggested that in the communities served by the RIViR sites, like in many communities nationwide, local domestic violence programs had not traditionally included a strong focus on services for TDV. HMRE and domestic violence programs operated under a number of special constraints in serving youth. At one of the sites, TDV services were completely unavailable because state law was understood to prohibit them. At the other, the need for parent permission to access face-to-face TDV services had to be navigated with discretion, sensitivity, support, and with youth direction.

“Here’s national, broad, anonymous [resources]. You can text. You can call. Whatever you want’... Only if something’s bad do you access services? No. I tell them stories of when I’ve used 211 for like, recycling Christmas lights. And then with [local DV program], I do make the personal connections: ‘Hey, have you ever heard of [local DV program]? Do you know anything about that?’”

(HMRE program staff member)



To overcome these challenges, HMRE program staff included a combination of local resources (e.g., walk-in services and crisis lines) and national resources (e.g., loveisrespect.org), including those that could be accessed anonymously. They referred youth to school counselors and other school-based sources of support and encouraged youth to cultivate their informal support networks, including parents and other trusted adults. They also worked to destigmatize service-seeking by providing general, non-stigmatized resources (e.g., using a local 211 line) and mentioning examples of when such community resources had been helpful to them personally. Finally, HMRE and domestic violence program staff collaborated to bolster local, youth-friendly resources, invoking their own and their colleagues' commitment to serving all victims and survivors.

“Everyone has to have a willingness to serve all victims.”

(Domestic violence program staff member)

5.2.1 Recognizing the Limits of Disclosure-based Practice

Many youth disclosed experiences with TDV and received referrals to services as a result of the TDV assessments. However, study results also suggest that efforts to promote safety among TDV victims should not be limited to those who disclose to staff. Quantitative analysis showed that youth who disclosed TDV felt more discomfort around the assessment and were more concerned about their privacy than youth who did not. Although some TDV victims chose to share their experiences despite those obstacles, qualitative interviews made it clear that some youth would not. Youth, HMRE, and domestic violence program staff described a variety of issues that would prevent some youth from opting to share their experiences during TDV assessments. These included

- Discomfort with the mode, whether a one-on-one conversation or a tablet-based assessment;
- Concern or uncertainty about how the information they shared would be used (including special concerns of students with undocumented family members);
- Lack of trust or familiarity with staff, particularly if the assessment was offered early in the HMRE program; or
- General discomfort with personal sharing, whether dispositional or cultural.

For these reasons, staff regarded the inclusion of universal TDV education approaches (e.g., an educational unit on TDV delivered during the healthy relationship course and the “safety card” distributed to all youth during the universal education conversation) as critically important. These activities helped ensure all youth had ready access to information about TDV and TDV-related resources, regardless of whether or when they chose to discuss their experiences with staff.

Furthermore, many interviewees expressed that participation in the TDV assessments could be a potential support for youth experiencing TDV, even if they did not choose to share their experiences. Youth, HMRE, and domestic violence program staff felt that these interactions served an important educational purpose, giving youth a relatively private opportunity to consider their relationship experiences and laying the groundwork for youth-initiated help-seeking.

Youth: “This is a pretty important subject. I wouldn’t want to be in an abusive relationship. I would want to know how to spot it and how to get out if I was.”

Interviewer: “Do you think that the one-on-one conversation with this [safety card] and the screening with the tablet, do you think that those conversations are worth the time that they take?”

Youth: “Yes, because it helps [youth] get a better understanding. Some things they ask you can actually help make you think about whether or not it’s worth it if you’re in a relationship that sounds like that. They basically ask you what you think. You have to think about it for a second.”

The following practice-based resources might also be helpful to HMRE practitioners working to protect the safety of TDV victims and survivors:

- The Healthy Marriage Resource Center’s publication, [Promoting Safety](#), includes a chapter on HMRE program approaches to protecting abuse survivor safety (Menard, 2008 [updated 2015]).
- The Futures Without Violence guide, [Hanging Out or Hooking Up?](#) includes guidance on promoting youth safety whether or not a disclosure is made. It also addresses responses to TDV disclosures, including handling confidentiality concerns and mandated reporting responsibilities.
- Online, youth-friendly resources can be offered to all youth, regardless of disclosure.
 - [Loveisrespect](#), a project of the National Domestic Hotline, is an online resource developed for youth to prevent and end TDV.
 - [Break the Cycle](#) is an online resource for young people 12 to 24 to help support healthy relationships and address dating abuse.
 - [That’snotcool.com](#) offers resources and programs on digital and in-person data abuse and has a repository of [youth-focused resources](#).
 - [Dating Abuse Resources for Teens](#) from the National Domestic Violence hotline offers a list of vetted resources for teens.
- Culturally specific resources on responding to abuse are available from the four culturally specific institutes funded under the Family Violence Prevention and Services Act (FVPSA): [Asian Pacific Institute on Gender-Based Violence](#), [Institute on Domestic Violence in the African American Community](#), [National Latin@ Network](#), and [Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse](#).
- The resource guide [Serving Teen Survivors: A Manual for Advocates](#) includes tip sheets on 11 topics related to responding to youth survivors of sexual violence and guidance on youth cognitive development and trauma, confidentiality and mandated reporting laws, and culturally responsive services.

CONCLUSIONS

6



The RIViR study tested three approaches to TDV education and assessment in youth-serving HMRE programs. It compared the effectiveness, perceived helpfulness, and feasibility of these approaches for identifying youth experiencing TDV and connecting them with support services. Results from this study fill important gaps in prior evidence on building organizational capacity and readiness for inviting TDV disclosure; creating survivor-centered, trauma-informed opportunities for disclosure; and protecting TDV survivor safety (McKay, Brinton, Kan, Clinton-Sherrod, & Krieger, 2016).

This study is the first of its kind to examine the accuracy of TDV assessment tools among youth served by high school-based HMRE programs and how youth responded to these interactions. It contributes a qualitative understanding of the feasibility and acceptability of different approaches to recognizing TDV and connecting youth with available resources. Questionnaire-style, tablet-based tools and universal education conversations each advanced these goals in different ways. When combined, they helped youth with a variety of backgrounds and dispositions to clarify their relationship experiences and connect with sources of support. Results also highlight aspects of organizational readiness and capacity that were key to implementing these strategies: building an active partnership with a local domestic violence organization committed to serving youth, creating a comfortable and interactive environment, and investing staff time in careful planning and coordination.

RIViR study results are based on qualitative and quantitative data collected in partnership with two OFA-funded HMRE programs: More Than Conquerors, Inc. and Youth and Family Services. All youth participants in each of these programs were invited to participate in the RIViR study. These two sites are not representative of HMRE programs broadly; rather, they were selected for their success in enrolling and serving diverse youth and their strong drive to recognize and address TDV among youth in their programs. Therefore, findings from this study cannot be generalized to all youth nor to all youth-serving HMRE programs.

Future studies might assess whether different approaches to universal education or TDV assessment affect other outcomes like resource knowledge or safety-related empowerment. More research is also needed to understand whether participation in school-based HMRE programs might influence youth views and experiences of TDV, and how. Such work might explore the role of staff training and curriculum delivery approaches in shaping the effective reach of HMRE programs with TDV victims and survivors. Refining these approaches and developing more robust community-based resources for addressing TDV both merit further attention. Finally, exploring strategies for promoting both cultural responsiveness and linguistic accessibility and for incorporating youth leadership and peer engagement is an important direction for future practice and research. The ongoing efforts of youth-serving HMRE programs to develop and implement innovative approaches to supporting youth affected by TDV hold tremendous potential to set them on course for a lifetime of safe and healthy relationships.

APPENDIX A – METHODS

A.1 Site Selection

Selection of sites for the RIViR field study involved a series of steps. First, we abstracted information from all current HMRE grantees' grant applications about their target populations and targeted sample sizes, planned program activities, intake and IPV screening procedures, involvement in data collection for evaluation or research, and partnership with a local domestic violence program. Based on selection criteria for the study (see box below) and in consultation with OPRE and OFA staff, we prioritized the list of grantees and invited grantees to an informational webinar. We then requested individual phone calls with each of the high and medium priority grantees to discuss the study and learn more about their current programs, participant populations, staffing, and workflow, including potential opportunities for IPV assessment. We conducted follow-up phone calls with selected grantees that were interested in participating in the study and that offered the best fit with the study requirements. These calls enabled us to gather more information and to begin planning the specific study procedures, including the development of IRB protocols for the sites. In collaboration with OPRE and the sites, we identified three adult-serving sites for the field study.

We applied the following site selection criteria, which spoke to capacity for the required volume of data collection and basic capacity (or "organizational readiness") for addressing IPV and managing potential safety concerns related to implementing IPV screening.

- Case flow: the expected ability of the site to recruit approximately 300 participants during a 9-month window
- Opportunities for at least three independent encounters with participants
- Active, functioning partnership with local domestic violence program
- Presence of domestic violence protocol
- Ability to obtain local IRB oversight (site had a working relationship with a local Institutional Review Board that could also provide human subjects protection oversight for its role in the RIViR study)
- Diverse, English-speaking program population
- Inclusive approach to serving IPV victims and survivors (participants who indicated IPV at intake were not categorically excluded from programming)

The three selected sites each signed a Memorandum of Understanding outlining HMRE program staff responsibilities and were trained in person for two days before beginning RIViR tool administration with their program participants. The sites committed to enrolling 150 to 300 participants each, for a

total of 600 RIViR participants across the three sites. Each site received a stipend for their efforts and incentives to provide to study participants.

A.2 IPV Assessment and Universal Education Procedures

Eligible participants for RIViR were 18 years or older or legally emancipated minors and able to read and speak English. All participants were asked to sign a consent form. Staff went over the consent form during individual intake appointments and collected hardcopy signed consent forms from the participants. Participants were able to decline RIViR study participation and still participate in programming if they desired.

The three tools were offered to participants in random order over the course of the HMRE program. Each assessment took between 5 and 10 minutes and was implemented during normal programming time. Assessments were spaced a minimum of two days apart; on average, the time between the first and third completed tool was 60 days (median = 42 days). Participants who self-administered tools remained in the class space, while participants who received the universal education tool during class sessions moved to a private space for an individual interaction with a HMRE program staff member. During the universal education interaction, participants were shown and given a “safety card” with information about healthy and unhealthy relationship behaviors and local and national resources. Staff used the identification number assigned to participants by the program’s nFORM data management system to access each tool, so that the data could be linked across tools; no names were directly associated with any responses.

The two questionnaire-style IPV assessment tools measured physical violence, sexual coercion, psychological aggression, and controlling behavior. The first tool consisted of the five-item *Universal Violence Prevention Screen* and ten scaled items adapted from the *Women’s Experiences of Battering* to be gender neutral. The second tool consisted of the 15-item *Intimate Justice Scale*. The universal education tool was developed in collaboration with academic and practitioner experts, informed by the Futures Without Violence model. It was delivered in a one-on-one conversation between HMRE program staff and adult participants with support from a tablet-based guide and hard copy safety card. Tool development is described in Appendix Section A.4; the content and coding of the tools is described in Appendix B.

After completing the first IPV tool (whichever of the three tools it was), participants used the tablet to self-administer a few questions about their gender identity and sexual orientation that were not already collected via the sites’ programmatic intake survey. At the end of the third IPV tool, participants self-administered a set of survey questions about their comfort, knowledge, and perceptions of the tools, resources, and IPV-related interactions with HMRE program staff. All data were

automatically electronically transmitted directly to RTI. Program staff at the site that implemented self-administered tools received a spreadsheet from RTI after each session detailing any responses to the self-administered tools that suggested IPV victimization (for use in individual follow-up and referral with participants). RTI provided ongoing technical assistance throughout data collection.

A.3 Study Sample

Table A.1 presents the characteristics of RIViR adult study participants. The sample was largely (99.5%) cisgender and more than two-thirds of participants identified as female. Participants were racially and ethnically diverse: 36% of participants were White, 20% were Black, 18% were Hispanic/Latinx, and 17% were Native American. Most participants were 25 years or older and most had completed at least a high school diploma or GED. The sample was socioeconomically diverse and included a sizable proportion of low-income participants and participants receiving public assistance. Participants reported a mix of relationship situations and household compositions. Nearly 90% of the sample identified as heterosexual.

Table A.1. Demographic Characteristics of Study Sample (N=646)

Sex and Gender Identity^a	Frequency, %
Male	30.9
Female	69.1
Cisgender	99.5
Transgender	0.5
Race/Ethnicity and Nativity	Frequency, %
White	36.4
Black	19.5
Hispanic/Latinx	18.0
Native American	16.6
Other race or multiple races	9.6
Born in the US	91.3
Age	Frequency, %
Younger than 25	19.2
25 to 34	36.4
35 or older	44.3

Sexual Orientation	Frequency, %
Heterosexual	89.5
Gay/Lesbian/Bisexual/Other	10.5
Educational Attainment	Frequency, %
Less than high school	23.3
High school diploma or GED	40.5
More than high school	36.2
Employment and Income	Frequency, %
Working	49.3
Income under \$500/mo.	45.4
Income \$500–\$2000/mo.	36.5
Income over \$2000/mo.	18.1
Receiving public assistance	54.9
Housing Situation	Frequency, %
Own home	13.5
Rent home	53.1
Rent-free living situation	15.4
Other living situation	18.0
Family Structure	Frequency, %
In a steady relationship	52.1
Have children	67.9
Live with children	54.7

^a Assigned sex was obtained from program administrative data. Gender identity is not mutually exclusive of indication of assigned sex.

Compared to participants in the recent, five-site Parents and Children Together (PACT) study of couples-based HMRE programs, a much lower proportion of RIViR participants were in a steady relationship (52.1% of RIViR participants compared to all PACT participants). Like PACT participants, RIViR participants were mostly in their thirties and had low incomes. With respect to race/ethnicity, RIViR included fewer Hispanic/Latinx participants and more Black, White, and Native American participants (Moore et al., 2018).

A.4 Tool Selection and Development

To select tools for inclusion in the RIViR study, the team conducted a systematic review of research literature on commonly used tools for inviting IPV disclosure in 2016. This review produced a summary of psychometric properties of existing tools and the populations in which they had been validated, with a focus on validation in populations and settings similar to HMRE programs.

The review of validation studies for IPV identification tools applied the systematic review procedures specified in the U.S. Preventive Services Task Force procedures manual for evidence review (U.S. Preventive Services Task Force, 2015). We focused on literature published in 1995 and later. Search parameters were designed to identify instances of the terms *intimate partner violence, domestic violence, spouse abuse, partner abuse, psychological abuse, emotional abuse, coercive control, coercion, controlling behavior, financial abuse, or economic abuse* that coincided with *screen, screener, screening, tool, screening protocol, psychometrics, instrument, measure, questionnaire, open-ended screening, open-ended assessment, qualitative screening, and qualitative assessment*. Tools focused on child maltreatment or child abuse were not included. For a tool to be considered validated, the published validation study had to include data on validity, such as correlation with another measure or a relative risk index, or a sensitivity estimate of at least 50%. An inventory of validated, standardized tools was prepared that summarized the results of this review.

Despite validation criteria that would be considered scientifically generous, some promising and important approaches, such as tools for universal IPV education, did not have validation information in the published literature. Further, very little validation information was available on tools for use in non-clinical settings. Validated tools were overwhelmingly tested in primary care, hospitals and other health care settings. Length of the identified tools also presented potential barriers for implementation in HMRE programs. Given that answering IPV-related questions can be a painful experience for survivors, trauma-responsive approaches are designed to elicit only as much information as is needed to serve IPV survivors safely and appropriately. In addition, opportunities for IPV assessment and universal education in HMRE programs necessarily occur in settings in which time is limited (Krieger et al., 2016).

Although shorter tools are advantageous from the perspective of staff and participant burden, they often lack coverage of important constructs. The RIViR literature review found that most brief tools addressed physical violence only, and few assessed controlling behavior. Evidence-informed theoretical work with adults suggests that it is important to include questions about controlling behavior even in brief initial screening, since other forms of IPV may not be present in couples in which one partner has already established abusive control of the other (Johnson, 2010).

From the systematic review of research literature on standardized IPV assessment tools, information about the tools' construct focus, length, psychometric properties (if established), and the populations with which they were validated or tested was compiled. Using this compilation, a short list of standardized tools was proposed for inclusion in RIViR testing efforts. This list was shared with researcher and practitioner experts as well as federal staff. Based on the information available on IPV tools at that time, the Intimate Justice Scale (IJS) was selected for fielding as one questionnaire-style tool and the Universal Violence Prevention Screen and Women's Experience with Battering questionnaires were combined as another (UVPS/WEB).

Incorporating guidance from external experts and federal interagency stakeholders, an additional review was conducted to guide the fielding of a third, universal education (UE) tool that would be focused on universal IPV education and resource sharing. This tool was intended to include an interactive conversation and opportunities for participant-driven discussion about healthy and unhealthy relationships and IPV. To guide this effort, the team also reviewed published literature on procedures for open-ended IPV disclosure opportunities and protocols for universal education. At the time of the review, the literature focused on opportunities for health care providers to ask questions of patients during individual clinical consultation in urgent care or outpatient settings, with little published evidence on universal IPV education or opportunities for open-ended conversations and participant-driven IPV disclosure in non-clinical settings. However, the Futures Without Violence model (Futures Without Violence, n.d.) identified in this review appeared promising and was met with approval from external expert and federal interagency teams. Adapting this model, a universal education tool and accompanying "safety card" containing IPV information and resources were developed for use in HMRE programs. RIViR study safety cards included national resources as well as resources specific to each site, which were chosen in consultation with HMRE program staff.

Finally, the research team reviewed and summarized published evidence on procedures for implementing IPV assessment in HMRE programs, including:

- Common implementation barriers affecting IPV disclosure opportunities
- Influence of timing on IPV disclosure
- Influence of staff qualifications and training on IPV disclosure opportunities

This body of evidence, along with practice-based knowledge (as published in grey literature and shared by the RIViR expert group) was used to guide the development of tool implementation procedures and the content of the two-day training provided to RIViR sites.

A.5 Quantitative Analytic Methods

A.5.1 Analysis of Disclosure Outcomes and Tool Psychometrics

We first examined simple descriptive statistics on IPV disclosure rates by tool (shown in Table 4-3 in the report) and by several basic demographic characteristics (shown in Table 4-1 in the report; model results are presented in Table A.2). Ordinary least squares and logistic regression models with disclosure as the dependent variable tested significance of differences in disclosure rates by demographic characteristics and how long participants had been in the HMRE program at the time they completed each tool, controlling for study site.

Table A.2 Disclosure Outcome by Demographics and Time in Program, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std.		N
			Err.	P> z	
Any IPV disclosure	Male (vs. female)	0.028	0.174	0.873	639
Any IPV disclosure	Cisgender (vs. not)	0.857	1.235	0.487	640
Any IPV disclosure	Age under 24 (vs. 35 and over)	-0.060	0.226	0.792	644
Any IPV disclosure	Ages 25 to 34 (vs. 35 and over)	0.103	0.180	0.565	644
Any IPV disclosure	Black (vs. white)	0.508	0.332	0.126	626
Any IPV disclosure	American Indian (vs. white)	0.192	0.240	0.424	626
Any IPV disclosure	Hispanic (vs. white)	0.290	0.308	0.347	626
Any IPV disclosure	Other race (vs. white)	0.788	0.321	0.014*	626
Any IPV disclosure	No degree/diploma (vs. beyond high school)	-0.098	0.217	0.651	631
Any IPV disclosure	GED/High School Diploma (vs. beyond high school)	-0.222	0.187	0.236	631
Any IPV disclosure	Heterosexual (vs. other sexual orientation)	-0.346	0.268	0.196	640
Any IPV disclosure	Born in the U.S. (vs. not)	0.291	0.302	0.337	643
Any IPV disclosure	Receive public assistance (vs. do not)	0.433	0.166	0.009*	640
Any IPV disclosure	Rent home (vs. own home)	0.371	0.246	0.131	643
Any IPV disclosure	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	0.456	0.300	0.129	643

Dependent Variable	Independent Variable	Coef.	Std.		N
			Err.	P> z	
Any IPV disclosure	Other living situation (vs. own home)	0.735	0.291	0.011*	643
Any IPV disclosure	Working (vs. not)	-0.499	0.166	0.003*	626
Any IPV disclosure	Income <\$500 (vs. >\$2,000)	0.537	0.233	0.021*	596
Any IPV disclosure	Income \$500–\$2,000 (vs. >\$2,000)	0.023	0.237	0.923	596
Any IPV disclosure	In a steady relationship (vs. not)	-0.699	0.163	0.000*	638
Any IPV disclosure	Live with kids (vs. not)	0.099	0.167	0.554	595
Any IPV disclosure	Have kids (vs. not)	0.536	0.175	0.002*	623
Any IPV disclosure	Days in Program	-0.001	0.001	0.235	644

* p<.05

In order to understand and compare the accuracy of the three tools (i.e., the two questionnaire-style instruments and the universal education conversational approach) in eliciting disclosure of IPV, we constructed two types of latent class models (LCMs; (Biemer, 2011): (1) a synthetic “gold standard” model and (2) latent class analysis (LCA). Under LCMs, items in each tool or a collection of items are used as indicators to represent a latent (unobserved) construct. Proponents of this approach suggest that IPV cannot be directly measured through a survey instrument because of the high level of measurement error involved in estimating sensitive items like IPV (Berzofsky et al., 2014). Therefore, IPV is treated as a latent construct and the three tools, or components of each tool, are treated as indicators of IPV with some level of measurement error. Latent Gold 5.1 was used to conduct the latent class models (Vermunt & Magidson, 2005). We handled missing data using the procedures recommended by (Edwards et al., 2018).

Data and preliminary analysis. We assumed that, collectively, the items within the three tools measured each of four possible constructs: physical violence (PV), sexual coercion (SC), psychological aggression (PA), and controlling behavior (CB). Both questionnaire-style tools asked respondents a series of questions to determine whether the person was experiencing IPV victimization. Table A.3 lists the items for each tool, the scale of measurement and the construct the item was assigned to represent. The universal education tool was delivered in a conversational format and did not require staff to record information on the four component constructs; with this tool, the respondent’s status for the four component constructs was not ascertained. Rather, a single indicator of whether the conversation indicated IPV victimization (any or none) was recorded by the staff administering the module.

Table A.3 Subjective Mapping of Instrument Items to Constructs

Universal Violence Prevention Screen and Women’s Experiences of Battering	Construct Measured	Scale
2. If yes: Within the past year has a partner:		
2a. Slapped, kicked, pushed, choked, or punched you?	PV	(0) No;
2b. Forced or coerced you to have sex?	SC	(1) Yes
2c. Threatened you with a knife or gun to scare or hurt you?	PV	
2d. Made you afraid that you could be physically hurt?	CB	
2e. Repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	PA	
3. She or he makes me feel unsafe even in my own home.	CB	(1) Agree
4. I feel ashamed of the things she or he does to me.	PA	Strongly;
5. I try not to rock the boat because I am afraid of what she or he might do.	CB	(2) Agree Somewhat;
6. I feel like I am programmed to react a certain way to him or her.	CB	(3) Agree a Little;
7. I feel like she or he keeps me prisoner.	CB	(4) Disagree a Little;
8. She or he makes me feel like I have no control over my life, no power, no protection.	CB	(5) Disagree Somewhat;
9. I hide the truth from others because I am afraid not to.	CB	(6) Disagree
10. I feel owned and controlled by him or her.	CB	Strongly
11. She or he can scare me without laying a hand on me.	CB	
12. She or he has a look that goes straight through me and terrifies me.	CB	

Intimate Justice Scale	Construct	
	Measured	Scale
1. My partner never admits when she or he is wrong.	PA	(1) Do Not Agree
2. My partner is unwilling to adapt to my needs and expectations.	CB	at All;
3. My partner is more insensitive than caring.	PA	(2);
4. I am often forced to sacrifice my own needs to meet my partner's needs.	CB	(3);
5. My partner refuses to talk about problems that make him or her look bad.	PA	(4);
6. My partner withholds affection unless it would benefit her or him.	CB	(5) Strongly
7. It is hard to disagree with my partner because she or he gets angry.	PA	Agree
8. My partner resents being questioned about the way he or she treats me.	PA	
9. My partner builds himself or herself up by putting me down.	PA	
10. My partner retaliates when I disagree with him or her.	CB	
11. My partner is always trying to change me.	CB	
12. My partner believes he or she has the right to force me to do things.	CB	
13. My partner is too possessive or jealous.	CB	
14. My partner tries to isolate me from family and friends.	CB	
15. Sometimes my partner physically hurts me.	PV	

As a preliminary analysis performed before the LCMs, kappa statistics were examined for items within each IPV construct and across tools. The kappa statistics provide a descriptive measure of the level of agreement between the tools (Cohen, 1968). To calculate the kappa statistics, a value for IPV victimization was assigned to each tool or item based on how the respondent endorsed the items in each tool. A respondent was coded as having experienced IPV victimization (IPV =1) or not (IPV =0) based on the following criteria:

UVPS/WEB: IPV=1 if Q2a =1 or Q2b=1 or Q2c=1 or Q2d=1 or Q2e=1 or
SUM(Q3,Q4,Q5,Q6,Q7,Q8,Q9,Q10,Q11,Q12) \geq 20¹; else IPV=0

IJS: IPV=1 if SUM(Q1,Q2,Q3,Q4,Q5,Q6,Q7,Q8,Q9,Q10,Q11,Q12,Q13,Q14,Q15) \geq 30; else IPV=0²

UE: IPV=1 if interviewer indicates IPV occurred; else IPV=0

Table A.4 presents the tool-level and item-level kappa statistics.

Synthetic “gold standard” analysis. One benefit of using LCMs to analyze tool accuracy is that it avoids the need to designate one instrument or indicator as the gold standard (or most accurate way) for identifying IPV. Instead, the synthetic “gold standard” analysis uses each instrument item as an indicator to measure each IPV construct rather than a summarized indicator at the tool level. This method does not distinguish between the tools. That is, it treats all items as part of a single tool and compares each tool to the full collection of items (i.e., the synthetic “gold standard”).

This analysis was used for two purposes; first, to estimate the sensitivity and specificity of each tool, and second, to determine if a smaller collection of items (drawn from any of the tools) could be efficiently used to measure IPV. To conduct this analysis, the LCM was constructed at the construct level. In other words, the LCM included four latent constructs rather than a single latent construct for IPV. For this analysis, each item was scored for the presence of IPV victimization based on the scoring rules above that were used to determine IPV victimization at the tool level. For items that were summed to determine IPV, the entire set of items was treated as a single “item” for the gold standard analysis.

To estimate sensitivity and specificity, a LCM was fit whereby each IPV construct was considered a latent construct with each item assigned appropriately as an indicator for that construct. For each respondent, the LCM estimated the probability of being a victim of IPV (p_{gs}). For each instrument the sensitivity was then calculated for each tool (A) across the full set of respondents (S) as:

$$Sensitivity = \frac{\sum_{A=1} p_{gs}}{\sum_S p_{gs}}$$

where A=1 indicated that the respondent’s answers to the tool classified them as a victim of IPV. In other words, sensitivity is the ratio of the sum of the probability of being a victim of IPV when the tool

¹ Items Q3–Q12 are reverse coded prior to being summed. In other words, the following scores are given to each response option prior to determining IPV status: “disagree strongly”=1, “disagree somewhat”=2, “disagree a little”=3; “agree a little”=4, “agree somewhat”=5; and “agree strongly”=6

² If a participant refused to answer all items in a sum score (i.e., the WEB or the IJS), IPV was coded as missing for that tool. The only exception is, for the UVPS/WEB, if a participant responded positively to one or more of the UVPS items, then IPV was coded 1 for that tool regardless of responses to the WEB items.

indicated that a person was a victim over the sum of the probability of being a victim across all respondents.

Table A.4 Tool-Level Agreement and Item-Level Agreement Within Construct

IPV Overall		
	IJS	Universal Education Tool
UVPS/WEB	0.37	0.08
IJS		0.08
Controlling Behavior (By Question)		
	UVPS/WEB Q2d	IJS Sum of CB Questions
UVPS/WEB Sum of CB Questions (Q3, Q5-Q12)	0.46	0.27
IJS Sum of CB Questions		0.38
Physical Violence		
UVPS/WEB Q2c		
UVPS/WEB Q2a	0.27	
Psychological Aggression		
	UVPS/WEB Sum of Q3-Q12	IJS Sum of PA Questions
UVPS/WEB Q2e	0.57	0.07
UVPS/WEB Sum of Q3-Q12		0.18

Note: Only one item (UVPS/WEB Q2b) addressed sexual coercion; therefore, sexual coercion was excluded from the construct-specific analysis.

The specificity was calculated for each tool (A) across the full set of respondents (S) as:

$$Specificity = \frac{n_{A=2} - \sum_{A=2} p_{gs}}{n - \sum_S p_{gs}}$$

where A=2 indicated that the respondent's answers to the tool classified them as not a victim of IPV. In other words, the specificity is the ratio of the sum of the probability of not being a victim of IPV among

those who did not report IPV over the sum of the probability of not being a victim of IPV across all respondents. The results of this analysis are presented in Table 4-4 of the report.

To assess whether a smaller set of items could be used to accurately determine IPV victimization, we calculated the sensitivity and specificity for each single item in the UVPS (i.e., Q2a–Q2e) and each summed item (i.e., Q3–Q12 of the WEB; Q1–Q15 of the IJS). We also calculated sensitivity and specificity for the universal education tool, which included a single indicator of the presence of IPV, as a whole. The sensitivity and specificity for each item combination was compared to the sensitivity and specificity of the “gold standard” model to determine if a set of three elements could perform as well or better than any of the three intact tools. Table A.5 presents the ten sets of items with the highest sensitivity. All of these combined tools had specificity of at least 92%. In addition, the combination of the sum of WEB items and the sum of IJS items (without a third item) had a sensitivity of 62.2% and a specificity of 96.1%.

Table A.5 Hybrid Tools with Highest Sensitivity

Item 1	Item 2	Item 3	Sensitivity, %
Within the past year, has a partner repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	Sum of WEB items	Sum of IJS items	64.49
Within the past year, has a partner slapped, kicked, pushed, choked, or punched you?	Sum of WEB items	Sum of IJS items	63.46
Sum of WEB items	Sum of IJS items	Universal Education Tool	63.18
Within the past year, has a partner made you afraid that you could be physically hurt?	Sum of WEB items	Sum of IJS items	63.10

Item 1	Item 2	Item 3	Sensitivity, %
Within the past year, has a partner repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	Sum of IJS items	Universal Education Tool	62.99
Within the past year, has a partner slapped, kicked, pushed, choked, or punched you?	Within the past year, has a partner repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	Sum of IJS items	62.64
Within the past year, has a partner forced or coerced you to have sex?	Sum of WEB items	Sum of IJS items	62.56
Within the past year, has a partner threatened you with a knife or gun to scare or hurt you?	Sum of WEB items	Sum of IJS items	62.48
Within the past year, has a partner made you afraid that you could be physically hurt?	Within the past year, has a partner repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	Sum of IJS items	62.45
Within the past year, has a partner forced or coerced you to have sex?	Within the past year, has a partner repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	Sum of IJS items	62.43

Latent class analysis. The LCA—the second LCM analysis—was conducted to measure the classification error across the three tools. This analysis produced the false positive and false negative rate associated with each tool. To fit the LCMs for this model, we followed the methodology established by (Berzofsky et al., 2014). Under this methodology, we first determined the best grouping variables for the measurement component of the model; for example, demographic characteristics for which there is homogeneous measurement error. The measurement component of the model produced the estimates of the false positive and false negative rates shown in Table A.6. Second, we fit the structural component of the LCM. The structural component estimates the error-free prevalence of IPV (shown in the “Any IPV” columns in Table A.6). To control for differences across the three sites, site was included in the structural component of the model. The grouping variables included committed relationship status (married/engaged/with a steady partner vs. no relationship/steady partner) and living with at least one child. Site was also included in the measurement component of the model.

Table A.6 Estimated Error-Free Prevalence of IPV and False Positive and False Negative Rates for Each Tool

	Any IPV	No IPV	UVPS/ WEB False -	UVPS/ WEB False +	IJS False -	IJS False +	Universal Education Tool False -	Universal Education Tool False +
Est	34	66	20	10	9	33	88	1
Percent, %								
SE	3.5	3.5	5.3	2.3	3.9	3.3	2.8	0.6
95% CI	(27, 41)	(59, 73)	(11, 32)	(6, 15)	(3, 20)	(27, 40)	(82, 93)	(0, 3)

Table A.7 presents a comparison of the fit statistics for the full and reduced LCA models. After determining the most appropriate grouping variables (i.e., site, relationship status, and living with children), Wald tests were used to determine if the model could be reduced by removing nonsignificant interaction terms. As Table A.7 shows, the reduced model was not statistically different from the full model, indicating that the reduced model was sufficient; therefore, this reduced model was selected as the final model. Table A.8 presents the regression parameters associated with the final LCA model using reference cell coding.

Table A.7 Fit Statistics for Full and Reduced LCA Models

LCA Model Selection	Full Model	Reduced Model
	{T _A XABC}	{T _A XA T _A XB T _A XC}
	{T _B XABC} {T _C XABC}	{T _B XA T _B XB T _B XC} {T _C XA T _C XB T _C XC}
N	646	646
# of Parameters	75	33
DF	201	243
LL	-686	-708
BIC (LL)	1858	1631
Dissimilarity Index	0.14	0.18
Wald Test		27.87
DF		42
p-value		0.95

A = Site; B = 2-Level Committed Relationship Indicator; C = 2-Level Live with Children Indicator
T_i = IPV indicator for Tool i; X = Latent IPV indicator; I_{ij} = IPV indicator based on Question j from Tool i

Table A.8 Regression Parameters for the Final LCA Model

Regression Parameters with Reference Cell Coding

Structural Model		
IPV Term	Coefficient	S.E.
1	-0.14	0.33
site (1)	0.10	0.38
site (2)	-1.93	0.51

Measurement Models						
Term	UVPS/ WEB Coefficient	UVPS /WEB S.E.	IJS Coefficient	IJS S.E.	Universal Education Tool Coefficient	Universal Education Tool S.E.
1	-1.99	0.63	-1.56	0.52	-8.76	4.57
IPV (yes)	3.64	1.28	4.48	1.65	6.37	4.63
site (1)	-3.13	3.56	0.58	0.52	0.21	4.99
site (2)	0.05	0.60	0.30	0.47	2.45	3.54
relationship status (not in committed relationship)	0.31	0.47	0.99	0.28	3.60	3.02
live with at least 1 child (no)	-0.38	0.52	0.08	0.29	-2.90	3.97
site (1) * IPV (yes)	6.15	3.94	-1.89	1.61	-0.90	5.06
site (2) * IPV (yes)	0.61	1.36	1.60	3.89	-0.43	3.67
relationship status (not in committed relationship) * IPV (yes)	1.88	1.02	3.54	3.01	-4.62	3.10
live with at least 1 child (no) * IPV (yes)	-2.62	1.31	-1.44	0.96	3.78	4.08

Table A.9 presents the final LCA and synthetic “gold standard” LCM models using Goodman notation (Goodman, 1974) and the associated model fit statistics.

Table A.9. Model Specifications and Model Fit Statistics for LCA and “Gold Standard” Models

Model Name	Model Specification	N	# of		LL	BIC (LL)	Dissimilarity
			Parameters	DF			Index
LCA Model	(Mauro et al., 2019) {T _A X _A T _A X _B } {T _B X _A T _B X _B } {T _C X _A T _C X _B }	646	33	243	-708.50	1630.53	0.18
Gold Standard	{PvSc PvPa PvCb} {ScPa ScCb} {PaCb} {I _{A2a} PV I _{A2a} I _{A2d} I _{A2a} I _{A2e} } {I _{A2b} Sc I _{A2b} I _{A2d} } {I _{A2c} PV I _{A2c} I _{A2d} } {I _{A2d} Cb} {I _{A2e} Pa I _{A2e} I _{A2d} } {I _{Asum(Q3-Q12)} Cb I _{Asum(Q3-Q12)} Pa I _{Asum(Q3-Q12)} } I _{A2d} I _{Asum(Q3-Q12)} I _{A2e} }	646	36	219	-1185.49	2603.93	0.13

A = Site; B = 2-Level Committed Relationship Indicator; C = 2-Level Live with Children Indicator

T_i = IPV indicator for Tool i; X = Latent IPV indicator; I_{ij} = IPV indicator based on Question j from Tool i

Pv = Latent Physical Violence IPV indicator; Sc = Latent Sexual Coercion IPV indicator;

Pa = Latent Psychological Aggression IPV indicator; Cb = Latent Controlling Behavior IPV indicator

A.5.2 Analysis of Responses to Tools

Responses to the RIViR tools were assessed using survey data about participants’ comfort, knowledge, and perceptions of IPV screening tools, resources, and interactions with HMRE program staff. These questions were self-administered by participants on tablets at the time of their third and final tool administration (either a questionnaire-style tool or the universal education conversation with staff). Therefore, approximately one-third of the sample answered the questions in reference to each of the three tools, and we leveraged this variation to examine differences in participants’ perceptions according to the tool with which they were associated. The analysis applied descriptive statistics to examine how participants experienced and perceived the tools/interactions and the outcomes other than disclosure that were associated with these experiences. Specifically, we examined:

- Participants’ perceptions of the questions/conversation
- Participants’ comfort with the screening process (including mode, setting, ability to answer the questions openly, confidence that staff would protect their privacy, feeling respected by staff)
- Participants’ comfort approaching HMRE program staff or others with relationship or safety concerns
- Participants’ knowledge of available resources and options for maintaining safety

To reduce the number of analyses conducted, we examined correlations among the items and combined items about participant comfort and number of resources the participant knew how to access (see “Composite Measures of Participant Responses to Tools,” below). The comfort composite was created by standardizing each item and creating an average across items. The number of resources composite was created by summing all items; “none of the above” answers were scored 0. All other questions were analyzed separately; all were dichotomized because of skewed frequency distributions or, in the case of the question about mode preference, to reduce the number of response categories.

Composite Measure of Participant Comfort with Staff	Composite Measure of Number of Resources Participants Know How to Access
[HMRE program] staff respect my privacy.	A local organization that offers domestic violence services
In this program, I can share things about my life on my own terms and at my own pace.	National hotline for adults being abused by a dating partner or spouse
I can trust [HMRE program] staff.	A hotline for survivors of rape, incest, and abuse
I feel respected by staff in [HMRE program].	
I am comfortable talking about any challenges I am having in an intimate relationship (e.g., with my dating partner, girlfriend/boyfriend, hook-ups, spouse, or domestic partner) with a [HMRE program] member.	
I feel comfortable asking for help to keep safe.	

We then used ordinary least squares regression (for continuous outcomes) and logistic regression models (for dichotomous outcomes) in Stata version 15.1 (Stata Corp LP, 2017) to determine whether the mean values obtained for each of these measures differed significantly across three groups: those who answered the questions in reference to the UVPS/WEB tool, those who completed it in association with the IJS tool, and those who completed it in association with the universal education tool. Because there were significant differences between the three sites on several responses, we controlled for site in all models. Model results from these analyses are shown in Table A.10. Given that there were nine domains per analysis, the significance levels were adjusted, using a Bonferroni correction, to $.05/9 = .0056$.

Table A.10 Responses by Tool, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Overall, how clear were the questions?	UVPS/WEB (vs. UE)	-1.445	0.573	0.012	476
	IJS (vs. UE)	-1.432	0.566	0.011	476
How comfortable were you with the conversation/ questions?	UVPS/WEB (vs. UE)	-1.180	0.310	0.000*	475
	IJS (vs. UE)	-0.872	0.310	0.005*	475
Did you answer the questions very openly?	UVPS/WEB (vs. UE)	0.666	0.384	0.082	477
	IJS (vs. UE)	1.111	0.417	0.008	477
Would you prefer to answer questions like these on a tablet, smartphone, or computer (vs. talking to a staff person in-person or on the phone)?	UVPS/WEB (vs. UE)	1.718	0.286	0.000*	461
	IJS (vs. UE)	1.616	0.279	0.000*	461
How much of the time were you concerned that someone else might see or hear you answering the questions?	UVPS/WEB (vs. UE)	0.088	0.361	0.808	473
	IJS (vs. UE)	-0.068	0.341	0.841	473

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Do you know your options for keeping yourself safe?	UVPS/WEB (vs. UE)	-0.262	0.556	0.638	475
	IJS (vs. UE)	0.589	0.657	0.370	475
How likely are you to share information about these types of programs or services with someone you know?	UVPS/WEB (vs. UE)	0.339	0.281	0.228	471
	IJS (vs. UE)	-0.054	0.258	0.835	471
Number of resources participants know how to access	UVPS/WEB (vs. UE)	0.018	0.123	0.885	443
	IJS (vs. UE)	-0.026	0.118	0.825	443
Comfort with staff	UVPS/WEB (vs. UE)	0.032	0.079	0.687	477
	IJS (vs. UE)	0.019	0.077	0.802	477

* $p < .0056$, the critical alpha for this analysis based on a Bonferroni correction for multiple comparisons.

We also used the same types of regression models to compare how members of different demographic sub-groups experienced the tools, including by gender, race and ethnicity, age, sexual orientation, education, socioeconomic characteristics, and family structure. We tested whether any of these responses differed according to how long participants had been enrolled in the HMRE program at the time they completed the third tool, staff gender, and staff-participant gender congruence. In addition, we assessed whether these responses differed between those who disclosed IPV and those who did not disclose. The results of these models are presented in Tables A.11 through A.14.

Table A.11 Responses by Demographics, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Overall, how clear were the questions?	Male (vs. female)	0.221	0.376	0.558	474
	Age under 24 (vs. 35 and over)	-0.815	0.451	0.071	475
	Ages 25 to 34 (vs. 35 and over)	-0.338	0.403	0.402	475
	Black (vs. white)	-0.625	0.651	0.337	461
	American Indian (vs. white)	-0.256	0.558	0.647	461

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
	Hispanic (vs. white)	-0.552	0.618	0.372	461
	Other race (vs. white)	-0.675	0.577	0.242	461
	No degree/diploma (vs. beyond high school)	-0.388	0.462	0.400	464
	GED/High School Diploma (vs. beyond high school)	-0.115	0.406	0.777	464
	Heterosexual (vs. other sexual orientation)	0.410	0.471	0.384	474
	Born in the U.S. (vs. not)	0.359	0.550	0.514	474
	Receive public assistance (vs. do not)	-0.230	0.360	0.523	471
	Rent home (vs. own home)	-0.098	0.531	0.854	474
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.203	0.616	0.742	474
	Other living situation (vs. own home)	-0.153	0.612	0.803	474
	Working (vs. not)	-0.080	0.344	0.817	461
	Income <\$500 (vs. >\$2,000)	-0.365	0.542	0.500	432
	Income \$500-\$2,000 (vs. >\$2,000)	-0.122	0.560	0.828	432
	In a steady relationship (vs. not)	-0.367	0.346	0.289	471
	Live with kids (vs. not)	0.051	0.352	0.885	439
	Have kids (vs. not)	-0.234	0.377	0.535	460
How comfortable were you with the conversation/questions?	Male (vs. female)	-0.341	0.229	0.137	474
	Age under 24 (vs. 35 and over)	-0.697	0.302	0.021	474
	Ages 25 to 34 (vs. 35 and over)	-0.391	0.257	0.128	474
	Black (vs. white)	0.007	0.451	0.988	460
	American Indian (vs. white)	-0.064	0.350	0.855	460
	Hispanic (vs. white)	-0.145	0.410	0.725	460
	Other race (vs. white)	-0.339	0.387	0.381	460
	No degree/diploma (vs. beyond high school)	-0.280	0.305	0.358	463

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
	GED/High School Diploma (vs. beyond high school)	0.142	0.262	0.588	463
	Heterosexual (vs. other sexual orientation)	0.690	0.312	0.027	473
	Born in the U.S. (vs. not)	-0.201	0.428	0.639	473
	Receive public assistance (vs. do not)	-0.217	0.235	0.356	470
	Rent home (vs. own home)	0.125	0.323	0.700	473
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.063	0.381	0.868	473
	Other living situation (vs. own home)	0.354	0.396	0.372	473
	Working (vs. not)	0.217	0.226	0.337	460
	Income <\$500 (vs. >\$2,000)	-0.197	0.325	0.544	431
	Income \$500-\$2,000 (vs. >\$2,000)	-0.057	0.330	0.864	431
	In a steady relationship (vs. not)	0.199	0.222	0.370	470
	Live with kids (vs. not)	0.010	0.232	0.965	438
	Have kids (vs. not)	-0.050	0.241	0.835	459
Did you answer the questions very openly?	Male (vs. female)	-0.336	0.336	0.317	475
	Age under 24 (vs. 35 and over)	-0.530	0.454	0.243	476
	Ages 25 to 34 (vs. 35 and over)	-0.496	0.376	0.187	476
	Black (vs. white)	0.052	0.681	0.939	462
	American Indian (vs. white)	-0.214	0.511	0.676	462
	Hispanic (vs. white)	-0.627	0.573	0.274	462
	Other race (vs. white)	-0.661	0.531	0.214	462
	No degree/diploma (vs. beyond high school)	-0.777	0.412	0.059	465
	GED/High School Diploma (vs. beyond high school)	0.396	0.418	0.344	465
	Heterosexual (vs. other sexual orientation)	0.303	0.469	0.518	475

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
	Born in the U.S. (vs. not)	0.986	0.512	0.054	475
	Receive public assistance (vs. do not)	0.307	0.341	0.368	472
	Rent home (vs. own home)	-0.387	0.522	0.458	475
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.085	0.635	0.893	475
	Born in the U.S. (vs. not)	0.986	0.512	0.054	475
	Receive public assistance (vs. do not)	0.307	0.341	0.368	472
	Rent home (vs. own home)	-0.387	0.522	0.458	475
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.085	0.635	0.893	475
	Other living situation (vs. own home)	-0.325	0.598	0.588	475
	Working (vs. not)	-0.127	0.330	0.700	462
	Income <\$500 (vs. >\$2,000)	-0.776	0.524	0.139	433
	Income \$500-\$2,000 (vs. >\$2,000)	-0.235	0.553	0.670	433
	In a steady relationship (vs. not)	-0.163	0.330	0.622	472
	Live with kids (vs. not)	0.355	0.348	0.308	440
	Have kids (vs. not)	0.132	0.346	0.704	461

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Would you prefer to answer questions like these on a tablet, smartphone, or computer (vs. talking to a staff person in person or on the phone)?	Male (vs. female)	-0.145	0.218	0.506	459
	Age under 24 (vs. 35 and over)	0.526	0.294	0.074	460
	Ages 25 to 34 (vs. 35 and over)	0.374	0.227	0.100	460
	Black (vs. white)	-0.520	0.392	0.185	446
	American Indian (vs. white)	0.062	0.351	0.859	446
	Hispanic (vs. white)	-0.585	0.369	0.113	446
	Other race (vs. white)	-0.115	0.383	0.764	446
	No degree/diploma (vs. beyond high school)	0.119	0.287	0.678	450
	GED/High School Diploma (vs. beyond high school)	-0.018	0.239	0.940	450
	Heterosexual (vs. other sexual orientation)	0.238	0.335	0.477	459
	Born in the U.S. (vs. not)	0.191	0.351	0.587	459
	Receive public assistance (vs. do not)	-0.327	0.212	0.123	457
	Rent home (vs. own home)	-0.056	0.307	0.855	459
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	0.481	0.371	0.195	459
	Other living situation (vs. own home)	-0.055	0.360	0.880	459
	Working (vs. not)	0.181	0.207	0.382	446
	Income <\$500 (vs. >\$2,000)	0.007	0.298	0.982	418
	Income \$500-\$2,000 (vs. >\$2,000)	-0.124	0.302	0.681	418
	In a steady relationship (vs. not)	-0.078	0.204	0.702	457
	Live with kids (vs. not)	-0.148	0.215	0.492	425
Have kids (vs. not)	-0.264	0.221	0.233	446	

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
How much of the time were you concerned that someone else might see or hear you answering the questions?	Male (vs. female)	-0.353	0.295	0.231	471
	Age under 24 (vs. 35 and over)	-0.800	0.395	0.043	472
	Ages 25 to 34 (vs. 35 and over)	-0.517	0.332	0.119	472
	Black (vs. white)	-0.396	0.567	0.485	458
	American Indian (vs. white)	-0.398	0.463	0.389	458
	Hispanic (vs. white)	-0.559	0.534	0.295	458
	Other race (vs. white)	-0.565	0.525	0.282	458
	No degree/diploma (vs. beyond high school)	-0.507	0.386	0.189	462
	GED/High School Diploma (vs. beyond high school)	-0.076	0.353	0.830	462
	Heterosexual (vs. other sexual orientation)	-0.577	0.541	0.286	471
	Born in the U.S. (vs. not)	-0.061	0.489	0.900	471
	Receive public assistance (vs. do not)	-0.259	0.305	0.396	468
	Rent home (vs. own home)	-0.860	0.559	0.124	471
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-1.465	0.595	0.014	471
	Other living situation (vs. own home)	-0.173	0.671	0.797	471
	Working (vs. not)	0.151	0.296	0.609	458
	Income <\$500 (vs. >\$2,000)	-0.767	0.477	0.108	429
	Income \$500-\$2,000 (vs. >\$2,000)	-0.214	0.506	0.672	429
	In a steady relationship (vs. not)	0.106	0.290	0.715	468
	Live with kids (vs. not)	-0.111	0.311	0.721	437
Have kids (vs. not)	-0.049	0.316	0.878	457	

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Do you know your options for keeping yourself safe?	Male (vs. female)	-0.201	0.497	0.686	473
	Age under 24 (vs. 35 and over)	-0.800	0.395	0.043	472
	Ages 25 to 34 (vs. 35 and over)	-0.517	0.332	0.119	472
	Black (vs. white)	-0.396	0.567	0.485	458
	American Indian (vs. white)	-0.398	0.463	0.389	458
	Hispanic (vs. white)	-0.559	0.534	0.295	458
	Other race (vs. white)	-0.565	0.525	0.282	458
	No degree/diploma (vs. beyond high school)	-0.507	0.386	0.189	462
	GED/High School Diploma (vs. beyond high school)	-0.076	0.353	0.830	462
	Heterosexual (vs. other sexual orientation)	0.817	0.589	0.165	473
	Born in the U.S. (vs. not)	—	—	—	—
	Receive public assistance (vs. do not)	-0.771	0.536	0.150	470
	Rent home (vs. own home)	0.142	0.702	0.840	473
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.490	0.761	0.519	473
	Other living situation (vs. own home)	0.577	0.932	0.536	473
	Working (vs. not)	-0.233	0.510	0.647	460
	Income <\$500 (vs. >\$2,000)	-0.609	0.822	0.458	431
	Income \$500–\$2,000 (vs. >\$2,000)	-0.468	0.832	0.574	431
	In a steady relationship (vs. not)	-0.348	0.494	0.481	470
	Live with kids (vs. not)	0.157	0.502	0.754	438
Have kids (vs. not)	0.690	0.490	0.159	460	

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
How likely are you to share information about these types of programs or services with someone you know?	Male (vs. female)	-1.235	0.225	0.000*	470
	Age under 24 (vs. 35 and over)	-0.336	0.289	0.245	470
	Ages 25 to 34 (vs. 35 and over)	0.568	0.261	0.029	470
	Black (vs. white)	-0.018	0.425	0.965	456
	American Indian (vs. white)	0.541	0.369	0.143	456
	Hispanic (vs. white)	0.546	0.425	0.199	456
	Other race (vs. white)	0.108	0.401	0.788	456
	No degree/diploma (vs. beyond high school)	0.345	0.313	0.271	459
	GED/High School Diploma (vs. beyond high school)	0.231	0.251	0.357	459
	Heterosexual (vs. other sexual orientation)	0.216	0.329	0.513	469
	Born in the U.S. (vs. not)	-0.376	0.424	0.375	469
	Receive public assistance (vs. do not)	0.227	0.228	0.320	466
	Rent home (vs. own home)	0.022	0.335	0.949	469
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.488	0.382	0.202	469
	Other living situation (vs. own home)	-0.150	0.386	0.697	469
	Working (vs. not)	-0.184	0.222	0.408	456
	Income <\$500 (vs. >\$2,000)	-0.043	0.306	0.889	427
	Income \$500-\$2,000 (vs. >\$2,000)	0.300	0.318	0.345	427
	In a steady relationship (vs. not)	0.003	0.219	0.988	466
	Live with kids (vs. not)	0.788	0.237	0.001*	434
Have kids (vs. not)	0.580	0.232	0.013	455	

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Comfort with staff	Male (vs. female)	0.032	0.065	0.622	475
	Age under 24 (vs. 35 and over)	-0.054	0.089	0.542	476
	Ages 25 to 34 (vs. 35 and over)	0.092	0.071	0.197	476
	Black (vs. white)	-0.074	0.126	0.556	462
	American Indian (vs. white)	-0.274	0.107	0.011	462
	Hispanic (vs. white)	0.009	0.119	0.941	462
	Other race (vs. white)	-0.075	0.120	0.531	462
	No degree/diploma (vs. beyond high school)	-0.230	0.089	0.010	465
	GED/High School Diploma (vs. beyond high school)	-0.006	0.074	0.936	465
	Heterosexual (vs. other sexual orientation)	0.188	0.099	0.057	475
	Born in the U.S. (vs. not)	-0.067	0.106	0.526	475
	Receive public assistance (vs. do not)	-0.135	0.066	0.041	472
	Rent home (vs. own home)	-0.020	0.096	0.832	475
	Live rent-free (relative or someone else rents/owns the home) (vs. own home)	-0.155	0.114	0.174	475
	Other living situation (vs. own home)	0.043	0.113	0.704	475
	Working (vs. not)	0.104	0.065	0.112	462
	Income <\$500 (vs. >\$2,000)	-0.061	0.096	0.524	433
	Income \$500-\$2,000 (vs. >\$2,000)	0.004	0.097	0.967	433
	In a steady relationship (vs. not)	0.041	0.063	0.521	472
	Live with kids (vs. not)	0.012	0.068	0.857	440
Have kids (vs. not)	-0.062	0.068	0.366	461	

* $p < .0056$, the critical alpha for this analysis based on a Bonferroni correction for multiple comparisons.

Note: One model for nativity to the US did not converge because of a lack of variability.

Table A.12 Responses by Time in Program, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z 	N
Overall, how clear were the questions?	Days in program	0.000	0.002	0.822	475
How comfortable were you with the conversation/ questions?	Days in program	-0.001	0.001	0.632	474
Did you answer the questions very openly?	Days in program	0.003	0.003	0.376	476
Would you prefer to answer questions like these on a tablet, smartphone, or computer (vs. talking to a staff person in-person or on the phone)?	Days in program	0.000	0.001	0.959	460
How much of the time were you concerned that someone else might see or hear you answering the questions?	Days in program	0.001	0.002	0.530	472
Do you know your options for keeping yourself safe?	Days in program	0.006	0.008	0.442	474
How likely are you to share information about these types of programs or services with someone you know?	Days in program	0.002	0.002	0.222	470
Number of resources participants know how to access	Days in program	0.001	0.001	0.102	442
Comfort with staff	Days in program	0.000	0.000	0.801	476

* p<.0056, the critical alpha for this analysis based on a Bonferroni correction for multiple comparisons.

Table A.13 Responses by Staff Gender and Staff-Participant Gender Congruence, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std.		N
			Err.	P> z	
Overall, how clear were the questions?	Staff is all male (vs. all female)	-0.646	0.649	0.320	474
	Staff gender is mixed across tools (vs. all female)	0.251	0.741	0.735	474
	Staff-participant gender congruence (yes/no)	-0.102	0.355	0.773	473
How comfortable were you with the conversation/questions?	Staff is all male (vs. all female)	-0.117	0.406	0.772	473
	Staff gender is mixed across tools (vs. all female)	0.494	0.434	0.255	473
	Staff-participant gender congruence (yes/no)	0.107	0.227	0.638	473
Did you answer the questions very openly?	Staff is all male (vs. all female)	-0.346	0.612	0.572	475
	Staff gender is mixed across tools (vs. all female)	-0.044	0.628	0.943	475
	Staff-participant gender congruence (yes/no)	0.434	0.338	0.199	474
Would you prefer to answer questions like these on a tablet, smartphone, or computer (vs. talking to a staff person in-person or on the phone)?	Staff is all male (vs. all female)	0.021	0.445	0.962	459
	Staff gender is mixed across tools (vs. all female)	-0.588	0.420	0.161	459
	Staff-participant gender congruence (yes/no)	-0.028	0.211	0.894	458

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
How much of the time were you concerned that someone else might see or hear you answering the questions?	Staff is all male (vs. all female)	-0.024	0.603	0.968	471
	Staff gender is mixed across tools (vs. all female)	0.172	0.592	0.772	471
	Staff-participant gender congruence (yes/no)	0.377	0.292	0.198	470
Do you know your options for keeping yourself safe?	Staff is all male (vs. all female)	0.409	0.951	0.667	473
	Staff gender is mixed across tools (vs. all female)	-0.147	0.831	0.860	473
	Staff-participant gender congruence (yes/no)	-0.635	0.522	0.224	472
How likely are you to share information about these types of programs or services with someone you know?	Staff is all male (vs. all female)	-0.660	0.443	0.136	469
	Staff gender is mixed across tools (vs. all female)	-0.435	0.427	0.309	469
	Staff-participant gender congruence (yes/no)	0.820	0.228	0.000*	469
Number of resources participants know how to access	Staff is all male (vs. all female)	0.018	0.190	0.923	442
	Staff gender is mixed across tools (vs. all female)	0.232	0.181	0.200	442
	Staff-participant gender congruence (yes/no)	0.066	0.101	0.511	441
Comfort with staff	Staff is all male (vs. all female)	-0.018	0.125	0.887	475
	Staff gender is mixed across tools (vs. all female)	-0.082	0.119	0.489	475

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
	Staff-participant gender congruence (yes/no)	0.070	0.063	0.271	474

* p<.0056, the critical alpha for this analysis based on a Bonferroni correction for multiple comparisons.

Table A.14 Responses by Disclosure Status, Controlling for Site

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
Overall, how clear were the questions?	Any IPV disclosure (vs. no IPV disclosure)	-0.368	0.353	0.298	476
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-1.505	0.557	0.007	153
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	-0.054	0.516	0.917	174
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-3.200	1.421	0.024	147
How comfortable were you with the conversation/questions?	Any IPV disclosure (vs. no IPV disclosure)	-0.428	0.229	0.062	475
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-0.921	0.405	0.023	152
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	-0.273	0.365	0.454	175
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-1.491	1.283	0.245	146
Did you answer the questions very openly?	Any IPV disclosure (vs. no IPV disclosure)	-0.747	0.358	0.037	477
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-1.710	0.668	0.010	153

Dependent Variable	Independent Variable	Coef.	Std.		N
			Err.	P> z	
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	0.079	0.706	0.911	175
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-1.344	1.266	0.288	147
Would you prefer to answer questions like these on a tablet, smartphone, or computer?	Any IPV disclosure (vs. no IPV disclosure)	-0.066	0.207	0.749	461
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-1.095	0.482	0.023	152
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	0.084	0.388	0.828	168
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	1.409	1.454	0.332	139
How much of the time were you concerned that someone else might see or hear you answering the questions?	Any IPV disclosure (vs. no IPV disclosure)	-1.189	0.334	0.000*	473
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-1.834	0.560	0.001*	153
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	-1.380	0.521	0.008	171
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-1.382	1.285	0.282	147
Do you know your options for keeping yourself safe?	Any IPV disclosure (vs. no IPV disclosure)	-1.027	0.579	0.076	475
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-1.053	0.745	0.157	153
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	—	—	—	—
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-3.201	1.533	0.037	145

Dependent Variable	Independent Variable	Coef.	Std. Err.	P> z	N
How likely are you to share information about these types of programs or services with someone you know?	Any IPV disclosure (vs. no IPV disclosure)	-0.273	0.222	0.220	471
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-0.574	0.448	0.200	150
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	0.093	0.355	0.792	175
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-0.812	1.258	0.518	144
Number of resources they know how to access	Any IPV disclosure (vs. no IPV disclosure)	0.014	0.098	0.890	443
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	0.109	0.231	0.636	140
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	0.009	0.158	0.952	163
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-0.130	0.577	0.823	138
Comfort with staff	Any IPV disclosure (vs. no IPV disclosure)	-0.144	0.063	0.023	477
	Any IPV disclosure on UVPS/WEB (vs. no IPV disclosure on UVPS/WEB)	-0.433	0.124	0.001*	153
	Any IPV disclosure on IJS (vs. no IPV disclosure on IJS)	-0.220	0.106	0.039	175
	Any IPV disclosure on UE (vs. no IPV disclosure on UE)	-1.556	0.392	0.000*	147

* p<.0056, the critical alpha for this analysis based on a Bonferroni correction for multiple comparisons.

Note: One model for any IPV disclosure on the IJS did not converge because of a lack of variability.

Finally, we used regression models to examine moderation of tool differences in responses by participant sex, race/ethnicity, educational attainment, nativity to US, employment status, relationship status, parental status, and IPV disclosure status. These models included main effects of tool and the moderator variable and interaction terms between the tools and the moderator variable. Only one significant interaction was found (participants who were not working reported more openness on the questionnaire-style tools than the universal education tool); however, this analysis was limited by small cell sizes for some interaction effects.

A.6 Qualitative Analytic Methods

The RIViR team conducted onsite qualitative interviews with HMRE program staff, their local domestic violence program partners, and adult participants in each adult-serving study site. Three HMRE program leadership team members (administrative coordinators) and ten HMRE program staff (facilitators and case managers), two domestic violence program staff, and nine adult participants were interviewed in total. All interviews were digitally audio recorded. A professional transcriptionist prepared deidentified, verbatim transcripts for each interview.

The research team prepared a qualitative codebook with deductive codes based on the study research questions and coded each transcript in ATLAS.ti (Muhr, 1991). Structured queries were run in ATLAS.ti to glean textual data related to each research question. Query results were reviewed for inductive themes. A file documenting all evident themes, and the text passages that substantiated them, was prepared and reviewed by the research team.

APPENDIX B – TOOLS AND INSTRUMENTS

Each of the questionnaire-style tools (the first two tools in this appendix) is shown in the form in which it was used for face-to-face administration by HMRE program staff to participants. For the subset of cases in which these tools were self-administered by adult participants on tablets (see main report Section 2: Study Purpose and Design), introductory language was adapted to reflect self-administration.

B.1 Universal Violence Prevention Screen/Women’s Experiences of Battering Items and Scoring

First, I will ask you some questions and you can just answer yes or no.

	Answer		Prefer not to answer
	No	Yes	
1. Have you been in a relationship with a partner in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>If yes:</i> Within the past year has a partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Slapped, kicked, pushed, choked, or punched you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Forced or coerced you to have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Threatened you with a knife or gun to scare or hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Made you afraid that you could be physically hurt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code	Text
1	Yes
0	No
99	Prefer not to answer

Next are a number of statements that people have used to describe their relationships with their partners. I will read each statement and ask you to give the answer that best describes how much you agree or disagree in general with each one as a description of your relationship with your partner. If you do not now have a partner, think about your last one. There are no right or wrong answers; just choose the answer that seems to best describe how much you agree or disagree with it.

	Agree Strongly	Agree Some- what	Agree a Little	Disagree a Little	Disagree Some- what	Disagree Strongly	Prefer not to answer
3. She or he makes me feel unsafe even in my own home.	1	2	3	4	5	6	<input type="checkbox"/>
4. I feel ashamed of the things she or he does to me.	1	2	3	4	5	6	<input type="checkbox"/>
5. I try not to rock the boat because I am afraid of what she or he might do.	1	2	3	4	5	6	<input type="checkbox"/>
6. I feel like I am programmed to react a certain way to him or her.	1	2	3	4	5	6	<input type="checkbox"/>
7. I feel like she or he keeps me prisoner.	1	2	3	4	5	6	<input type="checkbox"/>
8. She or he makes me feel like I have no control over my life, no power, no protection.	1	2	3	4	5	6	<input type="checkbox"/>
9. I hide the truth from others because I am afraid not to.	1	2	3	4	5	6	<input type="checkbox"/>
10. I feel owned and controlled by him or her.	1	2	3	4	5	6	<input type="checkbox"/>
11. She or he can scare me without laying a hand on me.	1	2	3	4	5	6	<input type="checkbox"/>
12. She or he has a look that goes straight through me and terrifies me.	1	2	3	4	5	6	<input type="checkbox"/>

Code	Text
6	Agree Strongly
5	Agree Somewhat
4	Agree a little
3	Disagree a little
2	Disagree Somewhat
1	Disagree Strongly
0	Prefer not to answer

Cases were flagged for follow-up and referral under the following conditions:

Q2A = 1 or Q2B = 1 or Q2C = 1 or Q2D = 1 OR

SUM of Q3 through Q12 >= 20

If Q2E = 1, cases were flagged as having reported IPV but were not flagged to program staff for follow-up and referral on that basis (alone).

Respondents who answered no to Q2A–Q2D and whose summed responses to Q3–Q12 = 11–19 were flagged for possible follow-up and referral if staff identified any other cause for concern.

B.2 Intimate Justice Scale Items and Scoring

I will read each item and ask you if it describes how your partner usually treats you. If you do not now have a partner, think about your last one. Choose a number from 1 to 5, where one (1) indicates that you do not agree at all and a five (5) indicates that you strongly agree. Your answers are private and will not be shared with your partner.

	I do not agree at all		I strongly agree			Prefer not to answer
1. My partner never admits when she or he is wrong.	1	2	3	4	5	<input type="checkbox"/>
2. My partner is unwilling to adapt to my needs and expectations	1	2	3	4	5	<input type="checkbox"/>
3. My partner is more insensitive than caring.	1	2	3	4	5	<input type="checkbox"/>
4. I am often forced to sacrifice my own needs to meet my partner's needs.	1	2	3	4	5	<input type="checkbox"/>
5. My partner refuses to talk about problems that make him or her look bad.	1	2	3	4	5	<input type="checkbox"/>
6. My partner withholds affection unless it would benefit her or him.	1	2	3	4	5	<input type="checkbox"/>
7. It is hard to disagree with my partner because she or he gets angry.	1	2	3	4	5	<input type="checkbox"/>
8. My partner resents being questioned about the way he or she treats me.	1	2	3	4	5	<input type="checkbox"/>
9. My partner builds himself or herself up by putting me down.	1	2	3	4	5	<input type="checkbox"/>
10. My partner retaliates when I disagree with him or her.	1	2	3	4	5	<input type="checkbox"/>
11. My partner is always trying to change me.	1	2	3	4	5	<input type="checkbox"/>
12. My partner believes he or she has the right to force me to do things.	1	2	3	4	5	<input type="checkbox"/>
13. My partner is too possessive or jealous.	1	2	3	4	5	<input type="checkbox"/>
14. My partner tries to isolate me from family and friends.	1	2	3	4	5	<input type="checkbox"/>
15. Sometimes my partner physically hurts me.	1	2	3	4	5	<input type="checkbox"/>

Code	Text
1	1—I do not agree at all
2	2
3	3
4	4
5	5—I strongly agree
0	Prefer not to answer

Cases were flagged for follow-up and referral under the following conditions:

SUM of Q1 through Q15 ≥ 30 OR Q15 ≥ 2

If Q15 ≥ 2 , cases were flagged for follow-up and referral but were not considered as having reported IPV for analytic purposes on the basis of that item (alone).

If the sum of Q1–Q15 = 16–29, cases were flagged for possible follow-up and referral if staff identified any other cause for concern.

B.3 Universal Education Tool Content and Coding (Adapted from Futures Without Violence Tool)

The universal education tool, adapted by the RIViR team based on a tool developed and tested by the Futures Without Violence initiative, was administered conversationally by HMRE program staff in a tablet-guided mode that included automated skips and fills for ease of administration. Color coding indicates language that was included in skip logic in the computing specifications for the tablet-guided conversation.

This protocol is a guide for giving adult clients some very basic information about unhealthy or abusive relationships, offering them an opportunity to disclose their own experiences with or concerns about intimate partner violence, and supporting them in accessing other resources to increase their safety and making safe decisions about HMRE program participation.

You should meet with clients one on one, where no one will be within earshot to hear your conversation (like a room with the door closed), and ensure that you maintain utmost privacy, within the law. Do not

include any identifying information about clients or other people when entering data into the survey system while conducting the interview.

1. Introduction

IF YOU HAVE NOT HAD ANY OTHER INTERACTION, INTRODUCE YOURSELF AND BUILD RAPPORT: Hi, my name is [NAME], and I work for [HEALTHY RELATIONSHIP PROGRAM]. *Chat briefly with the client about weather, or other non-sensitive topics to establish some initial rapport and comfort.*

I wanted to talk to you a little bit about relationships, since that's the focus of this program. We're going to be talking a lot about healthy relationships, but we also know that sometimes relationships can be complicated.

2. Privacy Statement

The first thing I want to be sure you know is our privacy policy. In general, what you talk to me about is private. That means that I will not repeat what you say to others, including anyone else in the program, your partner (if they are there with a partner), or other staff, unless you specifically give me permission to share something you have told me in order to support you in getting help.

FOR MANDATED REPORTERS ONLY *[If the staff member who will administer this guide is a mandated reporter, please tailor the following text based on your state's mandated reporting law]:* But, there are some kinds of information that I can't keep confidential no matter what. If you tell me that a minor has been abused or assaulted, I am required by law to report that to the (name of child abuse reporting agency) or the local police department. If you tell me something that I need to report, I will also ask you to help me make the report if you want to.

Do you have any questions about your privacy?

Provided information about privacy policy

3. Statement about Healthy Relationship Experiences

This program will involve thinking and talking a lot about relationships. Relationships can be complex, and we have started talking to all of our clients about how you deserve to be treated by the people you are in a relationship with, intimately connected to, or involved with.

IF CLIENT IS ENROLLING AS AN INDIVIDUAL, ASK: Are you currently involved with anyone? Are you currently in a relationship with anyone or hooking up or hanging out with anyone?

IF CLIENT IS ENROLLING AS A MEMBER OF A COUPLE, CLARIFY: I see you came into this program with someone else. I'm assuming that the two of you are in a relationship, is that correct?

Client disclosed being in an intimate relationship

IF NO: We go over information on this card with everyone we talk to because it has such important information. The information might help you help a friend, or help you think about your future relationships.

Show safety card and read the text.

Anyone you're involved with (whether talking, hanging out, hooking up, dating, going out, or married) should:

- Be willing to communicate openly when there are problems;
- Give you space to spend time with other people, whether in person or online;
- Be respectful;
- Not try to get you drunk or high because they want to have sex with you; and
- Be willing to discuss and use safe sex, birth control, and condoms.

These kinds of things are an important part of having a healthy relationship. Studies show that relationships in which people treat each other in these ways lead to better physical and mental health, longer life, and better outcomes for children.

Allow the client to react to what was read on the card.

IF CLIENT IS IN A RELATIONSHIP: *If the client is silent, open up with a question like, What are your thoughts on the information on this card? or Does this sound like your relationship?*

IF CLIENT IS NOT IN A RELATIONSHIP: *If the client is silent, open up with a question like, Do you have any questions about the information on this card?*

<input type="checkbox"/> Provided general information about healthy relationships

4. Opportunity to Disclose Intimate Partner Violence

Relationships can be complicated, and lots of people have complicated relationships.

Show safety card and read the text.

Sometimes, people experience disrespect in relationships or things that make them uncomfortable for different reasons, such as when a partner:

- Makes you feel stupid or “less than”; OR
- Tries to control where you go, who you talk to, what you do on social media, or how you spend your money; OR
- Hurts or threatens you, or forces you to have sex; OR
- Refuses to talk about or use birth control or condoms; OR
- Makes you feel afraid.

IF CLIENT IS IN A RELATIONSHIP: If the person or people you are dating or involved with does ANY of these things, participating in a healthy relationship education class with him or her could be risky. For example, that person could react negatively to the information presented by the instructor, or use information you share against you later. Whether you participate in the class or not is completely your choice.

<input type="checkbox"/> Gave safety card

Allow the client to react to what was read on the card.

IF CLIENT IS IN A RELATIONSHIP: *If the client is silent, open up with a question like, What are your thoughts on the information on this card? Does this sound like your relationship? Do you have any worries about participating in the healthy relationship class that you want to talk over?*

IF CLIENT IS NOT IN A RELATIONSHIP: *If the client is silent, open up with a question like, What do you think about the information on this card? or Do you have any questions about any of this information?*

<input type="checkbox"/> Client disclosed being a victim of physical violence, emotional abuse, or controlling behavior by his or her partner, or being concerned about any of these issues
<input type="checkbox"/> Client indicated that s/he felt that his/her relationship was healthy
<input type="checkbox"/> Client indicated some worries or concerns about his/her relationship, but not specifically related to IPV

5. Responding and Providing Resources and Referrals

IF CLIENT DISCLOSED IPV EXPERIENCES OR CONCERNS RELATED TO IPV: Thank you so much for sharing this with me. I want you to know that you are not alone and I am here for you. I can help you get resources, if you'd like.

There's an organization you might be interested in called [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER] that supports youth and adults in addressing problems that come up in relationships and supporting them in staying safe. Would you like me to set up a time to talk with someone? *[Provide additional information to decrease client's anxiety, e.g., the services are free, private, and the client can talk to someone over-the-phone, if that is preferable to them.]*

IF YES: *Ask about schedule considerations and help the client to make a plan to meet with the local domestic violence program staff.*

IF NO: *Okay. I know you know what is best for you and your situation. I want you to know that if you are ever worried about your relationship or your safety, you can come here for help. If client declines your help in connecting them with resources, make sure to go over the remainder of the card (see below).*

I want you to know that on the back of this safety card there are national hotline numbers with folks who are available 24/7 if you want to talk. They can connect you to local shelter services if you need urgent help. The hotline staff really get how complicated it can be when you love someone and sometimes it

feels unhealthy or scary. They have contact with lots of people who have experienced this or know about it in a personal way.

IF CLIENT IS PARTICIPATING AS ONE MEMBER OF A COUPLE, ADD: As I mentioned earlier, participating in a healthy relationship education class with your partner could be risky. Do you still want to participate in the class?

IF YES OR UNSURE: Okay. I'd like to talk with you more about how we can make sure that you can participate safely. *Talk through each program activity with client and any potential risks to safety that it could present. For activities in which s/he wishes to participate, offer and agree on any accommodations that s/he feels would support safer participation. For any activities s/he wishes to opt out of, offer and agree on strategies to protect his/her safety and privacy regarding the decision to opt out. (If s/he decides s/he does not wish to participate in any of these activities, proceed to "IF NO," below).*

IF NO: Okay. I'd like to talk with you more about how we can ensure your safety as you leave this program. *Offer and agree on strategies to protect client's safety and privacy as s/he exits the program, including client's wishes regarding whether and how this information may be shared with his/her partner.*

I'd also like to follow up with you again to check in about this and see how things are going. Is that okay with you?

IF YES: *Make a plan with client for when you will follow up.*

IF NO: Okay. I know you know what is best for you and your situation. I want you to know that I am available to talk, and the hotline is also available 24/7.

IF CLIENT IS NOT IN A RELATIONSHIP OR DID NOT DISCLOSE ANY RELATIONSHIP CONCERNS: We are giving this card to all of our clients so that they will know how to help a friend or a family member having difficulties in their relationship, or know how to get help themselves if they ever need it. It has information about some resources that people have found helpful for staying safe in relationships, and it includes information for [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER] in case you or a friend ever want to get in touch with them. Also, I am here to talk about these issues.

IF CLIENT SHARED RELATIONSHIP CONCERNS BUT DID NOT DISCLOSE IPV EXPERIENCES: You mentioned things are sometimes complicated in your relationship. I want you to know that if you are ever worried about your relationship or your safety, you can come here for help.

I am giving you a card with a hotline number on it. You can call the number 24/7. The hotline staff really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. They have contact with lots of people who have experienced this or know about it in a personal way. Also, if you or a friend ever want someone to talk to in person and who is local, please let me know because I can help connect you to someone from [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER]. I'm available to talk about these issues more, too.

Do you have any questions for me, or anything you'd like to talk more about? *Address any questions.*
I really enjoyed talking with you today. Thank you again.

Referred client to domestic violence program partner

Indiv_Couple	Is this client participating as an individual or as one member of a couple?	1=Individual, 2=Couple
Confidentiality	Provided information about privacy policy.	1=Yes, 2=No
Relationship	Client disclosed being in an intimate relationship.	1=Yes, 2=No
Relationship_Info	Provided general information about healthy relationships.	1=Yes, 2=No
Safety_Card	Gave safety card.	1=Yes, 2=No
Referral	Referred participant to DV partner	1=Yes, 2=No

Code	Text
1	Client disclosed being a victim of physical violence, emotional abuse, or controlling behavior by someone s/he is seeing, or being concerned about any of these issues
2	Client indicated that s/he felt that his/her relationship was healthy
3	Client indicated some worries or concerns about his/her relationship, but not specifically related to IPV

[Items above asked again (i.e., VariableName_2) if the item was skipped during the interview.]

B.4 Supplemental Module Items Assessing Responses to Tools

For adult participants who have just completed a self-administered instrument [to be displayed on their screen]: Next, we are interested in your opinions about the questions you just answered and the [program] staff. [Program] staff will not see how you answer these questions, so please feel free to be open. This information will help us improve the RIViR tools.

For adult participants who have just completed a staff-administered instrument [for staff to read aloud]: Next, we are interested in your opinions about this conversation and your interactions with the [program] staff today. I will give you this tablet so you can privately answer a short set of multiple choice questions. You can touch “submit” when you are finished. The [program] staff, including me, will not see how you answer these questions, so please feel free to be honest. This information will help us improve and inform how we have these conversations in the future. Do you have any questions before I turn the tablet over to you? *[Answer any questions, then touch Next and give tablet to participant.]*

SUP_1. Overall, how clear [IF MODULE FOLLOWS INSTRUMENT 3: was the conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: were the questions]?

Code	Text
1	Very clear
2	Somewhat clear
3	Not at all clear
4	Prefer not to answer

SUP_2. How comfortable were you with the [IF MODULE FOLLOWS INSTRUMENT 3: conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: questions]?

Code	Text
1	Very comfortable
2	Pretty comfortable
3	Not very comfortable
4	Prefer not to answer

SUP_3. Did you [IF MODULE FOLLOWS INSTRUMENT 3: talk with the staff person / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: answer the questions] ...

Code	Text
1	Very openly
2	Somewhat openly
3	Not at all openly
4	Prefer not to answer

SUP_4. Would you prefer to [IF MODULE FOLLOWS INSTRUMENT 3: have conversations / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: answer questions] like these...

Code	Text
1	On an iPad or tablet?
2	On a smartphone?
3	On a laptop or desktop computer?
4	Talking to a [HMRE program] staff member in person, one on one?
5	Talking to a [HMRE program] staff member over the phone?
6	Prefer not to answer

SUP_5. How much of the time were you concerned that someone else might see or hear [IF MODULE FOLLOWS INSTRUMENT 3: the conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: you answering the questions]?

Code	Text
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
6	Don't Know
7	Prefer not to answer

Next, we'd like your impressions of your interactions with [HMRE program] staff today.

SUP_6. [HMRE program] staff respect my privacy.

Code	Text
1	Not at all true
2	A little true
3	Somewhat true
4	Very true
5	I don't know
6	Prefer not to answer

SUP_7. In this program, I can share things about my life on my own terms and at my own pace.

Code	Text
1	Not at all true
2	A little true
3	Somewhat true
4	Very true
5	I don't know
6	Prefer not to answer

SUP_8. I can trust [HMRE program] staff.

Code	Text
1	Not at all true
2	A little true
3	Somewhat true
4	Very true
5	I don't know
6	Prefer not to answer

SUP_9. I feel respected by staff in [HMRE program].

Code	Text
1	Not at all true
2	A little true
3	Somewhat true
4	Very true
5	I don't know
6	Prefer not to answer

Please indicate how much you agree or disagree.

SUP_10. I am comfortable talking about any challenges I am having in an intimate relationship (e.g., with my dating partner, girlfriend/boyfriend, hook-ups, spouse, or domestic partner) with a [HMRE program] staff member.

Code	Text
1	Strongly Agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Strongly Disagree
6	Prefer not to answer

Finally, we have a few questions for you about safety. Different people may face a variety of different challenges to safety. When we use the word *safety* here, we mean safety from physical or emotional abuse by another person.

SUP_11. I feel comfortable asking for help to keep safe.

Code	Text
1	Not at all true
2	A little true
3	Somewhat true
4	Very true
5	I don't know
6	Prefer not to answer

SUP_12. Please mark which safety-related programs or services, if any, you know how to access:

	Code	Text
SUP_12_C1	0/1	A local organization that offers domestic violence services
SUP_12_C2	0/1	A national hotline for adults who are being abused by a dating partner or spouse
SUP_12_C3	0/1	A hotline for survivors of rape, incest, and abuse
SUP_12_C4	0/1	None of the above
SUP_12_C5	0/1	Prefer not to answer

SUP_13. How likely are you to share information about these types of programs or services with someone you know?

Code	Text
1	Not likely
2	1
3	2
4	3
5	4
6	Very likely
7	Prefer not to answer

SUP_14. Do you know your options for keeping yourself safe?

Code	Text
1	Yes
2	No
3	Unsure
4	Prefer not to answer

B.5 Administrative Data Obtained From nFORM

The following variables were extracted from the grantees' data collected from RIViR study participants at intake using the Applicant Characteristics Survey and entered into the nFORM data management system.

- Program enrollment date
- Sex
- Age
- Race
- Ethnicity
- Nativity to US
- Native language
- English fluency
- Public assistance
- Living situation
- Highest degree
- Employment status
- Income
- Relationship status
- Parental status

B.6 Demographic Items Assessed After First Tool Administration

1. What sex were you assigned at birth, on your original birth certificate?

Code	Text
1	Male
2	Female
3	Don't Know
4	Prefer not to answer

2. Do you currently describe yourself as male, female or transgender?

Code	Text
1	Male
2	Female
3	Transgender
4	None of these
5	Prefer not to answer

3. [If responses to items 1 and 2 differ] Just to confirm, you were assigned {FILL ITEM 1 RESPONSE} at birth and now describe yourself as {FILL ITEM 2 RESPONSE}. Is that correct?

Code	Text
1	Yes
2	No
3	Don't Know
4	Prefer not to answer

4. Which of the following terms best represents how you think of yourself?

Code	Text
1	Straight (that is, not lesbian or gay) / Straight (that is, not gay)
2	Lesbian or gay / Gay
3	Bisexual
4	Something Else
5	Don't Know
6	Prefer not to answer

B.7 Qualitative Interview Guides

B.7.1 *Healthy Relationship Program Staff Interview Guide*

Instructions for interviewer:

- Text to be read aloud verbatim in normal font.
- Instructions (not to be read aloud) in all caps and bolded
- Probes are bulleted and in italics
- Tailored information (i.e., things the interviewer does need to say aloud, but in a tailored way) are in italics inside brackets.

IN PREPARATION FOR EACH INTERVIEW, REVIEW BACKGROUND INFORMATION ON THE SCREENING AND REFERRAL PROCESS AND THE HR GRANTEE'S OVERALL SERVICE DELIVERY APPROACH.

FOR FACTUAL QUESTIONS DURING THE INTERVIEW, ASK THE STAFF MEMBER FOR CONFIRMATORY OR UPDATED INFORMATION THAT REFLECTS AN UNDERSTANDING OF THE INFORMATION THEY HAVE PREVIOUSLY PROVIDED.

Domains/ Interview Sections	Interview Guide Questions
Introduction and Interview Overview	<p>Thank you for taking the time to meet with us today! I'm [interviewer's name] and this is [note-taker's name]. As you know, your organization has participated in a study in which we are testing tools to help identify intimate partner and teen dating violence among participants in HMRE programs. For the purposes of this conversation, I'll refer to these tools as "screeners." As part of our research, we want to understand how these screeners were used in practice, and hear your opinions about them.</p> <p>The interview will last about an hour. Your participation is voluntary, and you may decline to answer any question or stop the interview at any point. With your permission, we may audio record the interview to help ensure that we capture everything you say in the interview. Your responses will be combined with responses from others here and at the other study sites, and will not be attributed to you individually. If we quote you, we won't include any information that would reveal your identity.</p> <p>We will not ask you any personal questions and it is unlikely that these questions will make you feel uncomfortable. But if you do, you can skip any of the questions or end the interview. The other risk is that someone might find out what you tell us during the interviews. To prevent this, we are doing the interview in a private setting, and we will handle and store all of your information in a secure manner. [If interview is with a group: To protect everyone's privacy, please do not share what is said during this interview with others.]</p> <p>There are no direct benefits to you from participating in this interview. However, the results could help us learn more about how these tools could be improved for other HMRE programs.</p> <p>If you have any questions about this study, you can contact Tasseli McKay at RTI. If you have any questions about protecting your privacy in this study or your rights as a study participant, you can contact RTI's Office of Research Protection.</p>

Domains/ Interview Sections	Interview Guide Questions
	<p><i>(If in person, provide card with numbers. If by phone:)</i> I can send you these numbers after our call if you'd like.</p> <p>Before we begin, we would like to ask if it would be okay for us to record the interviews for note-taking purposes. Is this okay with you? <i>(Get verbal okay)</i>. Do you have any questions before we get started?</p>
<p>Incorporating the Screeners into the Workflow</p>	
<p>Use of Screeners in Practice</p>	<p>Before we start the interview, I just want to remind you NOT to refer to any individual program participants by name. If you would like to give an example, please do so without providing names or other personally identifiable information.</p> <p>First, we want to hear about how the screeners were carried out in practice and used in your HMRE program.</p> <p>Can you take me through the process by which the screeners were typically used in practice?</p> <p>IF GRANTEE TESTED BOTH ADULT AND YOUTH SCREENERS, ASK THESE QUESTIONS ABOUT THE ADULT SCREENERS FIRST, AND THEN THE YOUTH SCREENERS.</p> <ul style="list-style-type: none"> ▪ <i>Probe for how, when, where, and with whom the screening instruments were implemented.</i> ▪ <i>Probe for how long each screener took to administer.</i> ▪ <i>Probe for any differences in administration of the different screeners.</i> ▪ <i>Probe for other examples of how the screeners may have been administered outside of “typical use”.</i>
<p>Barriers to Screener Administration</p>	<p>Were there [other] challenges in “fitting” these screeners into your work?</p> <ul style="list-style-type: none"> ▪ <i>Probe for any issues related to timing (i.e., was it challenging to find appropriate time to screen individuals three separate times throughout the program).</i> ▪ <i>Probe for any issues in staff coverage (i.e., if there were always enough staff to administer the screener).</i> ▪ <i>Probe for any issues related to space (i.e., if there were enough private spaces to administer the screeners).</i> ▪ <i>Probe for any issues related to administering the screeners one on one.</i>

Domains/ Interview Sections	Interview Guide Questions
	<ul style="list-style-type: none"> ▪ <i>For Youth Screeners Only: Probe on any issues in administering the screeners in the school/group setting.</i> <p>Were there any challenges specific to one or more of the screeners?</p> <ul style="list-style-type: none"> ▪ <i>Probe: That is, were any screeners more difficult to incorporate into your work than others? Why or why not?</i> <p>Were there any other challenges or barriers to implementing these screeners in your work?</p> <p>What, if anything, would have made it easier for staff to implement the screeners?</p>
Factors that Facilitated Administration of Screener	<p>What factors helped staff in your program to be able to incorporate the screeners into your workflow?</p> <ul style="list-style-type: none"> ▪ <i>Probe: In other words, did your program have anything or do anything that helped make it easier to use the screeners, such as one-on-one intake meetings, or private spaces to administer the screeners, that helped integrate use of the screeners into your program?</i> ▪ <i>Probe on timing, staffing, space, training</i> ▪ <i>If applicable, probe on differences of how youth and adult screeners were incorporated into the workflow.</i> <p>Was one type of screener easier to implement than the others? For example, did the mode (self-administered vs. staff administered; closed-ended vs. staff administered open-ended) matter?</p> <p>What does a program need to be able to implement the screeners successfully?</p> <ul style="list-style-type: none"> ▪ <i>Probe for necessary space, staffing, training, participant time</i>
Staff Responses to Screeners	
Staff Response to Closed-Ended Screeners	<p>Now let's talk about the screeners themselves.</p> <p>First we'll talk about the closed-ended screeners. SHOW PARTICIPANT THE SPECIFIC CLOSED-ENDED SCREENERS IMPLEMENTED BY THE PROGRAM.</p> <p>Were the closed-ended screeners easy to use? Explain.</p> <ul style="list-style-type: none"> ▪ <i>If applicable, probe on differences of ease of use of youth and adult screeners.</i> <p>Did you feel comfortable using the closed-ended screeners? Explain.</p>

Domains/ Interview Sections	Interview Guide Questions
	<ul style="list-style-type: none"> <i>If applicable, probe on differences of comfort in using the youth and adult screeners</i>
<p>Staff Response to Open-Ended Screeners</p> <p>Other General Responses</p>	<p>Now, let's talk about the open-ended screener(s). ORIENT PARTICIPANT TO THE SPECIFIC OPEN-ENDED SCREENER(S) IMPLEMENTED BY THE PROGRAM.</p> <p>Were the open-ended screeners easy to use? Explain.</p> <ul style="list-style-type: none"> <i>If applicable, probe on differences of ease of use of youth and adult screeners.</i> <p>Did you feel comfortable using the open-ended screeners? Explain.</p> <ul style="list-style-type: none"> <i>If applicable, probe on differences of comfort in using the youth and adult screeners</i> <p>Is there anything else you want to share about what you thought of the screening instruments?</p> <ul style="list-style-type: none"> <i>Probe about different opinions regarding the different screeners</i>
Respondent Responses to Screeners	
<p>Respondent Responses to Screeners</p>	<p>I just want to remind you NOT to use any participants' names when you give examples.</p> <p>How did participants seem to feel about the closed-ended screeners? IF APPLICABLE, ASK ABOUT ADULT AND YOUTH CLOSED-ENDED SCREENERS SEPARATELY.</p> <ul style="list-style-type: none"> <i>Probe on specific reactions participants had or examples of comments that participants made</i> <i>For the youth-serving staff, probe about whether any youth approached the staff after the group data collection to discuss questions or concerns, and the content of those conversations</i> <p>How did participants seem to feel about the more conversational, open-ended screener? IF APPLICABLE, ASK ABOUT ADULT AND YOUTH OPEN-ENDED SCREENERS SEPARATELY.</p> <ul style="list-style-type: none"> <i>Probe on specific reactions participants had or examples of comments that participants made</i> <p>Did participants need any clarification regarding how the questions were phrased or any of the language used? If so, please provide examples.</p>

Domains/ Interview Sections	Interview Guide Questions
 Screener Outcomes 	
Response to IPV or TDV Disclosure	<p>Next, we want to understand what happened when someone disclosed relationship violence during screening.</p> <p>Please explain what happened if someone disclosed relationship violence during the screening administration? IF APPLICABLE, ASK WHAT HAPPENED IF AN ADULT PARTICIPANT DISCLOSED IPV, AND THEN ASK WHAT HAPPENED IF A YOUTH PARTICIPANT DISCLOSED TDV.</p> <ul style="list-style-type: none"> ▪ <i>Probe for specific options, assistance, and materials (e.g., safety cards) provided</i> <p>Has your program changed the way that it has responded to relationship violence since using these screeners? If so, how? Do you know the reason(s) why?</p>
Case Example: Worked Well	<p>I would like to ask you for a couple of examples of participants who completed the screening process with you. First, we want to hear about an example of a case in which the screening process worked well; that is, where someone whom you felt needed help was identified and connected with services you felt were appropriate. Please do not give me any identifying information (like name, date of birth, address) about this person as I ask you questions about them.</p> <p>Probe (only if respondent cannot recall a specific case): If you can't think of a specific case, feel free to tell me generally about how things tended to work in cases that went well.</p> <p>FOR AGENCIES THAT SERVE BOTH YOUTH AND ADULTS, ASK QUESTIONS FOR BOTH.</p> <p>ASK OF AGENCIES SERVING ADULTS:</p> <p>Was the participant enrolled with their partner?</p> <p>At what point in the program did this person disclose IPV?</p> <p style="padding-left: 40px;">If it was in the context of a screening, which screener was it?</p> <p style="padding-left: 40px;">Can you explain what happened during their disclosure?</p> <p>After the participant disclosed IPV, what information/options were provided to them?</p> <p>Were there any immediate safety issues? If so, how were these safety issues dealt with?</p>

Domains/ Interview Sections	Interview Guide Questions
	<p>To the best of your knowledge, what services did they receive?</p> <p>Anything else to add about this participant’s experience with the screener?</p> <p>ASK OF AGENCIES SERVING YOUTH:</p> <p>At what point in the program did this person disclose TDV?</p> <p style="padding-left: 40px;">If it was in the context of a screening, which screener was used?</p> <p style="padding-left: 40px;">Can you explain what happened during their disclosure?</p> <p>After the participant disclosed TDV, what happened? Was there a formal school protocol that was followed? What information/options were provided to them?</p> <p>Were there any immediate safety issues? If so, how were these safety issues dealt with?</p> <p>To the best of your knowledge, what services did they receive?</p> <p>Anything else to add about this participant’s experience with the screener?</p>
<p>Case Example: Did Not Work Well</p>	<p>Now, I’d like to ask you for a case in which the screening process did not work well. Can you tell me what happened there? Again, please don’t give me any identifying information.</p> <ul style="list-style-type: none"> ▪ <i>Probe (only if respondent cannot recall a specific case): If you can’t think of a specific case, feel free to tell me generally about how things tended to work in cases that did not go well.</i> <p>FOR AGENCIES THAT SERVE BOTH YOUTH AND ADULTS, ASK QUESTIONS FOR BOTH.</p> <p>ASK OF AGENCIES SERVING ADULTS:</p> <p>Was the participant enrolled with their partner?</p> <p>At what point in the program did this person disclose IPV?</p> <p style="padding-left: 40px;">Which screener was used?</p> <p style="padding-left: 40px;">Can you explain what happened during their disclosure?</p> <p>After the participant disclosed IPV, what information/options were provided to them?</p> <p>Were there any immediate safety issues? If so, how were these safety issues dealt with?</p> <p>To the best of your knowledge, what services did they receive?</p>

Domains/ Interview Sections	Interview Guide Questions
	<p>Anything else to add about this participant’s experience with the screener?</p> <p>ASK OF AGENCIES SERVING YOUTH:</p> <p>At what point in the program did this person disclose TDV?</p> <p style="padding-left: 40px;">Which screener was used?</p> <p style="padding-left: 40px;">Can you explain what happened during their disclosure?</p> <p>After the participant disclosed TDV, what happened? Was there a formal school protocol that was followed? What information/options were provided to them?</p> <p>Were there any immediate safety issues? If so, how were these safety issues dealt with?</p> <p>To the best of your knowledge, what services did they receive?</p> <p>Anything else to add about this participant’s experience with the screener?</p>
Respondent Challenges with Screening Tools	<p>Did you encounter any participants who did not understand the screener questions? Please tell me about that.</p>
	<p>Did you encounter any participants who didn’t want to answer the questions? Please tell me about that.</p> <p>Did you encounter any participants who may not have disclosed relationship violence during the screener administration, but disclosed in another interaction? Please tell me about that.</p>
Working with the DV Partner	<p>Typically, how have you referred individuals who disclose IPV/TDV during the screening to your DV program partner?</p> <ul style="list-style-type: none"> ▪ <i>Probe on details such as making final decisions about whether and when to refer, who is the main contact at the DV program partner, how are participants typically referred (via a “warm handoff” or just told to go to the DV program partner).</i> <p>Did anything about your partnership or respective roles and responsibilities change as a result of testing these screeners?</p> <p>Did any of your response or referral procedures change? In what ways?</p>

B.7.2 Domestic Violence Program Staff Interview Guide

Instructions for interviewer:

Text to be read aloud verbatim in normal font.

Instructions (not to be read aloud) in all caps and bolded

Probes are bulleted and in italics

Tailored information (i.e., things the interviewer does need to say aloud, but in a tailored way) are in italics inside brackets.

IN PREPARATION FOR EACH INTERVIEW, REVIEW BACKGROUND INFORMATION ON THE SCREENING AND REFERRAL APPROACH AND THE PARTNERSHIP BETWEEN THE HR GRANTEE AND DV PROGRAM.

FOR FACTUAL QUESTIONS DURING THE INTERVIEW, ASK THE DV PARTNER FOR CONFIRMATORY OR UPDATED INFORMATION (E.G., “YOU HAVE WORKED TOGETHER FOR THE LAST X YEARS, CORRECT?”) THAT REFLECTS THE INFORMATION THEY HAVE PREVIOUSLY PROVIDED.

Domains/Interview Sections	Interview Guide Questions
Introduction and Interview Overview	<p>Thank you for taking the time to meet with us today! I’m <i>[interviewer’s name]</i> and this is <i>[note-taker’s name]</i>. As you know, we are testing screening questions and approaches to help identify intimate partner and teen dating violence among participants in HMRE programs like <i>[HMRE program name]</i>. For this conversation, I’ll refer to them as “screeners.” As part of our research, we want to understand a little more about your relationship with <i>[HMRE program name]</i> and your thoughts on whether or how <i>[HMRE program name]</i>’s use of these screeners helped to guide their referrals to you.</p> <p>The interview will last about an hour. Your participation is voluntary, and you may decline to answer any question or stop the interview at any point. With your permission, we may audio record the interview to help ensure that we capture everything you say in the interview. Your responses will be combined with responses from others here and at the other study sites, and will not be attributed to you individually. If we quote you, we won’t include any information that would reveal your identity.</p>

Domains/Interview Sections	Interview Guide Questions
	<p>We will not ask you any personal questions and it is unlikely that these questions will make you feel uncomfortable. But if you do, you can skip any of the questions or end the interview. The other risk is that someone might find out what you tell us during the interviews. To prevent this, we are doing the interview in a private setting, and we will handle and store all of your information in a secure manner. <i>[If interview is with a group: To protect everyone’s privacy, please do not share what is said during this interview with others.]</i></p> <p>There are no direct benefits to you from participating in this interview. However, the results could help us learn more about how these tools could be improved for other HMRE programs.</p> <p>If you have any questions about this study, you can contact Tasseli McKay at RTI. If you have any questions about protecting your privacy in this study or your rights as a study participant, you can contact RTI’s Office of Research Protection. <i>(If in person, provide card with numbers. If by phone:)</i> I can send you these numbers after our call if you’d like.</p> <p>Before we begin, we would like to ask if it would be okay for us to record the interviews for note-taking purposes. Is this okay with you? <i>(Get verbal okay)</i>. Do you have any questions before we get started?</p>
Partnership with Healthy Relationship Program	
Background and Quality of Partnership	<p>Before we start the interview, I just want to remind you NOT to refer to any individual program participants by name. If you would like to give an example, please do so without providing names or other personally identifiable information.</p> <p>How long have you been working with <i>[HMRE program name]</i>?</p> <p>How did the partnership come about?</p> <p>Had you ever worked with them before you became involved in this HMRE program grant with them?</p>
Role of DV Partner	<p>Can you tell me a little about what your role has been in your partnership with <i>[HMRE program name]</i>?</p> <p>Did you collaborate with them to develop a “domestic violence protocol,” or a set of procedures for how to recognize and respond to intimate partner violence or</p>

Domains/Interview Sections	Interview Guide Questions
	<p>teen dating violence among their program participants? Could you tell me about that process?</p> <p>In your opinion, what are the strong points of [HMRE program name]'s current approach to recognizing and responding to domestic violence?</p> <p>In your opinion, what are the weak points or downsides of [HMRE program name]'s current approach to recognizing and responding to domestic violence?</p> <p>Are you involved in training [HMRE program name] staff?</p> <p>At this point, how knowledgeable and familiar would you say the key [HMRE program name] staff are regarding IPV/TDV?</p>
Referral Process	
	<p>Could you describe how the referral process works for adults/youth who have disclosed IPV?</p> <p>Does [HMRE program name] use the same process each time they make a referral (i.e., call you, email you, etc.)?</p> <p>If transportation is needed, does [HMRE program name] provide transportation for the individual, does your agency, or does someone else?</p> <p>Does [HMRE program name] ever follow up with you about an individual in their program after they receive services at your program?</p> <p>Do you think there is enough, too much, or too little coordination or information exchange between your two organizations regarding individual cases?</p>
Changes During the Screener Testing Period	
	<p>Have you or [HMRE program name] made any changes to your processes for working together since they started testing the screeners?</p> <ul style="list-style-type: none"> ▪ <i>Probe: What prompted these changes?</i> ▪ <i>Probe: Will you maintain these changes in your future work together?</i> <p>Have you received more or fewer referrals than before they began using the study screeners?</p> <p>How confident do you feel in your two programs' joint efforts to ensure participant safety using these screeners and this referral process?</p>

Domains/Interview Sections	Interview Guide Questions
Case Narrative	
<p>Case Example: Worked Well</p>	<p>Now, I'm hoping you can talk me through two examples of someone who was referred to your agency from [HMRE program name] and what kinds of follow-up services they received. First, we want to hear about an example of a case that went well; that is, where someone whom you felt needed help was identified and connected with services you felt were appropriate. Please do not give me any identifying information (like name, date of birth, address) of this person as I ask you questions about them. Maybe you can start by saying a bit about how this case was referred.</p> <ul style="list-style-type: none"> ▪ Probe: What services were they offered? ▪ Probe: What services did they receive? ▪ Probe: For how long did they receive services? ▪ Probe: Was there any kind of follow-up with the HMRE program? ▪ Probe: Do you know what this individual's status is now? <p>Why do you think it went well?</p> <p>How do you think the participant felt about their services?</p> <p>How helpful was the screener in serving that purpose?</p>
<p>Case Example: Did Not Work Well</p>	<p>Please talk me through another example of someone who was referred to your agency from [HMRE program name] and what kinds of follow-up services they received. This time, we want to hear about an example of a case that did not go as well. Again, please do not give me any identifying information.</p> <ul style="list-style-type: none"> ▪ Probe: How were they referred (if they were)? ▪ What services were they offered? ▪ Probe: What services did they receive? ▪ Probe: For how long did they receive services? ▪ Probe: Was there any kind of follow-up with the HMRE program? ▪ Probe: Do you know what this individual's status is now? <p>Why do you think it did not go well?</p> <p>How do you think the participant felt about their services?</p>

Domains/Interview Sections	Interview Guide Questions
	How helpful was the screener in serving that purpose?
Feedback on Screeners and Protocols	
	<p>ASK IF NOT ASKED PREVIOUSLY: How do you think the participants felt about the screening and referral procedure?</p> <ul style="list-style-type: none"> ▪ <i>Probe: Do you think the screeners made the participants feel uncomfortable or comfortable? Safe or unsafe?</i> ▪ <i>Probe: How do you think participants felt about the referral process?</i> <p>Based on your experience with these different screening tools being used as the basis for referrals to your agency from [HMRE program name], what do you think are the strengths or advantages of the more conversational screening tool relative to the two tools that used questions with pre-set multiple-choice answers?</p> <p>What are the draw-backs of the more conversational screening tool? Is there anything you would change about it?</p> <p>What do you see as the strengths or advantages of the two tools that used questions with multiple-choice answers? Do you think more highly of one than the other?</p> <p>What are the draw-backs of the multiple-choice-style screening tools? Is there anything you would change about these standardized tools?</p> <p>How effective do you think the screeners were at identifying someone who may be in need of services related to relationship violence?</p> <ul style="list-style-type: none"> ▪ <i>Probe: Based on your experiences with [HMRE program name] do you feel like one screener may have worked better than the others?</i> ▪ <i>Probe: Did any participants mention a specific screener or part of the screening process they liked or didn't like?</i>
I Thoughts	
Final Thoughts	Do you have anything else that you might add that we didn't ask you about?

B.7.3 Adult Participant Interview Guide

Text to be read aloud is in normal font.

INSTRUCTIONS (NOT TO BE READ ALOUD) ARE IN BOLD CAPS.

Probes and language that will be tailored to each site are bulleted and in italics.

[Tailored information (i.e., things the interviewer does need to say aloud, but in a tailored way) are in italics inside brackets.]

IN PREPARATION FOR EACH INTERVIEW, FAMILIARIZE YOURSELF WITH SITE-SPECIFIC PROCEDURE FOR RESPONDING TO PARTICIPANTS WHO MAY DISCLOSE IPV DURING THIS STUDY INTERVIEW. REVIEW BACKGROUND INFORMATION ON THE SCREENING AND REFERRAL PROCESS AND THE HR GRANTEE'S OVERALL SERVICE DELIVERY APPROACH.

Domain	Interview Guide Questions
Introduction and Interview Overview	<p>Thank you for taking the time to meet with us today! I'm [<i>interviewer's name</i>]. I am with RTI International, a non-profit research organization. We are working with the Administration for Children and Families to understand HMRE programs' approaches to talking with people about challenging relationship issues. As part of this work, we want to understand what people think of any conversations they may have had with [<i>HMRE program name</i>] staff about these kinds of issues, like feeling disrespected in a relationship or having conflicts that get physical. Whether or not you've ever had those experiences yourself, we're interested in what you think about the ways that program staff did or didn't talk with you about them and what happened. ADMINISTER INFORMED CONSENT. IF PROVIDED, BEGIN AUDIORECORDING.</p>
Healthy Relationship Program Engagement	
Program Involvement	<p>What brought you to [<i>HMRE program name</i>]? <ul style="list-style-type: none"> • <i>Probe: How did you learn about the program?</i> • <i>Probe: What did you hope to get out of the program?</i> <p>What kinds of things have you participated in as part of the program? <ul style="list-style-type: none"> ▪ <i>Probe for known site-specific program activities, such as relationship education or case management.</i> </p> </p>
Early Staff Interaction	<p>Did you talk to a staff member one-on-one at any point before you began participating in group activities?</p>

Domain	Interview Guide Questions
	How comfortable did you feel around [HMRE program name] staff when you first began?
Initial Decision to Participate in Program	<p>I'm going to ask some questions that might bring up personal issues. I just want to remind you that if you tell me that someone is in danger or a child is being hurt, I might have to report it.</p> <p>Did the conversation with [HMRE program name] staff raise any concerns about you participating in any of the program activities?</p> <p>Looking back, would you want to do anything differently in terms of what you did or didn't participate in as part of [HMRE program name]?</p>
Other Human Services and Support	<p>At the time you enrolled in the program, were you involved with any other programs?</p> <p>Were you receiving any kind of benefits, like Medicaid, food stamps, or TANF? Any child support?</p> <p>What kinds of informal support did you have around you, like from friends, family, or community?</p>
Influences on Self-Perception of Relationship	<p>At the time you enrolled in the program, were you in a relationship or seeing anyone?</p> <ul style="list-style-type: none"> • <i>If seeing anyone, probe for what the respondent thought and felt about his/her relationship at the time he/she entered the HR program.</i> • <i>If not seeing anyone, probe for whether respondent had any relationship-related plans or goals.</i> <p>What kinds of things have shaped how you see [relationships / that relationship]?</p> <ul style="list-style-type: none"> • <i>Probe for social influences (e.g., opinions of friends and family, childhood experiences, parents' or friends' relationships) and any change over time.</i> • <i>Probe for cultural influences (e.g., religious views of relationship, gender roles, #MeToo, media coverage of abuse cases) and any change over time.</i> <p>How would you say participating in [HMRE program name] changed your perspective on [relationships/that relationship]?</p>

Domain	Interview Guide Questions
Follow-up Opportunities for Disclosure	
<p>Opportunity to Raise Personal Concerns During Program Activities</p>	<p>During the time you were participating in the program, did you ever have any worries or issues on your mind about your own relationships? You don't have to tell me any details about what they were; I am just wondering in general terms.</p> <p>IF YES, EVEN IF NOT AN IPV CONCERN:</p> <p>Did you ever have a chance to raise those issues during one of the <u>group activities</u>?</p> <ul style="list-style-type: none"> • Probe for how and when the participant raised the issue OR • Probe for why s/he chose not to raise it during a group activity.
<p>Perceptions of Open- and Closed-Ended Screening Tools</p>	<p>Do you remember sitting with the [HMRE program name] staff and answering some questions that they were reading from a tablet? Did they ask either of these sets of questions, where you had to choose one answer from the set of responses that they gave you? SHOW HARD COPY OF CLOSED-ENDED ADULT TOOLS.</p> <p>Do you remember having a more open-ended conversation about healthy and unhealthy relationships, where the staff person would have also given you this card? SHOW HARD COPY OF SAFETY CARD.</p> <p>IF YES TO EITHER:</p> <p>How did you feel about talking with [HMRE program name] staff about those issues?</p> <p>What did you decide to share? What did you decide not to share? Again, I don't need the details of exactly what it was about.</p> <ul style="list-style-type: none"> • If anything was shared, probe for what influenced the respondent's decision to share (motivation for sharing, setting, relationship with staff person, the words used by the staff person). • If anything was not shared, probe for general sense of what was not shared without pressing for personal detail, e.g., "Would you mind sharing with me what you chose not to bring up with staff? I don't need any details about what it was; I'm just wondering about the general topic." <p>Did you feel like staff knew enough about you and your situation to support you in staying healthy and safe?</p>

Domain	Interview Guide Questions
	<p>AS APPLICABLE:</p> <p>Did you have any concerns about your partner finding out what you said?</p> <p>How did you feel about the time(s) where staff asked you those shorter questions that had pre-set answers?</p> <p>How did you feel about the more open-ended conversation, the one when staff shared the informational card with you? What did you think of the card you were given?</p> <p>Which did you prefer, the questions with pre-set answers or the more open-ended conversation where you were given the informational card? Why?</p> <p>Do you think the time it takes to have one of these conversations is worth it? Why or why not?</p>
Concerns Not Disclosed	<p>Looking back, is there anything that you wish you had shared about your family life or relationships, but didn't have the opportunity, or didn't feel comfortable with the way it was asked? You don't need to give me any details about what it was; I am just wondering in general terms.</p> <p>What do you think would make people you know feel comfortable sharing with [HMRE program name] about their own relationship issues, like disrespect or conflicts getting physical?</p> <p>What could [HMRE program name] staff do to make those one-on-one conversations more comfortable?</p> <p>What could be done differently with the questions on the tablet to make that more comfortable?</p>
Referral to Domestic Violence Program or Other Resources	
Referral	<p>During the time you participated in [HMRE program name], did staff there ever refer you to talk to someone from another organization? For each referral mentioned:</p> <ul style="list-style-type: none"> • Probe for what referral was made and why. Clarify whether the participant is referring to the local domestic violence program partner or some other organization. • Probe for whether referred to a specific person or to an organization (without a named staff person)?

Domain	Interview Guide Questions
	<p>What else did [HMRE program name] staff tell you about the services that might be available and how you would go about talking to someone about them?</p> <p>Were there ever any other issues on your mind that you could have used some help with, but you didn't get that help? I don't need any specific details, just a general sense.</p> <ul style="list-style-type: none"> ▪ Probe for whether participant disclosed those additional needs to staff, why or why not, and what happened.
Initial Accessibility	<p>ASK ONLY IF PARTICIPANT DID SEEK OUTSIDE SERVICES RELATED TO IPV:</p> <p>What was your initial impression of the organization where you were referred?</p> <p>Did you end up talking to someone there?</p> <ul style="list-style-type: none"> ▪ Probe for what facilitated or prevented the participant making initial contact with local DV program or other organization, including any logistical, cultural, or economic barriers or facilitators.
Interactions with DV Program or Other Outside Support	<p>ASK ONLY IF PARTICIPANT DID SEEK OUTSIDE SERVICES RELATED TO IPV:</p> <p>What contact did you have with staff from that organization?</p> <p>Did you end up getting any services?</p> <ul style="list-style-type: none"> • If so, probe for what services. • If not, probe for why not. <p>To what extent did you feel supported by the staff there? In what ways?</p> <p>To what extent did you feel that you and your choices were respected? How was that communicated?</p>
Helpfulness of DV Program or Outside Services	<p>ASK ONLY IF PARTICIPANT DID SEEK OUTSIDE SERVICES RELATED TO IPV:</p> <p>All in all, how would you say that the outside services that [HMRE program name] connected you to have affected your relationship or family life?</p> <ul style="list-style-type: none"> • Probe for whether participant feels s/he has access to more resources. • Probe for shifts in perspective on relationship or family life. • Probe for whether the respondent felt like s/he had more options in his/her relationship or family life.
Helpfulness of HR Program	<p>ASK OF ALL PARTICIPANTS:</p>

Domain	Interview Guide Questions
	<p>All in all, how would you say that participating in [HMRE program name] affected your relationship and family life?</p> <ul style="list-style-type: none"> • Probe for whether participant feels s/he has access to more resources. • Probe for shifts in perspective on relationship or family life. • Probe for whether the respondent felt like s/he had more options in his/her relationship.
Final Thoughts	<p>Is there anything I haven't asked that you think we should know about your experiences in [HMRE program name]?</p>
Additional Needs	<p>Before we finish, is there anything we have talked about today that you feel worried or concerned about, or might need some additional help with?</p> <p>IF PARTICIPANT EXPRESSES ACTIVE CONCERNS OR AN INTEREST IN ADDITIONAL HELP, OFFER RESOURCES ACCORDING TO PROTOCOL AGREED ON WITH GRANTEE AND LOCAL DOMESTIC VIOLENCE PARTNER.</p> <p>Thank you so much for taking the time to talk with me today. I appreciate it very much.</p>

APPENDIX C – CASE STUDY REPORT

Recognizing and Responding to IPV Among Spanish-Speaking HMRE Participants: A Case Study

C.1 Background

This section presents findings from a small, two-site case study of HMRE programs' approaches to recognizing and responding to IPV-related needs among Spanish-speaking Latinx participants.

C.1.1 *Impetus for the Case Study*

As described in **Section 2: Study Purpose and Design**, the RIViR field study focused on testing IPV screening and universal education approaches used by HMRE programs with English-speaking participants. The choice of screening approaches to test in the RIViR field study was informed by a systematic review to identify IPV and TDV screening tools that had been validated in populations and settings similar to those of OFA-funded HMRE programs. The review found that most IPV screening tools have been validated with adult heterosexual women in health care settings. Most validation studies did not include men, youth, or Spanish speakers. The three published tools validated with Spanish-speaking Latinx participants were designed for hospital and criminal justice settings:

- The Partner Violence Screen (4 items, physical violence and perceived safety) was validated with Spanish- and English-speaking women admitted to a trauma service (Mills et al., 2006);
- The STaT (Slaps, Throws, and Threatens) Screen (3 items; physical violence, sexual violence, emotional abuse, and coercive control) was validated with Spanish-speaking female hospital outpatients, 18–64 years old (Paranjape et al., 2006); and
- Bonomi's unnamed tool (3 items, physical violence and emotional abuse) was validated with English- and Spanish-speaking women seeking police assistance or civil protection orders for IPV (Bonomi et al., 2005).

RTI worked with our academic partners, OPRE, other ACF agencies, and a panel of IPV and HMRE research and practice experts to consider screening tools for inclusion in the RIViR field test. Based on guidance from experts and federal partners, RTI prioritized the ability to compare open-ended, universal education based approaches to closed-ended (traditional) screening approaches and to accomplish such a comparison for each of two study populations: adults and youth. Given this priority and the relative dearth of relevant, prior validation work to inform the selection and testing of a Spanish screening tool in HMRE populations, it was decided not to include a set of Spanish-language screening tools in the RIViR field test.

To supplement the RIViR field study, this case study was designed to gather initial information on approaches to IPV education, screening, and referral among HMRE programs serving Spanish-speaking Latinx participants.

C.1.2 Gaps in Prior Research

To date, approaches to identifying and responding to IPV among Spanish-speaking HMRE program participants have been relatively little studied. The Hispanic Healthy Marriage Initiative (HHMI) implementation evaluation documented a diversity of HHMI grantees' approaches to IPV protocols, partnerships, screening, education, and referral (Bouchet et al., 2013). It focused on identifying patterns across all HHMI grantees, and as such, did not include an in-depth focus on approaches to partnerships with local domestic violence programs, the development of domestic violence protocols, the provision of direct or referral-based services related to IPV, or aspects of organizational capacity or competence that shaped the approaches that grantees (or their local partners) took.

Building on this knowledge base, RTI and the National Latin@ Network for Healthy Families and Communities (NLN)³ undertook a small case study of these topics in partnership with two HMRE grantees: the University of Denver's Motherwise program, and Family Services of Merrimack Valley.

The case study was designed to address the following aims:

- Understand current approaches taken by two OFA-funded HMRE grantees to recognizing IPV among Spanish-speaking Latinx HMRE program participants
- Describe partnerships between HMRE grantees and local domestic violence program partners and any other strategies for addressing IPV when identified
- Identify key resources, assets, and challenges relevant to implementing culturally and linguistically appropriate strategies for IPV recognition and response in HMRE programs

³ Three staff from Casa de Esperanza/National Latin@ Network contributed heavily to case study design, data collection, analysis, and reporting: Ruby White Starr, Josie Serrata, and Martha Hernandez Martinez. Dr. Serrata and Ms. Hernandez Martinez, each of whom has extensive expertise in research with Latinx survivors of domestic violence, assumed primary responsibility for drafting the focus group interview guide, conducting the group, analyzing focus group data, and preparing a written summary from which extensive material for this report section was drawn. Review and input from Casa de Esperanza/ National Latin@ Network staff also informed RTI's work on the overall study design, HMRE and DV staff interview guides, and analysis and reporting of HMRE and DV staff interview data.

C.2 Methods

C.2.1 Methodology

The research team selected a case study method to accomplish the research aims. Case studies have traditionally been a method of choice when researchers seek to describe a population- or context-specific phenomenon that may generate lessons of broader interest, but are not attempting to make causal inferences nor generalize findings to other populations (Hamel et al., 1993; Ruzzene, 2015).

C.2.2 Case Selection

For this case study, we selected two HMRE grantees that had significant experience serving Spanish-speaking participants. These included one grantee organization with a primary focus on serving the Latinx community and another grantee that served a large number of Spanish-speaking individuals, but did not specifically focus on Latinx communities. We chose Family Services of Merrimack Valley (FSMV), located in Lawrence, Massachusetts, as an HMRE grantee that exclusively served Latinx participants, and University of Denver's Motherwise Program, located in Denver, Colorado, as an HMRE grantee that served a large (but not exclusive) Latinx population.

C.2.3 Data Collection

In each site, we conducted semi-structured, qualitative interviews with HMRE program staff and leadership, as well as staff advocates at each of the local domestic violence programs with which those grantees partnered. RTI researchers with expertise in qualitative data collection and in HMRE program approaches to IPV facilitated all interviews, which were conducted by telephone. We interviewed two case facilitators from each of the two HMRE grantees, as well as two administrators from Motherwise and one administrator from FSMV, for a total of seven interview participants. We also interviewed the HMRE program's key point of contact at each of their local domestic violence partner organizations, for a total of three interview participants. Staff took verbatim notes on interviewees' statements.

We also held a focus group with survivors and non-survivors who had participated in HMRE programming and IPV-related screening and education at the Motherwise program site. Based on their previous work and recommended practice (Fraga, 2016; Lyon & Sullivan, 2007), researchers planned for and enacted measures of safety, including maintaining confidentiality and establishing a supportive and non-judgmental environment during the focus group. In maintaining confidentiality, the facilitator did not ask for signatures for documentation of compensation from participants. (A staff person who helped coordinate the logistics of the group signed a form indicating that each participant was compensated.) During the focus group, the facilitator explained the importance of maintaining confidentiality, welcomed participants to choose pseudonyms, and avoided referring to participants by their first names or any

other term that could help to identify them. The facilitator did not ask about or refer to specific locations or name places that could point to geographic residency. Eight women participated, which allowed for a variety of perspectives and maintained manageability (Krueger & Casey, 2014). Focus group participants were all immigrants. Seven participants were from Mexico and the eighth was from El Salvador. Their observed ages ranged from twenty-five to forty. All participants identified that they had children and were in heterosexual relationships.

C.2.4 Analysis

Focus group data analysis was conducted by NLN staff. The first coder (who also conducted the focus group) utilized Krueger & Casey's (2014) framework to embed herself in the data, which entailed listening to the session in its entirety and reviewing observational notes taken during the facilitation. The first coder then reduced data by direct content analysis, identified themes, and grouped the data that corresponded to each theme and quotes (Miles et al., 2014). The second coder reviewed the data that had been grouped into themes and quotes (Krueger & Casey, 2014), and both coders discussed any discrepancies in opinion and reached consensus. The RTI team used similar analytic methods to theme the qualitative data that resulted from the HMRE staff and domestic violence partner interviews. One analyst led initial theming of the HMRE staff interview data, while the other led initial theming of the domestic violence staff interview data. The two analysts then reviewed one another's findings. Staff from RTI and NLN reviewed and discussed one another's preliminary focus group and staff interview findings and draft summary reports. The findings presented here represent the consensus of both teams.

C.3 Findings

C.3.1 Partnerships Between HMRE Grantees and Domestic Violence Programs

Partnership origins and agreements. Both of the HMRE grantees had formed partnerships with their local domestic violence programs within the last two years, since they began HMRE program implementation. Family Services of Merrimack Valley (FSMV) partnered with the YWCA of Greater Lawrence's domestic violence program. Motherwise partnered with SafeHouse Denver Domestic Violence Services and the Rose Andom Center, a family justice center.

Motherwise explained its dual partnership structure in this way: "We use one organization [SafeHouse Denver] to refer clients to for services, and another organization [Rose Andom Center] to help the clients link up with other outside services, such as immigration assistance, housing assistance, employment."

Partnerships between HMRE grantees and all three of their domestic violence program partners involved formal, contractual relationships with associated financial commitments on the part of the HMRE

grantee. Contractual relationships focused on responsibilities for training, for services provided to HMRE program participants, or for office tenancy (as in Motherwise’s partnership with the Rose Andom Center, with which it was co-located).

Staff at both HMRE grantee organizations shared that considerations related to cultural responsiveness had informed their choices of domestic violence partners or shaped the roles and agreements they had developed with those partners. In particular, it was important to both grantees that bilingual staff be available to meet the needs of HMRE clients whom they referred to their domestic violence partners. It was also important to them that domestic violence partners be equipped to capably address any issues, such as immigration status concerns, that could affect Spanish-speaking IPV survivors’ disclosure, help-seeking, and outcomes.

Leaders of the HMRE programs and the domestic violence programs described their partnerships as based on clear and mutual mission compatibility. Staff at YWCA and FSMV characterized their relationship as very positive, collaborative, and functional. SafeHouse Denver staff characterized the partnership with Motherwise as a “natural connection” based on “tangible places where our goals intersect.” Rose Andom Center also noted clear mission compatibility with Motherwise: “They seem to us to be a very mission-compatible agency. I couldn’t have asked for a better partnership.”

Per their agreements with the HMRE grantees, the three domestic violence programs undertook a range of formal responsibilities under the HMRE grants, particularly training, advising HMRE staff on how to identify IPV and when to refer, and receiving warm handoff referrals. For example, YWCA staff delivered a 9- to 11-hour training to FSMV staff in English and in Spanish on IPV awareness, with a focus on recognizing warning signs or “relationship red flags” and the basics of safety planning. SafeHouse Denver staff trained Motherwise staff on recognizing signs of IPV, when and how to make a referral, and what services were available at the YWCA.

Communication and coordination. In general, communication between the local domestic violence programs and HMRE grantees took three forms:

1. Formal training and informal opportunities for “cross-training,” particularly familiarizing one another with available services at each organization.
2. Standing meetings, whether between staff of the two organizations only or as part of larger networking meetings. Such regular meetings were organized around one of the partner organizations (e.g., a meeting of all of the domestic violence program’s partners or of all of the HMRE program’s partners), or among a wider group of organizations in the community that served Latinx clients.

3. Communication about specific HMRE program participants, which took the form of HMRE staff seeking advice or guidance from domestic violence program staff. Although domestic violence programs could, in theory, share information back to the HMRE grantee with a release of information from the client, this was not common practice.

Staff at Motherwise, SafeHouse Denver, and Rose Arom Center recounted how initial cross-training and open cross-organizational conversations had helped them to resolve early concerns and develop real alignment regarding their joint approach to serving Spanish-speaking IPV survivors. For example, staff from Rose Arom Center and SafeHouse Denver had participated in the Motherwise parenting class orientation and facilitator trainings. SafeHouse Denver staff commented that this was quite valuable in addressing their initial concerns and building the ability to communicate effectively across the two organizations: “We know exactly what their approach looks like. There initially were concerns about their focus on the skill-building piece, and being able to see their curriculum and intentions from beginning to end helps us to understand where we fit and how we communicate that clearly with staff and program clients.” In addition, arriving at a shared understanding of the bounds of their respective service provision had been critical for building trust and collaborating effectively: “Their program is very focused on skill-building, and it’s important to me for them to understand that skill building is no longer a safe intervention tool once you have a disclosure.”

Motherwise staff observed that initial communication with both of their partner organizations—to refine and clarify roles and expectations, to optimize staff “fit” for partnership-related roles, and to streamline the process of referral for IPV-related services—had resulted in stronger, more effective collaboration. FSMV commented that their partnership with YWCA had remained consistently positive, and that HMRE staff particularly appreciated their domestic violence partner’s flexibility and responsiveness with regard to referral handoffs and staff trainings.

HMRE and domestic violence program staff also found standing meetings to be of use in maintaining their working relationships. YWCA staff attended FSMV’s network meetings and director-level meetings to discuss their joint services. The two organizations also met via phone every other month to discuss their ongoing partnership. Motherwise did not maintain formal standing meetings with the Rose Arom Center, because their co-location led to such frequent contact as to make a standing meeting seem unnecessary. At the time of our interviews, Motherwise reported that they were about to institute regular meetings with SafeHouse Denver.

Finally, Motherwise and FSMV each maintained ongoing consulting relationships with their local domestic violence programs regarding how best to serve specific clients. Such client-specific consultations

tended to occur on a case-by-case and “as needed” basis, generally in situations where HMRE staff needed support in determining whether or how to make an IPV-related referral.

Changes to partnership agreements or procedures. During approximately two years of partnership, FSMV and YWCA each reported a stable, consistently positive, and relatively static partnership. In contrast, Motherwise and SafeHouse Denver staff reported making a number of ongoing adjustments to their collaboration over the course of HMRE program implementation. For example, the two organizations recently adjusted their processes to make sure that the first SafeHouse Denver staff member with whom their Spanish-speaking clients make contact is bilingual. Motherwise staff explained, “We discuss with our partners frequently their roles and responsibilities because sometimes they change. It is a continuous conversation.”

Program Participant Perspectives on Partnerships Between HMRE Grantees and DV Programs

Participants at the Motherwise site who attended the presentation by advocates from the local DV program discussed their appreciation for getting the information directly from DV program staff.

Some participants also expressed a sense of comfort in knowing that the DV program was located close to the HMRE program (on a different floor of the same building), feeling that it was accessible if they were to need it.

C.3.2 HMRE Grantees’ Domestic Violence Protocols

Both HMRE grantees collaborated with their local domestic violence partners to develop their domestic violence protocols. Both protocols addressed the following elements of organizational procedure: IPV training, identification, referral, and staying safe during HMRE activities. The Motherwise protocol also included procedures for helping participants make decisions about HMRE participation.

Program Participant Perspectives on IPV Screening Process

Participants stated that they had not seen or did not remember answering the screening questionnaire. After reviewing some of the questions during the focus group, participants suggested that those questions were different from the ones they responded to over the telephone. Participants alluded to the questions being presented to them in a more informal and conversational way, which they appreciated.

Participants felt that timing was critical for obtaining honest feedback during screening. Participants suggested that the best time to ask questions about IPV would be during the personal interview with the facilitator with whom they all had developed trust.

Si es al principio no creo que las respondan, porque primero tienes que generar la confianza. Yo pienso que genera más confianza en tu cita individual y ya si la persona se siente más cómoda y con la confianza de decirlo en el grupo, está perfecto, pero para preguntarlo así directamente yo pienso que genera más confianza personalmente... (If it is at the beginning I do not think that they respond, because first you have to generate the trust. I think it generates more confidence in your individual appointment and that way the person feels more comfortable and with the confidence to say it in the group, it is perfect, but to ask it that way directly I think it generates more confidence personally...)

One participant suggested that IPV screening questions were best suited for the middle of the program (referring to the third session of the six-session program). Another suggested that screening occur just after the class on IPV, so that individuals understand that it is not only physical violence.

Participants stated positively that they felt comfortable with the HMRE facilitators. One commented that, when she brought her partner to the program, the couple talked with the facilitator about things they had never discussed before.

Fue como una terapia, te dan una hoja y tienes que esperar turno y dejarlo hablar... yo sentí que había sacado todo lo que tenía que nunca en mi vida había sacado. (It was like therapy, you get a sheet and you have to wait your turn and let them speak ... I felt that I had taken out everything I had that I had never taken.)

Others expressed that they would feel comfortable discussing it with facilitators if they felt threatened, and that they felt that staff would be capable of providing help.

Porque como dijo ella, ... nos han demostrado que tienen los medios y pues para ayudar a las demás personas. No que muchas veces uno no sabe cómo hacerle o en qué momento hablar o decir. (Because as she said, ... they have shown us that they have the means, and therefore, to help people. Because many times a person does not know how to do it or at what moment to speak or to tell.)

All three local domestic violence programs expressed confidence in the processes used by HMRE grantees to identify and respond to the IPV-related needs of their Spanish-speaking participants. To these organizations, what was most important was that HMRE grantee staff knew how to recognize signs of IPV and to respond and refer appropriately when participants offered disclosures. YWCA staff cited two specific aspects of their joint processes as crucial for supporting survivors: (1) YWCA staff

were available to go to FSMV's offices to serve their clients, which was particularly important for facilitating safe access to their services, and (2) YWCA took a client-centered approach to service delivery, which focused strongly on meeting victims'/survivors' self-defined needs and goals.

Staff at two of the domestic violence programs observed that HMRE grantees (by the nature of their program models) might have contact with perpetrators, and that their joint procedures lacked options for referring perpetrators for intervention. Since none of the domestic violence programs offered services for perpetrators, meeting this need would have required the development of additional community partnerships and additional procedures for safely executing those referrals.

C.3.3 Screening and Referral Approaches

Screening and referral processes. FSMV staff invited IPV disclosures by screening all HMRE participants for IPV during initial program intake. They used a screening approach developed by YWCA. Participants who answered yes to any of the screening questions, or those who volunteered a disclosure at any time thereafter, were referred to YWCA for full assessment and any needed services.

The Motherwise program, which included a focus on IPV in its core relationship education curriculum, took a universal education approach. They emphasized allowing disclosure to occur at the client's own pace. Motherwise facilitators made efforts to meet with their Spanish-speaking clients privately to create opportunities for disclosure further into programming. Staff noted that participants were more likely to disclose after the class session on IPV. For individuals who disclosed at any point, Motherwise staff were trained to go through the same intake form with their program participants that SafeHouse Denver staff would use during their own intake process, and then to share that information with SafeHouse Denver (with client permission) when making the referral. Motherwise referred clients with IPV-related legal needs to the Rose Amdom Center.

HMRE staff and staff from all three domestic violence programs indicated that the process of screening program participants or otherwise inviting disclosures was the same regardless of language or culture.

Disclosure outcomes. Motherwise estimated that staff had referred about 20% of their total client population for IPV-related services, and that about a quarter of them had been Latinx. FSMV reported one referral to date.

Program Participant Perspectives on Barriers to IPV Disclosure

Some participants discussed how the time that elapsed between the occurrence of a violent act and the gravity [what exactly do you mean by gravity here?] of the act may influence whether or not someone would disclose violence. Others suggested that women may not disclose IPV if they do not want to end their relationships or do not feel they can end their relationships. They noted that women may be afraid of consequences for their children, afraid of having to seek employment, afraid of the perpetrator himself, or may believe that they have to tolerate the abuse.

Porque a unos de Latinos [dicen] porque esa es tu cruz y eso te tocó a ti y por eso tienes que aguantar por tus hijos. (Because some Latinos [say] that is your cross to bear and that's just what you have to do and that is why you have to put up with it, for your children.)

Y la otra es que están amenazadas y obligadas a estar allí y no tienen las opciones de salirse... pero yo he visto otras situaciones en las que están allí y no quieren salirse porque voy a tener que trabajar. (And the other is that they are threatened and forced to be there and they don't have the options of how to get out... but I have seen other situations in which they do not want to leave because, "I am going to have to work".)

Another participant addressed the fear that some people experience of not knowing how calling the police might affect their children, how not being native-born affects a person regardless of immigration status, and how places like Motherwise can provide the help someone may need in order for them to feel like they can disclose.

Hay personas que las golpean y no llaman a la policía por el mismo miedo y más aquí por el hecho de no ser americanos aun con papeles o sin papeles, y que va a pasar, que va a pasar con mis hijos. Entonces hay personas que tienen más confianza aún como aquí por ejemplo Motherwise y tener la asesoría que ellos te pueden asesorar legalmente, o igual a la policía, yo pienso que es viable tener el contacto de aquí y tomarlo en cuenta. (There are people who get beaten and they don't call the police because they are afraid to and more so here because they are not Americans, even with papers or without papers, and then what will happen, what will happen to my children. Then there are people who have even more trust, like here for example at Motherwise, and to have the advice, that they can advise you legally, or the same with the police, I think it is feasible to have the contact here and to count on it.)

Asked to reflect on potential challenges to disclosure that Spanish-speaking HMRE participants might face when considering a disclosure, domestic violence program staff suggested that the family focus of HMRE services could deter disclosure, either because “clients are going there to receive other assistance, and may not feel it's appropriate to disclose” or “they may want the father to become a

better parent, but they may choose not to talk about how the father is as a partner.” The couples-based service delivery model (implemented by FSMV) was seen as a specific barrier to disclosure, surmountable with tailored screening procedures: “If they’re doing an interview with both partners, the person won’t disclose in front of their abuser. But they typically interview the male alone by a male staff and the female alone with a female staff, even if the two people initially come together.”

Rose Andom Center staff noted that disclosures would generally be based on a victim’s assessment of “whether it feels safe to identify, whether you believe there will be resources to help, how judgmental those will be, how safe it will be.” SafeHouse Denver staff speculated that having domestic violence advocates present during more HMRE program activities might help make participants feel more comfortable disclosing to them. (At the time of the RIViR case study interviews, SafeHouse Denver advocates attended one of six weekly sessions.)

HMRE and domestic violence program staff all acknowledged that culturally specific barriers or facilitators to disclosure might also be present for their Spanish-speaking Latinx participants. A YMCA staff member noted, “If they have the belief that domestic violence is a personal issue or a couples’ problem that you don’t disclose to others, that may prevent [disclosure]” and, “If they’re not aware of their rights and how the system works, they could be intimidated, especially if they’re afraid of the police.” SafeHouse Denver staff observed, “There may also be cultural and religious pressure to stay in a marriage” and that concerns about potential consequences of police or child protective services involvement also deterred disclosures. Motherwise staff reportedly attempted to ease these concerns by assuring participants that they would not report them to law enforcement or immigration, would not share any information on immigration or citizenship, and were there to help and support them.

Motherwise staff also suggested that Spanish-speaking Latinx HMRE participants had distinct interpersonal preferences surrounding disclosure. A staff member noted, “Spanish-speaking women are less likely to disclose during the IPV classes than English-speaking women...They are more likely to disclose in private with their case managers.” For this reason, Motherwise revised their approach to creating opportunities for disclosure such that facilitators made efforts to speak to Spanish-speaking participants more frequently in private, hoping to ensure that these women had comfortable opportunities for discussing their needs.

C.3.4 Services for Spanish-speaking Latinx Participants Who Disclose

Availability of referral-based services in Spanish. In both case study sites, Spanish-speaking HMRE program participants who were referred to any of the local domestic violence program partners could access a wide variety of IPV-related services in Spanish (see Table 1).

All three domestic violence programs offered all of their core services in Spanish. For victims with other related needs, such as housing or legal services, domestic violence programs attempted to provide tailored referrals to other community partner organizations that had bilingual staff or were known to offer culturally relevant services to the Latinx community. Some also provided interpretation and accompaniment for Spanish-speaking victims who needed forms of outside support that were only available in English (for example, housing agency assistance with low-income housing applications). Rose Andom Center worked to cultivate a number of outside partnerships specifically intended to maximize their integration with and accessibility to Spanish speakers, including participating in a Latina Services Network that was “providing more networking around better serving Latina victims of DV.”

Table 1. Referral-Based Services for Spanish-speaking HMRE Participants Who Disclose IPV

Site	Available Services
Family Services of Merrimack Valley (Grantee)	
YWCA of Greater Lawrence (Domestic Violence Partner)	<ul style="list-style-type: none"> • 24-hour crisis intervention hotline • Individual psychoeducational sessions about the cycle of abuse, forms of abuse, options, confidentiality, and emotional validation • Single-gender group counseling (when at least 5 interested clients) focused on IPV, sexual assault, and coping • Support for survivors with filing restraining orders • Hospital visitation • “Children Who Have Witnessed Violence” program
Motherwise at University of Denver (Grantee)	
SafeHouse Denver (Domestic Violence Partner)	<ul style="list-style-type: none"> • Emergency confidential domestic violence shelter, including a family program and a women’s program • Longer-term individual counseling • Women’s support group • Mother-child support group
Rose Andom Center (Domestic Violence Partner)	<ul style="list-style-type: none"> • Screening, risk assessment, and safety planning • Adult counseling • Child counseling (interpreted) • Advocacy and crisis intervention • Civil legal assistance (protection orders, assessment of divorce custody) • Public benefits applications with an HHS staffer • Low-income housing applications with housing department (interpreted) • Criminal justice intervention (bilingual detectives, bilingual police department victim assistance providers)

Post-referral service engagement. When asked what factors tended to make it more likely that Spanish-speaking clients would access the IPV-related services to which HMRE staff referred them, interviewees named several “warm handoff” practices:

- Making the phone call to the domestic violence program with clients, rather than simply giving them the information;
- Giving clients name and contact information of a specific person to whom they could reach out and from whom they know what to expect;
- Addressing needs for transportation and childcare;
- Establishing client familiarity with the physical spaces to which they might be referred (for example, HMRE participants who had already brought their children to Rose Anom Center for child care seemed to feel more comfortable there); and
- Offering clients the option to talk with domestic violence program staff over the phone from an office at the HMRE grantee organization.

Interviewees noted that accessing domestic violence program services by telephone from the HMRE office often felt both safer and more convenient to clients. They suggested that it was a particularly important option for connecting Latinx immigrant clients with domestic violence partners whose offices were co-located with criminal justice agencies, which staff noted could deter some undocumented immigrants from accessing services in person. Practices like these were seen to help address the needs of Latinx immigrant participants in particular, and to build trust and support participation for all clients.

When Spanish-speaking clients needed outside services, all three domestic violence programs worked to tailor their referrals to focus on organizations that would best meet their linguistic and cultural needs. In the Denver site, this was usually possible; in the other, which was less urban, it was occasionally challenging to connect clients with Spanish-speaking attorneys and therapists (for which wait times could be prolonged). If staff were unable to connect a client with an organization that provided the needed service in Spanish, domestic violence programs in each case study site had resources to provide an interpreter or send a bilingual and bicultural advocate to accompany the client. All three domestic violence programs had connections with legal assistance organizations that could support survivors in managing immigration concerns.

Program Participant Perspectives on IPV-Related Services

Participants expressed agreement that it was important for the HMRE program to address IPV in the Latinx community. Participants also felt it was important for their own processes to learn about IPV and be able to identify it. However, a few participants indicated the need for more information and resources around what constitutes IPV.

Porque muchas veces sufres tú la violencia doméstica y lo ves tan cotidiano que piensas que es normal, y no te das cuenta de lo que estás sufriendo, y aquí te enseñan, te ayudan para que te hacen ver de que estás en un círculo de que no es bueno. (Because you often suffer domestic violence and you see it daily. You think it is normal, and you do not realize what you are suffering. And here they teach you, they help you to make you see that you are in a cycle that is not good.)

Participants mentioned having received information about the issue of IPV, but not necessarily in a uniform manner. Some participants mentioned having learned about the issue only through the book used in the program, while others described IPV content being delivered during the visit of the DV partner organization staff. Participants also reported varied experiences of receiving information about the local DV partner.

Solamente nos dio información de donde están ubicados, el número de emergencia si alguien lo necesitan. (They only gave us information of where they are located, the emergency number if anyone needs it.)

Participants received a brochure and /or card with the phone number of the domestic violence organization where they could receive help, but did not obtain detailed instruction on the process for following up.

Que si estábamos viviendo en violencia nos dieron un folleto y de que había un número y de qué preferencia llamáramos para hacer cita pero que las atendían si no tenían cita. (That if we were living in violence we were given a pamphlet and that there was a number and what preference would we call to make an appointment but that they will attend to them even if they did not have an appointment.)

Participants suggested that spreading the word through informal relationships would be a promising way to share information about the local DV partner's resources. They urged, "*Difundirse más, en las redes sociales. (Disseminate more, in social networks.)*".

Motherwise and FSMV conducted some post-HMRE program follow-up with all participants who were referred for IPV-related services.

C.3.5 Approaches to Culturally Responsive Service Delivery

Culturally welcoming physical environment. Rose Andom leadership also described making choices in their physical environment to be culturally appropriate and welcoming for Latinx clients: “Being new, we’re really looking at our physical environment, what we can be doing in terms of graphics, posters, signage that helps make sure we’re being a more inclusive location and Latina folks coming in can identify that this is a place where they’ll be served and have people who speak their language.” She further explained how the physical environment was intended to send signals of welcome: “Part of it is just that on any given day, you’re likely to hear conversations in Spanish here as you’re walking through the building; it’s a normal part of how things look. We’ve been conscious of it in the food choices here in the kitchen area—we’ve got a great big kitchen area—and one of our staff will bring in things from a Mexican bakery and make sure we have those different kinds of food available. We have a bulletin board in the kitchen with resource information in English and Spanish.”

Tailoring of outreach. The HMRE grantees and domestic violence partner organizations included in this case study varied in the extent to which they conducted active outreach to local Latinx communities; however, none pursued active community engagement. YWCA did not characterize its outreach work as being proactively inclusive of Latinx communities, but leadership noted that educational workshops that staff delivered for local Latinx-serving groups and organizations were provided in a linguistically and culturally responsive manner. SafeHouse Denver, which had previously had a distinct outreach position, noted at the time of our interview that “outreach” duties had been absorbed by leadership. The lack of dedicated staff support for this function had resulted in an emphasis on responsiveness to community requests for involvement over proactive outreach. Such requests occasionally came from organizations serving Spanish-speaking community members, but more often from English-speaking professionals and programs. Finally, Rose Andom Center reported a comprehensive effort to inform and engage the local Latinx community in services, for example:

- Working with the Spanish-language television station to run public service announcements;
- Printing a donated one-page feature on IPV, local services for survivors (including Rose Andom Center and the justice agencies with which it affiliates), and immigration concerns for survivors in the local Latinx magazine;
- Working with a grassroots victim services organization serving the Southwest Latinx community;
- Offering a segment on IPV as part of a Spanish-language training held by the statewide victim assistance unit for 25 volunteers; and

- Partnering with Servicios de la Raza to host an onsite case manager one day a week for individualized assistance.

Tailoring of assessment and safety planning. While all three local domestic violence program partners provided for full linguistic accessibility in their intake and assessment processes, none described adapting their initial assessment to be culturally responsive to the local Latinx community. As one administrator explained, “It looks the same in English as in Spanish,” and this equal linguistic access was the primary focus; none of the domestic violence program partners we interviewed discussed plans or opportunities for cultural tailoring at the time of initial intake and assessment.

Leaders at all three domestic violence programs noted that discussing confidentiality and mandated reporting responsibilities and receiving informed consent were a part of this standard intake conversation with new clients. Although potential reporting to immigration enforcement agents was not an explicit focus, staff at all three programs regularly addressed such concerns with undocumented clients. As YWCA leadership explained, “We let them know that we have no connection with immigration services and are not responsible to report on either party. We usually share that if they disclose they are undocumented.” These contextual issues created potential barriers to client-provider trust that staff found it necessary to address directly. Motherwise facilitators noted that in response to the current federal climate regarding immigration, they had recently adapted their intake process to avoid asking about immigration status: “Clients are assured that immigration status is not questioned or recorded, and this encourages trust and disclosure of needs from clients to staff.”

With regard to safety planning, respondents noted that certain core elements of the safety plan—“filing a restraining order, changing locks, avoiding the kitchen and bathroom and other places with one entrance/exit if there is an argument, changing routes to school or work”—would be consistent regardless of a client’s culture. However, SafeHouse Denver and Rose Arom Center staff each noted that other aspects of the safety planning process were heavily informed by cultural considerations and contextual factors. These included the importance of considering larger household structures and provisions for extended family in safety planning, and addressing clients’ concerns related to documentation status and calling the police: “Perpetrators exploit the fear of being deported, and so we have conversations about what to do if you were picked up by ICE as part of a safety plan and talking through some of the myths. A lot of clients will initially opt out of calling the police as part of the safety plan, because they fear the police calling immigration, and they may change their minds once the advocate gives them more information to inform that.” Staff at all three sites discussed how important it was to educate undocumented survivors about their rights and about the potential effect of involving the criminal justice system on their immigration status, including the positive implications for U visa applications of having abuse formally documented in a police report or court proceeding.

Tailoring of services. Although interviewees noted that many of their clients were women in contact with their abusers, none of the HMRE grantees or their local domestic violence partners tailored their work to include a focus on services for men and (as a matter of victim safety) neither served perpetrators. They did offer a range of services for children and other family members, however. YWCA offered individual and group counseling for any family members of the person referred for services. Motherwise's domestic violence partners, SafeHouse Denver and Rose Andom Center, offered mother-child groups at shelter, child counseling at counseling center for children of mothers who were engaged in services; counseling with a separate counselor for each non-perpetrator family member (SafeHouse Denver); and child counseling and a two-hour workshop for non-perpetrator friends and family on supporting an abused loved one (Rose Andom Center).

Rose Andom Center staff testified to the way Motherwise's efforts to engage children had made the whole program more welcoming and inviting: "The piece I see every day walking back and forth through the building is the child care [Motherwise is] doing with the kids over here. They've had consistent staffing and they are just wonderful. One Rose Andom Center client was bringing her kids consistently over a couple of months who can be a little challenging, and they ran into some kind of wrinkle there and they worked it out and she has continued to come to services and continued to bring her kids in. Their staff are great. That's their area of expertise and I've really appreciated the communication and how they've made things work better for the kids and the moms." Motherwise staff observed that the framing for so-called child care was important, however. Many English-speaking mothers appreciated the offer of child care during programming, whereas Spanish-speaking mothers liked the idea of their children being included in programming but not of "dropping them off" somewhere.

None of the organizations included in the case study reported efforts to actively engage Spanish-speaking clients in offering feedback on how to best tailor their services. Neither organization asked their Spanish-speaking clients for specific feedback on their experiences in the HMRE program. The Motherwise program gathered feedback from participants at the end of each course, although there was not an explicit focus on cultural relevance. FSMV staff reported that they did not have any formal process for eliciting participant feedback on programming or screening. Rather, efforts at cultural tailoring of HMRE and domestic violence program services for Latinx Spanish speakers were initiated by bicultural staff or by participants themselves. All three domestic violence programs cited the expertise of bicultural staff as playing a pivotal role in adapting services. SafeHouse Denver staff explained, "We have one bilingual advocate who's been staffed here for 20 years, so we defer a lot to her, and she's the one who has shaped that programming."

In many cases, clients also played an important role in tailoring services to cultural needs as well as situational factors (such as immigration issues). Both YWCA and SafeHouse Denver noted that group

counseling services for Spanish-speaking clients were shaped by their Latinx clients in culturally relevant ways: sharing food, maintaining very long-term friendship connections among participants. As a YWCA administrator explained, “Although our intention for providing services isn’t different, they organically become different.” SafeHouse Denver staff observed that, “English groups have more rotation in and out, whereas in the Spanish group some have been coming for years, they have long-term relationships with the other women and the facilitator and carry those friendships outside of group as well, and they cook and share food at the group. The topics discussed are the same.” Rose Andom Center staff reported that they had adapted their court-related services in response to clients’ immigration concerns by developing a process whereby these clients could wait at the Center’s office to be called to court rather than waiting around the courthouse where they feared being targeted by immigration enforcement: “We have had victims concerned about waiting over in the courthouse because we had publicity about ICE agents patrolling the halls at the courthouse. We have agreed that victims who don’t feel comfortable in the courthouse can hang out here, have coffee, check their email, and if they have to go over, an advocate will walk them over and stay with them.”

Both the Motherwise and the FSMV programs maintained regular meetings with their staff to ensure that they were being linguistically and culturally responsive to their Spanish-speaking clients. Cultural adaptations were an ongoing process and a regular subject at weekly meetings. “We have weekly facilitator discussions to make sure that we are approaching our clients in the best way possible. Are we being culturally sensitive, are our materials up to date, are we approaching disclosure and safety in the best way possible? These meetings are pivotal to discover what works well and what doesn’t.” FSMV, which served an entirely Latinx client base, tailored a variety of services to different cultural populations. As one staff member explained, “Materials and programming are culturally and linguistically minded. All activities are conducted with a specific culture in mind, Dominican or South American.”

Program Participant Perspectives on Culturally Responsive Service Delivery

Participants voiced general satisfaction with how services related to their needs as Spanish-speaking Latinx/Hispanic immigrant women. They noted that through the program they had learned new communication techniques and ways to relate to their partners, their children and other people in their environments. Participants also reported that they were satisfied with how the program had helped them in other areas of their lives, such as with legal counsel, transportation, material necessities, and school advocacy for their children.

Ayuda mucho decir lo que sientes con ellas. Te dan mucha confianza. Son muy amables. Haces nuevas amistades. Te ayudan en lo que necesites ... sea abogado, escuela, recursos, pañales, ...te ayudan más que nada a saber comunicarte con las personas. (It helps a lot to say what you feel with the other women. They give you a lot of confidence. They are very kind. You make new friends. They help you in whatever you need ... be it a lawyer, school, resources, diapers... they help you more than anything to know how to communicate with people.)

Participants also felt that program staff understood their personal situations and were willing to provide them support within (e.g., transportation) and outside (e.g., legal counsel) the program. All of the participants mentioned the fact that their children were happy in the program, which was very important to them culturally. Several mentioned that their children were happy to attend the program and wanted to continue with the classes. One participant mentioned that, in her opinion, mothers returned to the program more for their children than for themselves.

Ellas dan la facilidad. Yo no tenía transporte y esa es una de las razones por las que a veces uno no puede participar. Igual yo tengo una niña de 4 años y yo no sabía que si la podía traer, y al momento que ofrecieron el servicio [yo lo aceptó]. (They make it easy. I had no transportation and that is one of the reasons why sometimes you can't participate. Also, I have a 4-year-old girl and I did not know if I could bring her. And the moment they offered the service [I took it].)

Another important cultural element participants discussed was respect. All of the participants stated that they felt treated with respect, and this was important for them to feel committed to the program.

Me siento respetada por el trato y la comunicación que tienen con uno, la forma en que hablan conmigo... se toman el tiempo. (I feel respected with how they treat me and the communication they have with a person, the way they talk to me...they spend time.)

In terms of culturally tailored materials, participants noted issues with the video used in their classes. Several women commented on the poor quality of the video production that was used to supplement the manual. They noted that the message in the video was not clear and did not seem to match the content of the manual.

En mi opinión los videos, ... a veces no se les entienden, como que no eran profesionales, la verdad yo pensé que como que no sabían lo que estaban diciendo. (In my opinion the videos, sometimes I don't understand those. It's as though they were not professionals, as if they did not know what they were saying.)

Participants mentioned having received information about the issue of domestic violence but not necessarily in a uniformed manner. Some participants mentioned having addressed the issue only through the book used in the program; others did so during the visit of staff of another organization.

W # 1. Nosotros solo vimos en clase por parte del libro, pero no tuvimos la visita del personal, pero ya al final nos dieron el número... (We only saw in class by the book, but we did not have the visit of the staff, but by the end we were given the number ...)

Solamente nos dio información de donde están ubicados, el número de emergencia si alguien lo necesitan. (They only gave us information of where they are located, the emergency number if anyone needs it.)

La información de la violencia doméstica te la dan ese día en el libro y después viene una persona y te da esa información de donde puedes ir. (The information on domestic violence they give you that day in the book and then a person comes and gives you the information where you can go.)

C.3.6 Organizational Characteristics and Capacity

Staff linguistic and cultural competency. All three domestic violence programs had strong representation of bilingual and bicultural staff in client-facing positions, although they were underrepresented in leadership and supervisory roles. A SafeHouse Denver interviewee explained, “We have a preference for individuals who are not just bilingual but bicultural. It’s similar at both counseling and shelter. The shelter is a residence, and for mirroring the comfort of being around people, that family aspect, being bicultural is just so helpful.”

Staff at three organizations noted that their Latinx staff members’ connections to the Latinx community were an important organizational asset. They noted strong relationships with other community-based organizations that served the local Latinx community, and the importance of these strong community partnerships for effectively serving their Spanish-speaking clients. Leaders from YMCA and Rose Anom Center noted how one or two well-connected individual Latinx staff members made a tremendous difference to the organization’s efforts at building community trust and receiving referrals.

In addition, a SafeHouse Denver interviewee noted that having older women among the Spanish-speaking staff was supportive as well: “There’s an age aspect, too. We have an advocate in her early twenties and one in her early fifties, and the older one has shared that many clients wouldn’t disclose their trauma to a younger advocate because of not wanting to taint this young person because of making her hear these difficult things.” FSMV staff shared that they made a point of employing male facilitators so that they could offer single-gender groups in the Spanish-speaking couples program.

Staff training. In each of the two case study sites, staff interviewees stated that they prioritized hiring bicultural staff over providing cultural responsiveness training to non-Latinx service providers. All three local domestic violence partners took advantage of national and local education and training resources relevant to their work with Latinx communities. For example:

- SafeHouse Denver staff reported participating in continuing education on immigration issues facing their undocumented clients and their implications for IPV-related service provision and participated in occasional webinars on serving Latinx IPV survivors.
- All YWCA staff received training modules on working with Latinx communities and working with immigrant survivors as part of their 40-hour rape crisis counselor training.
- Rose Andom Center staff participated in cross-training with their community’s largest Latinx community services organization, Servicios de la Raza. Trainers presented general information about responding to the needs of the Latinx community, along with specific information on the culturally responsive services available through their organizations.

Both of the HMRE grantees reported receiving initial and refresher trainings from their domestic violence partners. FSMV noted that the training they received was in Spanish. HMRE staff found this very helpful in preparing them to communicate about IPV competently with Spanish speakers. Neither grantee received IPV training that focused on cultural responsiveness.

Language needs of domestic violence and HMRE partners’ service populations. Each of the HMRE grantees studied served a majority Latinx population, but their linguistic and cultural characteristics differed. Motherwise served a 68% Latinx population, about 20% of whom preferred to communicate in Spanish. Its domestic violence partner, YWCA, served a client population that was 80% Latinx, over half of whom were monolingual Spanish-speaking and another 20% of whom preferred to use Spanish in counseling. Culturally, their clients were primarily Dominican and Puerto Rican, with some representation from Guatemalan and Salvadoran communities as well.

FSMV focused exclusively on serving Latinx participants, about 75% of whom preferred to communicate in Spanish. Its domestic violence partners, SafeHouse Denver and Rose Andom Center, each served

about a third Latinx clients. About one third of SafeHouse Denver and one tenth of Rose Andom Center clients communicated primarily in Spanish. Culturally, these clients tended to be immigrants from Mexico and South America.

Language access strategies used. All of the organizations included in the case study strove to make their regular services available in Spanish in the same form as their English-based services. For Motherwise and FSMV, services offered to Spanish speakers were the same as for English speakers, and both used the Within My Reach curriculum. Both programs placed somewhat more emphasis on full linguistic access than on cultural tailoring. They employed bilingual facilitators to maintain close and trustworthy connections to their Spanish-speaking clients. They also offered to speak to their Latinx clients in whichever language they felt more comfortable speaking.

Both HMRE grantees obtained Spanish-speaking materials on IPV from outside organizations (e.g., a resource on strangulation, a resource on the cycle of violence, a safety plan). Translation work was typically done by bilingual/bicultural staff as time allowed or necessity dictated, with an intention to keep wording as close to the original as possible while making adjustments for understanding (rather than literal direct translation). At both sites, bilingual staff consistently reviewed Spanish-language materials to ensure the materials were translated for correctness and fidelity as well as cultural understanding. Similarly, YWCA noted that the language they used in domestic violence educational workshops and other services tended to be tailored as opposed to literally translated. They explained, “For an audience of Spanish speakers, we will often make the language that we use more subtle, whereas for an English-speaking audience we may use the curriculum as set up.”

YWCA and SafeHouse Denver each had a formal Language Access Plan, with most language needs for Spanish speakers met in house. SafeHouse Denver was fully staffed with bilingual personnel in every role and YWCA had more than half bilingual staff, with Language Line access as needed (for example, if connecting clients to providers who speak English). Rose Andom Center did not have a formal Language Access Plan, but noted that their two Spanish-speaking intake staff generally accommodated the needs of Spanish-speaking clients. All three organizations had brochures available in Spanish, and Rose Andom Center noted that some of its justice agency partners also had written materials relevant to domestic violence survivors that were available in Spanish.

Among both the HMRE grantees and the domestic violence partners, some differences in language access strategy were evident based on how large a proportion of the service population was Spanish-speaking. For example, at YWCA (where “Spanish speakers are the largest population that we serve”) all current materials were immediately available in Spanish. At SafeHouse Denver, which served a large but minority population of Spanish speakers, “Our English materials get updated more regularly than the

Spanish, and we're just catching up on that.”

Program Participant Perspectives on Organizational Characteristics and Capacity

Focus group findings indicated that Motherwise created an environment that was welcoming for their Spanish-speaking Latinx participants. Participants who discussed the recruitment process expressed that the warm and cordial invitation they received from the program facilitators motivated their interest in and attendance at the program. Participants expressed a sense of confianza or trust in program staff. For several of them, this was very much influenced by the fact that the staff were Spanish-speaking Latinx individuals themselves.

Bueno, yo pienso que siempre sientes más confianza. Aún como por ejemplo cuando vas al hospital y necesitas traductor, no sientes la misma confianza o la misma comodidad de hablar. Si la persona que está frente a ti es Latina o habla español, yo pienso que sí influye mucho para que varias o sino es que todas estemos aquí: que las representantes sean pues Latinas también. (Well, I think that you always feel more trust. Even, for example, when you go to the hospital and need a translator, you do not feel the same confidence or the same comfort in speaking if the person who is in front of you is not Latino or doesn't speak Spanish. I think this greatly influences why several, if not all, of us are here: that the representatives are Latinas also.)

The participants noted that the treatment they received from facilitators and program staff (including non-Latinx staff) sustained their motivation to continue in the Motherwise program.

Influye mucho el personal porque desde que entras te saludan muy amablemente. (The staff influence this a lot, because from the time you come in they greet you very kindly.)

Incluso las personas que no son latinas o hispanas, tratan de comunicarse en español... como ahora la persona que me recibió, ellas no es Latina y dijo, “Hola.” (Even people, who are not Latino or Hispanic, try to communicate in Spanish ... for example the person who greeted me, she is not Latina and she said, “Hola.”)

Participants noted that they recommended the Motherwise program highly to family, friends and neighbors, and felt confident that their peers would feel comfortable attending.

C.4 Conclusions

This case study brought together insights and perspectives from HMRE grantees, their local domestic violence partners, and Spanish-speaking Latinx HMRE program participants. The efforts of Motherwise, FSMV, and their local domestic violence partners align with those of many programs across the United States that are grappling with offering services to rapidly growing Latinx communities. Like so many other organizations, they exhibit significant areas of strength as well as opportunities for future growth and development in their work with Spanish-speaking HMRE participants. Findings on their work have important implications for the field of HMRE programming in its efforts to appropriately inform, recognize, and refer Spanish-speaking participants who experience IPV.

C.4.1 *Understanding and Recognizing IPV-Related Needs Among Spanish-speaking Participants*

Language can serve as a significant barrier to IPV disclosure for Spanish-speaking Latinx individuals (Vidales, 2010). The Motherwise and FSMV programs documented in this case study had worked with their local domestic violence partners to ensure that IPV screening in Spanish was available to all HMRE participants. Future HMRE programs might benefit from implementing robust language access plans, including plans for Spanish-language IPV screening as well as broader, organizational policy changes to enhance services for non-English speaking participants (NLN, 2016).⁴

The screening processes used by the two HMRE programs did not explicitly address cultural and situational concerns affecting Latinx participants, but staff and participant insights suggest this could be helpful. For example, participants noted immigration status as a primary barrier to disclosure for Spanish-speaking Latinx individuals. This finding is aligned with a growing body of literature on how a climate of immigration-related fear has curtailed IPV-related help-seeking among Latinx community members (O'Neal & Beckman, 2016; Reina & Lohman, 2015; Reina et al., 2014; NLN, 2015). Program participants noted that the Motherwise program helped to address this barrier by creating a sense of safety and familiarity within the program. However, prior work suggests that programs may also need to make substantive adaptations to their IPV screening processes to avoid missing IPV among immigrant Latinx individuals and address culturally specific barriers to disclosure (Silva-Martinez, 2016; Lyon et al., 2016; Lyon & Sullivan, 2007; Leidy et al., 2010; Malhotra et al., 2015). Program participant input suggested that programs should consider omitting questions related to documentation status from

⁴ The National Latin@ Network for Healthy Families and Communities offers a toolkit, [Making Domestic Violence Services Accessible to Individuals with Limited English Proficiency](#). This toolkit may be helpful for HMRE programs or their local domestic violence partners who wish to develop or improve their Language Access Plans as they relate to recognizing and responding to IPV.

program intake and IPV screening processes, and state clearly that documentation status has no bearing on services (Serrata & Notario, 2016).

Finally, program participants believed that Spanish-speaking HMRE participants would be more likely to disclose if they were asked about IPV after receiving educational information about IPV and developing a richer understanding of IPV dynamics. This suggestion also highlights the possibility of inviting disclosure once safety and trust has been established between staff and participants. Future HMRE programs might also consider inviting client feedback on their screening tools in order to identify helpful strategies or problematic items.

C.4.2 Building Partnerships to Meet the Needs of Spanish-speaking HMRE Participants

Little empirical work exists on organizational collaboration between relationship education programs and local domestic violence programs. However, other organizational research finds that partnerships tend to be most effective when the following factors are present: a long history of collaboration; a shared commitment to serving the same local community(ies); early and sustained work to cultivate shared partnership goals, visions, and understandings of culture; explicit and regularly reviewed partnership agreements; involvement of staff at multiple levels of the organizational hierarchy; and frequent, regular communication (as reviewed in McKay et al., 2016).

The partnerships that HMRE grantees and their domestic violence partners described possessed many of these characteristics: organizations had invested time to understand one another's work and develop a sense of aligned missions, they had clear goals for their partnerships and explicit agreements that had been revised over the course of service delivery, and both leadership and line staff participated in cross-organizational communications. In addition, program participants at the Motherwise site identified two aspects of the HMRE-domestic violence program partnership that supported their understanding and comfort: the colocation of the HMRE program with one of its domestic violence partners, and the opportunity to learn about the domestic violence program's offerings directly from an advocate at that program.

In terms of areas for growth, interviewees at both case study sites noted that it could be helpful to increase the frequency of their communications. Further, although both HMRE grantees reported choosing the domestic violence partners in part for their perceived ability to serve Spanish-speaking Latinx participants, cultural competence had not generally been an explicit or ongoing focus of inter-organizational meetings or other direct communication. Future HMRE grantees may wish to identify local domestic violence partners or other organizations that can offer culturally-specific training to support HMRE staff in recognizing and responding to Spanish-speaking Latinx survivors.

C.4.3 Offering Culturally-Responsive Programming

The program participants, leadership, and frontline staff interviewed for this case study all shared a belief in the importance of addressing IPV in the context of HMRE programming with Spanish-speaking Latinx communities. They identified a number of service delivery challenges and strategies that may be relevant to other HMRE grantees and their local domestic violence partners.

Welcoming physical environments. Some of the HMRE grantees and domestic violence programs invested in deliberate efforts to provide environments that were welcoming to their Latinx participants; for others, this was not an explicit focus. Literature suggests that it is important for organizations use their physical environments to communicate that the organization is culturally affirming and diverse. NLN's TA resources include information on strategies for cultivating such environments, which may be relevant to current and future HMRE grantees and their domestic violence partners.⁵

Tailoring activity content to reflect participants' needs. Several of the organizations interviewed for this case study supported the efforts of Spanish-speaking Latinx participants and facilitators to adapt programming to better fit their needs. For example, programs created single-gender groups, or created space for participants to share homemade food with one another during program activities. Such practices are supported by literature suggesting that culturally tailored offerings may help to break down barriers to service-seeking that might otherwise affect Spanish-speaking Latinx participants (e.g., Reina & Lohman, 2015). One of the HMRE grantees tailored their work further, to take into account the needs and preferences of distinct Latinx cultural groups they served. Other HMRE grantees and their domestic violence partners might also consider addressing such differences, including those associated with distinctions in national origin, indigenous background, and acculturation (Valdez-Santiago et al., 2013).

Literature and participant input also emphasize the importance of helping program participants to understand and address situational concerns, such as immigration status (Hancock, 2007; NLN, 2015; Zadnik et al., 2016). The two case study sites each offered a relatively short educational session on IPV, presented by either the HMRE program's own staff or advocates from the domestic violence partner. Participant feedback suggested the need to expand and offer more content and opportunities for discussion to increase their understanding of IPV (e.g., what influences women's decisions about seeking help and staying with or leaving an abusing partner). Participants did not mention knowledge of the legal protections and remedies that a victim can access, such as the U visa. This finding suggests that programs' legal services agency partners could play an important role in raising awareness about

⁵ <https://nationalLatin@network.org/enhancing-community-evidence/cultural-specific-principles>

immigration remedies that might shape HMRE participants' decision-making about IPV disclosure and help-seeking.

Feedback from program staff and participants emphasized the importance of involving other members of an HMRE participant's family in order to make programming more appealing and accessible. Services that HMRE and domestic violence programs offered to children, including child care and children's therapeutic and educational programming, increased participants' sense of comfort and connection to the programs. Prior research on service delivery for Latinx communities, as well as findings from our participant focus group, underscore the importance of offering services for fathers and partners as well (Parra-Cardona et al., 2013; Parra-Cardona et al., 2009). In addition, since many domestic violence programs are not able to serve perpetrators due to victim safety concerns, HMRE programs may need to work with their local domestic violence partners to identify alternate, culturally responsive resources in their communities that can serve those who perpetrate abuse.

Input on linguistic and cultural adaptations. Findings from this case study highlight the varied ways that HMRE grantees and their partners made linguistic and cultural adaptations. To ensure language access, bilingual and bicultural staff at the organizations we studied typically created Spanish versions of English-language materials themselves, or used original, Spanish-language documents obtained from other organizations. Staff felt that these approaches worked reasonably well, but staff noted occasional issues in keeping up with translation of updated or less-used documents. Given these findings, the common issue of bilingual staff burnout, and staff observations regarding the importance of precision in communicating about IPV, other HMRE grantees might consider budgeting for professional translation or using materials developed specifically for Spanish-speaking Latinx participants.

In making cultural adaptations, the organizations in this case study tended to look to their bicultural staff and Latinx participants to initiate adaptations. Prior research suggests that other HMRE programs and their domestic violence partners might do well to extend this work by explicitly consulting their Latinx participants and community members about cultural needs and preferences in order to respond effectively to them (Castro et al., 2004; Bernal et al., 2009; Falconier et al., 2013; Perilla et al., 2012; Serrata et al., 2015). A focus on enriched community engagement could help HMRE grantees to build capacity and relationships within and between their programs and local Latinx communities, and incorporate meaningful input from community members, program participants, and domestic violence partners in their program models and domestic violence protocols. This work could also better position HMRE grantees to connect their Latinx participants with a rich network of safe and culturally-relevant organizations in the community, beyond their domestic violence partners and beyond the personal connections of bilingual, bicultural frontline staff. A Rose Andom Center staff member articulated this need and vision:

The challenge we have here, the unique piece I'm seeing here that does connect with focus group feedback we got years ago, is how we help create a sense of community for survivors distinct from specific services—just someplace to counteract that complete sense of isolation that victims often feel, and somewhere they can start connecting back into a sense of community. That's where I wonder what else we can be doing to help create, promote, and nurture that.

A community capacity approach to raising IPV awareness among program participants (Serrata et al., 2015) could also help to address the culturally diverse and locally specific nature of Latinx communities and their needs (Cripe et al., 2015; Gonzalez-Guarda et al., 2013). Such an approach, which centers peer-to-peer knowledge sharing about IPV, can increase knowledge about IPV and reduce barriers to accessing help (Matthew et al., 2017; Serrata et al., 2016).

Staffing programs to reflect the communities they serve. Data from staff and participant interviews highlight the tremendous efforts and contributions of bilingual and bicultural facilitators, case managers, and domestic violence program advocates at these organizations. Statements from many interviews suggested that trusted, well-networked, and culturally and linguistically fluent staff made an enormous difference in programs' ability to engage, retain, and develop trusting relationships with Latinx participants, including IPV survivors. domestic violence program administrators noted how important the personal networks of their well-connected individual Latinx staff members were to establishing trust and serving as a channel for referrals. Prior work has shown that such staff may also help to create a safe environment for IPV disclosure (Reina, 2014). Indeed, program participants indicated universally that they preferred to be asked about IPV during individual appointments with the bilingual, bicultural course facilitator.

This finding speaks to the importance Latinx individuals place on a sense of connection, mutuality and trust with advocates and peers (Serrata et al, 2015). It also conveys the imperative of hiring, retaining, and preventing burnout among these staff. Other HMRE and domestic violence programs might wish to consider involving bilingual and bicultural community members in leadership positions, where they were underrepresented among our case study sites. Prior work suggests that hiring bicultural leaders and empowering them to shape an organization's plan for professional development, advancement, and investment in its bicultural staff can support increased cultural competence (Goode, 2004) and more effective IPV-related service provision by and for Spanish-speaking Latinx communities.