

# DOMESTIC VIOLENCE PROTOCOL

## Definition:

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship.

Domestic violence includes a wide range of behaviors where one person is exerting power and control over a spouse, dating partner and/or adult family member regarding their choices, beliefs, and actions. Also referred to as domestic abuse, partner abuse, or intimate partner violence, domestic violence is a pattern of behavior, not a single act, and it can be physical, verbal, sexual, emotional, and/or financial.

Sexual violence or sexual assault is any unwanted sexual attention, contact, or activity. It may involve one or more persons who coerce, manipulate, pressure, threaten, or force another person into acts of sexual activity that are against someone's will or without consent due to age, illness, physical or cognitive disability, being unconscious, or the influence of alcohol or other drugs. These behaviors violate a person's trust, autonomy, and feeling of safety. Several terms fall under the category of sexual violence including sexual assault, drug or alcohol facilitated sexual assault, date rape, incest, molestation, exhibitionism, voyeurism, obscene phone calls, fondling, and sexual harassment. While most often the identity of the person causing sexual harm is known to the survivor, sexual violence can also be committed by a stranger.

Jane Doe Inc., the MA Coalition Against Sexual Assault and Domestic Violence

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## Speaking with someone who may be a violence victim/survivor:

- We should assume that all the people we are talking with have challenges in their lives that may be further exacerbated by the presence of COVID19. Changes in employment, financial difficulties, and illness can create additional stressors on families. We should respond to all individuals with empathy and without judgement.
- Domestic and sexual violence can impact anyone regardless of age, sexual orientation, gender identity, level of education, employment situation, religious background, or race. Be cautious of your own assumptions.
- Assume individuals are not alone even if they say they are and assume there might be abuse even if they have never disclosed it.
- Do not lead with specific questions about safety or abuse unless the **person themselves** brings it up. Instead, ask more generally: *"How are you doing? How are you and your partner/family coping with all that is going on right now?"*
- Follow the individual's lead regarding what they may or may not feel comfortable talking about, medical or otherwise.
- If the person indicates there might be some safety concerns, explore with caution. Ask if they could say a little more about what they are concerned about or need help with. Be prepared to switch subjects at any time. They could be disclosing current or past experiences of violence, which will determine type of resources needed.
- Ask if they have been in touch with a local domestic violence (DV) or sexual assault (SA) program in the past, to keep consistent referral source, unless the individual requests something different.

Adapted from BMC DV Program Guidelines for health care providers (J. Timmons, Director)  
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## If an individual discloses they are not safe because of violence in the home or if you suspect this might be the case:

- Ask “Yes/No” questions to determine how urgent the situation might be, and whether the patient can even stay on the phone:
  - *“If you are afraid for your safety, you can hang up and call 911 any time.”*
  - *“Would you like me to call 911 for you right now?”*
  - If they say ‘**Yes**’, see [Calling 911](#) for next steps. It is important to obtain consent to call 911 in these circumstances.
  - Be sure to get the address where the patient is.
- If they **decline** 911 assistance, *“Would you like a hotline number to call? They are available 24 hours. They can help you think through your options, and help you plan for your safety.”*
- Ask the individual if they would like a Resource Coordinator to follow up with them about this and determine if it is safe for them to receive a call back. You may also contact a **CRC Case Consultant** (p. 7) if you would like to discuss or process the call. NOTE: A CRC is not a substitute for a Sexual or Domestic Violence advocate. Consider using Chatter within SF or calling the CRC to alert them of the referral.
- We cannot know all of the barriers a victim/survivor may be facing. They are best equipped to determine their safest options. Our role is to provide information and resources. We cannot require people to take any pathway or take steps that may cause harm.

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## Sexual/Domestic Violence (S/DV) Services Referrals

- The best resource for individuals is the **community-based S/DV program** that serves their **geographic** or **cultural** community. Most have hotlines of their own and will save a step from being transferred via Safelink or the National Hotline. Programs offer a wide variety of information, support, safety planning, and services.
- If you only have time/ability to provide one #:
  - Safelink MA Hotline 877-785-2020
  - They will triage and connect with the local S/DV program.
- If possible, provide the SAFELINK number AND a number for a local sexual assault or domestic violence program that is local to them. Be prepared with list of local resources OR quickly identify by town @ [https://janedoe.org/find\\_help](https://janedoe.org/find_help)
- S/DV Culturally specific programs are also available including these statewide organizations:
  - Massachusetts Alliance of Portuguese Speakers (617) 864-7600
  - Asian Task Force Against Domestic Violence (617) 338-2355 (24 hours)
  - The Network/La Red (LGBW/T, SM, Poly communities) (617) 742-4911
  - Our Deaf Survivors Center (978) 451-7225 (to reach a cultural broker)
  - Saheli: Friendship for South Asian Women (866) 472-4354

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## SafeLink Referrals 1-877-785-2020

- SafeLink is a state-wide, toll-free 24/7 hotline. Advocates are bilingual in English and Spanish and have access to a service that can provide translation in more than 130 languages.
- SafeLink will connect survivors of sexual or domestic violence (family and friends) with a LOCAL sexual assault program in their community to identify what services they may need & are available locally. The advocates can do basic safety planning.
- SafeLink does not provide shelter. They refer to local programs to discuss options for safety. Domestic violence shelters in MA are frequently at capacity so it is important not to give an impression that shelter is always available.
- SafeLink services are anonymous and confidential and available to anyone, regardless of immigration status. The hotline advocate may ask some demographic questions, but they do not collect or report identifying information.
- When contacting SafeLink, callers will not likely be in contact with the same person each time they call. This is not a long-term advocacy program.
- Services in each community vary at this time, so please do not set unreasonable expectations.
- For those who are Deaf/Hard of Hearing call 711 and ask to be connected to 877-785-2020.

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## Considerations for filing DCF child abuse report in cases of domestic violence

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship. **Not every situation involving domestic violence merits intervention by Department of Children and Families (DCF).**

1. If you suspect a child is in immediate danger, **call 911. See [Calling 911 Protocol](#).**
2. If you suspect a person may be a perpetrator or victim of child abuse, **contact CRC consultant for guidance** (see page 7).
  - If consultant cannot be reached before end of day, contact supervisor, Navigator or Care Resource Manager for consultation.
3. If, based on this consultation, it is determined that a report should be filed:
  - Inform supervisor (if not already done in step 2).
  - Report the abuse to the [Massachusetts Child Protective Services at the Massachusetts Child at Risk hotline](#): 1-800-792-5200.
4. Mark 'Safety Concern' in the home assessment/referral to resource coordinator. Document that call was made.

A report is more likely necessary if the following higher risk circumstances are current concerns:

- The alleged perpetrator threatened to kill the caregiver, children or self and the caregiver fears for their safety;
- The alleged perpetrator physically injured the child in an incident where the caregiver was the target;
- The alleged perpetrator coerced the child to participate in or witness the abuse of a caregiver;
- The alleged perpetrator used or threatened to use a weapon, and the caregiver believes that the perpetrator intended or has the ability to cause harm.

*Source: MA Department of Children and Family Services: Child Abuse & Neglect Reporting/A Mandated Reporter's Guide*

Community Tracing Collaborative



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