RELATIONSHIP ASSESSMENT TOOL

The Relationship Assessment Tool is a screening tool for intimate partner violence (IPV). The tool, developed by Dr. Paige Hall and colleagues in the 1990's, was originally named the WEB (Women's Experiences with Battering). Terminology has since evolved in the field and the unique characteristic of this assessment tool which measures women's experiences in abusive relationships is more accurately reflected by using the name, Relationship Assessment Tool. References in the literature and publications use the original name, the WEB. The Relationship Assessment Tool and the WEB are the same tool and therefore supported by the same validation studies and research.

As opposed to focusing on physical abuse, the Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that the tool is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault. Evaluation studies of the Tool have demonstrated its effectiveness in identifying IPV among African-American and Caucasian women. The Relationship Assessment Tool (WEB) has not been validated with same sex partners; it can be adapted for use with same sex couples by changing "he" to "my partner" in the screening tool.

This tool can be self-administered or used during face-to-face assessment by a provider. A series of 10 statements ask a woman how safe she feels, physically and emotionally, in her relationship. The respondent is asked to rate how much she agrees or disagrees with each of the statements on a scale of 1 to 6 ranging from disagree strongly (1) to agree strongly (6). The numbers associated with her responses to the 10 statements are summed to create a score. A score of 20 points or higher on this tool is considered positive for IPV.

PUBLICATIONS ABOUT THE WEB:

Coker AL, Pope BO, Smith PH, Sanderson M, Hussey JR. Assessment of clinical partner violence screening tools. Journal of the American Medical Women's Association. 2001(winter):19-23.

Smith PH, Thorton GE, DeVellis R, Earp JL, Coker AL. A population-based study of the prevalence and distinctness of battering, physical assault, and sexual assault in intimate relationships. Violence Against Women. 2002;8(10):1208-1232.

Smith PH, Earp JL, DeVellis R. Measuring battering: Development of the Women's Experience with Battering (WEB) scale. Women's Health: Research on Gender, Behavior, and Policy. 1995;1(4):273-288.

RELATIONSHIP ASSESSMENT TOOL

Date: _____

This is a self-administered tool for clients to fill out. If the client was unable to complete this tool today, was it because other people were present in the home? Circle one: Yes/No

Other reason for not using tool today: _____

_____

(Note to home visitor: Please modify this script based on your state laws. This is just a sample script.)

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland Security) or law enforcement. There are just two things that I would have to report- if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby."

We ask all our clients to complete this form. For every question below, please look at the scale and select the number (1-6) that best reflects how you feel.

1 Disagree Strongly	2 Disagree Somewhat	3 Disagree a Little	4 Agree a Little	5 Agree Somewhat	6 Agree Strongly

1) He makes me feel unsafe even in my own home..... _____

2) I feel ashamed of the things he does to me..... _____

3) I try not to rock the boat because I am afraid of what he might do ..... _____

4) I feel like I am programmed to react a certain way to him ..... _____

5) I feel like he keeps me prisoner ..... _____

6) He makes me feel like I have no control over my life, no power, no protection ..... _____

7) I hide the truth from others because I am afraid not to ..... _____

8) I feel owned and controlled by him ..... _____

9) He can scare me without laying a hand on me ..... _____

10) He has a look that goes straight through me and terrifies me..... _____

Thank you for completing this survey. Please give it back to your home visitor so they can complete the second page.

Adapted from: Smith, P.H., Earp, J.A., and DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. Women's Health: Research on Gender, Behavior, and Policy, 1(4), 273-288.

Documentation and Referral

Home visitors complete the next section:

1) What referrals and information were given to the client this session? (Please note, ALL clients should have been given the *Healthy Moms, Happy Babies* safety card).

   (Circle all that apply)

   - Social Worker/Counselor
   - Domestic Violence Hotline
   - Local Domestic Violence Advocate/Program
   - *Healthy Moms, Happy Babies* Safety Card
   - Other (please specify):_____

2) Did you offer safety planning? (This should happen for any score of 20 points or higher on the Relationship Assessment Tool)

   (Circle all that apply)

   - Reviewed **Safety Planning** panel on *Healthy Moms, Happy Babies* card.
   - Provided the *Safety Plan and Instructions* tool to my client.
   - Provided domestic violence hotline numbers.
   - Referred to domestic violence advocate for additional safety planning.
   - Other (please specify): _____

HERRAMIENTA PARA ASESORAR RELACIÓN

Fecha: _____

Esta es una herramienta autoadministrada para que la llenen las clientas. Si la clienta no pudo llenar esta herramienta hoy, ¿fue porque otras personas estaban presentes en la casa? Circule uno: Sí/No

Alguna otra razón por la que no usó esta herramienta hoy: _____

_____

(Nota para visitante de casa: Favor de modificar el guión basado en sus leyes estatales. Este sólo es un ejemplo de guión)

"Todo lo que comparta conmigo es confidencial. Esto quiere decir que lo que usted comparta conmigo no es reportable al bienestar de menores, Departamento de Seguridad Nacional (Inmigración) o la policía. Sólo hay dos cosas que yo necesitaría reportar, si quiere suicidarse, o si sus hijos están siendo dañados/maltratados. El resto de la conversación se mantendrá entre nosotros y ayudame en entender cómo yo puedo ayudar a usted y su bebé mejor."

Le pedimos a nuestras clientas que completen esta forma. Por cada pregunta abajo, favor de ver la escala y seleccione el numero (1-6) que mejor refleje como se siente.

1	2	3	4	5	6
Desacuerdo Fuertemente	Desacuerdo Más o Menos	Desacuerdo Un Poco	De Acuerdo Un Poco	De Acuerdo Más o Menos	De Acuerdo Fuertemente

1) Mi pareja me hace sentir insegura hasta en mi propia casa ..... _____

2) Me siento avergonzada de las cosas que me hace ..... _____

3) Trato de evitar problemas, porque temo de lo que pueda hacer ..... _____

4) Siento que estoy programada a reaccionar de cierta manera hacia él ..... _____

5) Siento que me tiene prisionera ..... _____

6) Me hace sentir que no tengo control sobre mi vida, sin poder, sin protección ..... _____

7) Escondo la verdad con los de más porque tengo miedo si no lo hago ..... _____

8) Me siento adueñada y controlada por él ..... _____

9) Me puede asustar sin ponerme una mano encima ..... _____

10) Tiene una mirada que me penetra y me aterroriza ..... _____

Gracias por completar esta encuesta. Favor de entregarla a su visitante de casa para que complete la segunda página.

Adaptado por: Smith, P.H., Earp, J.A., and DeVellis, R. (1995). Measuring battering: development of the Women's Experience with Battering (WEB) Scale. Women's Health: Research on Gender, Behavior, and Policy, 1(4), 273-288.

Herramienta para Asesorar la Relación (página 2)

Visitantes de casa, completen la siguiente sección:

1) ¿Qué referencias e información se le dieron a la clienta en esta sesión? (Nota importante, se le deben de dar a TODAS las clientes la tarjeta de seguridad Mamás Sanas, Hijos Felices)

(Circule todo lo que aplique)

- Trabajadora Social/Consejera
- Línea Directa de Violencia Doméstica
- Programa /Consejera de Violencia Doméstica Local
- Tarjeta de seguridad: Mamás Sanas, Hijos Felices
- Otro (favor de especificar):_____

2) ¿Ofreció apoyo con plan de seguridad? (Esto debe ocurrir para cualquier puntuación de 20 puntos o más, en Herramienta para Asesorar la Relación)

(Circule todo lo que aplique)

- Revisamos el panel de **planeación de seguridad** en la tarjeta Mamás Sanas, Hijos Felices.
- Se le dio a mi clienta la herramienta de Plan de Seguridad e Instrucciones.
- Se le dieron números de líneas directas de violencia doméstica
- Se le refirió a una consejera de violencia doméstica para planeación de seguridad adicional.
- Otro (favor de especificar): _____

Additional Client Education Sessions:
Reproductive Coercion and Parenting After Violence

1) **Question for home visitors:** When should I introduce the "What About Your Childhood" and "Parenting is Hard Work" panels of the *Loving Parents, Loving Kids* safety card?

   Answer: During the 8th month/third trimester of her pregnancy or soon after the birth of the baby.

   Conversation starter: "We have started talking to all our clients about this Loving Parent's Card. These two panels are really important because they talk about how your past can affect the way you parent and give you strategies if you ever find yourself frustrated. On the back of the card is a confidential 24/7 hotline in case you are feeling like you are having a hard time with the baby and just need someone to listen."

Date _____ **Card Panels Reviewed** yes/no

2) **Question for home visitors:** When should I introduce the panels of the "Let's talk Pregnancy" and "Taking Control" *Loving Parents, Loving Kids* safety card?

   Answer: During the 8th month/third trimester of her pregnancy or soon after the birth of the baby.

   Conversation starter: "One of the things we are talking to all our moms about is when and or if they want another baby. Sometimes this decision isn't hers to make. I wanted to go over the 'Let's Talk Pregnancy' and 'Taking Control' sections of the *Loving Parents, Loving Kids* safety card to see if you need any additional referrals."

Date _____ **Card Panels Reviewed** yes/no

What referrals and information were given to the client this session? (Please note, ALL clients should have been given the *Loving Parents, Loving Kids* safety card).

(Circle all that apply)

- Social Worker/Counselor
- Child Help Hotline (on back of safety card)
- Local Domestic Violence Advocate/Program
- *Loving Parents, Loving Kids* Safety Card
- Reproductive Health Provider
- Appendix I - Birth Control Education Sheet Offered
- Other (please specify):_____