

# Vermont Home Visitation Guide on Screening, Assessment & Response to Domestic Violence

Adapted from documents created by:  
Project Connect Texas and the Texas Council on Family Violence & Strong Families Arizona  
and the Arizona Coalition to End Sexual and Domestic Violence



## Acknowledgements

A special thank you to the following:

- **Project Connect Texas and the Texas Council on Family Violence** for permission to adopt their document “Home Visitation Guidelines on Screening, Assessment and Response to Domestic Violence” for use in Vermont.
- **Strong Families, Arizona and the Arizona Coalition to End Sexual and Domestic Violence** for permission to adopt their document “Home Visitation Guidelines on Domestic Violence” for use in Vermont.
- **Futures Without Violence** - *Healthy Moms, Happy Babies* curriculum and especially Rebecca Levenson, MA for training and consultation.
- The Domestic Violence and Home Visiting Vermont Advisory Group for review and consultation:
  - Amy Torchia, Vermont Network Against Domestic and Sexual Violence
  - Meg Kuhner, Circle
  - Ellie Breitmaier, Department for Children and Families
  - Priscilla White, Department for Children and Families
  - Sue Shepard, Department for Children and Families
  - Catherine Harris, Department for Children and Families
  - Ann Giombetti, Vermont Department of Health
  - Ilisa Stalberg, Vermont Department of Health
  - Kim Swartz, Vermont Department of Health

## Table of Contents

Overview .....	3
Definition of Domestic Violence Recommended for Home Visiting Programs .....	5
Starting the Conversation.....	8
Screening .....	10
Co-Occurring Issues: Tips for Home Visitors .....	15
Responding to Negative Screenings .....	16
Responding to Positive Screenings .....	17
Domestic Violence and Child Abuse: Mandated Reporting.....	21
Documentation .....	22
Engaging Men and Fathers.....	23
Home Visitor Safety and Self-Care .....	24
Appendices	
Vermont Network Against Domestic and Sexual Violence Map and Programs .....	
Family Services Division: Domestic Violence Consultation .....	
Relationship Assessment Tool .....	
Resources .....	

## Overview<sup>1</sup>

This guide is informed by the Futures Without Violence *Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed* (second edition). In May 2015, 100 home visitors, domestic violence advocates, family support workers, and Agency of Human Services staff from the Departments of Health, Corrections, Children and Families Mental Health and Vermont Health Access from across the state participated in this training. The training was led by Rebecca Levenson, co-creator of the curriculum.

Participants engaged as regions of cross discipline professionals to create collaborations to address domestic violence, reproductive coercion, and adverse childhood experiences. The curriculum provides training specific to screening, safety planning, and referral systems, and provides essential supports for Vermont's workforce, including effective supervision, self-care, and organizational trauma assessment. A cadre of 40 home visitors and advocates received additional training to become trainers to ensure sustainability. Following the May 2015 training, an additional 100 participants engaged in home visiting have been trained or oriented across the state.

This guide is meant to serve as an additional resource for home visitors working in maternal, infant and early child home visitation programs with the aim of supporting home visitors to screen mothers/women for domestic violence (DV) using evidence-based tools. We hope that the information in this guide will also serve as a resource for others engaged in home visiting across the state.

Home visitors are well-positioned to provide information about, recognize and respond to domestic violence with clients. Federally funded home visiting programs are required to meet domestic violence benchmarks that include domestic violence screening, providing information, offering referrals, and safety planning with home visitation clients.

**The goal of home visitor screening for domestic violence is to reduce a client's sense of isolation and increase access to information and resources, helping her make the best decisions for herself. Disclosure of abuse is not necessarily the goal.**

---

<sup>1</sup> This Guide has been adapted from Linda Chamberlain and Rebecca Levenson's *Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed and Reproductive Health and Partner Violence Guidelines: An Integrated Response to IPV and Reproductive Coercion* ([www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)). This document was adapted from one prepared by the Texas Council on Family Violence and Project Connect Texas, Spring 2012 & Home Visitation Guidelines on Domestic Violence prepared by the Arizona Coalition to End Sexual and Domestic Violence and Strong Families AZ.

Home visitors have unique access to facets of clients' lives—direct involvement and personal contact—that many other advocates do not have. Many home visitors, however, struggle with feeling confident in their understanding of domestic violence, their ability and role in screening and knowing how to refer to and build partnerships with local domestic violence programs. Assessment strategies and tools have been developed to integrate screening for domestic violence more comfortably into home visitation programs. This document offers support to home visitors on how to assess for and respond to domestic violence with sensitivity to the client's situation, while ensuring the client's safety as well as the safety of the home visitor.

When a client is experiencing violence in his/her relationship, there may or may not be visible signs of abuse. In fact, there are many forms of control, coercion, or abuse that leave no marks and can have a lasting impact on a client's health and children's health. Despite this, the client may not be interested in leaving the abusive relationship. The goal of home visitor screening for domestic violence is to reduce a client's sense of isolation and increase access to information and resources, helping her make the best decisions for herself. Disclosure of abuse is not necessarily the goal.

The process of assessing and responding to domestic violence requires a methodical approach to protect everyone's safety and manage expectations for support. Home visitors are uniquely positioned to screen and provide supported referrals to clients who may not otherwise have access to information about family violence programs. Home visitors, however, are not expected to offer trauma counseling. In order to manage client expectations in this arena, the following protocol is used in screening and responding to domestic violence:

- Inform clients of limits to confidentiality
- Use scripts and tools to offer information and screen clients for domestic violence (Relationship Assessment Tool and Safety Cards)<sup>2</sup>
- Provide a supported referral to your local domestic and/or sexual violence program (found at: [www.vtnetwork.org](http://www.vtnetwork.org)).
- Document your work with client

## Learning Tools

This Guide uses a variety of learning tools (e.g. safety cards, scripts) aimed to facilitate improving your skills in supporting clients around domestic violence issues. Spend time with this document and familiarize yourself with the information and resources it offers.

---

<sup>2</sup> These tools are available from Futures Without Violence at no cost to you. Please visit [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health) to order.

## Safety Cards

Safety Cards (developed by *Futures Without Violence*)<sup>3</sup> are both learning and teaching tools, and they are invaluable resources to home visitors in offering information about and screening for violence. Safety Cards provide simple questions that can act as prompts for you during a visit, while also serving as a client education tool with useful phone numbers and other information to leave behind. The titles, available in both English and Spanish, are:

- Healthy Moms, Happy Babies
- Did You Know Your Relationship Affects Your Health?
- Connected Parents, Connected Kids

**NOTE:** Always take a variety of safety cards with you on home visits, but *make sure it is safe for you to leave materials behind.*

**These safety cards are available at no cost to you from *Futures Without Violence*. Please go to [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health) to order.**

**Scripts** are sample language for you to work with when getting comfortable when asking sensitive questions about domestic violence.

**Framing Statements** and questions create a safe and nonjudgmental space for asking about sensitive issues. They are essential components to universal education and creating an environment that is safe for disclosure.

**Screening Questions** are direct and indirect questions that provide information and insight into clients' experiences in relationships. This information is critical for you to be able to make the most appropriate and supported referral possible.

## Definition of Domestic Violence Recommended for Home Visiting Programs

Using a comprehensive definition of domestic violence, beyond the one more narrowly defined by law, allows home visitors to recognize the signs of domestic violence outside of criminal acts.

### Domestic Violence is:

- A pattern of coercive control where one partner uses their power to control the other partner.

---

<sup>3</sup> Futures Without Violence has a variety of resources and tools for home visitors in screening and responding to domestic violence. Please see [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org) for more information.

- A pattern of behaviors one partner uses to control the other partner.
- These behaviors may or may not cause physical injury and may or may not be criminal.
- These behaviors may take many forms, including physical, sexual, emotional, financial and reproductive coercion or abuse.
- A combination of physical force and terror that causes physical and psychological harm to the victim and to children.

### **A Broad Spectrum of Actions and Behaviors are Indicative of an Abusive Relationship:**

- Putting one's partner down
- Making one's partner feel bad about themselves
- Calling one's partner names
- Humiliating one's partner
- Treating one's partner like a servant
- One sided decision making
- Controlling what one's partner does, who they see or talk to
- Using jealousy to justify actions
- Using intimidation tactics such as smashing things, abusing pets and displaying weapons
- Using children to make one's partner feel guilty or prevent them from leaving
- Forcing one's partner to get pregnant or preventing the use of birth control
- Using one's partner's immigration status to intimidate or control
- Isolating one's partner by moving them to an unfamiliar place or not allowing them to leave the home on their own
- Using technology to monitor and stalk one's partner
- Using one's position of power or status to control
- Harassing one's partner at their place of work or school
- Controlling the home visitation experience

### **Expanded Definitions**

#### **Intimate Partner Violence**

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

## **Reproductive Coercion**

Involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods and birth control sabotage
- Pressuring a partner to get pregnant when they do not want to

## **Teen Dating Violence**

Teen dating violence is defined as the physical, sexual, or psychological/ emotional violence within a dating relationship, as well as stalking. It can occur in person or electronically and may occur between a current or former dating partner. Teen dating violence is especially pervasive—one in five teens will experience relationship abuse. When teens are in violent relationships, they are at an especially high risk of reproductive coercion.



## Starting the Conversation

### ***Always Discuss the Limits of Confidentiality Prior to Doing Assessment***

Before talking about or screening for domestic violence, it is important that a home visitor discusses confidentiality with the participant for multiple reasons. It is important that the participant knows that the home visitor is a mandated reporter and what that means. Although it is usually the policy of home visitation programs to inform their participants upon intake about mandated reporting laws, it is an ethical responsibility that home visitors make sure that their participants remember and understand mandated reporting. Having a conversation about what is and is not reportable may ease some of the fears a participant may have in talking about domestic violence. In some cases the participant may even believe that the home visitor works for child welfare, so clarifying your program's relationship with child welfare may be helpful. Additionally, reminding the participant that what is disclosed is private and will not be repeated to a partner or family member may make them more comfortable in discussing their relationship.

- Note to all clients the majority of information that they might share will be kept private and confidential, however, you and other program staff are **mandated** to report known or suspected child abuse and neglect. Your agency may identify other issues about which you have confidentiality limits. Explain that disclosures of abuse by a partner does **not** mandate a breach of confidentiality and will be kept private, unless there are concerns about child safety or serious danger.
- It is also important for home visitors in Vermont to know that witnessing domestic violence is not in and of itself considered child abuse unless the child is in danger or risk of serious physical harm due to proximity of the violence to the child or if weapons are involved.
- It is also important to note that dating violence involving minors that does not include sexual violence or sexual coercion is not considered child abuse in Vermont.

Make sure that you have accurate and up-to-date information about your mandates and your Vermont's reporting laws. Consider contacting the following entities for information and resources in Vermont:

- The Vermont Department for Children and Families (DCF), Family Services Division has information about reporting requirements and procedures for reporting child abuse: <http://dcf.vermont.gov/protection/reporting/mandated>
- The Vermont DCF Domestic and Sexual Violence Unit provides consultation to staff and community partners in cases of domestic violence and child abuse: <http://dcf.vermont.gov/fsd/contact-us/main-contacts>
- Contact your local domestic violence program/shelter and/or the Vermont Network Against Domestic and Sexual Violence to learn about additional training, consultation on particular cases, and resources about domestic and sexual violence for your clients: [www.vtnetwork.org](http://www.vtnetwork.org)

- For concerns about abuse of vulnerable adults: <http://dlp.vt.gov/abuse-reporting-form>

### Scripts for talking about confidentiality

Scripts should be clear and leave room to answer questions:

*“Our Program’s priority (or more personalized, “my priority”) is for the health and wellbeing of you and your baby/child/children.*

*Because of my role as a home visitor, I am required to report certain information. If you share information or concerns that your child’s safety is at risk, I am required to notify DCF/Family Services.*

*If you share information about (feeling like you want to hurt yourself or another person, other situations according to your mandates), I will (fill in according to your mandates)*

*Everything else that you share with me is confidential. It stays between us and helps me better understand how I can help you and the baby/child. Do you have any questions about this?”*

### Opening a conversation about relationships

How a subject is approached can make all the difference in how a conversation goes. When a home visitor begins a conversation with a participant about domestic violence, there are a few things that they can do to create a space for a supportive conversation. Using normalizing language and universal education before doing a screening for domestic violence can make the conversation more comfortable for both the participant and the home visitor.

### Use Normalizing Language

*“Many of our families are struggling with their relationships, so we have started talking to everyone about their partners and how things are going...”*

### Use Universal Education

*“We are talking to all of our families about healthy relationships...”*

*“We are also discussing what an unhealthy relationship can look like.” [refer to Healthy Moms, Happy Babies safety card]*

## Screening

It is important to keep in mind that discussing private information in general is difficult—imagine how hard it must be to disclose that a loved one is abusive.

It is also important to recognize that an ineffective screening can be intrusive and possibly dangerous when not done cautiously and sensitively. Given the difficulty of disclosing and the potential consequences of an ineffective screening, here are some model approaches to screening for and responding to domestic abuse:

- Create a safe environment for the screening.
- Never screen for domestic violence when the partner is present or with the knowledge of the participant's partner.
- Always raise the issue of domestic violence privately so that others will not overhear the conversation.
- Never involve children in the screening for domestic violence. If the participant has older children home during the visit, have a plan on how to have the conversation without them overhearing (i.e. have an activity planned for the children, go to a park where the children can play while you talk privately, have a coworker accompany you and engage the children while you talk).
- Make sure it is safe to leave information about domestic violence with the participant. DO NOT include domestic violence materials in packets of information without the participant's knowledge.
- Let the participant know why you are exploring the issue of abuse (i.e. because domestic violence is prevalent and it's important to be sensitive to a participant's needs if they face the issue).
- Let the participant know they do not have to answer any questions they are not comfortable with.
- Always assure them of confidentiality, with the exception of information that requires mandated reporting.
- Make sure the language and terms used in screening questions are easily understood. If the screening is self-administered by the participant, make sure that it is a reading level at which they understand.
- Avoid blaming or judgmental responses.
- Avoid making assumptions.
- Remember that disclosure is not your goal. Rather, your goal is to reduce a client's sense of isolation and increase access to information and resources. Regardless of whether a disclosure of domestic violence occurs, universally provide information on domestic violence services.

Survivors have identified a number of factors that affect their decision to tell someone about the abuse they are experiencing. Some of these factors include:

- Not feeling judged
- Feeling that the individual asking is truly concerned and actively listening
- Understanding the reason why they are being asked about domestic violence
- Feeling secure in the fact that their disclosure will not be reported back to their abuser.

## Redefining Success

It would be easy to think that the only success a home visitor has when screening for domestic violence is getting a participant to disclose domestic violence when it is occurring and leave their situation— however, this is not true. When it comes to screening for domestic violence, success has many faces. Success is not necessarily a result of disclosure, but is instead measured by our efforts to reduce isolation and improve options for safety. Providing information in a way that is supportive and that encourages dialogue reduces isolation and provides community education. Success can be a victim hearing that someone out there cares—even if they don't disclose. Success can be a victim getting support—even if they don't leave.

A participant may say things to their home visitor that cause concern about whether domestic violence is occurring.

### Here are some examples of what may be a red flag for domestic violence:

- He won't let me schedule an appointment if he's not there.
- She doesn't like my family/friends.
- He doesn't know his own strength.
- She handles the money.
- He gets mad at me when the baby cries.
- She's always checking in on me.
- He takes care of the birth control.
- She's jealous.
- He keeps me pregnant.

It is important to keep in mind that **we don't have to be experts in domestic violence to help participants** and that it is **not our job to "fix" domestic violence or to tell our clients what to do.**

It is important to remember that **providing support and information can make a real difference** and that we help participants when we **make the effort to understand their situation and recognize how abuse can impact parenting, health, and risk behaviors.**

Success can be a participant hearing about domestic violence, and being able to help a friend because of it.

## Universal Education & Screening Tools

There are many different education and screening tools, and many home visitation programs have a specific type of screening tool that they utilize. It is important to keep in mind that the tools being used are not as important as the fact that the conversation is occurring.

Often home visitors find that conversations about domestic violence come up outside of the visit where a domestic violence screening is scheduled—perhaps the home visitor sees red flags that domestic violence is occurring or perhaps the abuse comes up in conversation. When this happens, it might not always be

possible to screen for domestic violence using a domestic violence assessment tool or a safety card. While these tools may make screenings easier, it is absolutely possible to have the conversation without them.

If your agency does not utilize a specific tool, the **Relationship Assessment Tool** [Appendix] can be used. The **Relationship Assessment Tool** is an evidence-based questionnaire that can be self-administered or can be verbally administered by the home visitor, depending on the needs and comfort of the participant.

**Safety cards** from Futures Without Violence such as **Healthy Moms, Happy Babies; Did You Know Your Relationship Affects Your Health?** and **Connected Parents, Connected Kids** are **universal education tools** that can also be used to introduce or used in conjunction with a domestic violence assessment tool. In addition to having questions regarding domestic violence, they have information and resources for the participants to refer to. Their size is particularly useful as they may be safer for a victim of domestic violence to keep than a pamphlet or a full-page list of resources. These safety cards are sometimes also called “shoe cards” as they are small enough to fit in the sole of a shoe.

### Using Safety Cards

As a home visitor, you can introduce any of the Future Without Violence safety cards by saying:

*“We started giving this card to all of our moms. It talks about healthy and safe relationships.”*

When reviewing the safety card, you can also use it as a way to introduce a domestic violence assessment tool by saying:

*“This card is similar to a relationship questionnaire we are doing with all of our moms. Would you feel comfortable taking a minute and fill it out now?”*

With the assistance of the safety cards, you can use the discussion of other key issues as an opportunity to discuss domestic violence. For instance, when a home visitor is discussing mental health or substance abuse, the “Coping Strategies” section of **Healthy Moms, Happy Babies** could be used to make the connection between those key issues and domestic violence. When talking about birth spacing, **Did You Know Your Relationship Affects Your Health?** could be used to discuss reproductive coercion. If the home visitor is discussing the stresses of parenting, **Connected Parents, Connected Kids** can be used to

Here are some statements that set a non-judgmental tone for the conversation:

**“Because violence is so common in many people’s lives, I ask all my clients about it.”**

**“I don’t know if this has ever been a problem for you, but many of the clients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking everyone about it.”**

link how issues with parenting can be due to childhood exposure to domestic violence. Clients who are experiencing abuse are more likely to also have symptoms of depression, mental health issues, and substance abuse. Linking them with appropriate resources and support is key to reducing their isolation and feelings of helplessness.

### **“Healthy Moms, Happy Babies” Card**

This safety card on domestic violence and safety planning offers information about healthy relationships and resources your client can turn to for help or support. It also explains what home visitors are mandated to report to authorities. It is an excellent resource and tool to use in conjunction with the Relationship Assessment Tool.

You can easily use the safety card as a screening tool, by changing the wording on the card to turn the questions into staff prompts:

Example from the card: “Do I feel respected, cared for, and nurtured by my partner?” can easily be changed to: “Do you feel respected, cared for and nurtured by your partner?” This works with the other sections of the card as well.

**NOTE:** Safety First! Never leave this card for the client without going over it with her—it may put her at risk if her partner finds it. After reviewing the card ask your client if it is safe to leave the card with her.

### **“Did You Know Your Relationship Affects Your Health?” Card**

Many home visitors have expressed discomfort in talking to their participants about reproductive coercion—this is understandable. However, due to its prevalence and the impact it has upon the health of a family, screening for it is vital. Universal education regarding the signs of reproductive coercion and birth control sabotage can be helpful ways to begin the conversation.

This safety card explores issues around reproductive coercion and pregnancy pressures within unhealthy or abusive relationships, and offers intervention strategies, resources, and ways your client can get help. This card can help you to talk to your client about her sexual health and ability to make her own reproductive decisions.

You can easily use the safety card as a screening tool, by changing the wording on the card to turn the questions into staff prompts:

Example: “Does my partner support my decisions about if or when I want to have more children?” can be changed to: “Does your partner support your decisions about if or when you want to have more children?”

**NOTE:** Safety First! Never leave this card for the client without going over it with her—it may put her at risk if her partner finds it. After reviewing the card ask your client if it is safe to leave the card with her.

### Using the Relationship Assessment Tool:<sup>4</sup>

This self-administered questionnaire is an excellent, evidence-based tool to use with your clients, and it allows you to easily screen for violence and document and track your referrals. This tool can be adapted for your specific community's needs. Please keep in mind it may be necessary to verbally read the questions aloud to your clients, taking a moment to make sure they understand what is being read.

**NOTE:** Never administer this questionnaire in the presence of or with the knowledge of your client's partner, as this could endanger your client's safety.

**It is best to introduce the Relationship Assessment Tool in the context of a conversation about relationships. One way to introduce the tool is to say:**

*"So many of our moms are struggling in their relationships, we have started asking everyone about their partners and how they are being treated..."*

*"We are having all of our clients fill out this relationship questionnaire. You can fill it out on your own and we can talk about it afterward if you feel comfortable to do so."*

**To further address your program's confidentiality guidelines:**

*"Our Program's priority (or more personalized, "my priority") is for the health and wellbeing of you and your baby/child/children.*

*Because of my role as a home visitor, I am required to report certain information. If you share information or concerns that your child's safety is at risk, I am required to notify DCF/Family Services.*

*If you share information about (feeling like you want to hurt yourself or another person, other situations according to your mandates), I will (fill in according to your mandates).*

*Everything else that you share with me is confidential. It stays between us and helps me better understand how I can help you and the baby. Do you have any questions about this?"*

**NOTE:** If your client shares that her score is over 20 on the Relationship Assessment Tool, you should offer support, validation, and refer her to domestic violence advocacy services (please see "Responding Appropriately to Disclosures" below).

---

<sup>4</sup> The Relationship Assessment Tool is included in the Appendix to this Guide and has been adapted for Vermont. The original version in both English and Spanish is available on: [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org). Please remember that the scripts on the tool are only suggestions, and you can adapt them accordingly for your community and your clients.

## Screening Questions

Here are some direct questions that can be used in a screening. It's good to have a variety of ways to ask in our repertoire so we can find the one that works best with each particular participant without pushing them out of their comfort zone. Keep in mind that these questions can be adapted for you and your community.

### Domestic Violence

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Has your partner or ex-partner ever hit you or physically hurt you?"
- "Have you ever felt controlled or isolated by your partner?"
- "Has your partner ever done anything to scare you? Do you feel you are in danger?"

### Reproductive Coercion

- "Has your partner ever forced you to have sex when you didn't want to?"
- "Has your partner ever refused to practice safe sex?"
- "Has your partner ever messed with your birth control or tried to get you pregnant when you didn't want to be?"
- "Do you feel like you have a say in when you and your partner have sex/get pregnant?"

## Co-Occurring Issues: Tips for Home Visitors

### Domestic Violence and Substance Abuse

Domestic violence and substance abuse are two separate but connected issues, knowledge of both can be helpful when faced with difficult situations of abuse. Here are some things to keep in mind when thinking about domestic violence and substance abuse:

- The effects of alcohol or drugs can escalate the violence in abusive relationships and increase the risk of serious injuries or death.
- Alcohol or drugs are often used as an excuse for violence. Abusers will often blame the violence on the substance, claiming that he/she had no control or did not know what was happening. He/she might try to convince the client that the violence will stop once the substance abuse problem is under control.
- Victims of abuse might turn to alcohol or drugs to help alleviate tension or "escape" from the situation.
- Substance abuse increases the risk of child abuse or maltreatment. The links between child abuse and domestic violence are clearly established.
- Women who abuse alcohol or drugs are more likely to become victims of violence.
- In some circumstances mandated reporters may need to report pregnant women in their 3<sup>rd</sup> trimester or with newborns. See link to DCF policies.



<http://dcf.vermont.gov/fsd/policies>

- Substance abuse issues are extremely common among abusers, and can add even more stress to an already unhealthy relationship.

## Domestic Violence and Depression

The effects of domestic violence go far beyond physical injury, and the mental health effects of violence often last long after the physical injuries heal. Domestic violence and depression are interrelated, and women who experience abuse have a higher risk of depression versus non-abused women. Domestic violence may also contribute to other mental health disorders, such as anxiety disorders and eating disorders.

## Tips for Home Visitors

- Use the safety cards to provide information for your clients on unhealthy relationships and signs of abuse, as well as to connect them with resources for support
- Clients who are experiencing abuse are more likely to also have symptoms of depression, mental health disorders, and substance abuse – linking them with appropriate resources and support is key to reducing their isolation and feelings of helplessness.
- You can refer clients experiencing abuse, depression, and/or substance abuse to appropriate mental health support, including the National Domestic Violence Hotline.
- Inform your client that the local domestic or sexual violence hotline is an excellent resource for discovering resources for other issues related to domestic and sexual violence.

## Responding to Negative Screenings

While a negative domestic violence screening often results because the participant is not in an abusive relationship, it is also possible that a negative response may result because the participant does not feel comfortable or safe in disclosing abuse at that time. A negative screening does not necessarily mean that abuse is not occurring.

In the case of a negative screening, you should still offer your client a safety card:

*“I’m glad nothing like this is going on for you. It’s far too common, and I feel like we all know someone who has been there—if you’d like, you can keep it in case you have a friend or a family member who could use it.”*

Whether or not the participant discloses abuse, an assessment gives home visitors the chance to educate participants about how unhealthy relationships can affect them, their children and their health. All clients should be given the option to keep the **Healthy Moms, Happy Babies** safety card, no matter what their score on a domestic violence assessment or if they gave a negative response to the screening. Offering this safety card to all participants

is part of providing education on healthy relationships, reproductive coercion, and how to get help. Some participants may not be comfortable sharing with their home visitor how bad things are in their relationship, but they can still benefit from receiving the information on the safety card.

### Universal Education about Healthy Relationships

Assessment is a great opportunity to provide universal education on healthy relationships and information on health and safety.

*“One of the things that I talk to all my families about is how you deserve to be treated. You have the right to...”*

- Be treated with kindness and respect
- Feel safe and have your boundaries respected
- Wear what you’d like to wear
- See your family and friends when you’d like to
- Have a healthy and safe sexual relationship
- Make your own decisions about your sexuality and birth control
- Speak up about any controlling behavior in your relationship

If a client says yes to relationship problems but doesn’t disclose more than something vague:

*“You mentioned that things can be complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can talk to me. I am also going to give you a card with a 24 hour hotline number on it. They get how complicated it can be when you love someone and sometimes it feels unhealthy or scary.”*

### Responding to Positive Screenings

Disclosures of domestic violence can occur as the result of a scheduled screening or may happen during any point of home visitation services. It is important that disclosures receive an appropriate response, whether a screening has been scheduled or not. When a home visitor responds to a disclosure of domestic violence in the appropriate way, it reduces the victim’s sense of isolation and shame, and encourages the victim to believe a better future is possible.

Sometimes home visitors will receive a disclosure of past domestic violence—it is important that when this happens, the home visitor responds in a manner similar to having a disclosure of current domestic violence. Even if a participant is no longer in an abusive relationship, they can still benefit from support and referrals.

When abuse is disclosed, it is important that the home visitor offers validation and provides information:

- Acknowledge that the participant does not deserve to be abused and that abuse is not part of a healthy relationship.
- Let the participant know that you are concerned for their safety.
- Ask if the participant is in immediate danger and how you can support them in being safe. If the participant indicates there is immediate danger, offer to call a shelter or emergency services. Always respect your client's expressed wishes. **NOTE: In a situation where a violent altercation is occurring or has the potential to occur, call 911.**
- Listen and respect what the participant says they want and need. Remember that the participant is the expert on their own relationship and safety. Keep in mind that just because the participant discloses does not mean that they may be ready or want to leave their relationship.
- If it is safe to do so, provide the participant with one of the Futures Without Violence safety cards. Review the resources available to the participant—including local and national domestic violence hotlines and shelters [Appendix]. If it makes sense, review the safety plan on the safety card with the participant, brainstorming ideas on how to stay safe and discussing with them what has kept them safe in the past. Safety planning is designed to assist those experiencing domestic violence to think and act in a way to increase personal safety.
- Provide a supported referral to the participant using the list of local Vermont Network Domestic and Sexual Violence programs [Appendix].
- If the participant does not currently want to leave their relationship, let them know that you would like to be able to continue to support them however you can and that you would like to be able to check in on how they are doing. To ensure that it is safe to talk about the relationship before bringing it up at a future visit, work with the participant to come up with a code word or question to make sure it is safe to bring up the topic.
- Remember that receiving a disclosure of domestic violence can be difficult for a home visitor—it's common for home visitors to care for and become attached to their participants. So, it only makes sense that it would be hard to discover that a participant is being abused. Remember to take care of yourself. For more information, refer to the guidelines on self-care.
- Follow up with your supervisor about the disclosure of domestic violence.

## If Reproductive Coercion is Disclosed

An appropriate response to disclosures of reproductive coercion informs clients about the signs of reproductive coercion, educates participants about less detectable, female-controlled protective strategies, and provides information on where a client can go to get help.

The ***Did You Know Your Relationship Affects Your Health?*** safety card from Futures Without Violence is a great tool to use when discussing reproductive coercion and provides examples of intervention strategies that participants can use. The safety card also provides some ideas on where the participant can go to get support when it comes to birth control and reproductive health concerns. It is also important that the home visitor is aware of the resources available in their own community so appropriate referrals can be made.

## Steps in Responding to a Disclosure of Reproductive Coercion

- Validate the participant's experience.
- Offer a safety card to the participant, review it with them, and make sure it is safe for them to keep.
- Let the participant know where they can go to learn more about their birth control options.
- Ask the participant if they have immediate safety concerns.
- Discuss the link between reproductive coercion and domestic violence; and make referrals to domestic and/or sexual violence resources if appropriate [Appendix].
- Follow up at the next visit.

## Scripts for Responding to a Disclosure of Reproductive Coercion:

*"I'm glad you told me about what is going on. It happens to a lot of women, and it is so stressful to worry about getting pregnant when you don't want to be. I want to talk to you about some methods of birth control that your partner doesn't have to know about, so that you don't have to worry about an unplanned pregnancy."*

*"What you've told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don't want to be they might also try and control or hurt you in other ways. Is anything like this happening in your relationship?"*

## A Note on Safety Planning

Home Visitors are essential sources of information and support for clients experiencing domestic violence— however, safety planning is a dynamic, involved and complex process that most home visitors will not feel comfortable facilitating for their clients. Domestic violence advocates and experts are professionals in safety planning, and are

natural allies to home visitors in best supporting clients surrounding issues of safety in their relationships. If a client requires safety planning, connect her with a local domestic violence program/shelter or the National Domestic Violence Hotline for support and guidance. [See Appendix]

### **Making Supported Referrals**

Supported referrals usually make it more comfortable for participants experiencing domestic violence to reach out for assistance. Home visitors can best make supported referrals by being familiar with the services available at their local domestic violence programs and shelters, state domestic violence hotlines and/or national domestic violence hotlines. When making supported referrals, you may call the domestic violence program for a participant or have the participant call with you for support. Keep in mind that although you will be able to initiate the phone call, the domestic violence program will most likely need to speak to the participant directly to do a phone intake.

**Getting to know  
your local  
domestic violence  
program staff and  
services will help  
ensure each  
referral feels  
genuine and  
supportive to your  
clients.**

### **Use the Safety Cards as a Referral Tool**

*"I just 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 domestic violence programs. Those programs have a lot of services available including a hotline, legal and medical advocacy, emergency shelter or safe homes, and emotional support for you and your children. Also, I know [insert name of local advocate], whom I can put you on the phone with right now if you would just like to talk to her."*

*"If you are comfortable with this idea, I would like to call my colleague at the local domestic violence program [fill in person's name]. The program has a lot of services available including a hotline legal and medical advocacy, emergency shelter or safe homes, and emotional support for you and your children. (Fill in person's name) is really an expert in what to do next and she can talk with you about supports for you and your children from her program..."*

***Always respect your client's answer.***

### **Role of the Domestic Violence Advocate**

Domestic violence advocates can continue providing the safety planning and support that home visitors start. It is ideal that a home visitor get their participant connected to a domestic violence advocate when they have a participant experiencing domestic violence. Clients can work on safety plans and additional services like legal advocacy, support groups, emotional support and housing.

## Domestic Violence and Child Abuse: Mandated Reporting

Domestic violence and child abuse are two connected but very different issues. As a home visitor, you are **mandated** to report known or suspected child abuse to the authorities.

When concerns about child abuse arise within the context of domestic violence, the following guidance may promote greater safety for victims and their children.

**Always consider whether informing the victim parent prior to the report poses any danger to the child, if not talk with your client about the following:**

- Inform your client of your requirement to report.
- Explain what is likely to happen when the report is made.
- Ask your client if she is willing to call or meet with an advocate to develop a safety plan in case of retaliation.
- Maximize the role of the client in the process.

If the client does not wish or is not present to make the child abuse report, make every effort to inform her when a child abuse report is made and that the client and/or the client's family may be contacted by phone, mail or in person by the authorities.

When Reporting to DCF specific to concerns about domestic violence-

- Provide clear information from your client about the best and safest way for DCF to contact her if the report is accepted (*for example when the abuser is at work*).
- Provide information about the risks posed by the battering parent, such as access to weapons, use of physical violence or types of threats made including threats to mother or child.
- Provide any information about the known schedule of the abuser, such as work hours, when the person is generally in the home, etc.

### Key Considerations

- Abusers may threaten adult victims that they will get sole custody if they seek a divorce.
- Collaboration with child welfare workers is essential, including cross training.
- Promoting safety and keeping children in the care of their non-abusing parent whenever possible are core principles in intervention.
- Always remember that making a report can never substitute for the important care you provide.

## Documentation

Documentation of what you discussed with your client is important. When using the Relationship Assessment Tool (see the Appendix to this Guide), all you need to do is circle the options to record what you have offered or given to your client (see Home Visitor pages of the Tool).

**Every client**, regardless of any disclosure of abuse, should be given the ***Healthy Moms, Happy Babies*** safety card, unless it is unsafe for her to take it. Always double check to see if leaving the card with her is safe.

**When documenting your assessments and referrals, please remember that client safety is your priority.**

If you suspect your client may be experiencing domestic violence or discloses acts of domestic violence, follow up with your supervisor about documentation protocol and procedures.

**Because of the sensitive nature of this information – and because its misuse or misinterpretation could affect or endanger the client – always be mindful of the client’s privacy and your program’s confidentiality procedures.**

## Values Clarification

It is critically important for you to clarify your own values about women and children living with domestic violence. This is particularly important as it relates to working with low-income families and families of color. Because children of color are more likely to be removed from their parents after reports of abuse and neglect, and because of the disparities in service outcomes for these families, it is important to pay attention to your individual biases and how they may collude with institutional racism and classism. Exploring these values can be challenging and eye-opening. Do not be discouraged by what you discover; take the opportunity to discuss your thoughts with colleagues and supervisors. Everyone carries assumptions and biases that affect the way they see the world. Think about what you can do to notice this and not let it impact your relationship with your clients. Open dialogue about these complex issues will improve the entire system for both home visitors and your clients.

## Engaging Men and Fathers

Home visitation programs place a lot of value on a father's involvement, and it is great for children when fathers are actively involved in helping them grow, learn and develop. When a home visitor works with a family where domestic violence is occurring, engaging the father or partner in services can be complex.

- A home visitor should never address the domestic violence that is occurring with the abusive partner as this can put both the provider and participant in danger.
- Be sure to first talk to mothers about their safety and the safety of their children before attempting to involve a father or boyfriend.
- Pay attention to the fact that engaging fathers in discussions about domestic violence and reproductive health can result in reactions that further men's resolve to exert control and increase violence.
- Be aware that abusive partners can be very charming and manipulative and can try to engage service providers in unhealthy ways – like berating their partner's parenting or accusing their partner of having substance use or mental health problems.

When home visitors feel safe to involve fathers in services, it is best to focus on supporting positive and non-violent parenting approaches and creating supportive and nurturing environments for their children.

### Safety Tips

- If you do not feel safe engaging with the abusive partner, meet with your participant when the abusive partner is not there and discuss the situation with your supervisor.
- If you do not feel safe meeting in the participant's home, meet elsewhere.
- Never screen for domestic violence when there is a chance that the partner could hear you.
- Talk to your participant about what they believe would keep them safe during your visits. Ask what topics could put them in danger and come up with a plan to safely discuss the violence that is occurring.
- Avoid becoming silent or quickly changing the subject when the abusive partner arrives. This can make them feel defensive or suspicious.



## Home Visitor Safety and Self-Care

### *Your Safety Matters!*

#### Personal Safety Strategies for Home Visitors

- Trust your instincts
- Meet the participant at the office if the situation in their home does not feel safe
- Establish check-in time with your office
- Park with the front of your vehicle pointed toward the exit
- Observe and listen before knocking on the door or entering a household
- Do not enter the home until you see your participant at the door
- Position yourself in the home so that you have a clear path to the exit
- Always be aware of your surroundings and look for behavioral cues that something is amiss
- Keep your phone handy so that it is not hard to call for help if needed
- Keep your keys handy so that you don't need to dig for them if you need to leave quickly
- Know the address where you are at in case you need to call 911
- Ask who is home when you arrive and ask the participant if they are expecting anyone

#### Your Experiences Matter

Our own life experiences influence how we work with families. Since domestic violence is so common, we may have our own personal experiences with family violence or victimization. While this can lead to empathy for families experiencing domestic violence, it also calls for attention to how this experience impacts effectiveness with families. It can help if we emotionally prepare ourselves before we have difficult discussions on domestic violence, and it can help to talk to someone about our own experiences in order to help separate our own feelings from those of your clients. Vicarious trauma is the process of change that happens because you care about other people

Given the emotionally evocative nature and complexity of work with very young children and families who are vulnerable, it is imperative that practitioners across disciplines have **time to pause and reflect**. They need a time and place to contemplate what they are experiencing in the presence of a family and to share their personal responses to this very difficult work. They **need to feel replenished and fortified**. Practitioners cannot do this in isolation. They need and are entitled to the support and insight that comes from discussing with another what they have observed, what they thought, what feelings were aroused, and how they worked with an infant or young child and his caregivers. Doing so within the context of a **safe and trusting professional relationship** may help professionals feel “accompanied” as they prepare to go forth and continue their efforts with and on behalf of, the family. Weatherston, Deborah, Weigand, Robert F., & Weigand, Barbara; (2010). *Reflective Supervision: Supporting Reflection as a Cornerstone for Competency. Zero to Three, 31(2), pg 22.*

who have been hurt, and feel committed or responsible to help them. Over time, this process can lead to changes in your psychological, physical and spiritual well-being.

### **Personal Strategies to Prevent Traumatic Stress**

- Talking to colleagues and supervisors who understand the stresses of your job
- Adequate sleep, good nutrition and exercise to help reduce psychological stress
- Training to improve skills and comfort level
- Taking time off from work to pursue personal interests, social connections and spiritual outcomes
- Indulge ourselves in activities that make us happy and are rejuvenating

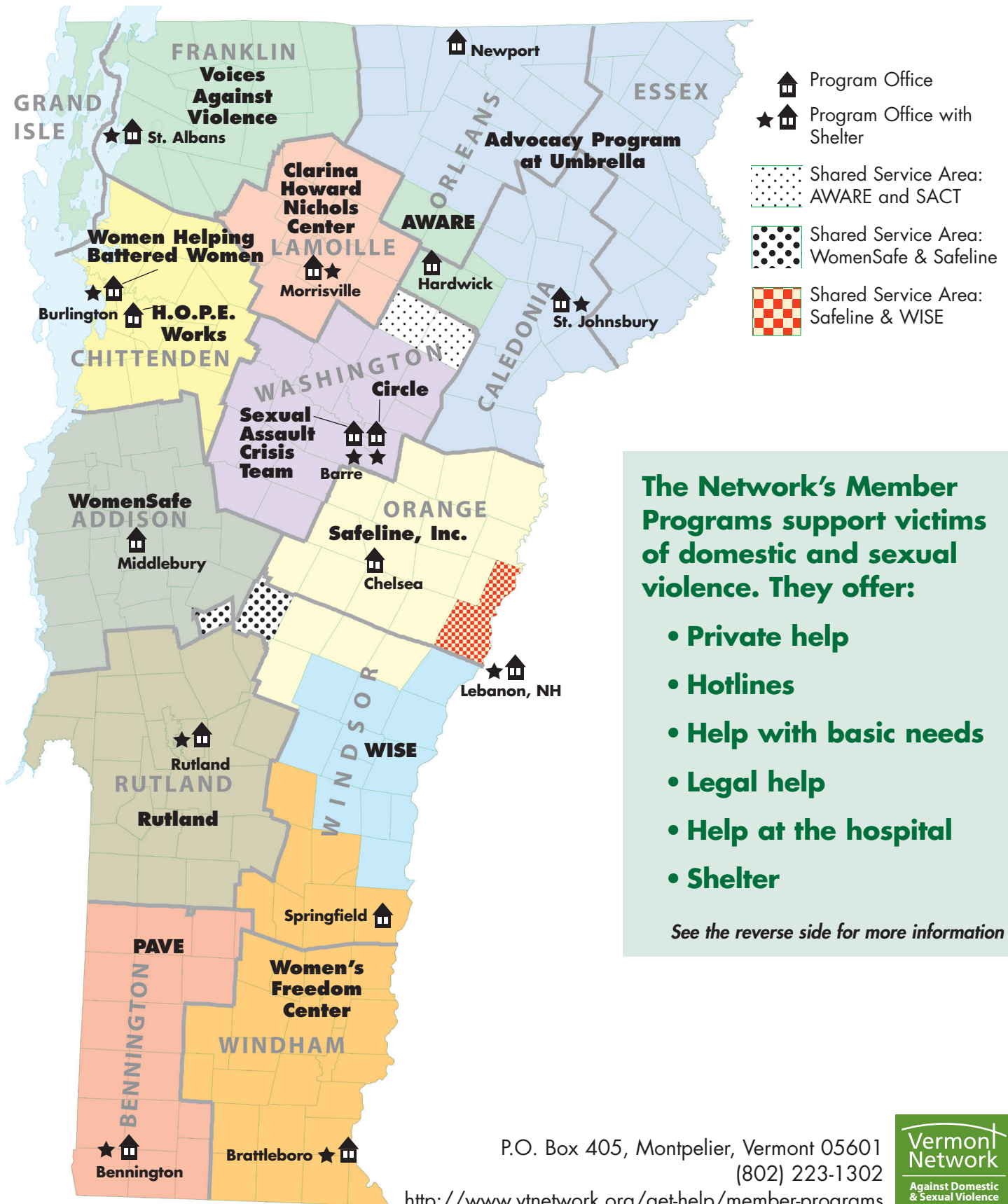
### **Signs of Traumatic Stress**

- Depressive symptoms
- Feeling ineffective with participants
- Reacting negatively to participants
- Reoccurring thoughts of threatening situations
- Sleep disruptions and nightmares
- Physical symptoms
- Inability to relax or enjoy favorite activities
- Decreased self-esteem
- Becoming more quick to anger
- Avoiding participants
- Avoiding emotional topics when working with participants
- Chronic lateness
- Having issues with boundaries when it comes to participants
- Self-disclosure with participants
- Increased use of alcohol or drugs
- Misuse of prescription medication

If you believe you may be experiencing vicarious trauma or burn-out, reach out for help. Talk to your supervisor, utilize an employee assistance program or talk to a mental health professional specializing in vicarious trauma.

# Appendices

# The 14 Member Programs of the Vermont Network Against Domestic and Sexual Violence



**The Network's Member Programs support victims of domestic and sexual violence. They offer:**

- Private help
- Hotlines
- Help with basic needs
- Legal help
- Help at the hospital
- Shelter

*See the reverse side for more information*

P.O. Box 405, Montpelier, Vermont 05601  
(802) 223-1302

<http://www.vtnetwork.org/get-help/member-programs>



## Vermont Network Member Programs

### **Advocacy Program at Umbrella**

*Caledonia, Orleans, & Essex Counties*

St. J. Hotline: 802/748.8645

Newport Hotline: 802/334.0148

St. J. Office: 802.748.8645

Newport Office: 802/334.0148

[www.umbrellanek.org](http://www.umbrellanek.org)

### **AWARE, Inc.**

*Caledonia, Wash., & Orleans Counties  
(of Hardwick area)*

Hotline: 802/472.6463

Office: 802/472.6463

[www.awarevt.org](http://www.awarevt.org)

### **Circle**

*Washington County*

Hotline: 1.877.543.9498

Office: 802/476.6010

[www.circlevt.org](http://www.circlevt.org)

### **Clarina Howard Nichols Center**

*Lamoille County*

Hotline: 802/888.5256

Office: 802/888.2584

[www.clarina.org](http://www.clarina.org)

### **H.O.P.E. Works**

*Chittenden County*

Hotline: 802/863.1236

Office: 802/864.0555

[www.hopeworksvt.org](http://www.hopeworksvt.org)

### **PAVE**

*Bennington County*

Hotline: 802/442.2111

Office: 802/442.2370

[www.pavebennington.org](http://www.pavebennington.org)

### **Rutland County Women's Network and Shelter**

*Rutland County*

Hotline: 802/775.3232

Office: 802/775.3232

[www.rcwn.org](http://www.rcwn.org)

### **Safeline, Inc.**

*Orange County & Northern Windsor County*

Hotline: 1.800.639.7233

Office: 802/685.7900

[www.safelinevt.org](http://www.safelinevt.org)

### **Sexual Assault Crisis Team**

*Washington County*

Hotline: 802/479.5577

Office: 802/476.1388

<http://sactvt.org>

### **Voices Against Violence**

*Franklin & Grand Isle Counties*

Hotline: 802/524.6575

Office: 802/524.8538

[www.voicesagainstvviolence.org](http://www.voicesagainstvviolence.org)

### **WISE**

*Central Windsor County & towns of  
Thetford & Fairlee*

Crisis line: 603/448.5525 or

toll-free 1.866.348.WISE

Office: 603/448.5922

[www.WISEuv.org](http://www.WISEuv.org)

### **Women's Freedom Center**

*Windham County &  
Southern Windsor County*

Brattleboro Hotline: 802/254.6954 or  
1.800.773.0689

Springfield Hotline: 802/885.2050

Brattleboro Office: 802/257.7364

Springfield Office: 902/885.2368

<http://womensfreedomcenter.net>

### **Women Helping Battered Women**

*Chittenden County*

Hotline: 802/658.1996

Office: 802/658.3131

[www.whbw.org](http://www.whbw.org)

### **WomenSafe**


Addison County & the town of  
Rochester

Hotline: 802/388.4205 or

1.800.388.4205

Office: 802/388.9180

[www.womensafe.net](http://www.womensafe.net)

 Program with shelter

## Services of the Vermont Network's Member Programs

**Private Help:** Network member programs will not share any information about you unless you allow them to.\*

**Hotlines:** Each Network member program has a free hotline 24 hours a day, every day.

**Help To Meet Basic Needs:** Staff help people learn about resources to meet their basic needs.

**Legal Help:** Staff give information about legal issues and go with victims to court.

**Help at the Hospital:** Staff can meet people at the hospital after a sexual or physical assault.

**Shelter:** Staff help victims find short-term shelter.

\*Some staff are "mandated reporters". This means they must report to the state if they believe a child has been abused or neglected. You can ask to speak to someone who is not a "mandated reporter." You can also speak to someone on the hotline without giving your name.

## Other Programs That Serve Victims Of Domestic And Sexual Violence

### **Deaf Vermonters Advocacy Services**

Videophone & Hearing: 802/661.4091

### **SafeSpace – LGBTQ Community**

802/863.0003 or 1.866.869.7341

VERMONT STATEWIDE HOTLINES: Sexual Violence: 1.800.489.7273 / Domestic Violence 1.800.228.7395

NATIONAL HOTLINES: Domestic Violence: 1.800.799.SAFE / Sexual Violence: 1.800.656.HOPE

## Family Services Division: Domestic Violence Consultation

- Provides case consultation, technical assistance, and problem solving related to the overlap of domestic violence and child abuse issues.
- Assists in the identification of domestic violence within child abuse cases, the assessment of the safety of child and adult victims, development of interventions that increase safety and support to adult and child victims, and hold offenders accountable.
- Provides advocacy and support services to adult and child victims of domestic violence.
- Designs strategies for offender accountability.
- Identifies service gaps and related areas for resource development.
- Provides case specific recommendations, ongoing consultation, and follow-up as needed.

**How to contact us:** Many of the cases referred to the Domestic Violence Unit come from local community agencies and programs. Domestic violence program advocates, sexual assault program advocates, community service providers, service users, and others interested in accessing assistance related to domestic violence and child abuse may contact the DV Unit.

**Contact information:** The unit is comprised of a Director, and four Domestic Violence Specialists. Each Domestic Violence Specialist is based in one office in an assigned region and covers additional district offices. The Director covers the remaining areas of the state. DV Unit staff members are available by phone or email during regular state office business hours (7:45 AM-4:30 PM)

[http://dcf.vermont.gov/domestic\\_violence](http://dcf.vermont.gov/domestic_violence)

Domestic Violence Specialist: Sanda Micic

Regions Covered: **Barre, St. Albans and Middlebury Districts**

Email: [sanda.micic@vermont.gov](mailto:sanda.micic@vermont.gov) Phone (802) 479-7551, cell (802)-585-0206

Domestic Violence Specialist: Samantha Zellinger

Regions Covered: **St. Johnsbury, Newport, Springfield and Hartford Districts**

Email : [samantha.zellinger@vermont.gov](mailto:samantha.zellinger@vermont.gov) Phone (802) 751-2637, cell (802)-585-5931

Domestic Violence Specialist: Sharon Norton

Regions Covered: **Rutland, Bennington and Brattleboro Districts**

Email: [sharon.norton@vermont.gov](mailto:sharon.norton@vermont.gov) 802-786-5180, cell (802)-338-2455

Domestic Violence Specialist: Julie Ryley

Regions Covered: **Morrisville District and Burlington**

Email: [julie.ryley@vermont.gov](mailto:julie.ryley@vermont.gov) Phone (802)-888-1371 cell (802)-760-0878

Domestic Violence Unit Director: Ellie Breitmaier

Regions Covered: **Central Office Units**

Email: [ellie.breitmaier@vermont.gov](mailto:ellie.breitmaier@vermont.gov) Phone (802) 769-6314, cell (802)-793-4767

# ABOUT THE 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 this tool, which measures women's experiences in abusive relationships, is more accurately reflected by 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.



# FOR THE HOME VISITOR

A sample script for introducing the Relationship Assessment Tool

Use according to your particular agency's mandates and policies

It is best to introduce the Relationship Assessment Tool in the context of a conversation about relationships. One way to introduce the tool is to say:

"So many of our moms are struggling in their relationships, we have started asking everyone about their partners and how they are being treated..."

"We are having all of our clients fill out this relationship questionnaire. You can fill it out on your own and we can talk about it afterward if you feel comfortable to do so."

To further address your program's confidentiality guidelines:

"Our Program's priority (or more personalized, "my priority") is for the health and wellbeing of you and your baby/child/children.

Because of my role as a home visitor, I am required to report certain information. If you share information or concerns that your child's safety is at risk, I am required to notify DCF/Family Services.

If you share information about (feeling like you want to hurt yourself or another person, other situations according to your mandates), I will (fill in according to your mandates)

Everything else that you share with me is confidential. It stays between us and helps me better understand how I can help you and the baby. Do you have any questions about this?"

## Documentation and Referral

### 1. Home visitors complete this section to document use of the 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: \_\_\_\_\_  
\_\_\_\_\_

(continued)



**2. Home visitors complete this section after the tool is completed to record referrals and resources given:**

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

(Circle all that apply)

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

- b. Did you offer safety planning? (This should happen for any score higher than 20 for pages one and two)

(Circle all that apply)

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

# RELATIONSHIP ASSESSMENT TOOL

Date: \_\_\_\_\_

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	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly
1) My partner makes me feel unsafe even in my own home..... _____					
2) I feel ashamed of the things my partner does to me..... _____					
3) I try not to rock the boat because I am afraid of what my partner might do..... _____					
4) I feel like I am programmed to react a certain way to my partner..... _____					
5) I feel like my partner keeps me prisoner..... _____					
6) My partner 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 my partner ..... _____					
9) My partner can scare me without laying a hand on me ..... _____					
10) My partner 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.

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.

## Resources

### Help Lines / Online Resources

**Statewide Domestic Violence:** 800-228-7395

**Statewide Sexual Violence and Rape:** 800-489-7273

<http://www.vtnetwork.org/get-help/member-programs/>

**Child Abuse:** 800-649-5285

<http://dcf.vermont.gov/fsd/reporting>

**National Teen Dating Abuse:** 866-331-9474

<http://www.thehotline.org/2013/02/dating-abuse-resources-for-teens/>

#### SafeSpace Support Line

A program of the Pride Center of Vermont serving  
LGBTQ victims of domestic and sexual violence

Statewide 866-869-7341 or 802-863-0003

<http://www.pridecentervt.org/programs/safespace>

**Adult Protective Services:** 800-564-1612

<http://www.dlp.vermont.gov/guidelines>

#### ➡ Vermont Department of Health's Website on Domestic and Sexual Violence

<http://healthvermont.gov/dsvs/>

#### ➡ Agency of Human Services Online Domestic Violence Training

<https://www.ahsinfo.ahs.state.vt.us/apps/learningCenter/default.cfm>

*You must be a state employee and have access to the AHS Intranet to take this training.*

#### ➡ How Does Domestic Violence Affect the Vermont Workplace? A survey of male offenders enrolled in batterer intervention programs in Vermont, November 2011

[http://www.uvm.edu/crs/reports/2011/VT\\_DV\\_Workplace\\_Study\\_2011.pdf](http://www.uvm.edu/crs/reports/2011/VT_DV_Workplace_Study_2011.pdf)

#### ➡ Vermont Network Against Domestic and Sexual Violence

<http://www.vtnetwork.org/>

The Vermont Network is the federally recognized domestic and sexual violence coalition in Vermont. The Vermont Network is a statewide resource on domestic and sexual violence issues. Its staff provide support for Network programs through training, technical assistance and capacity building; advocate for public policy that supports victims and holds offenders accountable; and seek to change societal attitudes and beliefs through community outreach and prevention.

### ➞ **Pride Center's SafeSpace**

<http://pridecentervt.org>

The Vermont Pride Center's programs and services strive to meet the distinct socio-economic, health, and safety needs of the LGBTQ community. Their drop-in resource center, community meeting spaces, 3,000-volume lending library, David Bohnett Cyber Center, and social events are all helping to build community and create increased access to information and resources for all its members. PCVT also houses the Vermont Queer Archives to preserve LGBTQ VT's unique history.

SafeSpace, a program of the Pride Center, is a social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people. They provide information, support, referrals, and advocacy to LGBTQH survivors of violence and offer education and outreach programs in the wider community.

➞ **Dial 2-1-1** for help connecting to government programs, emergency resources, community-based organizations, and support groups—24 hours a day, 7 days a week. It's a local call from anywhere in Vermont. <http://www.vermont211.org/>

### ➞ **Centers for Disease Control and Prevention**

#### **Intimate Partner Violence**

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

#### **Sexual Violence**

<http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html>

### ➞ **Futures Without Violence**

<http://www.futureswithoutviolence.org/>

For more than 30 years, FUTURES has been providing groundbreaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world.

### ➞ **Work Places Respond**

<http://www.workplacesrespond.org/>

Through Workplaces Respond to Domestic and Sexual Violence: A National Resource Center , FUTURES is building innovative partnerships between companies, worker associations and unions, and anti-violence advocates and service providers to increase the safety and economic security of vulnerable workers.

## **Additional Vermont Resources**

### **Deaf Vermonters Advocacy Services**

P.O. Box 61, South Barre, VT 05670

Videophone & Hearing: 802/661.4091

All hotline callers: 802/ 661.4091

### **Vermont Interpreter Referral Service**

1.888.317.2006 (toll-free)

### **Vermont Interpreting and Translation Services**

802/654.1706

### **Communication Support Project (CSP)**

(for people who have disabilities that interfere with their ability to communicate effectively)

1.888.686.VCSP (8277); [www.csp@disabilityrightsvt.org](mailto:www.csp@disabilityrightsvt.org)