

RELATIONSHIP ASSESSMENT TOOL

Date: _____

Name: _____ Program: ☐ EHS ☐ HFA ☐ NFP

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: _____

“Most of what you share with me is confidential. This means what you share with me is not reportable to child welfare, ICE (Homeland Security) or law enforcement. That being said there are three things that I would have to share with someone else. The first one would be a report to child welfare if I have a concern about the safety of your child(ren). The second would be if you’re suicidal, then I would support you in accessing an appropriate professional. The third item is if you’ve had a serious non-accidental injury. The rest stays within this program and helps me better understand how I can help you and your child(ren).”

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 | Disagree | Disagree | Agree | Agree | Agree |
| Strongly | Somewhat | a Little | a Little | Somewhat | 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..... _____

Please turn the page and continue the survey. Thank you.

Adapted from: Smith, P.H., Earp, J.A., & DeVellis, R. (1995), Development and validation of the Women’s Experience with Battering (WEB) Scale. Women’s Health, 1, 273-288.

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

1) Has my partner ever physically hurt me? _____

2) Has my partner ever forced me to do something sexual I didn't want to? _____

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

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 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 my client.
- Provided domestic violence hotline numbers.
- Referred to domestic violence advocate for additional safety planning.
- Other (please specify): _____

Total Score: _____