

1.0 Purpose

This document contains guidelines for domestic violence screening for families participating in family support programming. Universal and consistent screening protocols serve as effective guidelines for identifying clients that may benefit from additional supports and services. Universal screening results in efficient use of limited resources and early identification of domestic violence.

2.0 Background

The Iowa Family Support Leadership Group desires to have uniform screening protocols implemented across program models. Screening protocols assist in assuring professionals are consistently following quality practices that lead to the identification of clients that need additional services. Universal screening practices are used to normalize screening and lessen stigmatism.

3.0 Scope

This screening protocol applies to all family support home visitation programs lasting more than 6 months in duration in the state of Iowa. All families participating in family support programs will be screened for domestic violence that may indicate further supports and services are warranted. Staff will assist families with exploration of healthy relationships throughout the duration of their involvement in program services results of screening are limited to:

- The individual is likely to benefit from a referral to a local domestic violence program for additional services and supports ,
- A referral is not warranted at this time, or
- The screening will be repeated at a later time.

4.0 Qualifications for Professionals Conducting Screening

Any staff of a family support program can be trained to conduct the initial screening. To perform a domestic violence screening, an individual needs training by a qualified trainer, professional experience working with at-risk families, and an intuitive or learned ability to engage the client's active participation.

The staff conducting the screening must be able to tailor the interviewing process to the client's levels of literacy, verbal communication, and listening skills. The person conducting the screening needs to establish sufficient rapport with the client to make sure that the client understands the questions asked and the information being shared. Staff should avoid presupposing the client's literacy level based on social class, race, or ethnicity. Staff should also be aware that a client's inability to read or write does not make the client unable to take an active part in the screening. For some clients, it may be necessary to substitute an oral interview for a written screening.

5.0 Policy

The policy of the Iowa Family Support Leadership Group is to:

- Ensure that all clients participating in family support programming will be screened for domestic violence to determine if further referral and supportive services is warranted,
- Screening will be completed in a consistent manner across all program models,
- Staff will be trained to provide high-quality screens,

- Screening is not viewed as a singular event, but rather may be repeated at intervals based on observations of the staff,
Staff must know the domestic violence referral resources available in their community for follow-up services and supports.

6.0 Definitions

Domestic Violence - - Patterns of coercive and controlling behaviors perpetrated by an adult or teen against an intimate partner.

Assessment - - A gathering of information used to determine if an individual is in an unhealthy relationship, and if so, whether a referral to a domestic violence agency is appropriate.

Referral - - Formal notification on behalf of a family to a domestic violence agency.

7.0 Responsibilities

- It is the responsibility of the Family Support Leadership Group to adopt and promote this protocol.
- It is the responsibility of the Iowa Family Support Professional Development Workgroup to provide training to implement this protocol.
- Iowa family support programs are responsible for the implementation with support from the Family Support Leadership Group and Professional Development Workgroup.
- Family support programs are responsible for identifying referral networks for domestic violence. .

8.0 Procedures

Screening Techniques

Adults in the household participating in the family support program shall be screened for domestic violence. Adults may choose to refuse the screen. Staff must document the refusal, the reason for the refusal, and the date the family refused to complete the screening tool.

Initial screening for domestic violence should be completed within the first three months after enrollment. Screening should occur after the staff has an established relationship. The screening may be repeated dependent upon the score of the instrument and observations by the staff. At a minimum, clients should be screened annually. Programs should check specific funder requirements for additional screens.

Staff must consider the client's culture and language. It may be necessary to perform the screening in the primary language of the individual, which may not be English. Staff should avoid the assumption that a speaker of any given language can also read that language. The client may not be functionally literate in any language. Another part of the staff member's sensitivity to language should be an awareness that the client may need to communicate in language that they are comfortable with. Staff should be attentive to the kind of vocabulary that the individual client feels most comfortable using. To the extent possible, concepts should be communicated in the most appropriate language for the client.

Staff shall ensure that the client is screened in a private setting and that the information shared is confidential. Staff shall not function outside of their professional role.

Components of Screening

Screening is a hierarchical, although flexible, procedure. A score of 20 or higher, at any point in the process, is a trigger for a more formal referral to a domestic violence agency (If your organization uses another tool, please consult with that scoring tool standards).

If a client acknowledges being in a domestic violence situation this represents the end of the screening and a signal to initiate further referral to a domestic violence agency. Regardless of the outcome of the screen, staff should take the opportunity to discuss healthy relationships with the client.

Procedure for Scoring and Interpreting

Staff shall follow the training protocols for the screening tool that their employing organization has chosen to utilize. Training shall include cut-off scores for the adopted screening tool that indicate a referral for assessment is necessary. Clients with no-risk or low-risk scores for the adopted screening tool will be provided with general education about healthy relationships.

Role of Supervision

The Supervisor must include the review of completed screens as part of their reviews of client's records. The review should ensure that the screening results align with other documentation contained in the client file. The review must also ensure that if further evaluation is needed that a referral was made and the client is engaged in services. Failure to engage in services will not result in program discharge. Staff will continue to document and encourage participation in domestic violence services as needed.

Training

The objective of training is to prepare staff to implement domestic violence screening protocols consistently across the state. Curriculum content shall include:

- Scoring and Interpretation
- Safety cards and other tools to facilitate discussion on healthy relationships
- Basic Interviewing Skills
- Safety precautions
- Readiness for referral
- Safety planning
- Impacts of domestic violence
- Record Keeping
- Referral Management
 - Referral Issues
 - Referrals to Comprehensive Assessment
- Staff exposed to violence and trauma
- Confidentiality, Ethical and Legal Concerns
- Release of Information

Initial training will be provided via in-person by certified trainers. Staff will complete refresher training at a minimum of every two years.

Training should not only emphasize the technical aspects of the screening tool, but also the more complex dynamics of domestic violence. Staff should be aware the screen is one tool that can reveal a potential domestic violence situation.

Many screening tools come with training materials, and some offer alternative questions to pose for unique audiences, such as diverse cultural groups. In general, screening procedures must incorporate provisions to sensitively address individual differences that might affect the reliability of responses.

Appropriate Screening Tools

Screening tools are objective approaches of the screening procedure, providing uniformity, quality control, and structure to the process. Futures without Violence recommend that screening instruments be:

- Offered universally to all clients
- Broadly applicable across diverse populations
- Simple enough that it can be administered by a wide range of professionals

An appropriate domestic violence screening process has to consider the client's characteristics, such as age, gender, ethnicity, culture, gender orientation, socioeconomic status, and education. Before selecting a standardized interview or screening tool, consideration must be given to its reliability and effectiveness for populations being served by the program. Providers should also consider the characteristics of the screening tool and the practical limitations of test administration and scoring.

Please see Appendix A, for appropriate screening instrument.

9.0 Revision History

Original Adopted: 3/21/2014

Appendices

Appendix A: Relationship Assessment Tool

Sources:

Futures without Violence

Relationship Assessment Tool

Produced by:

Futures Without Violence, formerly Family Violence Prevention Fund

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.



Appendix A

RELATIONSHIP ASSESSMENT TOOL

Part One for Participants

Date: _____

This is a self-administered tool for participants to fill out. If the participant 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:

“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 three things that I would have to report- if you are suicidal, or your children are being harmed or you are threatening harm to someone else. The rest stays between us and helps me better understand how I can help you and the baby.”

We ask all our participants 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..... _____

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

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. Appendix E

RELATIONSHIP ASSESSMENT TOOL

Instructions for Relationship Assessment Tool:

Part one of this tool is to be self-administered by the participant at the following recommended intervals: child's birth, 3 months, 6 months, and 12 months post-partum and then annually thereafter. Part Two of the tool is for Home Visitors to complete at the same intervals as stated above.

RELATIONSHIP ASSESSMENT TOOL – PART TWO

Home visitors complete the next section

1) What referrals and information were given to the participant at this home visit? (Please note ALL participants should have been given the Healthy Moms, Happy Babies safety card).

(Circle all that apply)

- Mental Health 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 part one)

(Circle all that apply)

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