

INTIMATE PARTNER/SEXUAL VIOLENCE RESPONSE PROTOCOL

SAMPLE PROTOCOL FOR HOME VISITING AGENCIES

PURPOSE

MDH Family Home Visiting recommends universal screening for Intimate Partner Violence (IPV). Home visitors, supervisors/managers and home visiting agencies might use this sample to define and strengthen their screening and responses to the person experiencing violence. This document familiarizes home visitors with developing a safety plan and other intimate-partner violence procedures and protocols. This sample is a template for creating your own response protocol. Feel free to add and delete as pertains to your agency needs. Other samples are included in Appendix A.

Definition of Intimate Partner Violence/Sexual Violence (IPV)

The American Congress of Obstetricians and Gynecologists defined, intimate partner violence as a "pattern of assaultive and coercive behavior that may include physical injury, psychologic abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion. These types of behavior are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and is aimed at establishing control of one partner over the other" ¹

It can occur among heterosexual or same-sex couples and by both men and women in every community regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. Family home visiting services focus on the caregiver of the children in the family, which may be a mother, father, grandparent, foster parent, etc. Although home visiting includes the whole family in their services, this protocol focuses on the caregiver.

Individuals who are experiencing and those who are exposed (i.e. children) to IPV/Sexual Violence may have lifelong consequences, including emotional or secondary trauma, addiction, chronic physical impairment or health problems, and even death.

- Victim/Survivor: Person who is experiencing IPV/Sexual Violence.
- Perpetrator/Abuser: Person who inflicts the IPV/Sexual Violence.

Guiding Principles

- Prioritize the safety and well-being of caregiver and their children, addressing barriers that affect safety planning, including pets.
- Educate all caregivers about healthy relationships and the concept of consent.
- Ensure that caregiver has access to services that provide for his/her safety needs.
- Ensure home visitor safety.

¹ Family Violence Prevention Fund. Reproductive health and partner violence guidelines: an integrated response to intimate partner violence and reproductive coercion. San Francisco (CA): FVPF; 2010. Available at <u>Family Violence Prevention Fund</u>. October 12, 2011

CONSIDERATIONS BEFORE BEGINNING A SCREENING PROTOCOL

Confidentiality

- Carefully assure the caregiver that the home visitor is trust worthy.
- Clearly outline how any information will be used.
- Home Visitors generally cannot contact shelters for the caregiver. Ideally, the call is made with your support.
- Intimate Partner Violence is a very sensitive issue and perpetrators of IPV who discover that a survivor has disclosed information about abuse can risk the safety of the survivor and the survivor's children. Carefully handle documentation or other written material about IPV in the caregiver's home. Home visitors must always take documentation with them. Remember that the abuser can monitor phones and internet use. For more information in English and Spanish: The National Hotline Path to Safety
- Home visitor must have a conversation with caregiver about the confidentiality policies of their agency or program. Review Home Visitation: Guidelines on Domestic Violence Strong Families Arizona and the Arizona Coalition to End Sexual and Domestic Violence for guidance on scripting a conversation around confidentiality.

Safety Considerations for Home Visitor

It is equally important to help plan to protect the safety of home visitors.

- As a home visitor, it is always important to trust your instincts.
- Notify at least one person in the office about your scheduled home visits.
- If you have the intuition that you are not safe when entering a home or approaching a home, stop and do not ignore the warnings signs.
- It is okay to cancel an appointment or call for help without intervening during an incident.
- Try to reschedule a home visit at a public place or invite caregiver to walk you to your car.
- Always discuss and debrief any concerns with supervisor.
- For more safety tips: The National Domestic Violence Hotline: What Is Safety Planning?
- Training for Home Visitors
 - Agencies might familiarize home visitors about assessing risk. Note that this is usually completed by Shelters or Domestic/Sexual Violence Advocates often using the <u>Danger</u> Assessment
 - MDH Family Home Visiting offers Futures without Violence offers in-person training.
 There are also on-line resources on the Futures without Violence website

Creating a referral network

When an agency starts screening, it will result in referrals. If you do not know about local shelters contact them to find out their intake process. Consider including other programs, that might better represent the demographics of your families and who might be support resources.

CONSIDERATION FOR IMPLEMENTING A SCREENING PROTOCOL

Universal Education

Provide universal education on healthy relationships and information on health, consent and safety. Home visitors can use Futures without Violence Safety Card Intervention to reference delivery of universal education on healthy relationships. Cards are available at no cost <u>Futures without Violence</u> (https://www.futureswithoutviolence.org/). The Power and Control Wheel is another tool that can be used to provide universal education on elements of a healthy relationship.

Sample scripts to use with a caregiver, setting expectations for healthy relationships:

- When you are in a relationship, 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 body and birth control

Identification, Screening, Assessment and Safety Planning Protocol

Identification

Some examples of what may be a red flag for intimate partner violence:

- Economic violence: limited access to money within a household, withholding money for personal needs; stealing personal money; forbidding to work or spend money.
- Emotional/ Psychological violence: yelling, cursing, insulting, use of disparaging language; threatening to abuse partner; intimidation; prohibiting the caregiver to visit others; isolation; stalking.
- Physical violence: slapping, hitting, choking, assaulting with weapon, inflicting burns and other physical force or violent act against body of partner.
- Sexual violence/Reproductive coercion: coerced sexual acts, sexual intercourse, with the use of physical force or under threat of partner, control of contraceptive use of partner, forced attempts to impregnate.
- Developmentally inappropriate control of children and abuse/control of pets.

If caregiver discloses violence in relationship or screens positive, the home visitor should document screening results and refer to IPV Algorithm. If caregiver has been identified to be in immediate danger, please refer to Crisis Intervention Algorithm for further response procedures.

- Other handouts that may be useful when working with caregivers in Appendix A.
 - o Signs of Increased Danger
 - Safety Strategies
 - o Abuse and Pregnancy Outcomes
 - o Choices: Every Person has Options
- If caregiver screens negative, but it is suspected to be experiencing IPV, provide names of local domestic/violence programs, document concerns and offer support. Rescreen at recommended follow-up time points (link IPV algorithm).

Screening and Approach to screening

If you or the caregiver feels uncomfortable raising the topic of intimate partner violence, you may choose to use 'normalized' language to frame your screening.

- I ask all women about violence in their relationships because we know relationships affect our health.
- I have started to ask all caregivers more about their relationships.

Try to follow up open-ended but more direct questions. For example,

- What happens when you and your partner disagree?
- What feelings do you have when you disagree? (Discomfort, anxious, afraid, calm...)
- How does your child react at those times?

Screening Methods

There are various methods and tools that home visitors can use to screen for IPV.

This list is not exhaustive:

- Face to Face Interview
- Written Questionnaire
- Digital screening using a smart device (i.e. tablet or IPad)

Standardized IPV Screening Tools (recommended) include:

- Hurts, Insult, Threaten, Scream (HITS)
- Women's Experiences with Battering/ Relationship Assessment Tool (WEB/RAT)
- Partner Violence Screen (PVS)
- Humiliation, Afraid, Rape, Kick (HARK)
- Abuse Assessment Screen (AAS)

Some agencies use 1-3 questions:

- Do you feel safe in your home?
- Are you afraid of your partner or anyone else?
- Have you ever been physically or emotionally hurt by anyone?
- Do you ever feel afraid or threatened?
- Has your partner ever forced you to have sex when you didn't want to?

In general, the questions that are asked or the type of screening tool that is used is not nearly as important as the way in which the client is asked about his/her experience of violence. Survivors have identified a number of factors that affect their decision to tell someone about the abuse they are experiencing. It is important that the survivor not feel judged; feel that the individual asking is truly concerned and actively listening; understand the reason why they are being asked about intimate partner violence; and feel secure in the fact that their disclosure will not be reported back to their abuser.

Assessment Protocol

- Home Visitor screens for intimate partner violence (IPV/Sexual Violence) in a safe environment.
- Follow recommended guidelines around frequency of screening for IPV.
- Screen and use language in a non-threatening, non-judgmental manner. Always be clear about how the information will be used.

- Ask the caregiver about intimate partner violence in a private place.
- Screening should not take place with any additional adult present. Use professional judgment about children present, especially if they have verbal capability.
- If it is not possible to screen for IPV/Sexual Violence safely, do not screen client. Defer screening until a follow up visit.

Safety Planning

When home visitor has identified caregiver as a survivor or suspected survivor of IPV/Sexual Violence it is important to speak to them about their immediate and future safety. Assisting the caregiver in making a safety plan may minimize the danger faced. Safety planning will also help the home visitor better explore and support the caregiver's options. If you make a referral to a domestic/sexual violence agency, they will complete a plan with the caregiver. If caregiver decides to leave. Appendix A has sample Safety Plans from Futures without Violence for caregiver and home visitor to reference.

<u>If caregiver decides not to leave</u>: Encourage caregiver to have an escape plan when situation between partners causes caregiver to leave relationship immediately. Keep the following items in a safe place so that the survivor can easily take with them.

Escape Plan

- Cash, a checkbook, a debit card and/or credit cards (Items that if used cannot be tracked).
- Extra keys to car, apartment or house.
- Important documents: bank accounts; marriage license; Social Security numbers/card (caregivers and any children's birth certificates; list of important phone numbers (friends, family, home visitor or advocate); ID; Driver's license; Green Card; passports

DOCUMENTATION

Include:

- Document time and date of screening).
- Document that IPV is or has been present, has never occurred, or is suspected even though the caregiver does not disclose.
- Document description of other health problems, substance use, physical or mental issues, which may be related to IPV.
- Document exact location on body if there are injuries.
- Document the name and relationship of possible abusers.
- Document details of intervention made and all actions taken. (I.e. police reports, restraining orders, medical reports, and intervention of child protective service).

REFERRAL AND FOLLOW UP

- Develop a list of local resources that home visitors could refer to: shelters, support or advocate groups, counseling, safety planning, and domestic violence services at local and state level. (See Algorithm)
- Obtain agency's release of information.
- o Keep referrals warm by checking in with the caregiver and following up when caregiver requests

REFERENCES

Family Violence Prevention Fund. Reproductive health and partner violence guidelines: an integrated response to intimate partner violence and reproductive coercion. San Francisco (CA): FVPF; 2010. Available at <u>Family Violence Prevention Fund</u>. October 12, 2011

Home Visitation: Guidelines for Domestic Violence-Strong Families and Arizona Coalition to End Sexual and Domestic Violence (2014).

<u>Texas Council on Family Violence and Project Connect Texas: Domestic Violence Protocol for Home Visiting Programs.</u>

Women's Health Care Physicians: Screening Tools American Congress of Obstetricians and Gynecologists, 2016. Sharps, P., Bullock, L., Campbell, J., Alhusen, J., Ghazarian, S., Bhandari, S., & Schminkey, D. (2016).

Domestic Violence Enhanced Perinatal Home Visits: The DOVE Randomized Clinical Trial. Journal of Women's Health, Jwh.2015.5547.

Futures without Violence

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Appendix A

SAMPLE DOCUMENTS

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SAMPLE SAFETY STRATEGIES

TRY TO DO THE FOLLOWING

- Hide money
- Hide extra set of house and car keys
- Establish code with family and friends
- Ask neighbors to call police if violence begins
- Remove weapons
- Have available
 - Social security numbers (His, yours, children)
 - > Rent and utility receipts
 - ➤ Birth certificates (Yours and children)
 - > Bank account numbers
 - ➤ Insurance policies and numbers
 - Marriage license
 - ➤ Valuable jewelry
 - > Important telephone numbers
- Hide bag with extra clothes
- Talk to the children

Adapted from the Domestic Violence Enhanced Home Visiting (DOVE) Study: Sharps, Alhusen, Vullick, Bhandari, Ghazarian, Udo and Campbell, Johns Hopkins School of Nursing, November 2013.

SAMPLE SIGNS OF INCREASED DANGER

Abuse of women is common

Women who have experienced abuse need to know that any of the following means their situation is becoming more dangerous:

- Abuse happens more often or is getting rougher
- Abuser owns a gun
- Abuser is unemployed
- Abuser has used a weapon on you or threatened you with a weapon
- Abuser threatens to kill you
- Abuser has been arrested for domestic violence
- There is a child in the home that is your child but not his
- Abuser forces sex
- Abuser tries to choke you
- Abuser uses drugs such as crack, speed, or meth
- Abuser is an alcoholic or problem drinker
- Abuser controls most or all of your activities
- Abuser is <u>extremely</u> jealous, suspicious, or possessive
- Abuser hits you while you are pregnant
- Abuser threatens to kill himself
- Abuser threatens to harm the children
- You believe he might kill you
- · Abuser spies on you, follows you, destroys your property or otherwise stalks you

Adapted from the Domestic Violence Enhanced Home Visiting (DOVE) Study: Sharps, Alhusen, Vullick, Bhandari, Ghazarian, Udo and Campbell, Johns Hopkins School of Nursing, November 2013.

SAMPLE OPTIONS: Every PERSON has choices

STAY WITH THE ABUSER

- Make a safety plan
- Call police if abused
- Attend battered women's support group/intervention group
- Talk to domestic violence advocate
- Get him into drug or alcohol treatment

FILE CRIMINAL CHARGES

- Call the police
- Sends a message to the abuser that abuse will no longer be tolerated
- Police may arrest on the scene or after you file a warrant with local magistrate
- After arrest, abuser may be jailed, but more likely will be released on bond
- Released on bond is contingent on abuser's good behavior

PROTECTIVE ORDERS

- May prohibit further violent contact, or may remove abuser home
- File with Juvenile and Domestic Relations court intake officer
- If order is violated, you must contact court
- Your local shelter can help you with this process
- If abuser is removed, change all door locks
- Make a safety plan

LEAVE THE ABUSER

- Go to a Battered Women's Shelter
- Other safe place (motel or with relatives or friends)

Adapted from the Domestic Violence Enhanced Home Visiting (DOVE) Study: Sharps, Alhusen, Vullick, Bhandari, Ghazarian, Udo and Campbell, Johns Hopkins School of Nursing, November 2013.

SAMPLE RELATIONSHIP ASSESSMENT TOOL

Date:							
We ask all our clients to complete this questionnaire. 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) My partner	makes me fee	el unsafe even	in my own ho	ome			
2) I feel ashar	ned of the thin	ngs my partne	r does to me				
3) I try not to	rock the boat	because I am	afraid of what	my partner mig	nt do		
4) I feel like I	am programm	ned to react a	certain way to	my partner			
5) I feel like n	my partner kee	ps me prisone	er				
6) My partner	makes me fee	el like I have 1	no control ove	r my life, no pov	ver, no protection		
7) I hide the tr	ruth from othe	rs because I a	m afraid not to	o			
8) I feel owne	ed and controll	ed by my part	ner				
9) My partner	can scare me	without layin	g a hand on m	e			
10) My partne	er has a look th	nat goes straig	tht through me	and terrifies me	······		
•	for comple omplete the	_		. Please give	it back to your hom	e visitor so	

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 offered the *Healthy Moms, Happy Babies* safety card if it was safe to do so).

(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 on the RAT)

(Circle all that apply)

- Reviewed **Safety Planning** panel on *Healthy Moms, Happy Babies* card.
- Reviewed handout titled, "Signs of Increased Danger"
- Reviewed handout titled, "Safety Strategies"
- Reviewed handout titled, "Abuse and Pregnancy Outcomes"
- Reviewed handout titled, "Choices: Every Woman has Options"
- 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

RELATIONSHIP ASSESSMENT TOOL

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.

SAMPLE RELATIONSHIP ASSESSMENT TOOL

(With scripting	ng)				
Date:					
		clients to fill out. If the in the home? Circle or		able to complet	te this tool today, was it
Other reason	for not using tool too	ay:			
(Note to home	e visitor: Please mod	ify this script based on	your state laws	s. This is just a	sample script.)
with anyone. you tell me th	The only exception is at someone is hurting your family safe. The	if you tell me that you	are thinking of would have to	f harming yours tell law enforce	share what we talk about relf or someone else, or if ement or child welfare in understand how I can
	ur clients to complet (1-6) that best reflec	•	question belo	ow, please look	at the scale and select
1	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly
1) My partner	r makes me feel unsa	fe even in my own hom	ne		
2) I feel ashar	med of the things my	partner does to me			
3) I try not to	rock the boat becaus	e I am afraid of what n	ny partner migl	nt do	
4) I feel like l	I am programmed to	react a certain way to m	ny partner		
5) I feel like 1	my partner keeps me	prisoner			
6) My partner	r makes me feel like	have no control over r	ny life, no pow	ver, no protectio	n
7) I hide the t	ruth from others beca	nuse I am afraid not to			
8) I feel owne	ed and controlled by	ny partner			
9) My partner	r can scare me withou	at laying a hand on me.			
10) My partne	er has a look that goe	s straight through me a	and terrifies me		

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

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 offered the *Healthy Moms, Happy Babies* safety card if it was safe to do so).

(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? (For for any score higher than 20 on the RAT)

(Circle all that apply)

- Reviewed **Safety Planning** panel on *Healthy Moms, Happy Babies* card.
- Reviewed handout titled, "Signs of Increased Danger"
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- Provided the Safety Plan and Instructions tool to my client.
- Provided domestic violence hotline numbers.
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RELATIONSHIP ASSESSMENT TOOL

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.

SAMPLE SAFETY PLAN AND INSTRUCTIONS

SAFETY PLAN

	during a violent incident. I can use some or all of the following strategies: If I have/decide to leave my home, I will go
В.	I can tell (i.e. neighbors) about the violence and request that they call the police if y hear suspicious noises coming from my house.
	I can teach my children how to use the telephone to contact the police. I will use as my code word so someone can call for help.
F. I	can keep my purse/car keys ready at (place) in order to leave quickly. will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until l/we are out of danger.
Step 2	
-	when preparing to leave. I can use some or all of the following safety strategies:
	I will keep copies of important documents, keys, clothes and money at
	I will open a savings account by to increase my independence.
D.	Other things I can do to increase my independence include
Ε.	I can keep change for my phone calls on me at all times. I understand that if I use my telephone, credit card, or cell phone, the telephone bill or phone log will show my partner the numbers that I called after I left.
	I will check with and my advocate to see who would be able to let me stay with them or lend me some money.
	If I plan to leave, I will not tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.
Step 3	
-	in my own residence (some of these things can be paid for by Victim of Crime Dollars for more
	ation www.ncjrs.gov/ovc_archives/factsheets/cvfvca.htm).Safety measures I can use include
A.	I can change the locks on my doors and windows as soon as possible.
В.	I can replace wooden doors with steel/metal doors.
C.	I can install additional locks, window bars, poles to wedge against doors, and electronic systems etc.
D.	I can install motion lights outside.
	I will teach my children how to make a collect call to me if mypartner takes the children.
F.	I will tell people who take care of my children and that my partner is not permitted to pick up my children.
	I can inform (neighbor) that my partner no longer resides with me and they should call the police if he is

Safety Plan and Instructions: Futures Without Violence: Healthy Moms, Happy Babies Curriculum on DV, Reproductive Coercion and Children Exposed

observed near my residence.