

Family Home Visiting Improving Intimate Partner Violence Screening

This document is a section of the Intimate Partner Violence Screening toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve intimate partner violence screening practice.

Periodicity

The Minnesota Department of Health (MDH) recommends that all MIECHV-funded home visiting programs universally screen all primary caregivers for IPV within 6 months of enrollment. It is best practice for all home visiting programs to screen primary caregivers for IPV at least once per year.

MDH recommends that caregivers are screened for IPV at the following times:

- Once per trimester of pregnancy
- At 2, 6, 12, 18, and 24 months postpartum
- Whenever there is a change in partners
- As needed based on home visitor judgement

IPV Screening Tools

Humiliation, Afraid, Rape, Kick (HARK)

The HARK is a four question, self-reported screening tool that represents different components of IPV including emotional, sexual, and physical abuse. The questions can be found on the [BMC Family Practice website \(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034562/table/T1/\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034562/table/T1/). Or the Metro Alliance for Healthy Families offers [HARK-C Questions \(https://www.metroallianceforhealthyfamilies.org/Media/PDF/MAHFDomesticViolenceHARK-C.pdf\)](https://www.metroallianceforhealthyfamilies.org/Media/PDF/MAHFDomesticViolenceHARK-C.pdf) as another version of this tool that asks one additional question about if children have been exposed to violence. The HARK-C is appropriate for screening as well. Questions are answered with yes or no and one point is given for every yes answer. A score of one or more indicates that IPV has been experienced in the past year.

Hurt-Insult-Threaten-Scream (HITS)

The HITS is a four question, self-reported or staff administered screening tool that assesses the frequency of certain components of IPV using a five point Likert scale from 1=Never to 5=Frequently. The total score can range from four to 20. A score of 10 or higher indicates that the person screened is at risk of IPV. The tool is available online [HITS Domestic Violence Screening Tool](#)

https://www.baylorhealth.com/PhysiciansLocations/Dallas/SpecialtiesServices/EmergencyCare/Documents/BUMCD-262_2010_HITS%20survey.pdf.

Relationship Assessment Tool (RAT)

The RAT tool, formerly known as (formerly known as the WEB tool), is recommended by [Futures without Violence \(https://www.futureswithoutviolence.org/\)](https://www.futureswithoutviolence.org/) as a component of universal education on healthy relationships. A recorded webinar [Healthy Moms Happy Babies \(https://www.futureswithoutviolence.org/healthy-moms-happy-babies-webinar/\)](https://www.futureswithoutviolence.org/healthy-moms-happy-babies-webinar/) is available to train home visitors on how to incorporate the RAT into their practice is available from Futures without Violence. The RAT consists of 10 questions about different behaviors of partners and the caregiver's feelings. Responses are recorded on a six point Likert scale with 1=Disagree Strongly and 6=Agree Strongly. The RAT and instructions for use are available at the end of the [IPV Protocol \(https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf). A score of 20 points or higher on the RAT is considered positive for IPV.

IPV Screening

Developing a Screening Process

A home visiting organization must determine screening processes and protocols that provide guidance to home visitors while also protecting the confidentiality and wishes of caregivers. An example of a screening process is available online from MDH [IPV Screening Algorithm \(https://www.health.state.mn.us/docs/communities/fhv/ipvscreeningalgorithm.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvscreeningalgorithm.pdf). It should be remembered first and foremost that the goal of screening is to provide education and resources and is not about getting the primary caregiver to disclose.

MDH recommends that family home visiting programs universally screen all caregivers for IPV using validated tools. Providing universal education on healthy relationships, consent, and safety is a recommended best practice for home visiting and is often considered the first step in a screening process. Universal education benefits all people who are receiving home visiting as this approach can promote safe and respectful conversations on health relationships and can help caregivers to disclose if they are experiencing IPV or have safety concerns. Home visitors can use the [Futures Without Violence Safety Card \(https://www.futureswithoutviolence.org/healthy-moms-healthy-babies-home-visitor-safety-card/\)](https://www.futureswithoutviolence.org/healthy-moms-healthy-babies-home-visitor-safety-card/) to guide providing universal education. MDH Family Home Visiting offers Futures without Violence training several times a year. Videos on how to incorporate universal education on IPV are also available online from [Futures Without Violence \(http://www.futureswithoutviolence.org/health-training-vignettes/\)](http://www.futureswithoutviolence.org/health-training-vignettes/). The [CUES evidence-based intervention \(http://ipvhealthpartners.org/adopt/\)](http://ipvhealthpartners.org/adopt/) provides information on steps that a home visiting agency can take to educate all caregivers on IPV and promote prevention.

Examining current screening processes using a [Swim Lane Map \(https://www.health.state.mn.us/\)](https://www.health.state.mn.us/)

[communities/practice/resources/phqitoolbox/swimlanemap.html](https://www.health.state.mn.us/docs/communities/practice/resources/phqitoolbox/swimlanemap.html)), also called a process map, can detail the current screening process while identifying gaps in service delivery and opportunities for improvement.

The timing of screening should be informed by MDH periodicity recommendations and should be detailed in a screening protocol. To adhere to periodicity recommendations, home visitors could explore different methods for tracking and reporting when screenings need to be completed. These methods could include using a monthly worksheet or chart or utilizing notes features in electronic health records systems. If a caregiver discloses that they have experienced IPV, no additional screening is necessary unless the caregiver begins a relationship with a new partner. It is recommended that home visitors note this disclosure. Additional information is available in the [Documenting and Reporting Data](#) section.

Establishing a Screening Protocol

A screening protocol should include information on how to protect the confidentiality of a caregiver when screening and how to assess the sensitivity of when and where to screen. A caregiver's wishes should always be respected and if a caregiver refuses an IPV screen, the home visitor should not continue with the screening. Screening for IPV is a very sensitive topic. If a caregiver will be seen for multiple visits, consider screening on the second or third visit once a relationship has been established. Assess the safety of the environment. If it does not seem safe, the screening should be deferred until another visit. Never screen for IPV if the partner is present. If a child is in the home and has verbal understanding of what is being said, defer completing the IPV screening in front of them.

A screening protocol should detail how the safety of home visitors and caregivers will be protected while screening for IPV. Prior to screening caregivers, a safety protocol for home visitors should be developed with a supervisor. An example of some safety considerations for home visitors can be found in the [IPV Protocol \(https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf)

As noted previously, screening for IPV can be very difficult and sensitive for both caregivers and home visitors. Introducing IPV screening to a family using normalized language can help to ease some discomfort. A screening protocol could include some phrases or questions that home visitors use when bringing up IPV screening for the first time with a caregiver. Examples of phrases and open-ended questions to use when introducing IPV screening are:

- 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.
- 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?

- I learned that at least 1 in 4 women experience abusive relationships in their lives, so I ask all women about this

Staff discomfort with using screening tools could be related to desire for more training or support around how to introduce screening tools to families. Incorporating discussions of screening practices into reflective supervision can support continued learning with screening tools, maintenance of screening rates, and resolving barriers to screening completion. A screening protocol could include information on how often a supervisor will discuss with a home visitor their experience introducing and completing screenings with families to identify any areas for improvement and connect to additional training opportunities. [Futures without Violence training videos \(http://www.futureswithoutviolence.org/health-training-vignettes/\)](http://www.futureswithoutviolence.org/health-training-vignettes/) include guidance and tips on of how to discuss screening tools with families and can be used to help home visitors become more comfortable with introducing and explaining the value in using screening tools.

A written protocol detailing the screening process should be easily accessible to all home visitors and supervisors. Developing a written protocol with staff input can improve buy-in and standardize practice between home visitors while also ensuring that all caregivers are being screened appropriately. The protocol should contain, at minimum, which screening tool/s will be used, how often caregivers will be screened, information on how home visitors will track screenings, and safety planning for the caregiver and home visitor. An example process and protocol is available online from MDH [IPV Screening Algorithm \(https://www.health.state.mn.us/docs/communities/fhv/ipvscreeningalgorithm.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvscreeningalgorithm.pdf).

Resources

- [Domestic Violence Personalized Safety Plan \(http://www.ncdsv.org/images/DV_Safety_Plan.pdf\)](http://www.ncdsv.org/images/DV_Safety_Plan.pdf)
- [Futures Without Violence Webinars \(https://www.futureswithoutviolence.org/resources-events/webinars/\)](https://www.futureswithoutviolence.org/resources-events/webinars/)
- [Preventing Intimate Partner Violence Across the Lifespan Technical Package \(https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf\)](https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)
- [Minnesota Coalition for Battered Women \(http://www.mcbw.org/\)](http://www.mcbw.org/)

Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email health.fhvcqi@state.mn.us.

INTERPERSONAL VIOLENCE SCREENING TOOLKIT

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To obtain this information in a different format, call: 651-201-4090.