

Relationship Assessment

Tool

Program Name: _____ Home Visitor Name: _____

Participant Name: _____ Date completed: _____

Participant ID#: _____ Reason if not completed: _____

Complete within 3 months of program participation

Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, immigration (INS Homeland Security,) or law enforcement. There are just two things that I would have to report – if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and your child.

We ask all our clients to complete this form. For every question below, please look at the scale and circle the number (1-6) that best reflects how you feel.

	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.	1	2	3	4	5	6
2. I feel ashamed of the things my partner does to me.	1	2	3	4	5	6
3. I try not to rock the boat because I am afraid of what my partner might do.	1	2	3	4	5	6
4. I feel like I am programmed to react a certain way to my partner.	1	2	3	4	5	6
5. I feel like my partner keeps me prisoner.	1	2	3	4	5	6
6. My partner makes me feel like I have no control over my life, no power, no protection.	1	2	3	4	5	6
7. I hide the truth from others because I am afraid not to.	1	2	3	4	5	6
8. I feel owned and controlled by my partner.	1	2	3	4	5	6
9. My partner can scare me without laying a hand on me.	1	2	3	4	5	6
10. My partner has a look that goes straight through me and terrifies me.	1	2	3	4	5	6
Column totals:						

Total score: _____

11. Has my partner ever physically hurt me? Yes No Not Sure

12. Has my partner ever forced me to do something sexual I didn't want to do? Yes Not Not Sure

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.

Home visitors complete this 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).

(Check all that apply)

- Social Worker/Counselor
- Domestic Violence Hotline
- Local Domestic Violence Advocate/Program
- Healthy Moms, Happy Babies* Safety Card
- Other: _____

2. Did you offer safety planning? (This should happen for any score higher than 20)

(Check 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: _____

Description and Scoring

The Relationship Assessment Tool (RAT) screens for domestic violence. Domestic violence is a pattern of abusive and threatening behaviors used by one person in a relationship, typically to control the other. Violence takes many forms and can happen all the time or once in a while. Children in homes where domestic violence is present are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even when the child is not abused awareness of, or witnessing domestic violence can result in emotional or behavioral problems.

To score the RAT add the numbered answers to questions 1-10. Responses to numbers 11-12 are for your information only. A higher score on the RAT indicates a higher likelihood of abuse.

Notes

Large empty box for notes.