

RELATIONSHIP ASSESSMENT TOOL

The Relationship Assessment Tool is a screening tool for intimate partner violence (IPV). The tool, developed by Dr. Paige Hall and colleagues in the 1990's, was originally named the WEB (Women's Experiences with Battering). Terminology has since evolved in the field and the unique characteristic of this assessment tool which measures women's experiences in abusive relationships is more accurately reflected by using the name, Relationship Assessment Tool. References in the literature and publications use the original name, the WEB. The Relationship Assessment Tool and the WEB are the same tool and therefore supported by the same validation studies and research.

As opposed to focusing on physical abuse, the Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that the tool is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault. Evaluation studies of the Tool have demonstrated its effectiveness in identifying IPV among African-American and Caucasian women. The Relationship Assessment Tool (WEB) has not been validated with same sex partners; it can be adapted for use with same sex couples by changing "he" to "my partner" in the screening tool.

This tool can be self-administered or used during face-to-face assessment by a provider. A series of 10 statements ask a woman how safe she feels, physically and emotionally, in her relationship. The respondent is asked to rate how much she agrees or disagrees with each of the statements on a scale of 1 to 6 ranging from disagree strongly (1) to agree strongly (6). The numbers associated with her responses to the 10 statements are summed to create a score. A score of 20 points or higher on this tool is considered positive for IPV.

PUBLICATIONS ABOUT THE WEB:

Coker AL, Pope BO, Smith PH, Sanderson M, Hussey JR. Assessment of clinical partner violence screening tools. *Journal of the American Medical Women's Association*. 2001(winter):19-23.

Smith PH, Thorton GE, DeVellis R, Earp JL, Coker AL. A population-based study of the prevalence and distinctness of battering, physical assault, and sexual assault in intimate relationships. *Violence Against Women*. 2002;8(10):1208-1232.

Smith PH, Earp JL, DeVellis R. Measuring battering: Development of the Women's Experience with Battering (WEB) scale. *Women's Health: Research on Gender, Behavior, and Policy*. 1995;1(4):273-288.



RELATIONSHIP ASSESSMENT TOOL

Date: _____

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: _____

(Note to home visitor: Please modify this script based on your state laws. This is just a sample script.)

“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 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 the baby.”

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 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..... _____
- 2) I feel ashamed of the things my partner does to me _____
- 3) I try not to rock the boat because I am afraid of what my partner might do _____
- 4) I feel like I am programmed to react a certain way to my partner _____
- 5) I feel like my partner keeps me prisoner _____
- 6) My partner 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 my partner _____
- 9) My partner can scare me without laying a hand on me _____
- 10) My partner has a look that goes straight through me and terrifies me..... _____

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

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.



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 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 of 20 points or higher on the Relationship Assessment Tool)

(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): _____

