



California Home Visiting Program Relationship Assessment Tool Instructions (For FSW Use Only)

What is the Relationship Assessment Tool?

The **Relationship Assessment Tool** or **Women's Experience with Battering (WEB) Scale** is a self-administered tool that screens for the presence of intimate partner violence.

Instructions for users

To ensure protection of the participant and the FSW, complete this form with the participant in private. Allow the client to complete the Relationship Assessment Tool herself by reading the introduction paragraph and writing in the number corresponding to the way her partner makes her feel. Only if the client has limited English or difficulty reading, then the FSW may assist her. The FSW should follow model recommendations and county protocols for mandated reporting of domestic violence injuries.

Assessment frequency

Participants should be assessed at the 2nd home visit, Pregnancy 36 weeks (if enrolled at that time), and at Infant age 2, 6, 12, 18, 24 months.

Scoring

Sum the numbers for all 10 questions; the range of the total scores is from 10-60.

- If the participant's score is greater than 19 then discuss and complete a **Safety Plan** with the participant and offer a referral for IPV.
- If the participant scores less than 20 points then please discuss **Healthy Relationships** with the participant.

Safety Plan examples and a description of Healthy Relationships can be found on the California Home Visiting Program website: <http://www.cdph.ca.gov/programs/mcah/Documents/MO-CHVP-RequiredTrainingsToolsInstruments.pdf>

Data Source

The Relationship Assessment Tool was adapted from the Futures Without Violence Relationship Assessment Tool and 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.

California Home Visiting Program Relationship Assessment Tool



Participant Name: _____ Participant ID: _____ Date: _____

Following are a number of statements that women have used to describe their relationships with their “male partners.” Please read each statement and then circle the answer that best describes how much you agree or disagree in general with each one as a description of your relationship with your “partner.” If you do not now have a partner, think about your last one. There are no right or wrong answers; just 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

Description of how your partner makes you feel:

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’m afraid of what he might do. _____
4. I feel like I am programmed to react in 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. _____

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Total Score: _____

Time points: 2nd home visit Pregnancy 36 weeks Infancy 2 months Infancy 6 months
(check one) Infancy 12 months Infancy 18 months Infancy 24 months