Instrument 1.3

IPV Screener 3

**Instrument 3**

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| Staff Member Name: |
| Client case ID: |
| Date: |

Is this the client’s…

1st time completing a tool?

2nd time completing a tool?

3rd time completing a tool?

Is this client participating as an individual or as one member of a couple?

**[ ]**  An individual **[ ]**  One member of a couple

*This protocol is a guide for giving adult clients some very basic information about unhealthy or abusive relationships, offering them an opportunity to disclose their own experiences with or concerns about intimate partner violence, and supporting them in accessing other resources to increase their safety and making safe decisions about healthy relationship program participation.*

*You should meet with clients one on one, where no one will be within earshot to hear your conversation (like a room with the door closed), and ensure that you maintain utmost privacy, within the law. Do not include any identifying information about clients or other people when entering data into the survey system while conducting the interview.*

1. **Introduction**

**IF YOU HAVE NOT HAD ANY OTHER INTERACTION, INTRODUCE YOURSELF AND BUILD RAPPORT:** Hi, my name is [NAME], and I work for [HEALTHY RELATIONSHIP PROGRAM]. *Chat briefly with the client about weather, or other non-sensitive topics to establish some initial rapport and comfort.*

**IF INSTRUMENT 3 IS RANDOMIZED TO BE ADMINISTERED 1st**: Thank you again for being willing to participate.  We’ll have an initial conversation today, which will take about 10 or 15 minutes, and then I’ll reach out to you with two more sets of questions sometime in the next two months.  As we discussed, we will do our best to keep everything you say private.

**IF INSTRUMENT 3 IS RANDOMIZED TO BE ADMINISTERED 2nd**: As part of the research study you are participating in with [PROGRAM NAME] and RTI, we’d like to have a 10-15 minute conversation with you today about your romantic relationships, including any experiences with unhealthy relationship behaviors and violence. You do not have to be in a relationship to have this conversation, participation is voluntary, and we will do our best to keep everything you say private.  If you choose to have this conversation with me today, you will receive a $5 gift card as a token of appreciation.

**IF INSTRUMENT 3 IS RANDOMIZED TO BE ADMINISTERED 3rd**: As part of the research study you are participating in with [PROGRAM NAME] and RTI, we’d like to have one final, 10-15 minute conversation with you about your romantic relationships, including any experiences with unhealthy relationship behaviors and violence. You do not have to be in a relationship to have this conversation, participation is voluntary, and we will do our best to keep everything you say private.  If you choose to have this conversation with me today, you will receive a $5 gift card as a token of appreciation plus an extra $5 for completing all three sets of questions.

I wanted to talk to you a little bit about relationships, since that’s the focus of this program. We’re going to be talking a lot about healthy relationships, but we also know that sometimes relationships can be complicated.

1. **Privacy Statement**

The first thing I want to be sure you know is our privacy policy. In general, what you talk to me about is private. That means that I will not repeat what you say to others, including anyone else in the program, your partner (if they are there with a partner), or other staff, unless you specifically give me permission to share something you have told me in order to support you in getting help.

**FOR MANDATED REPORTERS ONLY** *[If the staff member who will administer this guide is a mandated reporter, please tailor the following text based on your state’s mandated reporting law]*: But, there are some kinds of information that I can’t keep confidential no matter what. If you tell me that a minor has been abused or assaulted, I am required by law to report that to the (name of child abuse reporting agency) or the local police department. If you tell me something that I need to report, I will also ask you to help me make the report if you want to.

**Do you have any questions about your privacy?**

**[ ]  Provided information about privacy policy (YES/NO)**

1. **Statement about Healthy Relationship Experiences**

This program will involve thinking and talking a lot about relationships. Relationships can be complex, and we have started talking to all of our clients about how you deserve to be treated by the people you are in a relationship with, intimately connected to, or involved with.

**IF CLIENT IS ENROLLING AS AN INDIVIDUAL, ASK:** Are you currently involved with anyone? Are you currently in a relationship with anyone or hooking up or hanging out with anyone?

**IF CLIENT IS ENROLLING AS A MEMBER OF A COUPLE, CLARIFY:** I see you came into this program with someone else. I’m assuming that the two of you are in a relationship, is that correct?

**[ ]  Client disclosed being in an intimate relationship (YES/NO)**

**IF NO:** We go over information on this card with everyone we talk to because it has such important information. The information might help you help a friend, or help you think about your future relationships.

***Show safety card and read the text.***

Anyone you’re involved with (whether talking, hanging out, hooking up, dating, going out, or married) should:

* Be willing to communicate openly when there are problems;
* Give you space to spend time with other people, whether in person or online;
* Be respectful;
* Not try to get you drunk or high because they want to have sex with you; and
* Be willing to discuss and use safe sex, birth control, and condoms.

These kinds of things are an important part of having a healthy relationship. Studies show that relationships in which people treat each other in these ways lead to better physical and mental health, longer life, and better outcomes for children.

*Allow the client to react to what was read on the card.*

**IF CLIENT IS IN A RELATIONSHIP**: *If the client is silent, open up with a question like,* What are your thoughts on the information on this card? *or* Does this sound like your relationship?

**IF CLIENT IS NOT IN A RELATIONSHIP**: *If the client is silent, open up with a question like,* Do you have any questions about the information on this card?

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| [ ]  Provided general information about healthy relationships (YES/NO) |

1. **Opportunity to Disclose Intimate Partner Violence**

Relationships can be complicated, and lots of people have complicated relationships.

***Show safety card and read the text.***

Sometimes, people experience disrespect in relationships or things that make them uncomfortable for different reasons, such as when a partner:

* Makes you feel stupid or “less than”; OR
* Tries to control where you go, who you talk to, what you do on social media, or how you spend your money; OR
* Hurts or threatens you, or forces you to have sex; OR
* Refuses to talk about or use birth control or condoms; OR
* Makes you feel afraid.

**IF CLIENT IS IN A RELATIONSHIP:** If the person or people you are dating or involved with does ANY of these things, participating in a healthy relationship education class with him or her could be risky. For example, that person could react negatively to the information presented by the instructor, or use information you share against you later. Whether you participate in the class or not is completely your choice.

**[ ]  Gave safety card (YES/NO)**

*Allow the client to react to what was read on the card.*

**IF CLIENT IS IN A RELATIONSHIP:** *If the client is silent, open up with a question like,* What are your thoughts on the information on this card? Does this sound like your relationship? Do you have any worries about participating in the healthy relationship class that you want to talk over?

**IF CLIENT IS NOT IN A RELATIONSHIP:** *If the client is silent, open up with a question like,* What do you think about the information on this card? *or* Do you have any questions about any of this information?

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| [ ]  Client disclosed being a victim of physical violence, emotional abuse, or controlling behavior by his or her partner, or being concerned about any of these issues |
| [ ]  Client indicated that s/he felt that his/her relationship was healthy |
| [ ]  Client indicated some worries or concerns about his/her relationship, but not specifically related to IPV |

1. **Responding and Providing Resources and Referrals**

**IF CLIENT DISCLOSED IPV EXPERIENCES OR CONCERNS RELATED TO IPV:** Thank you so much for sharing this with me. I want you to know that you are not alone and I am here for you. I can help you get resources, if you’d like.

There’s an organization you might be interested in called [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER] that supports youth and adults in addressing problems that come up in relationships and supporting them in staying safe. Would you like me to set up a time to talk with someone? [*Provide additional information to decrease client’s anxiety, e.g., the services are free, private, and the client can talk to someone over-the-phone, if that is preferable to them.]*

**IF YES:** *Ask about schedule considerations and help the client to make a plan to meet with the local domestic violence program staff.*

**IF NO:** Okay.I know you know what is best for you and your situation. I want you to know that if you are ever worried about your relationship or your safety, you can come here for help. *If client declines your help in connecting them with resources, make sure to go over the remainder of the card (see below).*

I want you to know that on the back of this safety card there are national hotline numbers with folks who are available 24/7 if you want to talk. They can connect you to local shelter services if you need urgent help. The hotline staff really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. They have contact with lots of people who have experienced this or know about it in a personal way.

**IF CLIENT IS PARTICIPATING AS ONE MEMBER OF A COUPLE, ADD:** As I mentioned earlier, participating in a healthy relationship education class with your partner could be risky. Do you still want to participate in the class?

**IF YES OR UNSURE:** Okay. I’d like to talk with you more about how we can make sure that you can participate safely. *Talk through each program activity with client and any potential risks to safety that it could present. For activities in which s/he wishes to participate, offer and agree on any accommodations that s/he feels would support safer participation. For any activities s/he wishes to opt out of, offer and agree on strategies to protect his/her safety and privacy regarding the decision to opt out. (If s/he decides s/he does not wish to participate in any of these activities, proceed to “IF NO,” below).*

**IF NO:**Okay. I’d like to talk with you more about how we can ensure your safety as you leave this program. *Offer and agree on strategies to protect client’s safety and privacy as s/he exits the program, including client’s wishes regarding whether and how this information may be shared with his/her partner*.

I’d also like to follow up with you again to check in about this and see how things are going. Is that okay with you?

**IF YES:** *Make a plan with client for when you will follow up.*

**IF NO:**Okay.I know you know what is best for you and your situation. I want you to know that I am available to talk, and the hotline is also available 24/7.

**IF CLIENT IS NOT IN A RELATIONSHIP OR DID NOT DISCLOSE ANY RELATIONSHIP CONCERNS:** We are giving this card to all of our clients so that they will know how to help a friend or a family member having difficulties in their relationship, or know how to get help themselves if they ever need it. It has information about some resources that people have found helpful for staying safe in relationships, and it includes information for [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER] in case you or a friend ever want to get in touch with them. Also, I am here to talk about these issues.

**IF CLIENT SHARED RELATIONSHIP CONCERNS BUT DID NOT DISCLOSE IPV EXPERIENCES:**You mentioned things are sometimes complicated in your relationship. I want you to know that if you are ever worried about your relationship or your safety, you can come here for help.

I am giving you a card with a hotline number on it. You can call the number 24/7. The hotline staff really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. They have contact with lots of people who have experienced this or know about it in a personal way. Also, if you or a friend ever want someone to talk to in person and who is local, please let me know because I can help connect you to someone from [LOCAL DOMESTIC VIOLENCE PROGRAM PARTNER]. I’m available to talk about these issues more, too.

Do you have any questions for me, or anything you’d like to talk more about? *Address any questions.*

I really enjoyed talking with you today. Thank you again.

**[ ]  Referred client to domestic violence program partner (YES/NO)**

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