

Chapter 14: Healthy Start Services Intimate Partner Violence (IPV) Screening

Introduction

“Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.” (CDC, 2018).

This chapter discusses the standards and guidelines for a Healthy Start worker providing intimate partner violence screenings. Healthy Start prenatal participants, interconception woman participants and mothers of infant/child participants are screened for intimate partner violence using the Relationship Assessment Tool (RAT).

The role of the Healthy Start worker is to screen and connect participants experiencing intimate partner violence with an expert provider in the community (such as a certified domestic violence center) and provide ongoing support. Rather than providing direct counseling, the Healthy Start worker is expected to be well trained in IPV risk identification and have strong referral relationships with community resources.

Definition of Services

The Relationship Assessment Tool is a screen consisting of ten questions that are used to help identify women who may be experiencing intimate partner violence. It is important to note that the Relationship Assessment Tool is only a screening tool and women experiencing intimate partner violence may not disclose this information due to safety concerns and personal reasons.

Provider Qualifications

The Relationship Assessment Tool shall be provided by individuals who have documentation of successfully completing training on the screening tool. Training must include:

- How to complete and score the screening tool;
- How to explain the screening tool score to the participant;
- Interventions based on the screening tool score; and
- Referral sources in the community.

Healthy Start services must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Paraprofessionals must provide services under the supervision of a professional supervisor. If a participant is referred for additional services such as a domestic violence

advocate, the Healthy Start worker must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

Standards and Criteria

Standard 14.1 Prenatal participants, interconception woman participants and mothers of infant/child participants are screened for IPV.

Criteria:

14.1.a While receiving Healthy Start services, participants and mothers of infant/child participants are screened during each trimester of pregnancy, between two and three months postpartum and at six months postpartum face-to-face using the Relationship Assessment Tool. In addition, the Relationship Assessment Tool may be administered at any face-to-face visit if the participant's comments or behaviors raises concerns.

14.1.b Privacy must be established before screening for IPV. If privacy cannot be established, screening will not occur.

14.1.c Upon completion, the screening administrator scores the screen, reviews the screen with the participant face-to face and discusses any recommendations based on screening results.

14.1.d Level of intervention is based upon the Relationship Assessment Tool risk score and on professional judgement. Regardless of score, a client may be offered a referral to a domestic violence advocate based on the Relationship Assessment Tool administrator's judgement.

14.1.e Healthy Start services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>.

Standard 14.2 The Relationship Assessment Tool will be provided by qualified and trained providers.

Criteria:

14.2.a Qualifications are met as outlined in this chapter and Chapter 6, The Healthy Start Program.

14.2.b IPV screening shall be provided by individuals who have documentation of receiving specialized training in the administration of the Relationship Assessment Tool and on appropriate referral sources for women experiencing or may be experiencing intimate partner violence.

Standard 14.3 All coalitions must have a local written protocol for Healthy Start workers to follow when working with families who may be experiencing intimate partner violence. The protocol must address potential safety issues that may arise.

Criteria:

Healthy Start Standards and Guidelines 2019

14.3.a The written protocol should be reviewed every six months and updated as needed. It is best practice to have a domestic violence advocate be part of the review process.

14.3.b Coalitions must work to ensure that referral sources for families experiencing intimate partner violence are identified and available.

Standard 14.4 The Healthy Start worker will follow-up with referrals for interventions based on the Relationship Assessment Tool score in a timely manner.

Criterion:

Written follow-up documenting status of referral for intimate partner violence services must occur within 10 calendar days, unless the need for more immediate follow-up is evident. Follow-up of referral should continue until it is verified that the participant is receiving services, is not eligible for services or she declines services.

Standard 14.5 Healthy Start workers will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

14.5.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

14.5.b Referral services to local domestic violence programs that provide counseling services or shelters to battered women and their families are coded to "Domestic Violence" (code R022).

Standard 14.6 Healthy Start workers will document screening results and any interventions provided in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

14.6.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

14.6.b In the event that services are provided to another person on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

14.6.c Documentation occurs in other components of the record, such as the family support plan, as appropriate

Standard 14.7 Relationship Assessment Tool administrators will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The CQI process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement.

Guidelines

Administration

IPV screening is completed face-to-face with the pregnant woman, interconception woman, and mother/guardian of the infant (due to safety concerns, IPV screening will not be completed over the phone). The participant being screened must be alone, or if there is a child present, the child must not be of verbal age. If privacy cannot be established, IPV screening will not occur and reasons for the inability to complete the screen will be documented in the participant's electronic record.

At the time of screening, it will be explained to the person being screened that any information shared will be confidential and cannot be shared with anyone without their written permission with the exception, as required by law, to report information pertaining to child abuse, abuse of disabled persons, abuse on an elderly adult, gunshot wounds, or life-threatening injuries.

Scoring

The Relationship Assessment Tool consists of ten questions. Each question receives a score that can range from one to six points. A total score of 20 points or higher is considered positive for IPV.

Score	Intervention
10 to 19 Negative Screen	<ul style="list-style-type: none">• Offer information on the State Domestic Violence Hotline number (1-800-500-1119) and phone numbers to area domestic violence shelters.
20 or above Positive Screen	<ul style="list-style-type: none">• Offer information on the State Domestic Violence Hotline number (1-800-500-1119) and phone numbers to area domestic violence shelters. Let her decide if it is safe to receive written materials that are specific to IPV and assistance for IPV.• Offer to make a referral to or offer to assist the participant in contacting a domestic violence advocate.• If the participant indicates there is immediate danger, ask if the participant would like your assistance in accessing emergency

	services (i.e. 911, the local police) and offer to call the local domestic violence shelter.
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While the Healthy Start worker should provide phone numbers to the State Domestic Violence Hotline and domestic violence shelters in the area and offer referrals, the Healthy Start worker will not provide detailed safety planning. The participant should be referred to a trained domestic violence advocate who will be able to provide detailed safety planning and assist with legal matters.

Documentation

Screening results and the intervention based on these results will be documented in the participant's electronic record in the approved data management system within three business days of service. Screening documentation in the participant's electronic record must include, as appropriate:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Relationship Assessment Tool
- Progress notes documenting any education and referrals provided
- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate

Coding

Healthy Start IPV Screening should be coded in accordance with approved protocols and procedures for coding. Time providing the IPV screening should be coded to service code 3215 "Initial Assessment Service Units" (if the screening occurred during the Initial Assessment) or service code 3320 "Care Coordination Face to Face" (if the screening occurred during ongoing care). Referrals for programs and services for women who are experiencing intimate partner violence should be coded to referral code "Domestic Violence" (code R022). Codes should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and referral follow-up.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which IPV screening and interventions are provided to Healthy Start participants and their families.

The Healthy Start Coalition should verify that the screening administrator continues to meet provider qualifications and has continued their training in the Relationship Assessment Tool. Details of continuing education units, workshops, and training relevant to education related to perinatal depression screening should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Percentage of Healthy Start participants who received a IPV screening.
3. Percentage of participants who received the recommended number of IPV screenings during their participation in Healthy Start.
4. Percentage of participants who received the appropriate intervention based on their IPV screening score.
5. Percentage of participants who received services from referrals to domestic violence advocates and/or domestic violence shelters.
6. Increase in correct documentation in the approved data management system to show screening, education and referrals were offered and/or provided to Healthy Start participants.
7. Adequate training opportunities for Healthy Start workers related to the Relationship Assessment Tool, intimate partner violence, and intimate partner violence assistance services in the community.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

American Psychological Association	www.apa.org/topics/violence/partner.aspx
Centers for Disease Control and Prevention	www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
Department of Children and Families Abuse Reporting (1800-96-ABUSE / 1800_962-2873)	http://www.myflfamilies.com/service-programs/abuse-hotline/howtoreport
Department of Children and Families	http://www.myflfamilies.com/service-programs/human-trafficking
Florida Coalition Against Domestic Violence (FCADV)	https://www.fcadv.org/
Florida Coalition Against Human Trafficking	http://www.stophumantrafficking.org/

Healthy Start Standards and Guidelines 2019

Florida Department of Health	www.floridahealth.gov/%5C/programs-and-services/prevention/human-trafficking/index.html
National Domestic Violence Hotline 1-800-799-7233	http://www.thehotline.org/
National Human Trafficking Hotline 1-800-373-7888 or Text 233733	https://humantraffickinghotline.org/
National Institute of Justice	www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx
National Sexual Assault Hotline 1-800-656-HOPE (4673)	https://www.rainn.org/about-rainn

American College of Obstetricians and Gynecologists. (2011). *Committee Opinion: Human Trafficking*. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Human-Trafficking>

Statewide Council on Human Trafficking. (2016). *2016 Human Trafficking Response in Florida*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/2016HumanTraffickingAR.pdf>

Frequently Asked Questions

- Q.** *What does the Healthy Start worker do if the woman refuses a referral to a domestic violence shelter or domestic violence advocate?*
- A.** If a participant refuses a referral:
- Offer the State Domestic Violence Hotline number and phone numbers to area domestic violence shelters. Let her decide if it is safe to receive written materials that are specific to IPV and assistance for IPV.
 - Let the participant know that a referral can be made at a later date if she changes her mind.
 - Staff the case with your supervisor.
 - Document that a referral was offered and declined.
 - Continue to assess her situation and offer referrals at future visits.
 - Report to the Florida Abuse Line (1800-96-ABUSE), when indicated.