

Routine asking about domestic violence in social and health settings.

Domestic violence enquiry and assessment form



NATIONAL INSTITUTE FOR HEALTH AND WELFARE, FINLAND



The best way to prevent violence is to talk about it


- ***The things you don't talk about do not exist.*** Shame, disguise, or fear often prevent both the victim and the abuser from broaching the subject of violence.
- ***Call violence by its proper name.*** Do not call violence a family dispute or an interaction problem. Calling violence by its proper name helps children from violent homes to break the cycle of intergenerational violence.
- ***Talking about violence helps in processing the experience.*** It helps to understand that the real responsibility for the violent acts always lies with the abuser. Children often blame themselves for violence in their homes.

Systematic risk assessment of domestic violence

THL recommends that risks of domestic violence are assessed systematically by using the Domestic violence enquiry and assessment form

- *as part of all social and health services*
- *as part of the general assessment of the client's situation.*



 NATIONAL INSTITUTE FOR HEALTH AND WELFARE Domestic violence enquiry and assessment form (4)

Client/patient name: _____ PIN: _____
Unit: _____
Professional: _____
Date: _____

Routine enquiry questions

1 Have you ever experienced physical, psychological or sexual violence or abuse in any of your intimate relationships?
Yes No

2 Does the violence you experienced still affect your health, well-being, or life management?
Yes No

3 Is there any physical, psychological or sexual violence or abuse in your current intimate relationships?
Yes No

If the client/patient answered YES to Questions 2 and 3, continue with the following assessment questions.

Assessment questions

1 What kind of domestic violence have you experienced?
 physical violence (e.g. shoving, hitting, kicking, pulling of hair, banging of head, scratching, tearing, shaking, using a firearm or an edged weapon, threatening with physical violence)
 psychological violence (e.g. subordination, criticism, name-calling, contempt, control, restriction of social interactions, strong jealousy, isolation, breaking of belongings, harming of pets, or threatening with any of these or with suicide, for example)
 sexual violence (e.g. rape, attempted rape, pressuring to different forms of sexual activity, coercing to engage in sex, threatening with sexual violence, sexual degradation, forced pornography, forbidding the use of contraceptives, forced abortions, restricting of sexual self-determination)
 abuse or negligence (e.g. depriving dependent children, elderly persons or persons with disabilities of necessary care, assistance or attention; harming another person with medicines, drugs, alcohol, chemicals or solvents)
 economic abuse (e.g. preventing independent use of money, preventing participation in economic decision-making or coercing into giving one's own money to another person's use; threatening or blackmailing with economic abuse)
 cultural or religious violence (e.g. coercing to a religious belief; threatening with violence or committing violence on the basis of religious belief, culture, or family honour; threatening with issues relating to religion)

2 When was the last time you were subjected to the type of domestic violence you have described?
within a day within a week within a month within a year more than a year ago

3 How often have you been subjected to domestic violence?
only once several times repeatedly all the time

4 Who has been violent towards you?

5 Ask this question only if domestic violence is ongoing.
Are there any under-aged children in your family who have been exposed to violence?
Yes No

6 Ask this question only if the client/patient is pregnant.
Has your spouse been violent towards you during your pregnancy?
Yes No

*) Intimate relationship refers to the client's/patient's relationships with family, relatives or intimate partners, or any other comparable dependent relationships, or any close and emotional relationships.

Why ask every client about violence?

- **Violence is a public health problem.** Violence leads to health and social problems. The effects of violence may be very long-lasting as well as serious, even life-threatening.
- **Violence is usually hidden**, especially violence at home and in intimate relationships. It is less stigmatising if you ask everyone about violence.
- **Risk groups** include pregnant women, new mothers, and any one with mental health or substance abuse problems.

Benefits of systematic risk assessment

- Starting the process of reinforcing the safety of the victim.
- Providing information on how common domestic violence is and on the services available.
- Treating all clients equal.
- Developing a routine and improving expertise.
- Providing more comprehensive support and treatment.

It is a tool for identifying violence even when the signs are not clearly visible and when the client does not know how to ask for help.

Failure to identify violence poses a risk for both successful treatment and the victim's safety

Reprimands for failure to intervene in violence

- **Domestic homicide review 2012**– *failure to discuss violence; failure to intervene in violence or risk of violence; failure to assess risk of violence; failure to consider children in violent homes*
- **National Audit Office report on child welfare 6/2012** – *Community-based child welfare services do not respond to victims' and abusers' needs. Families are not provided sufficient support in any phase of the child welfare process.*

WHY ASSESS RISKS OF VIOLENCE – professionals' reasons (Virkki et al 2011)

- **Health promotion.** Better understanding of how violence affects health.
- **The right and even the obligation** to intervene in violence.
- **Starting the process.** Starting the process that challenges violence; caring about the individuals involved; starting the process is significant in itself when dealing with domestic violence.

WHY DO WE NOT INTERVENE IN VIOLENCE – professionals' reasons (Virkki et al 2011)

- **Medical reasons:** violence is not considered a medical problem, it is seen as something outside the scope of one's own professional role or tasks.
- **Practical reasons:** there are no established practices for what to do when violence is detected.
- **Individualistic reasons:** domestic violence parties should deal with the problem themselves.
- **Psychological reasons;** an intervention causes more harm than good.

WHO expert group on health (2013)

- Recommends that professionals ask routine questions about violence especially if they see **symptoms or situations that could be related to domestic violence**, such as
 - alcohol and substance abuse
 - mental disorders (e.g. depression, anxiety, PTSD, sleep disruption, self-harm)
- **Asking about violence is an intervention in itself**, but it does not reduce violence or protect the victim.

Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines. World Health Organization 2013.

Systematic risk assessment

is a right and a duty that
prevents violence,
promotes health, and
breaks the cycle of violence.

1. Routine enquiry questions

 NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Domestic violence enquiry and assessment form (1)

Client/patient name: _____ PIN: _____

Unit: _____

Professional: _____

Date: _____

Routine enquiry questions

- 1 Have you ever experienced physical, psychological or sexual violence or abuse in any of your intimate relationships*?
Yes No
- 2 Does the violence you experienced still affect your health, well-being, or life management?
Yes No
- 3 Is there any physical, psychological or sexual violence or abuse in your current intimate relationships?
Yes No

If the client/patient answered YES to Questions 2 and 3, continue with the following assessment questions:

- If your clients/patients answer YES to routine enquiry questions 2 or 3, ask them the assessment questions.
- After you asked all the assessment questions, make a preliminary assessment of your clients' need for help or treatment by using the appropriate form (page 2 of the form).

2. Assessment questions

Assessment questions

1 What kind of domestic violence have you experienced?

- physical violence** (e.g. shoving; hitting; kicking; pulling of hair; banging of head; scratching; tearing; shaking; using a firearm or an edged weapon; threatening with physical violence)
- psychological violence** (e.g. subordination; criticism; name-calling; contempt; control; restriction of social interaction; strong jealousy; isolation; breaking of belongings; harming of pets; or threatening with any of these or with suicide, for example)
- sexual violence** (e.g. rape; attempted rape; pressuring to different forms of sexual activity; coercing to engage in sex; threatening with sexual violence; sexual degradation; forced pornography; forbidding the use of contraceptives; forced abortion; restricting of sexual self-determination)
- abuse or negligence** (e.g. depriving dependent children, elderly persons or persons with disabilities of necessary care, assistance or attention; harming another person with medicines, drugs, alcohol, chemicals or solvents)
- economic abuse** (e.g. preventing independent use of money; preventing participation in economic decision-making or coercing into giving one's own money to another person's use; threatening or blackmailing with economic abuse)
- cultural or religious violence** (e.g. coercing to a religious belief; threatening with violence or committing violence on the basis of religious belief, culture, or family honour; threatening with issues relating to religion)

2 When was the last time you were subjected to the type of domestic violence you have described?

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3 How often have you been subjected to domestic violence?

only once several times repeatedly all the time

4 Who has been violent towards you?

5 Ask this question only if domestic violence is ongoing.

Are there any under-aged children in your family who have been exposed to violence?

Yes No

6 Ask this question only if the client/patient is pregnant.

Has your spouse been violent towards you during your pregnancy?

Yes No

*) Intimate relationship refers to the client's/patient's relationships with family, relatives or intimate partners, or any other comparable dependent relationships, or any very close and emotional relationships.

3. Impact assessment



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Assessment of the impact of domestic violence
as well as of the need for help or treatment (2)

Client's/patient's own assessment (0 = no effect, 5 = great effect)

On a scale of 0 to 5, how much do you think your current health is affected by the domestic violence you have experienced?

Assessment _____

On a scale of 0 to 5, how much do you think your current well-being is affected by the domestic violence you have experienced?

Assessment _____

On a scale of 0 to 5, how much do you think your current safety is affected by the domestic violence you have experienced?

Assessment _____

What kind of help would you hope to receive?

Professional assessment

Assess your clients'/patients' level of risk concerning health, well-being and safety. If you assess that a client/patient is in a significant risk of some type of harm, have a good talk with her/him and discuss comprehensively what kinds of measures should be adopted to promote her/his health, well-being and safety.

You must always take action in the following situations:

- 1 if your clients/patients have told you that they are, at present, experiencing domestic violence;
- 2 if you assess that earlier experiences of domestic violence have clear effects on your clients'/patients' current health and well-being; OR
- 3 if you assess that action is necessary because of any other reason relating to your clients'/patients' current health, well-being or safety, or because of any concern arising from their account of violence.

4. List of interventions

The assessment may lead to the following measures:

Fill in a separate form to assess safety risks if:

- a) Your clients/patients are subjected to violence in their current intimate relationship AND if their personal assessment of safety risks is at least 3;
- b) Your clients/patients are subjected to violence in their current intimate relationship AND if they are pregnant.
- Draw up a safety plan for your clients/patients;
- Arrange your clients/patients a place in a shelter;
- Get in touch with the emergency response centre or the emergency social services in your clients'/patients' home municipality;
- File a child welfare notification (ALWAYS if the answer to the assessment question 5 is YES);
- File an anticipatory child welfare notification if your clients/patients are pregnant and currently subjected to violence;
- Forward your clients'/patients' details to a MARAK contact person* if there is an elevated risk of recurrence of violence;
- Continue to process your clients'/patients' experiences of domestic violence as part of the current service or treatment;
- Refer your clients/patients to a physician or an outpatient maternity clinic;
- Get in touch with emergency crisis care services or refer your clients/patients to them;
- Instruct your clients/patients to contact the police or victim support services as well as to report the offence and/or to file for a restraining order; or consult the police; or report the offence yourself after acquiring consent of your clients/patients;
- Get in touch with a social worker or refer your clients/patients to a social worker in your unit (e.g. in health care or at the police department) for the purpose of finding out what kinds of services are available in their home municipality;
- No further action is necessary (e.g. your clients/patients already receive help through other services, such as family guidance clinic, therapy, mental health clinic, municipal social services).

General guidelines for filling in the form

- Personal data are filled in by each operating unit, where appropriate.
- **Ask about domestic violence only when you are alone with your client.**
- It is not safe to ask about violence in the presence of a potential abuser or someone close to the abuser, or in the presence of other clients.
- Never let your clients fill in the form themselves or take the form home with them.

An example of how to broach the subject:

We always ask each of our clients about issues relating to safety and violence in the their family and intimate relationships.

I will now ask you a list of questions from a ready-made form we are using.

We ask these questions as a routine from everyone because we know how common domestic violence is and we want to make sure that we help all those in need.

Recording data

- Make a thorough record of what you found out when going through the Domestic violence enquiry and assessment form with your clients/patients. Even make a record of any measures adopted in accordance with the practice established in your unit.
- Store the filled-in Domestic violence enquiry and assessment forms in accordance with the practice established in your unit.
- Keeping a careful record is important, because your clients might need that information later, for example, in legal proceedings or in order to secure the status of their children.

ABCD of domestic violence intervention

Ask and listen

- A. Ask about violence directly and explain why you are doing so.
- B. Be compassionate and give more information.

Know and act

- C. Ensure safety and adopt any necessary measures.
- D. Plan further measures, give guidance, and monitor results.



A. Ask every client about domestic violence

- The first step is to assess your clients' experiences of violence.
- **Always ask every client about violence** – even when the primary reason for the visit is something different.
- Make sure that the environment is safe, private and confidential and that you have the informed consent of your client.



Ask every
client

B. Listen and give more information

- Be compassionate.
- Give you client more information about how common domestic violence is, about the different of forms and consequences of domestic violence, as well as about available services.
- Give your client several opportunities to get back to the subject.



C. Take immediate action

- *After identifying violence, your first task is to assess whether the situation poses any risks for the victim or his/her children.*
 1. Safety risks?
 2. Doctor?
 3. Child welfare notification?
 4. Reporting the offence?
 5. New appointment?

Ask every
client

Listen and
give more
information

Ensure
safety

Safety risks?

- SAFETY RISKS?
- If domestic violence is acute, ALWAYS make sure that your clients are safe. Complete *an assessment of safety risks* and draw up *a safety plan*. Find out if it is safe for your clients to return home, and if necessary arrange them a place in *a shelter*. Take also care of the safety and service needs of other family members, children especially.

The image shows two overlapping forms from the Finnish National Institute for Health and Welfare (THL). The top form is titled 'Kotiväkivaltatilanteen arviointi' (Assessment of Domestic Violence Situation) and contains a list of questions to assess the safety of the client and their family. The bottom form is titled 'Turvallisuus- ja palvelutarpeiden arviointi' (Assessment of Safety and Service Needs) and contains a list of questions to assess the client's safety and service needs, including the need for a shelter and support services.

Refer to a doctor?

- In case of acute physical or sexual violence, refer your clients to a doctor.
- If your clients tell you about any injuries they have received as a result of domestic violence, make sure that they visit a doctor and that the injuries are carefully documented.
- Make sure that pregnant clients visit an outpatient maternity clinic, if necessary.
- There are forms and material for recording injuries, and these should be used in order to ensure the client's legal safety.

File a child welfare notification?

- If your clients tell you about current domestic violence and if they have underage children, tell them openly about your official duty to file a child welfare notification.
- If your clients are pregnant, consider filing an anticipatory child welfare notification.
- A new child welfare notification must be filed every time the situation reoccurs.
- Help your clients to understand that a child welfare notification is an opportunity to get support and help and that it is not meant to threat or intimidate them.

Report the offence to the police?

- Remind your clients that domestic violence is a criminal offence, and encourage them to *report the offence*, or ask them for their consent so that you can report it on their behalf.
- Explain that reporting the offence and, for example, filing for a restraining order, are sometimes the only means of ensuring your clients safety.
- However, make sure that you also explain that your clients can receive other types of help even if they do not report the offence. It is possible to get help and guidance even anonymously from victim support services.
- Take a decisively negative stand towards violence, but do not condemn the abuser. After all, the abuser might still be the dearest person in your client's life.

Book a new appointment?

- If your clients are not just now prepared to accept help, make it easier for them to seek help later.
- Give them contact details of organisations that provide help as well as more information about domestic violence and its effects.
- Book them a new appointment, or refer them to any other services they need.

D. Plan further measures

- A comprehensive plan is drawn up in co-operation with the clients, and it starts with an assessment of the clients' and their family's need for treatment and help.
- Determining who takes charge of the set of services included in the plan.
- Assisting the clients if they are referred to other services.
- Follow up!



Tools for domestic violence intervention

1) Domestic violence enquiry and assessment form helps you to identify violence and plan any necessary measures

[Domestic violence enquiry and assessment form](#)

2) Safety plan helps clients to consider and improve their own safety and act appropriately in emergencies

[Safety plan](#)

3) Multi Agency Risk Assessment Conference (MARAC) is designed to help in identifying victims of serious domestic violence

[MARAC risk assessment form and more about MARAC](#)

4) Tools for recording domestic violence

- [Assault recording and body map form \(PAKE\)](#)
- [Guidance for rape victims \(RAP\)](#)

How to make systematic risk assessment a working practice?

1. The sector **management must decide** on how systematic risk assessments are carried out in practice.
2. **Training must be arranged for the staff** concerning domestic violence as well as the different of ways of talking about it.
3. A "**service path**" must be created or established. How work is carried out and by whom, etc.

Domestic violence enquiry and assessment form in Päijät-Häme

- A pilot of the form took place in November–December 2013 with four units for substance abuse prevention and mental health work in Päijät-Häme:
- The form was filled in with 299 clients.
- **One in three clients (34%) answered yes to question 2 or 3 (women 43%, men 20%)**
- About a half of them received further help as part of treatment for substance abuse or mental health problems
- Other further measures:
 - safety plan (6)
 - assessment of safety risks (5)
 - referral to a doctor (3) or a social worker (3)
 - child welfare notification (2)
 - referral to the police or victim support services (1).

Experiences

I have only positive experiences. The form is a good tool that helps to make sure that we ask sufficiently accurate questions about domestic violence.

It is easier to start talking about it when it is done systematically.

Some one asks you about an issue that you may have kept a secret from everyone.

The form helped me to ask the questions. Safety and violence issues are part of people's well-being.

Better awareness, more serious attitude towards different forms of violence, easier to start talking about it.

I have asked nearly every client about domestic violence even before the form was introduced. Now we have a tool for this if we happen to need some help.

I cannot help fully estimate whether the time I have for clients is sufficient for going through this form.

Client-orientedness; usually there is room for talking about anything you are prepared for.

The form help to some extent to get better idea of the actors and treatment processes related to domestic violence.