

# Responding to Domestic Violence: Tools for Mental Health Providers\*

2004

\*This document was adopted from adapted from DVMHPI-CDPH-MODV Pilot Project, previously approved by OVW for 2004 Disabilities Grant. Also see, Responding to Domestic Violence: Sample Forms for Mental Health Providers (National Center, 2004).

**EXAMPLES FROM THE DOMESTIC VIOLENCE AND MENTAL HEALTH POLICY  
INITIATIVE PILOT PROJECT** **ERROR! BOOKMARK NOT DEFINED.**

<b>ADDRESSING DV AND TRAUMA: OVERVIEW</b>	<b>3</b>
<b>DESTIGMAIZING MENTAL HEALTH PROBLEMS IN THE CONTEXT OF ABUSE INFORMATION SHEET</b>	<b>6</b>
<b>INTAKE QUESTIONS FOR INITIAL DANGER/SAFETY SCREEN</b>	<b>8</b>
<b>INTAKE: ASSESSMENT TOOL AND PROTOCOL FOR POSITIVE DV OR MH DANGER SCREEN</b>	<b>9</b>
<b>PHONE INTAKE GUIDELINES</b>	<b>11</b>
<b>INTAKE: BRIEF SAFETY PLAN</b>	<b>13</b>
<b>DOMESTIC VIOLENCE FOLLOW-UP QUESTIONS FOR POSITIVE DV SCREEN</b>	<b>14</b>
<b>SUGGESTIONS FOR DOCUMENTATION OF DOMESTIC VIOLENCE IN MENTAL HEALTH RECORDS</b>	<b>16</b>
<b>MENTAL HEALTH ASSESSMENT: DOMESTIC VIOLENCE/DANGER ASSESSMENT</b>	<b>18</b>
<b>SAFETY PLANNING: EXPANDED SAFETY PLAN</b>	<b>20</b>
<b>MH ASSESSMENT: COMPREHENSIVE DV ASSESSMENT GUIDELINES</b>	<b>24</b>
<b>COMPREHENSIVE MH ASSESSMENT: COMPREHENSIVE DV ASSESSMENT GUIDELINES</b>	<b>26</b>
<b>SCREENING &amp; ASSESSMENT OF OTHER TRAUMA</b>	<b>28</b>
<b>COMPREHENSIVE MENTAL HEALTH ASSESSMENT: CHART INSERT ON IDENTIFYING CLIENT STRENGTHS &amp; ABILITIES</b>	<b>30</b>
<b>GLOSSARY FOR JUDGMENT/STRENGTHS AND ABILITIES</b>	<b>31</b>
<b>REPEAT DOMESTIC VIOLENCE SCREEN</b>	<b>32</b>
<b>REPEAT DANGER ASSESSMENT</b>	<b>33</b>

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## Addressing DV and Trauma: Overview

### Domestic Violence and Mental Health

Current and/or past abuse can play a significant role in the development and exacerbation of mental health problems, increases the risk for revictimization, and influences the course of recovery from psychiatric illness. Although many domestic violence survivors are not in need of mental health treatment and symptoms, if present, resolve once they are safe, many others experience mental health problems that would benefit from sensitive and appropriate intervention.

On average, over half of women seen in a range of mental health settings either currently are or have been abused by an intimate partner. Many have also experienced multiple forms of abuse throughout their lives, putting them at even greater risk for posttraumatic mental health conditions and affecting their ability to mobilize the resources necessary to achieve safety and economic stability. In addition, women diagnosed with severe mental illness are even more vulnerable to abuse throughout the course of their lives.

Because presentations of domestic violence vary widely, inquiring only when abuse is suspected will miss significant numbers of clients who are at risk. In mental health settings, all clients should be asked about current and past abuse. Routine inquiry is essential to avoid misdiagnosis and misinterpretation of symptoms, provide appropriate intervention, and reduce the isolation that abusers use to establish control over their victims. Clients should also be asked about perpetration and be referred to appropriate batterer intervention programs if they acknowledge abusive behavior toward a partner.

This document is intended as a guide for mental health providers on screening and assessment for domestic violence among clients seen in their practice settings. Questions can be easily incorporated into existing intake forms and assessment procedures. These guidelines are designed to be used in conjunction with provider training on assessment and intervention for domestic violence and the companion document, *Recommendations for Addressing Domestic Violence in Mental Health Settings* (Warshaw et al. in press).

### Definition of Domestic Violence

Domestic violence involves an ongoing pattern of domination and control perpetrated against a current or former intimate partner through a combination of actual or threatened physical violence, sexual assault and psychological abuse. It can occur in adult and adolescent dating, married, cohabiting, or separating relationships of gay, lesbian or heterosexual couples. Physical violence is only one of many tactics batterers use to harm their victims, to undermine their autonomy and sense of self, and to keep them isolated and entrapped. Sexual violation is particularly degrading and often the most difficult to discuss. Whenever there is physical or sexual abuse, psychological abuse is invariably present and may be quite severe. This often takes the form of verbal intimidation and threats, ridicule and humiliation, stalking and monitoring victims' activities, isolating them from friends and family, undermining their credibility and controlling their access to money, education, healthcare and jobs. Emotional withdrawal, threats to "out" a lesbian, gay, bisexual, or transgendered partner, threats of abandonment and threats to harm or take away children are also powerful tactics of coercion and control. It is what abuse survivors often describe as the most devastating aspect of their experience.

## Issues to Keep in Mind

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### **Maintaining Privacy and Confidentiality**

Because disclosure of abuse carries the risk of retaliatory violence, asking about domestic violence requires that every measure be taken to maintain privacy and confidentiality. Do not ask about abuse in the presence of a possible perpetrator, or in the presence of another person whom a client has not privately identified as someone she or he can trust with that information. Such questions should not be asked during a couple's therapy session, through an untrained translator, with a personal assistant or guardian in the room, or in the presence of a person providing collateral information--even if the client is acutely psychotic or unable to provide it her or himself.<sup>1</sup> Clients should be told that the information they give is confidential and, within the confines of the law, will not be revealed to their partner or anyone else without their permission. Discuss what situations would necessitate the breaching of confidentiality (e.g., child abuse, suicidality, homicidality) prior to asking about them.

### **Key Issues for Working with Domestic Violence Survivors**

- Regard the safety of victims and their children as a priority**
- Respect the right of domestic violence survivors to determine their own priorities and make their own life choices
- Remember, perpetrators are responsible for their abusive behavior--and for stopping it.
- View symptoms within the context of ongoing trauma, entrapment and danger
- Advocate on behalf of survivors and their children
- Ensure that services are culturally sensitive and relevant
- Recognize the need to address prevention as well as intervention and to promote social as well as individual change

### **Preparing the Environment**

Inherent in implementing practices to screen for and address trauma and domestic violence is the need to create a safe office environment that facilitates disclosure and provides effective safety mechanisms for both clients and staff. This can be done with a few simple measures.

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#### *Multi-lingual posters and materials*

One element of a safe environment is communicating the message that domestic violence is not something that the provider will ignore or excuse. This should be accomplished through the use of printed material such as brochures and posters in offices, waiting rooms and women's bathrooms.

#### *Staff training*

Training on trauma and domestic violence should be incorporated into staff orientation, and updated on a regular basis. It should include basic domestic violence dynamics, exploration of societal values regarding violence against women, procedures for responding to disclosures, and policies regarding confidentiality and workplace safety.

#### *Workplace Safety*

All mental health agencies and providers should develop plans in the event of danger on site. Abusers may follow the victim to appointments, make threatening phone calls, or threaten the victim and/or staff in person. Options for improving safety in the setting include developing de-escalation strategies, using intra-office codes to signal for assistance or to summon police, hiring extra security, installing panic buttons. At the very least, there should be a setting-wide safety plan that outlines what to do when danger is present.

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<sup>1</sup> Always ask clients whom they would prefer you obtain information from and whom they trust you to talk with about their situation.

### ***Policies for staff who are victims or perpetrators***

Each center will develop policy for responding to staff members who are victims or perpetrators of abuse. Policies will address 1) safety of the person who is being abused; 2) safety of co-workers and the office environment; 3) how to identify and respond to a staff member who is abused by a partner; 3) measures to address a staff person suspected of being a perpetrator without endangering the victim; 4) procedures for the rest of the staff, such as confidentiality, support, etc.

### ***Trauma-Informed Services***

Each center will perform an internal assessment to ensure that all services are trauma-informed. The commitment of a “trauma-informed” system is to provide all services in a manner that is welcoming and appropriate to the special needs of trauma survivors. A “trauma-informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A key tenet of service relationships in trauma-informed systems is to maintain “open and genuine collaboration between provider and consumer at all phases of service delivery.” Issues specific to women diagnosed with more severe mental illness include collaborating with service providers to ensure that sleeping accommodations in hospitals and residential settings address issues of privacy, safety and control (e.g. private rooms, doors that can be locked within the limits of safety, staff not intruding without permission, clear rules about visitors, consumer choice over sleeping times). Crisis de-escalation strategies and advance directives are also developed in collaboration with consumers. The nature of provider-consumer relationships are also reexamined to ensure that the personal style of the provider does not reevoke trauma-related dynamics and that the expectations and responsibilities of those relationships are clearly delineated and responsive to consumer concerns. Overuse of medication in place of therapies that allow survivors to process and gain control over abuse-related feelings is another issue that must be reassessed. Individual providers, agencies, hospitals and residential facilities can begin to examine their current practices through the dual lenses of safety (assessing whether interventions enhance the safety of a person who is in jeopardy) and trauma (assessing whether interventions enhance healing and diminish the risk of retraumatizing survivors of abuse) and to determine the best ways to reconfigure services and provide the necessary training to meet trauma-informed standards of care (Harris & Fallot, 2001).

### ***Collaborative Partnerships with DV Programs***

Each center will establish ongoing relationships/linkage agreements with one domestic violence program in their geographic area. Procedures have been developed for determining appropriate referrals, cross-consultation and staffing, cross-training and service co-location. Feedback and problem solving mechanisms have been put in place for DV executive directors and mental health center directors to conduct ongoing assessment of interagency collaboration.

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## **Destigmatizing Mental Health Problems in the Context of Abuse Information Sheet**

Discussion of mental health problems in the context of domestic violence can be stigmatizing to the client. When discussing mental health issues with survivors of domestic violence and other lifetime trauma, the following statements may frame the psychological responses to abuse in ways that are less stigmatizing.

### **Anxiety**

We have found that the fear that many women experience can also cause them to develop symptoms of anxiety or to have panic attacks. These can be very frightening in themselves but they don't mean that you are going crazy.

### **Depression**

Depression is a very common problem among women who have been in abusive relationships. Sometimes women who are being abused lose interest or pleasure in doing things they previously enjoyed or feel depressed or hopeless. Sometimes the depression goes away once a woman is safe, but other times it takes longer and makes it more difficult for women to deal with all the difficult choices they have to make. Understanding how the abuse has affected you can be one pathway to making things better.

### **Bipolar Disorder**

In addition to depression, some women/people experience mood swings. For example, a person might have periods of time when she/he feels really down and other times when she/he has a lot of energy and feels on top of the world. When this happens, it might feel like your thoughts are racing or that your mind keeps jumping from idea to idea and you can't control it....

### **Posttraumatic Stress Disorder**

Often people who have traumatic experiences like domestic violence develop a condition called "Posttraumatic Stress Disorder," or PTSD. Have you ever heard of that? It is not unusual for people who have been abused to develop PTSD because of the terrifying and often life-threatening things they experienced. Sometimes people have symptoms that make them feel very frightened or feel like they are going crazy. For example, they might feel that they are re-experiencing the events that were so frightening or the memories of those events keep coming back into their minds, making it hard to concentrate. Often they have intense physical as well as emotional responses to anything that reminds them of the event(s). As a result, they may find themselves avoiding things they used to do or becoming numb and shut down or feeling like they don't have much to look forward to. PTSD also makes people hypervigilant and on edge in part to protect themselves from further assaults. Frequent nightmares are common, too. People often find it reassuring to learn that these are very common human responses to trauma and that they are not alone in what they are feeling.

### **Self-cutting or Self-harm**

Sometimes, women who have been abused, particularly in childhood, learn to deal with painful feelings by physically hurting themselves (for example by cutting or burning themselves). Sometimes this is a way to turn overwhelming emotional pain into pain that is physical and under one's own control. Sometimes it is a way to feel something real when you have become completely numb.

### **Suicide**

Sometimes people who are being abused feel so hopeless, they think about ending their lives, and may feel that suicide is their only option.

### **Dissociation**

It is not uncommon for a woman/person who is being abused to “leave” emotionally when she/he isn’t able to physically escape. Later on, she/he may stop feeling connected to herself/himself, as if she/he isn’t in her/his body, or may feel that other people, things, and the world around her/him aren’t real. She/he may listen to someone talk and suddenly realize that she/he did not hear all of what was said, or she/he might find herself/himself sitting, staring off into space, thinking of nothing, and not being aware of the passage of time. This may happen when a woman feels threatened or unsafe or may seem to happen on its own.

### **Substance Abuse**

It is not uncommon for people who have experienced domestic violence to use alcohol or drugs as a way of coping when the situation becomes very stressful or when they have feelings that seem too painful to deal with directly. Sometimes, people who are being abused are pressured or forced into using drugs or alcohol by their abusive partners, although sometimes people use drugs and alcohol for pleasure as well.

### **Borderline Personality Disorder or Complex PTSD (see above sections as well)**

Sometimes, women who have experienced chronic abuse in their childhoods and been hurt by the people who were entrusted with their care have a hard time trusting other people, particularly those they become close to or need to depend on in any way. Because of these experiences, intense feelings of anger, abandonment and betrayal may be close to the surface, making it harder to maintain friendships and/or intimate relationships for long periods of time.

### **Schizophrenia**

People who are diagnosed with severe mental illnesses like schizophrenia are at even higher risk for being abused by other people and mental health crises often turn out to be precipitated by abuse. Abusers also use a woman’s mental health condition as a way to demean and control her and to undermine her credibility, calling her “crazy” as a way to deny responsibility for their abuse. For a person who has learned to think of herself as being “crazy” it may be even harder to recognize when someone is being abusive. It is easy to think that it must be her fault or that she is just being paranoid. Learning to differentiate between symptoms of mental illness, symptoms that result from being traumatized and feelings of fear, anger, sadness and despair can be difficult but is something we can work on together

## Intake Questions for Initial Danger/Safety Screen

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### Questions to add to telephone intake protocols:

#### Obtain Safe Contact Information (New)

- Safe address
- Safe phone number
- Safe contact person
  
- Safety Risk Assessment: Danger to Self and Others; Danger from Others** Do you feel safe right now?
- 
- Who is that person? Are they with you?
- Are you in danger right now?

#### OR

- Are you safe? Are you currently in danger from someone you know or care about?
- Has any one you know hurt or threatened to hurt you or someone you care about?
- Are you in danger right now?

## **Intake: Assessment Tool and Protocol for Positive DV or MH Danger Screen**

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Based on initial domestic violence and mental health screening, determine level of danger and prioritize interventions:

### **IMMEDIATE RISK:**

#### **I. Assess for Immediate DV Risk and Immediate Safety Needs**

##### **Risk**

- Is your partner in the house/apartment with you? Is he/she likely to return? When?
- Is it safe for you to talk right now? If not, is there somewhere you can go to make a call?
- Do you feel you are in immediate danger? Or, Do you think he/she is dangerous?
- Has he/she threatened to kill you or anyone you know? Does he/she have a weapon?

##### **Safety**

- What do you feel would be the safest thing to do right now? What would you like to do?
- Would you like me to call the police? Do you have an order of protection? Do you have someplace safe you can go? Do you have a way to get there? Can you take important documents with you? Do you need help finding a place?
- Do you have the city Domestic Violence Hotline number (877-863-6338)? Would you like me to call the City Domestic Violence Help Line while you're on the phone?
- Is there another time or number where I can call you when it would be safe to talk or another number you'd prefer I call to leave a message?

#### **Actions: Immediate DV Risk**

If the client is in immediate danger **call 911 or have client call 911**. Defer MHC appointment until caller is safe.

#### **II. Assess for Immediate Mental Health Risk and Crisis/Safety Needs**

##### **Risk**

- Do you feel you are you in danger of hurting yourself or someone else?
- Has something happened that has made you feel this way?
- Is there someone there with you? Can they help you stay safe or will they make things worse?
- Has anyone you know hurt you or threatened to hurt you? Is there someone in your life who makes you afraid?

##### **Safety**

- Conduct usual mental health crisis assessment and intervention

#### **Actions: Immediate MH Risk**

If there is an immediate MH risk to the client or to another person, suggest the caller use **911** or call for the client and defer MHC appointment until discharge. **IF DV is present**, try to ensure that police and crisis providers in ER are aware of DV and take appropriate safety precautions.

- Do not use the abuser to provide collateral information.
- Find out if client wants the abuser to know where she/he is or to have access to her/him.
- Ensure that that DV assessment, safety planning and linkage with DV services are addressed prior to discharge from hospital or ER.

## **Intake: Assessment Protocol for Positive DV or MH Danger Screen (page 2)**

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### **RISK IS HIGH BUT DANGER IS NOT IMMEDIATE**

#### **III. Assess for Indicators of High DV Risk and Urgent Safety Needs**

##### **Risk Assessment**

- Do you feel you are in danger from your partner? Do you think your partner is dangerous?
- Are you in a safe place right now? Is it safe to talk, now?
- Does your partner have a weapon or have access to weapons?
- Is the abuse escalating/becoming more frequent severe or frightening?
- Has your partner forced you into having sex when you didn't want to? How recently?
- Has he recently tried grabbing you by the neck or tried to choke or strangle you?
- Are you planning to leave your partner? If so, does your partner know about your plans?
- Is your partner likely to become desperate or enraged if you consider leaving?
- Has your partner been violent outside the home? Has this happened recently?
- Has your partner injured any animals or pets? Has this happened recently?
- Has your partner been very depressed, lately? Is s/he bingeing on drugs or alcohol?
- Has your partner's mood or behavior changed or become more erratic or unstable?
- Has your partner recently threatened homicide or suicide or described detailed fantasies of doing so ("I'm going to get you," "You'll pay for this," "I'll kill myself if you leave.")?

##### **Safety Needs**

- Are you able to leave safely? With your children?
- Do you need me to call the police? Do you have a protective order?
- Do you need emergency shelter? Is there another place where you can go?
- Can you take important documents with you?
- Do you have the City Domestic Violence Help Line number? (877-863-6338)
- Is there another time or number where I can call you when it would be safe to talk or another number you'd prefer I call to leave messages?

##### **Actions: High DV Risk**

- Suggest that the client call 911 or call for client if danger is imminent (abuser about to return)
- Offer to make a 3-way call to the City Domestic Violence Help Line (877-863-6338) for safety assessment, safety planning, legal options and access to emergency shelter and other resources
- Make appointment for a Comprehensive Mental Health Assessment
- Be sure to obtain safe contact information
- If client does not want to talk to the DV Help Line, conduct initial safety assessment/planning over the phone

##### **Actions: Moderate DV Risk**

- Give client the City Domestic Violence Help Line number (877-863-6338)
- Offer client appointment for Comprehensive MH assessment, if appropriate.
- Obtain safe contact information

##### **Actions: High or Moderate MH Risk**

- Follow protocols for assessment and intervention for MH risk
- Provide same day appointment to MHC if hospitalization is not indicated
- Address safety and confidentiality if DV is also an issue

## Phone Intake Guidelines

Integrating domestic violence screening into emergency phone assessments necessitated the revision of standard intake procedures. In addition to determining whether a client is *a danger to* herself or others, a domestic violence-sensitive assessment determines whether a client is *in danger from* others. If a person does state she or he is in imminent danger from another person, addressing immediate safety needs should take precedence (see sections on safety assessment and planning for more details). Try to ask questions that can be answered with a “yes” or “no.” When possible, include caller ID on phone lines that take crisis calls. Screening callers during intake increases the likelihood of domestic violence being identified. Early recognition of domestic violence can ensure that clients get appropriate treatment and referrals.

### Procedures

All intake staff will incorporate screening for domestic violence and immediate safety into intake procedures. If D.V. is identified then an appointment is scheduled with the next available clinical therapist. If a domestic violence case is referred from a D.V. service provider agency the patient is scheduled within 48 hours to see the next available clinical Pilot therapist who will initiate a Comprehensive Mental Health Assessment.

- **Determine what has happened that prompted the individual to contact a mental health center.**
- **Screen for:**
  - ❑ Serious mental illness (SMI)
  - ❑ Suicide risk
  - ❑ Homicide risk
  - ❑ Psychosis
  - ❑ Other acute symptoms
  - ❑ Domestic violence (see text box to the right)
  - ❑ Other mental health screens routinely done during a phone intake

If **immediate danger from partner or others** is indicated,

- ❑ Suggest that caller contact police or offer to call police on her/his behalf (see next page)
- ❑ Give contact information for National Domestic Violence Help Line (1-800-799-SAFE) and/or local domestic violence agency
- ❑ Make arrangements to get back in contact to explore mental health service options once she/he is safe

If **immediate danger from self** is indicated,

- ❑ Conduct mental health intervention as dictated by agency protocol (e.g., hospitalization), being sure the intervention does not increase danger from partner (see next page)
- ❑ Tell the client that you are concerned about the violence she/he is experiencing and connect her/him with domestic violence services when she/he is stable.

If **no immediate danger from self or partner** is indicated,

- ❑ Make an appointment for an assessment if the caller appears to be an appropriate client for the Center

#### Suggested framing statement and domestic violence screening questions:

I don't know if this has happened to you, but because so many people experience abuse and violence in their lives, it's something we always ask about. Could you tell me..

- ❑ Is there anyone in your life right now who makes you afraid?
- ❑ Is there anyone in your life who hurts or threatens to hurt you?
- ❑ Is there anyone in your life who tries to control or isolate you?

#### If the caller indicates there is someone abusive in her life, try to determine...

- ❑ Is the abusive person is there right now?
- ❑ Do you feel you are in immediate danger? Would you like me to call the police?
- ❑ Do you feel safe and comfortable discussing your situation right now? If not, is there is a place and time when it would feel safe enough to talk, either on the phone or in person?
- ❑ Who is the person that you are afraid of? Is it your partner? If not, give appropriate information on resources
- ❑ Do you think this person is dangerous? Does he/she have a weapon? Is the abuse is escalating/ becoming more frequent, severe or frightening? Has this person ever threatened or attempted to kill you or someone you know?

**Note: Follow these safety precautions when police or hospital-based mental health providers are involved:**

- Do not use the abuser to provide collateral information.
  - Find out if client wants the abuser to know where she is or to have access to her/him.
  - Ensure that DV assessment, safety planning and linkage with DV services are addressed prior to discharge.
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**Assess Immediate Safety**

- Are you able to leave safely? With your children?
- Do you need me to call the police?
- Do you have a protective order?
- Do you need emergency shelter?
- Is there another place where you can go?
- Can you take important documents with you?
- Do you have a Domestic Violence Hotline number? (1-800-799-SAFE)
- Is there another time or number where I can call you when it would be safe to talk or another number you'd prefer I call to leave messages?

## **Intake: Brief Safety Plan**

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When domestic violence has been identified during a telephone intake, put the client in touch with the National Domestic Violence Help Line (1-800-799-SAFE) to help make an immediate and concrete **safety plan**. Such a plan can help a client who is being abused keep her/his children and herself/himself safe until more detailed services can be put into place.

If a client at moderate to high risk is unable or unwilling to contact the City Help Line, work with the client to create an initial safety plan over the telephone.

**1. Ask the client what she/he has done thus far to protect herself/himself and her/his children**

Examples might include:

- Calling a friend, so the partner knows someone is listening
- Putting guns and knives out of sight
- Sending the children to someone else's home when there is increased danger
- Keeping keys and money available outside of the house
- Leaving the house overnight

**2. Encourage the client to take basic steps to increase her/his safety and her children's safety:**

- Planning for a safe place to go if the client has to escape quickly
- Determining if abuse can be anticipated and leaving before it occurs
- Gathering the most important papers, benefits cards, medicines, emergency funds and keys and putting them where they can be quickly found if she/he needs to leave
- Letting trusted neighbors know to call 911 if they hear the client being abused
- Staying out of kitchens and bathrooms (which are often the most dangerous rooms in the house), rooms where abuse is more likely to occur or rooms from which it is difficult to get help or escape
- Obtaining a cell phone through a DV program or the city Help Line (877-863-6338)
- Teaching children to escape, get help, or call 911
- Obtaining an Order of Protection and keeping it with her/him at all times

## **Domestic Violence Follow-Up Questions for Positive DV Screen**

The process of taking an abuse history creates a way for both providers and clients to see ongoing patterns and escalating danger more clearly. Learning about abuse can help a clinician to better understand a client's mental health symptoms and structure an appropriate treatment plan. Use probes to facilitate discussion, and follow-up with questions about when the abuse occurred, how frequent it was/is, etc. In asking about domestic violence, incorporate danger assessment questions to assess for risk of serious injury or homicide. Note: The provider should administer this assessment in person, during or shortly after initial assessment, to a client who indicated during intake that she/he is being abused

### **DV Assessment Follow-up Probes**

- What kinds of things has your partner done to hurt you?
- Has your partner ever...

#### **PHYSICAL ABUSE**

- Pushed you?
- Hit, kicked, or burned you?
- Deprived you of sleep, food, medication or basic necessities
- Beaten you up?
- Hurt you while you were pregnant?
- Grabbed you by the neck or tried to choke you?
- Injured you so badly that you needed medical care?
- Threatened you with a gun or knife? Used a gun or knife on you?

#### **PSYCHOLOGICAL ABUSE**

- Called you names or told you that you are ugly or worthless?
- Humiliated you, controlled you, or tried to keep you from doing things you want to do?
- Destroyed something meaningful to you?
- Accused you of having an affair?
- Monitored your whereabouts? Followed or stalked you?
- Threatened homicide or suicide or described detailed fantasies of doing so ("I'm going to get you," "You'll pay for this," "I'll kill myself if you leave.")
- Threatened to "out" you or threatened your immigration status?
- Tried to undermine your spiritual beliefs or keep you from practicing your religion?
- Told you that you are "crazy" and that no one will believe you or take you seriously?
- When you are with your partner, do you feel like you are walking on eggshells?

#### **SEXUAL ABUSE**

- Made you look at sexually explicit material that you didn't want to see?
- Called you sexually demeaning names?
- Forced or pressured you into engaging in sexual activities that you didn't want to do?
- Do you feel you can say no if you don't want to have sex?

#### **OTHER ABUSE**

- Prevented you from seeing friends and family?
- Harmed or threatened to harm your children?
- Harmed or threatened to harm someone else you care about?
- Attempted or threatened to remove your children from your care or to use your mental health condition against you?

- Injured animals or pets
- Interferes with ability to go to school or do your job, attempts to get you fired
  
- Does your partner control the household finances?
- Does your partner take so much money that you can't meet your needs?
- Tried to control your medication or your treatment or had you hospitalized against your will
- When, where, how, how often," etc. did/has this occurred?
- Is it getting worse? Are you more isolated or afraid?
- If ex-partner, do you feel you are still at risk? Do you share custody of your children? Are you still in contact?

## **Suggestions for Documentation of Domestic Violence in Mental Health Records**

The following suggestions are made for the purpose of creating mental health records, which are useful to the client in legal proceedings, from the perspective of the lawyer.

### **1. Document Abuse: Record your observations and what the client tells you**

- a. Record client's statements about specific acts of abuse detailing as many facts as possible. Quote the client directly, if possible. Describe:
  - Physical acts
  - Time of day
  - Where it happened
- b. Record client's demeanor: upset, crying, trembling, numb, etc.
- c. Identify abuser by name and relationship to client
- d. Record any physical indications of abuse: cuts, scratches, bruises, scars
  - Describe
  - Note size and location
- e. Record any statements made by abuser
  - Often the abuser will admit to acts of physical abuse
- f. Record abuser's demeanor and behavior
- g. Record statements made by client's family.

### **2. Establish a history of abuse, especially if client has obtained services from you or your agency in the past and the past abuse was documented**

This information could be very harmful to clients involved with DCFS or who have a case in Juvenile Court. The provider may consider keeping this information in personal notes, apart from the client's file, to protect it from subpoena.

### **3. Establish a causal relationship between domestic violence and mental health issues or diagnosis**

- a. Depression
- b. Suicidality
- c. Anxiety
- d. Traumatic stress symptoms (PTSD, Acute Traumatic Stress Disorder, Complex PTSD, Dissociative Disorder Symptoms)
- e. Psychotic symptoms, etc.

### **4. Describe how addressing DV can/will help alleviate mental health issues**

- a. "It appears that a significant component of Mrs. Lee's depression is related to feeling trapped in an abusive relationship with her husband and feeling that she does not have the resources necessary to leave. It is likely that treatment for the depression along with access to community domestic violence resources will improve both the depression and increase Mrs. Lee's range of options."

## Suggestions for Documentation of DV in Mental Health Records (page 2)

### 5. Describe client's strengths

- a. Resources and support network
- b. Relationships with and concern for her children
- c. Continued ability to care for children
- d. Believability
- e. Openness to seeking help

### 6. Describe treatment/follow-up plan

- a. Make sure suggested services are actually available
- b. Explain rationale for plan
- c. Explain any reasons why client would not use suggested services
- d. Link provision of services to alleviation of mental health issues
- e. Describe benefit of services to client's parenting capabilities

### 7. What to avoid

- a. Do not use language that raises doubt, particularly "alleges", "claims", or "denies".
- b. Do not use neutral language, particularly phrases such as "domestic dispute" or "relationship problem".
- c. Do not use legal terms like "assault" or "battery".
- d. Do not describe the domestic violence incident or injury without the abuser: "Client hit head" vs. "Ms. Stone's partner (name) hit her on the head with a baseball bat."
- e. Do not include information that is irrelevant; or whose damaging nature outweighs possible relevance: "Client has a history of prostitution"

### 8. Additional helpful information

- a. Referral source for client
- b. Use non-blaming terms: "Client stated" or "Client reported"
- c. Establish the source of information: client told you, you observed it, other family member told you.
- d. If physical signs of abuse are still evident, take a photograph.
  - Ask permission, date and sign the photograph

## Mental Health Assessment: Domestic Violence/Danger Assessment

The process of taking an abuse history creates a way for both providers and clients to see ongoing patterns and escalating danger more clearly. Learning about abuse can help a clinician to better understand a client's mental health symptoms and structure an appropriate treatment plan.

*Note: The provider should administer this assessment in person, during or shortly after initial assessment, to a client who indicated during intake that she/he is being abused.*

Use probes to facilitate discussion, and follow-up with questions about when the abuse occurred, how frequent it was/is, etc. In asking about domestic violence, incorporate danger assessment questions (underlined) to assess for risk of serious injury or homicide.

### Suggested framing statements and questions:

*I understand from what you said during your intake interview that:*

- You are concerned about your safety at home.*
- You are concerned about the way your partner has been treating you.*
- Your partner has been abusive to you.*
- Your partner has been threatening you and has hit you several times.*
- Other...*
  
- Could you tell me more about your relationship?*
- Do you feel that it is safe for you to go home?*
- There are some other questions I'd like to ask you so we can try to assess your level of safety/ danger*

### Physical abuse

What kind of things has your partner done to hurt you physically?

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There are some other things that you haven't mentioned. Did he/she ever:

- Pushed, hit, kicked, or burn you
- Beat you up
- Injure you so badly you needed medical care
- Hurt you while you were pregnant
- Grab you by the neck or try to strangle you
- Threaten you with a gun or knife
- Use a gun or knife on you

### Psychological abuse

What kinds of things has your partner done to hurt you psychologically or emotionally?

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## Domestic Violence/Danger Assessment (p2)

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There are some other things that you haven't mentioned. Did s/he ever

- Humiliate or control you, or tried to keep you from doing things you wanted to do
- Called you names or told you were ugly or worthless
- Destroyed something meaningful to you
- Accused you of having an affair
- Monitored your whereabouts
- Followed or stalked you (or had someone follow or stalk you)
- Threatened homicide or suicide or described detailed fantasies of doing so ("I'm going to get you," "You'll pay for this," "I'll kill myself if you leave.")
- Does your partner feel like he/she owns you ("You belong to me and will never belong to anyone else")

### Sexual abuse

What kinds of things has your partner done to hurt you sexually?

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There are some other things that you haven't mentioned. Did he/she ever

- Make you look at sexually explicit material that you didn't want to see
- Call you sexually demeaning names
- Force or pressured you into engaging in sexual activities that you didn't want to do
- Did/do you feel you could/can say no if you don't want to have sex?

### Other abuse

What other things has your partner done to hurt you?

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There are some other things your haven't mentioned. Did he/she ever:

- Prevent you from seeing friends and family
- Harm or threaten to harm your children (*Remind client that what she/he says is confidential unless she/he reports any child abuse to you; see Recommendations for Addressing Domestic Violence in Mental Health Settings*)
- Harm or threaten to harm someone else you care about
- Attempt or threaten to remove your children from your care
- Injured any animals or pets
- Interfere with your ability to do your job or attempt to get you fired
- Did/does your partner control the household finances?
- Did/do you have enough money to meet your needs?

**If any underlined (Danger Assessment questions) are checked, follow up with questions in text box below.**

## SAFETY PLANNING: Expanded Safety Plan

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### If A Client Wants To Leave Her Current Residence To Escape More Violence, Explore The Following Options

- Can she stay with family or friends?
- Does she want to go to a women's shelter, homeless shelter, or utilize other housing assistance such as obtaining hotel vouchers from social services or advocacy programs? (This will depend upon resources available in the community).
- Does she want an order of protection? If so, what remedies does she want (abuser to stay away, abuser removed from the home, batterer intervention, electronic monitoring?)
- Does she want to move secretly to another community or state? If so, are there means to help her get bus, taxi, or airplane tickets? If she has children with the abuser and does not have sole custody, going into hiding may not legally be an option. Does she have friends or family in another community, city or state that she might be able to stay with?

### If A Client Plans To Return Home, Discuss The Following

#### ▲ Review previous episodes for information that identify predictable patterns and locations that may be dangerous

- Discuss whether the client can anticipate an escalation of violence.
- Discuss what situations or conflicts tend to lead to abuse. When and where do most abusive incidents occur? What expressions, comments, or gestures come before abusive incidents?
- Discuss whether she can identify and stay away from parts of the house that are less safe (kitchens and bathrooms). Can she try make sure she has access to a door?
- Discuss what precautions she can take. Is there likely to *be time to leave once she knows the violence is inevitable*?
- Discuss what has worked to keep her safe or minimize injury in the past and whether she thinks such strategies could work again.
- Ask whether there are weapons in the home. Can she have them removed or can she remove the ammunition?

#### ▲ Develop and rehearse an escape plan

- Locate a safe place to go in an emergency
- Discuss where she can go if she needs to flee (Friends, relatives, women's shelter?). Help her put together a list with phone numbers and addresses.

#### ▲ Make provisions for leaving quickly

##### **Ask her to think about:**

- How she would quickly exit her house to avoid a violent incident. What doors, windows, elevators, stairwells or fire escapes would she use? Can she do this in the dark? Have her rehearse a quick escape, include the children if they are able to maintain secrecy.
- Determine where could she leave her car keys, purse and/or other important items in case she needed to leave quickly.
- Suggest that she have certain items accessible and hidden from the abuser should she need to flee: birth certificates, social security cards, driver's licenses, passports, green cards, marriage licenses, insurance information, school and health records, immigration papers, protective orders, divorce or custody papers or other court documents; medications and prescriptions; phone numbers and addresses for family, friends, and community agencies; clothing and comfort items for herself and for the children; extra set of

## **SAFETY PLANNING: Expanded Safety Plan (page 2)**

keys; cash, checkbook, bank books, and credit cards.

- Discuss the possibility of opening a separate checking, credit card and voice mail account. Have the bills sent to a P.O. Box or safe address.
- If a client is receiving SSI/SSDI or other benefits that do not go directly to them, make sure the payee to someone she or he trusts (i.e. not the abuser). If a client needs assistance with personal care tasks, discuss plans to ensure that someone other than the abuser is able to assist them.
- Assist women in developing skills that will allow them to be more independent such as learning to drive, learning to speak English, learning to read, and developing marketable skills
- Police can escort a client back to the scene if she needs to gather belongings. If an abuser suspects his partner is leaving, however, he may destroy valuable items and papers

### **▲ Make provisions for children**

- Determine what would be safe to discuss with the children, whether they can keep this information secret and what kind of burden this would place on them.
- Rehearse escape strategies, places to stay, numbers to call, how to make credit card calls

### **▲ Develop a plan for getting help when escape is not possible:**

- Keep in touch with friends and get to know neighbors. Reduce isolation as much as possible.
- What neighbors or friends can she tell to call the police if they hear suspicious noises coming from her home?
- Are the children old enough to be taught to escape? Is there a neighbor they could go to for help? Could they be taught to telephone the police if there is an incident?
- What code word could she use to alert children and friends to call for help? What would she tell the police if they do come to her home?
- Ask if she will call the police if he becomes violent.
- If she couldn't get to the phone, could she work out a signal with a neighbor for help (with a porch light, a drawn window shade, a coded phone call)?
- Can she give the children a signal to call the police if necessary?
- Help her identify the safer rooms in the house; kitchens, bathrooms and garages are the most dangerous.
- Review basic legal options, such as orders of protection and arrest.

### **▲ Determine Sources of Help and Support**

- Make sure clients know who and where to call for help and support and what procedures are involved.
  - ✓ Police: In an emergency the safest number to call is 911
  - ✓ Family/Friends
  - ✓ **Chicago Domestic Violence Help Line: 1-877-TO-END-DV (1-877-863-6338), TTY: 1-877-863-6339**
  - ✓ National Domestic Violence Hotline: 1-800-799-7233
  - ✓ State Domestic Violence Coalitions (See the National Coalition Against Domestic Violence at [www.ncadv.org](http://www.ncadv.org) for list. In general, state coalitions can be searched for on the internet through "name of state" and "Coalition Against Domestic Violence". In Illinois contact the Illinois Coalition Against Domestic Violence at [www.ilcadv.org](http://www.ilcadv.org). State Coalition websites list local programs in their states.
  - ✓ Local Hotlines: Call Information or call the National Domestic Violence Hotline: 1-800-799-7233 for a referral in your area.

## **SAFETY PLANNING: Expanded Safety Plan (page 3)**

### **▲ Discuss the Following Issues**

- ❑ What are the steps for securing an order of protection?
- ❑ Where is the nearest hospital emergency room, and what is the quickest way to get there?
- ❑ Inform about Call-to-Protect Programs
  - Abused women can get cell phones that are programmed to call 911 (and the City of Chicago Domestic Violence Help Line) or another 24-hour crisis line. Contact the National Hotline at 1-800-799-7233 for information on the program in your area (or through Verizon at 1-800-426-2790 who donates used phones to DV programs)
  - Discuss ways a client can protect the privacy of her communications, such as blocking caller ID and automatic recall functions, or add a password voicemail feature to existing phone service if this can be done safely. Remember that cellular and cordless calls can be picked up on a scanner
- ❑ Discuss ways to protect the confidentiality of a new address, such as informing the post office not to release change of address, opening a post office box, varying routine, advising utilities and credit cards to put a code word on her file, registering vehicle and driver's license at P.O. Box and placing property and assets in trust so they cannot be obtained through a title search<sup>2</sup>

### **▲ If the abuser does not live with the victim, or is removed from the household by a court order or some other legal means, the victim may or may not be safe from repeated abuse. She might want to:**

- ❑ Change the locks on doors and windows; install an alarm system and outdoor motion-sensitive lighting. Get steel doors if possible. Change window locks, install peep-holes, keep fire extinguishers near the doors to use as a repellent.
- ❑ Use caller ID and screen calls at home and at work.
- ❑ Talk about safety going to and from work as well as on the job. Plan a route that will minimize contact with the abuser, vary activities if necessary, and plan an escape route if you encounter him after work.
- ❑ Keep a copy of her protection order on or near her at all times and give copies to the police in areas where she works, lives and visits. Also give copies to the children's schools, caregivers, and those picking up the children from school or daycare.
- ❑ Inform important others identified as safe that she has a protection order (friend, employer, clergy)
- ❑ Consider similar strategies as those discussed above, such as developing a signal for help with children, neighbors, family and friends.
- ❑ Teach children how to use the phone to make collect or calling card calls if the abuser kidnaps them and explicitly inform others involved in caring for the children, who has permission to pick them up.

If certain elements of safety planning are beyond the practitioner's scope, refer patient to a domestic violence advocate, or help the patient to call a crisis line while in the safety of your office or clinic. All clients at risk should have safety plans in place before leaving crisis, residential or inpatient facilities.

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<sup>2</sup> See [www.police.nashville.org/bureaus/investigative/domestic/stalking.htm](http://www.police.nashville.org/bureaus/investigative/domestic/stalking.htm) for more detailed information on risk assessment and safety planning.

## Domestic Violence Assessment Safety Planning Tool

Safety planning can help an abused client keep her/his children and herself/himself safe. Discuss what strategies the client has used thus far to protect her/his children and herself/himself, and help her/him make steps toward creating a safety plan. Review the client's safety plan periodically and make necessary adjustments.

**Phone numbers** of friends and relatives you can call in an emergency. If your children are old enough, teach them important phone numbers, including when and how to dial 911.

Resist any temptation to cut yourself off from people, even if you feel like you just want to be left alone.

**Important documents** can include your and your children's birth certificates, your children's school and medical records, bank books, welfare identification, passport or green card, immigration papers, social security card, lease agreements, or mortgage payments, divorce or custody papers, and orders of protection records.

### While living with the abusive partner:

1. Have important phone numbers memorized.
2. Keep information about domestic violence in a safe place where the abusive partner cannot find it, but where you can get it when you need to review it.
3. Keep change for pay phones or phone cards with you at all times.
4. If you can, open your own bank account.
5. Stay in touch with friends. Get to know your neighbors.
6. Rehearse an escape plan until you know it by heart.
7. Leave a set of keys, extra money, a change of clothes for yourself and your children, toys, comfort items, medications/prescriptions, and copies of important documents with a trusted friend, coworker, or relative.

### If you have left the relationship:

1. Install as many security features as possible in your home.
2. Inform neighbors that your partner is not welcome on the premises.
3. Change the locks if you're still in the home you shared and the abuser has left.
4. Make sure people who care for you and your children are very clear about who does not have permission to pick up your children.
5. Obtain an Order of Protection.
6. Let coworkers know about the situation.
7. Avoid the stores, banks, and businesses you used when you were living with the abuser.
8. Get support counseling, attend workshops, and join support groups.

*Adapted from booklet developed by the Los Angeles County Community and Senior Services Domestic Violence Unit, 1996.*

## **MH Assessment: Comprehensive DV Assessment Guidelines**

Discussing the impact of abuse on a client's life, including her/his physical and mental health and her/his children, is a critical dimension of assessment.

### **Suggested framing statements:**

- ❑ Domestic violence can have a profound emotional impact on women (people) – not only when they are feeling trapped in an abusive relationship but also when they have to completely disrupt their lives in order to be safe . . .
- ❑ Many women (people) living with domestic violence have some emotional difficulties, as a result of the abuse . . .
- ❑ Sometimes symptoms go away or women (people) feel a lot better once they are safe and able to make changes in their lives. Other times, the symptoms make it hard to function or just seem to get in the way and it helps to talk to someone about them . . .
- ❑ I'd like to ask you a series of questions about some of the common ways that women/people are affected by abuse.
- ❑ Then, we can talk about what would be most helpful to you in dealing with the ways you have been affected by your partner' abuse.

### **ASK THE CLIENT ABOUT THE...**

#### **Impact of abuse on her/his life:**

- ❑ How has your partner's behavior affected your ability to do the things you want or need to do? For example, has he/she disrupted your activities or ability to function, such as the ability to work, go to school, or maintain contact with friends and family?
- ❑ How do you see your situation at this time (what's your assessment of your situation)?
- ❑ What would you like to see happen?
- ❑ What issues or obstacles do you face in achieving those goals? (Including cultural, religious, stigma-associated and socioeconomic barriers)
- ❑ What resources and sources of support do you have that have or could be helpful to you?

#### **Impact of abuse on her/his physical health:**

- ❑ Determine whether the client has had any injuries, medical problems, pregnancy complications, or hospitalizations due to the abuse or medical conditions that make her/him more vulnerable to abuse.
- ❑ How has your partner's behavior affected your physical health? Has he/she caused any injuries? Have you ever had to be hospitalized? Have you developed any new medical problems or symptoms? Does he/she try to control your access to treatment? Your ability to take care of yourself? Your ability to take your medication properly?

## Comprehensive DV Assessment (page 2)

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### Psychological impact of the abuse:

- ❑ Find out how the client feels about her/himself and her/his situation.
- ❑ How do you think the abuse has affected you emotionally? Have you noticed any changes in yourself over the course of the relationship?
- ❑ Determine if she/he has trauma-related symptoms including self-cutting and high-risk sexual behavior. (see list of PTSD, Complex PTSD, Dissociative symptoms such as intrusive recollections, nightmares, avoidance, hypervigilance, dissociation, affect dysregulation, anxiety/panic, depression, substance abuse, eating disorders, self-cutting, suicide attempts, somatization, etc.)

### Impact of abuse on her/his children:

- ❑ Remind the client that what she/he says is confidential unless she/he reports any child abuse, but if she/he has concerns about the children being abused, you can work with her/him to find ways to keep them safe.
- ❑ Find out whether the children have witnessed the abuse and whether the client has noticed changes in the children or in her/his relationship with the children.
- ❑ Also inquire about what fears the client may have about the children's safety, behavior, or emotional states and whether they have developed any medical or behavior problems or psychiatric symptoms that might be related to the abuse (see text box).

#### *Behaviors and symptoms exhibited by child witness to trauma can include:*

- Increased crying, sadness, helplessness, guilt;
- Fearfulness, clinginess, separation anxiety, stranger anxiety;
- Nightmares, night terrors, difficulty falling asleep or withdrawal into sleep;
- Eating problems, physical complaints;
- Feeling as if events are recurring, sensitivity to loud noises or other reminders of trauma;
- Isolation, withdrawal, lack of interest in play;
- Spacing out, phobic behavior, sense of not having any future;
- Regression to an earlier developmental stage;
- Aggression, tantrums, acting out behavior, oppositional behavior;
- Truancy, school refusal, trouble with school schoolwork, inattentiveness to instructions;
- Repetitive play (of traumatic events), trauma reenactment;
- Hypervigilance, obsession with trauma details;
- Exaggerated startle response.

From Kerig, Fedorwoicz, Brown, Warren (2000).

### Also ask about:

- ❑ Coping strategies the client uses and how they affect her/his daily life
- ❑ What the client has tried in the past to protect her/himself and how that did or did not work for her/him
- ❑ The client's degree of isolation versus support
- ❑ How client has cared for her children and what she's done to keep her and the children safe
- ❑ Strengths, capacities and resources (see list of strengths and capacities)

## **Comprehensive MH Assessment: Comprehensive DV Assessment Guidelines**

**Can you tell me more about how these experiences are affecting you?** As you know, domestic violence can have a profound emotional impact on women (people) – not only when they are feeling trapped in an abusive relationship but also when they have to completely disrupt their lives in order to be safe . . . Sometimes symptoms go away or women (people) feel a lot better once they are safe and able to make changes in their lives. Other times, the symptoms make it hard to function or just seem to get in the way and it helps to talk to someone about them . . . I'd like to ask you a series of questions about some of the common ways that women/people are affected by abuse. Then, we can talk about what would be most helpful to you in dealing with the ways you have been affected by your partner' abuse.

### **Impact of abuse on client's life:**

- ❑ How has your partner's behavior affected your ability to do the things you want or need to do? For example, has he/she disrupted your activities or ability to function, such as the ability to work, go to school, or maintain contact with friends and family?
- ❑ How do you see your situation at this time (what's your assessment of your situation)?
- ❑ What would you like to see happen?
- ❑ What issues or obstacles do you face in achieving those goals? (Including cultural, religious, stigma-associated and socioeconomic barriers)
- ❑ What resources and sources of support do you have that have or could be helpful to you?

### **Impact of abuse on physical health:**

- ❑ Since the abuse began, have you had any injuries, medical problems, pregnancy complications, or hospitalizations due to the abuse or medical conditions that make you more vulnerable to being abused?
- ❑ How has your partner's behavior affected your physical health? Has he/she caused any injuries? Have you ever had to be hospitalized? Have you developed any new medical problems or symptoms? Does he/she try to control your access to treatment? Your ability to take care of yourself? Your ability to take your medication properly?

### **Psychological impact of the abuse:**

- ❑ How are you feeling about yourself and your situation.?
- ❑ How do you think the abuse has affected you emotionally? Have you noticed any changes in yourself over the course of the relationship?
- ❑ Do you have any of the following trauma-related symptoms? (see trauma-related symptom list - include self-cutting and high-risk sexual behavior, PTSD, Complex PTSD, Dissociative symptoms such as intrusive recollections, nightmares, avoidance, hypervigilance, dissociation, affect dysregulation, anxiety/panic, depression, substance abuse, eating disorders, self-cutting, suicide attempts, somatization, etc.)

### **Impact of abuse on her/his children:**

- ❑ Before we talk about this any more, I wanted to remind you that what you say is confidential unless you report any child abuse (or if you tell me anything that makes me think you are a danger to yourself or someone else), but if you have concerns about the children being abused, I can work with you to try to find ways to keep them safe.
- ❑ Can you tell me about whether your children have witnessed the abuse and whether or not you have noticed changes in the children or in your relationship with the them?
- ❑ Have the children have developed any medical or behavior problems or psychiatric symptoms that might be related to the abuse? What are some of the concerns you have about the children's safety, behavior, or emotional states?(see text box).

***Behaviors and symptoms exhibited by child witness to trauma can include:***

- Increased crying, sadness, helplessness, guilt;
- Fearfulness, clinginess, separation anxiety, stranger anxiety;
- Nightmares, night terrors, difficulty falling asleep or withdrawal into sleep;
- Eating problems, physical complaints;
- Feeling as if events are recurring, sensitivity to loud noises or other reminders of trauma;
- Isolation, withdrawal, lack of interest in play;
- Spacing out, phobic behavior, sense of not having any future;
- Regression to an earlier developmental stage;
- Aggression, tantrums, acting out behavior, oppositional behavior;
- Truancy, school refusal, trouble with school schoolwork, inattentiveness to instructions;
- Repetitive play (of traumatic events), trauma reenactment;
- Hypervigilance, obsession with trauma details;
- Exaggerated startle response.

From Kerig, Fedorwoicz, Brown, Warren (2000).

**Also ask about:**

- ❑ Can you tell me a little more about the things you do to cope with what's going on and how they affect your daily life?
- ❑ What kinds of things have you tried in the past to protect yourself (and your children)? How did that work for you? What didn't work?
- ❑ Can you tell me more about how isolated you are right now and what kinds of support you have in your life?
- ❑ Can you tell me more about the ways you've been able to care for your children, despite what's been happening in your relationship and what she's done to keep her and the children safe
- ❑ Let's talk about all the strengths and capacities you've used to survive despite the abuse and what outside resources you've been able to draw on as well.

## Screening & Assessment of Other Trauma

Other traumatic experiences may play a significant role in clients' current mental health symptoms, increase their risk for revictimization and affect how they experience current abuse. Over time, understanding and demystifying the long-term effects of prior abuse can both relieve and empower clients.

In general, inquiry about childhood abuse and other life traumas should be part of a comprehensive mental health assessment, preferably in the context of an ongoing therapeutic relationship. During the initial assessment process, however, asking a general question about the relationship of previous trauma to current symptomatology can be helpful, particularly if the client is aware of that connection. Questions about other traumatic experiences should be folded into the developmental history, social history and risk assessment. Questions about when symptoms developed and what was going on in the client's life at the time also present opportunities to learn about previous traumas, responses of others, and client coping strategies.

If the client is unwilling or uncertain whether to proceed, gently explore the basis for her/his hesitation and attempt to address any concerns about the process, but do not pressure her/him to answer these questions. Pressing for details or pushing a client to talk about these issues if she/he is not ready can be retraumatizing and is not the goal of a trauma history.

Because conducting a trauma history can in itself be traumatizing, the following steps are critical:

- Informing clients of what you are intending to ask;
- Checking to see if they are comfortable;
- Attending to signs that prior traumatic experiences are being triggered, such as increased anxiety or dissociation;
- Ensuring that they have some ways to cope if they find themselves thinking more about these issues later.

### Suggested framing statements:

- *Some people who are abused by partners in adulthood have experienced other types of violence and abuse in their lives.*
- *The experiences you've had in your past may be related to some of what you are feeling now.*
- *It would be helpful to know more about the kinds of upsetting experiences you've had, as well as ones that have been positive, so that we can try to address them in the work we do together.*

- *Are you comfortable answering a few questions to help me understand more about your personal experience with violence and abuse?*

## Screening & Assessment of Other Trauma continued

### Previous Domestic Violence

Ask if the client experienced domestic violence with a previous partner.

### Family history/childhood

Ask if the client ever witnessed abuse between family members. Ask if the client experienced any type of abuse or violence during childhood and adolescence, such as:

- Physical abuse;
- Sexual abuse, including touching;
- Psychological abuse, including threats, withholding affection;
- Neglect.

### Other Violence

Ask if the client experienced any other type of violence or assault, such as:

- Being robbed with a weapon;
- Being sexually abused or assaulted;
- Being physically attacked and/or injured.

Ask if the client ever witnessed any type of violence or assault, such as:

- Witnessing an armed robbery;
- Seeing someone attacked or killed.

### Other traumas

Ask if the client ever had any other experiences during childhood or adulthood in which she/he felt very frightened or thought that her/his life was in danger, such as:

- Serious disasters like earthquakes, hurricanes, large fires;
- Serious accidents or accident-related injuries, like a bad car wreck, a household fire, or an on-the-job accident;
- Serious physical illnesses, (e.g., cancer, heart attack, major surgery).

Ask if the client had any other experiences during childhood or adulthood that were traumatic or very upsetting, such as:

- Adverse childhood events (e.g., substance abuse, suicide or incarceration of a family member);
- Discrimination (on the basis of race, sexual orientation, religion, etc);
- Significant losses (e.g., family members, close friends);
- Poverty-related traumas (e.g., becoming homeless);
- Immigration (e.g., border crossing, political torture).

### Suggested framing questions:

#### Previous Domestic Violence

*Did a previous romantic partner ever abuse you in any of the ways we talked about before? Could you tell me about it?*

#### Family history/childhood

*While you were growing up, did you ever see or hear of any abuse between family members? Could you tell me about it?*

*Did you experience any type of abuse or violence while you were growing up? Could you tell me about it?*

#### Other Violence

*Have you ever experienced any other type of violence or assault? Could you tell me about it?*

### Follow-up

For any “yes” answers, ask about the perpetrator, the client’s age when it happened, how many times it happened/how long it went on, and the impact on the client. In addition:

- Ask if the questions were upsetting to the client
- Ask whether she/he would like to talk about it
- Discuss what the client could do if she/he finds her/himself thinking more about these issues later

## **Comprehensive Mental Health Assessment: Chart Insert on Identifying Client Strengths & Abilities**

### **(1) Psychological Strengths and Abilities**

*Place a check mark beside the strengths that this client demonstrates that might help in the recovery process:*

- Ability to take perspective & see alternative viewpoints (self-awareness)
- Ability to set appropriate boundaries in relationships with others
- Accurate labeling of self and others
- Ability to have empathy for self and/or others
- Willpower and initiative; sense of agency
- Consistent problem solving and decision making
- Awareness of own psychological needs
- Sense of humor
- Insight, ability to be self-reflective
- Ability to foresee consequences of actions, judgment
- Ability to establish mature relationships with others
- Ability to make self-protective judgments
- Ability to manage feelings; self-soothing; emotional modulation
- Ability to follow through on commitments
- Sense of purpose and meaning
- Motivation for recovery

### **Other Capacities and Sources of Strength**

- Intelligence, education
- Skills, talents
- Ability to survive despite adversity
- Ability to protect self and children
- Ability to care for children; reliable parenting
- Ability to care for others
- Ability to live independently
- Ability to work
- Ability to manage finances
- Ability to engage in treatment, manage medication; openness to seeking help
- Resources and support network
- Supportive friendships
- Supportive family members
- Supportive of community
- Spirituality
- Other

## GLOSSARY FOR JUDGMENT/STRENGTHS AND ABILITIES

**Perspective:** ability to see different sides or aspects of a situation.

**Empathy:** ability to identify with another person.

**Boundaries:** limits on interpersonal closeness in a relationship.

**Initiative and Agency:** ability to begin an enterprise; to see oneself as the primary source of action and initiative in one's life

**Psychological needs:** one's sense of safety, trust, esteem, intimacy, and control.

**Responsibility:** Ability to make and follow through on commitments

**Self-awareness:** ability to read bodily, emotional, and motivational states accurately and to articulate that awareness to others in a clear manner.

**Self-protection:** ability to recognize, avoid and/or manage potentially harmful situations and relationships and to establish safe and manageable boundaries.

**Self-Soothing:** ability to manage and diminish stress and accompanying feelings of distress, pain and hurt especially when life events do not go as expected or well

**Emotional Modulation:** ability to control the intensity & expression of affective states

**Relational Mutuality:** ability to engage in a reciprocal meeting of interpersonal needs

**Accurate Labeling:** ability to use accurate words to label behavior of self and others.

**Consistent Problem Solving:** ability to combine cognitive, affective and social skills in resolving personal and interpersonal situations.

**Reliable Parenting:** ability to respond to the needs of dependent children and grandchildren in a reliable and consistent way

**Sense of Purpose & Meaning:** ability to actively seek and meet own needs in an appropriate manner and to view own actions in a larger context of meaning.

**Judgment & Decision-making:** ability to form reliable judgments based on thoughts, feelings and perceptions and to use those judgments to make beneficial decisions.

## Repeat Domestic Violence Screen

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Clients who indicate at intake that they are not being abused should still be asked about domestic violence, periodically. Some victims of abuse do not feel comfortable discussing the abuse at intake and it will not be detected if the client is not asked again. Also, periodical inquiry will detect abuse that begins *after* a client has begun mental health treatment.

Inquire about domestic violence at periodic intervals, particularly when a client's relationship changes or when a client:

- Begins a new relationship
- Becomes pregnant/gives birth
- Moves
- Presents with indications of abuse

### Indications that a client may be experiencing abuse include:

- Depression, anxiety, panic attacks, sleep disorders, dissociation, PTSD, complex PTSD, affect dysregulation, psychiatric decompensation
- Somatization disorders, eating disorders, chronic pain
- Suicidal ideation or attempts
- Compulsive sexual behaviors, sexual dysfunction
- New or more severe symptoms
- Unplanned pregnancies;
- Missed appointments
- Difficulty taking medication as prescribed
- Substance abuse (relapse if client is in recovery)
- Difficulties at work/job loss
- Self-neglect, malnutrition, dehydration, insomnia
- Aggression toward self or others

### A. Suggested framing statements and screening questions for ongoing therapy clients:

I haven't asked about this for a while, but I wanted to check to see if all of your relationships still feel safe to you or if you are being hurt or threatened in any way.

- Have there been any other changes in your life that we haven't talked about?
- Have you had any experiences that have made you afraid?
- We haven't talked about your relationship with (partner) for a while. How are things going? Do you still feel safe with (partner)? How is he/she treating you? Does he ever try to control what you do? Does he ever threaten you or physically hurt you? What about your sexual relationship?

### B. Suggested framing statements and screening questions for other clients (e.g., those coming in for medication management):

Since so many people experience abuse and violence in their lives, it's something we always ask about. I know that you were asked these questions when you first came here, but I'd like to go through them again in case anything has changed. Could you tell me:

- Is there anyone in your life right now who makes you afraid?
- Is there anyone in your life who hurts or threatens to hurt you?
- Is there anyone in your life who tries to control or isolate you?

**If the client indicates that there she or he has been abused, conduct a more in-depth assessment of the abuse and for both immediate danger and long-term safety. Follow the protocol for positive intake DV screen. (Form 1.2)**

## Repeat Danger Assessment

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A danger assessment should be completed periodically with clients who are being abused by their partners, as abusive behaviors often increase in severity and frequency over time. Explain to the client that you will ask her/him some questions about safety on occasion, so as to determine if the risk of serious harm has increased. If it has, review the client's safety plan with her/him, and make any necessary adjustments.

### Discuss whether:

- The abuser is there in the building (if applicable)
- The client has to be home at a certain time or is afraid to go home
- The client thinks the abuser is dangerous
- The abuser has a weapon or has access to weapons
- The abuse is escalating/becoming more frequent severe or frightening
- The abuser has forced the client into having sex recently
- The abuser has recently threatened homicide or suicide or described detailed fantasies of doing so ("I'm going to get you," "You'll pay for this," "I'll kill myself if you leave.")
- The abuser has recently tried grabbed the client by the neck or tried to strangle her/him;
- The client is planning to leave the abuser. If so, ask if the abuser knows about the client's plans
- Violence and threats increase around impending separation (despair or rage if the client considers leaving)
- There is evidence of extreme depression, alcohol or drug binges or increasing mental instability (erratic changes in mood or behavior)
- The abuser has been violent outside the home recently
- The abuser has injured any animals or pets recently.

### *Suggested framing statements:*

- We have discussed your level of safety in the past, and I'd like to go over it again in case anything new is going on
- I'd like to check in with you at each visit about any changes in your level of safety and see if we need to think about other ways to help you be safe

### *Suggested questions:*

- Are you afraid to go home?
  - Has anything changed in your relationship since we last met?
  - Do you feel your level of danger has increased?
  - Has your partner done anything to make you more afraid?
  - Has your partner physically hurt you or threatened you recently?
  - What about sexually? Has your partner pressured you or forced you to have sex when you didn't want to?
  - What do you feel would be the safest thing to do? What would you like to do?
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