

RELATIONSHIP ASSESSMENT TOOL



NAME _____

DATE _____

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

| | Disagree Strongly | Disagree Somewhat | Disagree a Little | Agree a Little | Agree Somewhat | Agree Strongly |
|--|-------------------|-------------------|-------------------|----------------|----------------|----------------|
| 1. My partner makes me feel unsafe even in my own home | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I feel ashamed of the things my partner does to me | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I try not to rock the boat because I am afraid of what my partner might do | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I feel like I am programmed to react a certain way to my partner | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel like my partner keeps me prisoner | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. My partner makes me feel like I have no control over my life, no power, no protection | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I hide the truth from others because I am afraid not to | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I feel owned and controlled by my partner | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. My partner can scare me without laying a hand on me | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. My partner has a look that goes straight through me and terrifies me | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Has my partner ever physically hurt me? (Circle one) | Yes | No | Not Sure | | | |
| 12. Has my partner ever forced me to do something sexual I didn't want to do? (Circle one) | Yes | No | Not Sure | | | |

Thank you for completing this survey.

Please give it back to your home visitor so they can complete the second page.

Adapted from: Smith, P.H., Earp, J.A., & DeVellis, R. (1995). Development and validation of the Women's Experience with Battering (WEB) Scale. *Women's Health, 1*, 273-288.

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This section is to be completed by home visitor.

What referrals and information were given to the client this session? (Circle all that apply)

- Social Worker/Counselor
- Domestic Violence Hotline
- Local Domestic Violence Advocate/Program
- Other (please specify): _____

Did you offer safety planning? (Circle all that apply)

- Provided domestic violence hotline numbers
- Referred to domestic violence advocate for additional safety planning
- Other (please specify): _____

Description and Scoring

The Relationship Assessment Tool (RAT) screens for domestic violence. Domestic violence is a pattern of abusive and threatening behaviors used by one person in a relationship, typically to control the other. Violence takes many forms and can happen all the time or once in a while. Children in homes where domestic violence is present are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even when the child is not abused awareness of, or witnessing domestic violence can result in emotional or behavioral problems.

To score the RAT add the numbered answers to questions 1-10. Responses to numbers 11-12 are for your information only. A higher score on the RAT indicates a higher likelihood of abuse.

| | |
|--------------------|--|
| Total Score | |
|--------------------|--|

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|--------------|--|
| Notes | |
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