

# Family Home Visiting Improving Intimate Partner Violence Referrals

This document is a section of the Intimate Partner Violence Screening toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve intimate partner violence referral practice.

## IPV Referrals

It is recommended that screening should only be completed when follow-up is available through referral to resources. This toolkit provides information on two foundational components of building a referral network:

- Identifying resources and building relationships with organizations in the community.
- Developing a process and protocol to ensure all children and families receive referrals if they screen positive.

## Identifying Resources & Building Relationships

Every person has choices if they have experienced IPV. Some of these choices include staying in the home, filing criminal charges or protective orders, or leaving the home. Home visiting agencies should identify resources that can be provided to caregivers who make any of these choices. A comprehensive resource list including referral options for these choices should be developed, maintained for accuracy, and made available to home visitors to use with caregivers who disclose or screen positive for IPV.

Home visitors should familiarize themselves with the emergency resources in their community. Most communities have emergency personnel, including advocates and law enforcement, who are specially trained to respond to IPV crises.

Home visitors should identify shelter resources in their community that caregivers can utilize if they do not feel safe staying in their home. Connecting with shelter staff to learn about how to make referrals and what caregivers can expect when they arrive at the shelter can help home visitors provide reassuring information and a warm hand off.

Many women's organizations, both locally and nationally have crisis response staff and IPV support hotlines that are answered 24 hours a day. In Minnesota, the Day One Crisis Line (1-866-223-1111) can connect caregivers with an advocate in their area who can support the caregiver in contacting shelters, law enforcement, and safety planning. The [National Domestic Violence hotline \(https://www.thehotline.org\)](https://www.thehotline.org) (1-800-799-7233 (SAFE) provides confidential support and can connect women to resources in their area.

Advocates are trained to assist a caregiver in developing a personalized safety plan with details about staying safe in their home, planning for leaving with their child(ren) or pets, and/or telling family and friends about their IPV. If a caregiver is not comfortable with a referral to an advocate, a home visitor can begin this process with a caregiver. Beginning safety planning can

help the home visitor better explore and support the caregiver's options. The National Domestic Violence hotline website has many safety planning resources at [What Is a Safety Plan? \(https://www.thehotline.org/help/path-to-safety/\)](https://www.thehotline.org/help/path-to-safety/). A sample safety plan is available in the [IPV Protocol \(https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvprotocol.pdf).

Caregivers who currently or in the past have experienced IPV may benefit from connecting with support groups and mental health providers in their area. Home visitors should identify support groups and collect information on when, where, and how often these groups meet in addition to contact information for the support group coordinator. Identifying mental health providers that specialize in supporting caregivers that have experienced IPV can encourage warm hand offs between home visiting staff and other agencies.

## Developing a Referral Process and Protocol

Rapid referral, defined as referral to resources appropriate for the level of support indicated by the screening result, is the goal of screening. Connecting a caregiver to resources as soon as possible can lead to improved outcomes and protect their safety. As a best practice, referrals should be made as soon as possible. Home visitors should become familiar with the organizations in their communities they are referring to. Examining the referral process using a [Swim Lane Map \(https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html\)](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html), also called a process map, can help identify barriers and opportunities for improvement to streamline the referral process.

The management of releases of information at an organizational level can impact the referral process and protocol. Before a home visitor can make a referral, they will need a release of information from the caregiver they are working with. Questions to consider when examining the referral process and developing a protocol include:

- Do home visitors have access to releases of information for their caregivers?
- When is an appropriate time for home visitors to complete releases of information? Prior to any screening or after a concern is identified?
- How are releases of information stored? Are they accessible to home visitors if needed during a crisis?

The referral process begins when a caregiver is screened using one of the validated IPV screening tools. The referral process and protocol should include next steps for caregivers who don't screen positive for IPV as well as caregivers for which a concern is identified. If no immediate referral is needed, a home visitor should continue to develop a relationship with their caregiver, re-screen as indicated, and continue to educate about health relationships. If a primary caregiver does not screen positive, they could still be in need of services and potentially benefit from a referral. Home visiting organizations should detail in a referral protocol how caregivers that do not screen positive receive follow-up or referrals to appropriate resources. For example, a caregiver may not screen positive using the HARK tool but has shared with their home visitor that they feel they at times are fearful of their partner.

The home visitor should support connecting the caregiver to IPV resources and record this referral, regardless of the screening result. Although this referral will not be counted towards performance measure data, it is best practice to provide referrals when clinical judgement indicates the caregiver could benefit from additional services.

Home visiting organizations should determine if the referral process differs if the screening is done in the home or in a public place, such as a WIC office. If a screening is done in a public place, how can home visitors ensure that the caregiver's comfort and private health information are protected if a referral needs to be made?

It is a recommended best practice to score screening tools and provide referrals based on screening results immediately. A referral protocol should include information on how home visitors should respond to screening results both when scored immediately and when the scoring cannot be immediately completed and shared with the caregiver. If the caregiver screens positive for IPV, how will the home visitor inform the caregiver of the screening result and protect their health and safety? Depending on the score, it might be appropriate to connect the caregiver to crisis resources. If the scoring is done outside of a visit, how can home visitors ensure that caregivers are receiving rapid referrals to crisis resources if needed?

The IPV Sample Protocol provides guidance on the type of supports a home visitor can provide to a caregiver that is experiencing IPV. A referral protocol should agency specific guidance on how quickly home visitors are expected to make a referral to services if a concern has been identified. A best practice to implement could be that home visitors make referrals immediately or within 24 hours of identifying a concern when the caregiver is not in imminent danger. If the caregiver is in imminent danger, their wishes for contacting emergency services should be respected but a home visitor should offer an immediate referral and develop a plan for checking in with the caregiver.

Some recommendations for actions that a home visitor can take when a caregiver screens positive for IPV include:

- Assess for imminent danger to caregiver, children and home visitor and call local emergency services, with caregiver consent, if imminent danger exists. Provide support by reinforcing that intimate partner violence is a crime and not the caregiver's fault.
- Provide the caregiver with information on referral options to community and intimate partner violence programs or advocate to seek resources on how to stay safe.
- Assess for other, often co-existing vulnerabilities and refer caregiver to substance abuse, mental health and/or other behavioral health specialist services if applicable.
- If the caregiver is experiencing reproductive coercion, discuss contraceptive methods that caregiver can use without partner knowing
- Give caregiver accessible local contacts, such as IPV advocate or other support structures, and hotline numbers (MN Day One: 866-223-1111 or National Domestic Violence Hotline: 800-799-SAFE) that can be reached if and when caregiver is in need of further assistance.

- Assist caregiver in identifying and accessing social support (i.e. trusted family or friends).
- Plan for follow up visit and make follow up calls using model recommendations or agency protocol.

Actively engaging caregivers in the referral process can help to improve caregiver comfort with the process. A referral protocol should detail strategies for home visitors to use to engage caregivers in the referral process and could include guidance on the following:

- Offering options
- Developing a plan together
- Prioritizing based on a family’s needs
- Starting the referral process together
- Making an initial connection through a warm hand-off

A referral protocol should detail how home visitors are tracking referrals and completing follow-up. Please see the “**IPV Follow-Up**” section for more guidance on this topic.

Ways to provide follow up support for home visitors supporting a caregiver experiencing ongoing IPV or an IPV crisis should be identified and included in a referral protocol. Compassion fatigue, secondary trauma, and fear could all be experienced by home visitors. Identifying interventions, such as de-briefs with a supervisor, and community resources to support home visitors helps support staff and organizations in developing capacity to support caregivers while also protecting their own health and safety.

## Crisis Response

There may be circumstances where it is appropriate to connect a caregiver to emergency resources. A component of reviewing the referral process and developing a protocol is examining the logistical aspects of providing crisis resource referrals, such as:

- What options are available for transporting a caregiver to an emergency room, a shelter, or a police station?
- How can home visitors support child safety during an IPV crisis?
- How will the health and safety of home visitors be monitored and protected when supporting caregivers experiencing an IPV crisis?
- What needs to be considered to assure documentation is completed accurately and timely?

MDH has developed an [IPV crisis intervention algorithm \(https://www.health.state.mn.us/docs/communities/fhv/ipvcialgorithm.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ipvcialgorithm.pdf) that can serve as a guideline for home visitor response to an IPV crisis.

## Resources

- [Domestic Violence Personalized Safety Plan \(http://www.ncdsv.org/images/DV\\_Safety\\_Plan.pdf\)](http://www.ncdsv.org/images/DV_Safety_Plan.pdf)
- [Futures Without Violence Webinars \(https://www.futureswithoutviolence.org/resources-events/webinars/\)](https://www.futureswithoutviolence.org/resources-events/webinars/)
- [Preventing Intimate Partner Violence Across the Lifespan Technical Package \(https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf\)](https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)
- [Minnesota Coalition for Battered Women \(http://www.mcbw.org/\)](http://www.mcbw.org/)

## Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email [health.fhvcqi@state.mn.us](mailto:health.fhvcqi@state.mn.us).

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