

<b>Responding to Intimate Partner Violence (IPV) and Reproductive Sexual Coercion in the Clinical Setting: Quality Assessment/Quality Improvement Tool</b>				
<b>Name/Title:</b>				
<b>Practice/Program Name:</b>				
<b>Date:</b>				
Assessment Methods				
<b>1. Does your clinic have a written protocol for screening and responding to patients for:</b>				
	<b>Yes (if so, please attach)</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Intimate Partner Violence (IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent Relationship Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Coercion (birth control sabotage, pregnancy pressure and coercion, STI/HIV risk, and partner notification risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. How are patients screened for IPV and reproductive and sexual coercion?</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Patients answer questions on a medical/health history form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff review the medical/ health history form and ask additional/ follow-up questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff ask the patients questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening occurs in a private place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Are there screening questions for IPV and reproductive and sexual coercion that staff ask at:</b>				
	<b>Yes (verbal or written?)</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
<b>New Patients</b>				
Initial visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual/comprehensive visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control counseling visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV C&T visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy test visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other visit (eg.: Depo revisit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Established Patients	Yes (verbal or written)	No	N/A	Don't Know
Annual/comprehensive visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control counseling visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV C&T visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Test visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other visit (eg.: Depo revisit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Which staff are primarily responsible for screening patients for IPV and reproductive and sexual coercion? (please pick one)</b>				
	Counselor	Medical Assistant	NP/RN	MD
Initial visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual/comprehensive visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control counseling visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV C&T visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Test visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other visit (eg.:Depo revisit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. How often are patients screened for IPV and reproductive and sexual coercion?</b>				
<input type="checkbox"/> With each new sexual partner <input type="checkbox"/> At least every six months <input type="checkbox"/> At least once a year <input type="checkbox"/> No established time interval				
<b>6. Are there sample wording, scripts, prompts, questions, or information on medical/health history/risk assessment forms for staff to:</b>				
	Yes (if so, please attach)	No	N/A	Don't Know
Explain to patients why they are being screened for IPV and reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform patients about confidentiality and any mandated reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients about IPV and reproductive and sexual coercion (with sample questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patients about impact of IPV and reproductive and sexual coercion on reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope of Assessment				
<b>1. On the medical/health history/assessment form(s) which of the following are addressed:</b>				
	Form/Visit Type	Yes	No	Don't Know
Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent relationship abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive coercion (birth control sabotage, pregnancy pressure and coercion, STI/HIV risk, and partner notification risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Strategies				
<b>1. Do the staff have:</b>				
	Yes	No	N/A	Don't Know
Sample wording or scripts about what to say and do when a patient discloses IPV and/or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample or scripted tools and instructions on how to do safety planning with patients who disclose current IPV and/or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions on how to file a mandated report when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety cards or other information to give patients when IPV and/or reproductive and sexual coercion is disclosed or suspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An on-call advocate or counselor who can provide on-site follow-up with a patient who discloses IPV or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe place where the patient can use a phone at your clinic/program to talk to a violence advocate/shelter/support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Do your staff have resource lists that:</b>				
	Yes	No	N/A	Don't Know
Identify referrals and resources such as shelters, legal, advocacy, for patients who disclose IPV or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals and resources for patients who disclose sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals and resources for perpetrators of IPV or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include a contact person for each referral agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Is there a staff person responsible for updating these lists?**

**4. Are these lists updated at least once a year?**

### Networking and Training

**1. Within the last year has your staff had contact with representatives from any of the following agencies (contact means--called to refer a patient, called for assistance with a patient, called for information about program):**

	Yes	No	N/A	Don't Know
Domestic violence advocates or shelter staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis center staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batterer's intervention group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal advocacy/legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Are there any staff who are especially skilled/comfortable dealing with IPV and reproductive and sexual coercion issues that other staff can turn to for help? (please include staff title/position)**

☐ Yes ☐ No

If Yes, Please include staff title/position:

**3. Do your protocols advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when IPV or reproductive and sexual coercion is disclosed? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)**

☐ Yes ☐ No

**4. Do any of your staff participate in a local domestic violence task force or related subcommittee? If yes, please describe (and include staff title/position)**

☐ Yes ☐ No

If yes, please include staff title/ position:

**5. Is there a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a patient? If yes, please describe.**

☐ Yes ☐ No

If yes, please describe:

<b>6. Within the last two years have representatives from any of the following agencies either been contacted to schedule a training or come to your practice/program and conducted a training for your staff:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Domestic violence program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis center program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement (e.g., DV unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services/Legal advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. What type of training(s) do new staff receive on IPV and reproductive and sexual coercion?</b>				
<b>8. Does your staff receive booster training on assessment and intervention for IPV and reproductive and sexual coercion at least once a year?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Don't Know				

Self-Care and Support				
<b>1. Does your practice/program:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Have a protocol for what to do if a staff person is experiencing IPV or reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a protocol for what to do if a perpetrator is on-site and displaying threatening behaviors or trying to get information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide individual clinical supervision for staff where they can discuss any concerns/ discomfort relating to screening IPV and reproductive and sexual coercion cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide other types (group supervision, case presentation) of opportunities for staff to discuss any concerns/issues etc relating to IPV and reproductive and sexual coercion cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an employee assistance program (EAP) that staff can access for help with current or past victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data and Evaluation				
<b>1. Does your practice/program:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Record the number of patients screened for IPV and reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the number of patients who disclose IPV and reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record use of longer-acting contraceptives among patients experiencing reproductive coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annually review all clinic protocols relating to IPV and reproductive and sexual coercion (both patient and staff related)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your patient satisfaction surveys include any questions soliciting patient's opinions about assessment and intervention strategies for IPV and reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education and Prevention				
<b>1. Does your practice/program:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Provide information to patients on how violence can impact reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information to patients on healthy relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program sponsor any client or community education to talk about healthy relationships or indicators of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment and Resources				
<b>1. Does your practice/program have:</b>				
	Yes	No	N/A	Don't Know
Brochures or information about IPV and reproductive and sexual coercion that patients can take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures, cards, information for patients about how IPV affects children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters about IPV and reproductive and sexual coercion displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent focused brochures, cards or information about adolescent relationship abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information specific to LGBTQ relationship violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures/cards/posters placed in an easily visible location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures/cards/posters been reviewed by underserved communities for inclusivity, linguistic and cultural relevance and a staff person who is responsible for restocking patient material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>