



## **Domestic Violence Quality Assessment/Quality Improvement Tool for Clinics, Hospitals and other Health Systems**

The following Domestic Violence (DV) Quality Assessment Tool was developed in 2016 by Futures Without Violence and Dr. Elizabeth Miller, University of Pittsburgh. It is intended to provide health care facilities some guiding questions to assess quality of care related to the promotion of healthy relationships and intervention related to DV within health care delivery. The information may be used as a benchmark for each program to engage in ongoing quality improvement efforts. Complete the tool as honestly and completely as you can—there are no right or wrong answers, and your clinic/hospital shouldn't be penalized for identifying areas for improvement. For questions that you respond yes to, it may be helpful to attach and review corresponding forms, policy, tools, etc.

We recommend that you complete the tool twice: once at the beginning and before you begin making any changes; and again in 6 months after the first completion and once you initiate making improvements.

We hope that this tool will help provide guidance on how to enhance your clinic/hospital's response to intimate partner violence.

For more information, client brochures, posters and resources visit <http://www.healthcaresaboutipv.org/>

**Completed by (title only):**

**Health Center Name:**

**Date:**

**Protocols**

**Does your health center have a written protocol for assessment\* and response to:**

|  | Yes (if so, please attach) | No                       | N/A | Don't Know               |
|--|----------------------------|--------------------------|-----|--------------------------|
| Intimate partner violence (IPV)?   |                            | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Sexual violence (SV)?  |                            | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Reproductive coercion (RC: birth control sabotage, pregnancy pressure and coercion, and STI/HIV risk)? |                            | <input type="checkbox"/> |     | <input type="checkbox"/> |

**Are there sample wording, scripts, prompts, questions, or information on medical/health history/risk assessment forms or EHR for staff to:**

|  |  |                          |  |                          |
|--|--|--------------------------|--|--------------------------|
| Explain to patients why they are being screened for IPV?                       |  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Inform patients about confidentiality and any mandated reporting requirements? |  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Ask patients about IPV/SV/RC (with sample questions)?                          |  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Educate patients about impact of IPV/SV/RC?                                    |  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Discuss ways to stay safe in an unhealthy or abusive relationship?             |  | <input type="checkbox"/> |  | <input type="checkbox"/> |

**Do your protocols instruct providers to assess for intimate partner violence (IPV) during:**

|  | Yes | No                       | N/A | Don't Know               |
|--|-----|--------------------------|-----|--------------------------|
| A visit addressing alcohol or other drug use |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| A visit addressing depression or suicidality |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Any primary care visit                       |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Any reproductive or sexual health visit      |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| A wellness visit/annual exam/preventive care |     | <input type="checkbox"/> |     | <input type="checkbox"/> |

\*Throughout this document, we refer to assessment—rather than screening—for intimate partner violence, sexual violence, and reproductive coercion. Screening refers to stand alone questions or a self-administered checklist, while assessment includes conversation with the provider that includes anticipatory guidance on healthy relationships, direct questions about IPV, and harm reduction strategies and a warm referral to IPV services if abuse is disclosed.

| <b>Does your health center:</b>  |            |                          |            |                          |
|--|------------|--------------------------|------------|--------------------------|
|  | <b>Yes</b> | <b>No</b>                | <b>N/A</b> | <b>Don't Know</b>        |
| Provide patients with a written explanation of confidentiality and limits of confidentiality when they check-in?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Have a place to speak with clients privately?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Have a privacy screen on the computer to protect the contents of the electronic health record from being viewed by others?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Have a policy to ensure that providers ask about IPV when the patient is alone?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| <b>Assessment Methods</b>  |            |                          |            |                          |
| <b>How are patients assessed for IPV?</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"/> |
| Staff review the medical/ health history form and ask follow-up questions  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Staff ask the patients questions   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Staff offer a palm-size safety card <sup>1</sup> with information about how violence can impact health (see example below)   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Assessment occurs in a private place   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| <b>Which staff are primarily responsible for assessing patients for IPV? (please pick one)</b>   |            |                          |            |                          |
| <input type="checkbox"/> Counselor<br><input type="checkbox"/> Medical Assistant<br><input type="checkbox"/> NP/RN<br><input type="checkbox"/> MD<br><input type="checkbox"/> Other (Please explain) _____ |            |                          |            |                          |



<sup>1</sup> Futures Without Violence General Health Safety Card. To order, visit: <http://bit.ly/1ydEXO1>

**How often are patients asked about IPV/SV/RC?**

- With each new sexual partner
- At least every six months
- At least once a year
- No established time interval

| Documentation of Assessment and Response   |     |                          |     |                          |
|--|-----|--------------------------|-----|--------------------------|
| On the medical/health history/assessment form(s) are the following steps documented?   |     |                          |     |                          |
|  | Yes | No                       | N/A | Don't Know               |
| A palm-size safety card was offered and discussed  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Harm reduction strategies were shared  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Referral to a domestic violence agency or advocate provided  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Intervention Strategies  |     |                          |     |                          |
| Does your staff:   |     |                          |     |                          |
|  | Yes | No                       | N/A | Don't Know               |
| Have sample wording or scripts about what to say and do when a patient discloses IPV/SV/RC?  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Have sample or scripted tools and instructions on how to do safety planning with patients who disclose current IPV?  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Have instructions on how to file a mandated report when needed?  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Know an advocate or counselor who can provide on-site follow-up with a patient who discloses IPV?  |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Know the national hotlines and how they can support underserved or minority communities (e.g. non-English/Spanish speakers, the hearing impaired, LGBTQ patients)? |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Have a safe place where the patient can use a phone at your health center to call a national hotline or to talk to a local violence advocate?                      |     | <input type="checkbox"/> |     | <input type="checkbox"/> |

| <b>Do your staff have resource lists that:</b>  |            |                          |            |                          |
|---|------------|--------------------------|------------|--------------------------|
|   | <b>Yes</b> | <b>No</b>                | <b>N/A</b> | <b>Don't Know</b>        |
| Identify referrals and resources such as shelters, legal, advocacy, for patients who disclose IPV/SV/RC?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Identify referrals and resources that are specifically relevant to your community's underserved population?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Identify referrals and resources for perpetrators of IPV/SV/RC?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Include a contact person for each referral agency?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| <b>Is there a staff person responsible for updating these lists?</b>  |            |                          |            |                          |
| <b>Are these lists updated at least once a year?</b>  |            |                          |            |                          |
| <b>Networking and Training</b>  |            |                          |            |                          |
| <b>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)?</b>               |            |                          |            |                          |
|   | <b>Yes</b> | <b>No</b>                | <b>N/A</b> | <b>Don't Know</b>        |
| Domestic violence advocates or shelter staff  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Child protective services   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Batterer's intervention group   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Legal advocacy/legal services   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Law enforcement   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| <b>Are there any staff who are especially skilled/comfortable dealing with IPV that other staff can turn to for help?</b>   |            |                          |            |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please include staff title/position:  |            |                          |            |                          |
| <b>Do your protocols advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when IPV is disclosed? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)</b> |            |                          |            |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |                          |            |                          |
| <b>Do any of your staff participate in a local domestic violence task force or related subcommittee?</b>  |            |                          |            |                          |

Yes  No

If yes, please identify staff and describe task force/subcommittee:

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**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?**

Yes  No

If yes, please describe:

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**Within the last two years, have representatives from any of the following agencies either been contacted to schedule a training or come to your health center and conducted a training for your staff?**

|                                 | Yes | No                       | N/A | Don't Know               |
|---------------------------------|-----|--------------------------|-----|--------------------------|
| Domestic violence program       |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Rape crisis center program      |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Child protective services       |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Law enforcement (e.g., DV unit) |     | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Legal services/legal advocacy   |     | <input type="checkbox"/> |     | <input type="checkbox"/> |

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**What type of training(s) do new staff receive on intimate partner violence (IPV)?**

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**Does your staff receive booster training on assessment and intervention for IPV at least once a year?**

Yes  No  N/A  Don't Know

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**Self-Care and Support**

**Does your health center:**

|   | Yes | No                       | N/A | Don't Know               |
|---|-----|--------------------------|-----|--------------------------|
| Have a protocol for what to do if a staff person is experiencing IPV?   |     | <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"/> |
| Provide individual clinical supervision for staff where they can discuss any concerns/discomfort related to IPV cases?        |     | <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 difficult cases? |            | <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"/> |
| <b>Data and Evaluation</b>  |            |                          |            |                          |
| <b>Does your health center:</b>   |            |                          |            |                          |
|   | <b>Yes</b> | <b>No</b>                | <b>N/A</b> | <b>Don't Know</b>        |
| Record the number of patients assessed for IPV?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Record the number of patients who disclose IPV?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Record use of longer-acting contraceptives among patients experiencing reproductive coercion?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Annually review all health center protocols relating to DV (both patient and staff related)?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Discuss with patients where and how their confidential information will be handled?   |            | <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? |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Provide regular (at least annual) feedback to providers about their performance regarding IPV assessment?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| <b>Education and Prevention</b>   |            |                          |            |                          |
| <b>Does your health center:</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 women's health?  |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Provide information to patients on healthy relationships?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |
| Sponsor any client or community education to talk about healthy relationships or indicators of abuse?   |            | <input type="checkbox"/> |            | <input type="checkbox"/> |

## Environment and Resources

**Does your health center have any of the following?**

|   | Yes                      | No                       | N/A                      | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Brochures or information about IPV that patients can take                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brochures, cards, information for patients about how violence exposure affects children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Posters about IPV, SV and reproductive 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 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"/> |

Has your health center adapted any materials to make them more culturally relevant for your patient population?

Yes       No

If yes, please describe:

Who is responsible for stocking and ordering materials including safety cards, pregnancy wheels and posters?

Please identify staff by title:



## Additional Comments and Observations

Developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence

View more tools:  
[www.IPVhealthpartners.org](http://www.IPVhealthpartners.org)

