



## Integrating Health Services into Domestic Violence Programs for Survivors of Intimate Partner Violence, Sexual Violence, and Human Trafficking

### Quality Assessment/Quality Improvement Tool for Domestic Violence Programs

Thank you for your participation in [Project Catalyst: Statewide Transformation on Health and IPV](#). During this project, the state leadership team will be working statewide with domestic violence (DV) programs to improve how health services are offered to survivors of **intimate partner violence (IPV)**, **sexual violence (SV)**, and **human trafficking (HT)** and enhancing their partnerships with community health centers to promote clinical intervention and warm referral, policy change, and collaborative learning.

The following quality assessment/quality improvement (QA/QI) tool is intended to provide DV programs with guiding questions to assess how they are addressing the health needs of IPV/SV/HT survivors. This includes addressing physical and mental health concerns as well as increasing access to health services. The information is to be used as a benchmark for each program to engage in quality improvement efforts. Complete the tool as honestly and completely as you can—there are no right or wrong answers, and your program will not be penalized for identifying areas for improvement. For questions that you respond yes to, please attach the corresponding form, policy, tool, etc.

For the purposes of providing technical assistance, we are asking that DV programs share their responses with their state leadership team and to the technical assistance team. Responses will also be shared with the evaluation team. The names of each DV program will be kept confidential, and findings will only be shared in aggregate (meaning for all DV programs in general, not identifying specific locations). We will ask your DV program to complete the tool again in about 6 months. Completed QA/QI tools should be sent to Summer Miller-Walfish on the evaluation team ([summer.millerwalfish@chp.edu](mailto:summer.millerwalfish@chp.edu)).

We hope that this tool will help provide guidance on how to enhance your DV program's capacity to address the health and healthcare needs of survivors of IPV/SV and HT. For more information on how to implement these practices visit: [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org).

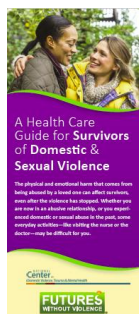
This tool is part of a national initiative, [Project Catalyst](#) focused on fostering intimate partner violence (IPV), human trafficking, and health leadership and collaboration at the U.S. state level to improve the health and safety outcomes for survivors of IPV and human trafficking and to promote prevention. Project Catalyst is sponsored by U.S. Department of Health and Human Services agencies: Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); the HRSA Office of Women's Health; and the Administration for Children and Families' (ACF) Family and Youth Services Bureau. Training and technical assistance is provided by Futures Without Violence; the evaluation is being conducted by the University of Pittsburgh.

<b>Completed by (name and title):</b>				
<b>Email:</b>				
<b>Domestic Violence Program Name:</b>				
<b>Date:</b>				
<b>Survivor Health Assessment</b>				
<b>Does your program assess for the following health concerns during intake, safety planning, and/or case management? <i>We are not recommending that you talk about all of these health issues right at intake (to be trauma informed) but offer this list below to help identify how you are doing this.</i></b>				
	Yes (if so, please attach)	No	N/A	Don't Know
Medical concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental/oral health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe or repeated head trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or substance use dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery support; med. assisted treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last physical (incl. immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most recent pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive health needs – including desire for contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and/or postpartum health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing (does client want a test?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI testing not including HIV (e.g., gonorrhea, chlamydia, HPV, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition or food availability concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current medications, Rx and non-Rx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health insurance and med. home status (whether they have a PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to health services (includes transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Does your intake form prompt staff to offer clients two palm-size safety cards <sup>1</sup> with information about how violence can impact health, safety and how to support a friend or relative? (See below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your intake form prompt staff to offer clients the brochure <sup>2</sup> with information for survivors about how trauma can make it difficult to go to health and dental appointments—and trauma informed tips to have a better health care visit? (See below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition to asking about the clients' health, does the intake form include assessment for children's health needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a private place in your program to complete the intake form and talk with clients about health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program offer basic, over the counter health supplies: pain/fever reducers, anti-acids, feminine care products, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1 Futures Without Violence Reproductive Health Safety Card. To order, visit: <http://bit.ly/HealthOutcomesSurvey>



2 Futures Without Violence Health Survivor Brochure, a trauma-informed guide to promote survivor's access to health services and validate why it may be hard for them to go to visits and names the common experience of disassociation. To order, visit: <http://bit.ly/HealthOutcomesSurvey>

Documentation of Assessment and Response				
On the intake form are the following steps documented?				
	Yes	No	N/A	Don't Know
Two palm-size safety cards were offered and discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction strategies were shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral made to a community health center provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intervention Strategies and Follow Up Protocols</b>				
<b>Does your staff have:</b>				
	<b>Yes (if so, please attach)</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Scripted tools/instructions about what to say and do when a client discloses a medical concern and how to incorporate into safety planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripted tools/instructions on how to discuss <u>reproductive coercion</u> and how to incorporate into safety planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripted tools/instructions on how to discuss <u>human trafficking</u> and how to incorporate into safety planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripted tools/instructions on how to assess for suicidality and how to incorporate into safety planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripted tools/instructions on how to assess for strangulation and the health effects and how to incorporate into safety planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions or guidelines on how to determine urgency of health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol for connecting client to urgent health services (mental, reproductive or physical health)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol for obtaining emergency contraception for a client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol for connecting client to general (non-urgent) health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A medical professional to contact/call with medical questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals/resources related to prescription medication assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol for connecting clients exposed to HT to services specific for trafficked persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your program have resource lists that:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Identify clinical referrals/resources for clients who need medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals/resources for clients who need mental health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify referrals/resources for clients who need reproductive/sexual health care?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals and resources that are relevant to victims of HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes a contact person for each referral agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a formal <b>Memorandum of Understanding</b> with a community health center specifying referral processes between your agency and the health center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your program offer onsite health services? For example, partnerships with community health centers, health professional students and academic programs, mobile health vans, public health nursing programs, etc.?</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Health services for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health services for children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive services like immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive health services (emergency contraceptives, pregnancy testing, STI testing, doula support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services/counseling/support grps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counseling or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary or alternative medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list, such as a mobile van service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Care, Support, and Safety</b>				
<b>Does your program:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Have specific training or in-service on secondary trauma and self-care for staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have a protocol for what to do when a staff person is experiencing DV/SV/HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a structure for staff to meet and discuss challenges and successes with cases involving complex medical and/or mental health needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Data and Evaluation</b>				
<b>Does your program:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Track medical and mental health referrals made on behalf of clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track medical and mental health referrals <u>completed</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct an annual review to update all scripts, instructions, and protocols addressing survivor health and healthcare needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use client satisfaction surveys or client focus groups that ask clients' opinions about assessment and intervention strategies for health related concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide regular (at least annual) feedback to staff about their performance regarding assessment and referrals for survivors' health and healthcare related concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education and Prevention</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Does your program provide information to clients on how DV/SV/HT can impact their health and comfort level of being seen by a health care provider? (For example with the health survivor brochure.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does any of the information that you provide to clients address healthy relationships? (For example by sharing a safety card or other brochure.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program sponsor any client or community education to talk about the impact of DV/SV/HT on health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program offer workshops on how to get health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program offer workshops on sexual health and healing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your program offer workshops on mindfulness, or yoga?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environment and Resources</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Are there any brochures or other information about the health impact of DV/SV readily available for clients to take (such as the survivor health brochure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any brochures or other information about HT readily available for clients to take?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any posters about health and healthcare displayed at your site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are materials available specific to LGBTQ relationship abuse and health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have these brochures/cards/posters been placed in an easily visible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are brochures or posters reflective of the diverse backgrounds and needs of clients served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are brochures or posters offered in languages other than English spoken by your patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have these brochures/cards/posters been reviewed by underserved communities for inclusivity, linguistic and cultural relevance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has your program adapted any materials to make them more culturally relevant for your patient population?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please describe:</p>				
<p>What tools and support do you need to strengthen your program's support for survivors of DV/SV/HT related to their <u>health care needs</u>?</p>				
<b>Additional Comments and Observations</b>				