



## A Trauma-informed Community Health Center Response to Intimate Partner Violence, Sexual Violence and Human Trafficking

### Quality Assessment/Quality Improvement (QA/QI) Tool

Thank you for your participation in [Project Catalyst: Statewide Transformation on Health and IPV](#). During this project, the state leadership team working with you will be increasing the capacity of community health centers to prevent, educate about, and respond to **intimate partner violence (IPV)**, **sexual violence (SV)**, and **human trafficking (HT)** statewide through enhanced clinical intervention, partnerships with community-based IPV/SV/HT agencies, policy change, and collaborative learning.

The following quality assessment/quality improvement (QA/QI) tool is intended to provide community health centers with guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to IPV/SV/HT within their health care delivery. The information is to be used as a benchmark for each health center to engage in ongoing quality improvement efforts.

Please complete the tool as honestly and completely as you can—there are no right or wrong answers, and your program should not be penalized for identifying areas for improvement. For questions that you respond “yes” to, it may be helpful to attach and review the corresponding form, policy, tools, etc.

For the purposes of providing technical assistance, we are asking that community health centers 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 health center will be kept confidential, and findings will only be shared in aggregate (meaning for all health centers in general, not identifying specific locations). We will ask your health center 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 community health center’s response to intimate partner violence, sexual violence, and human trafficking. 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, title):</b>				
<b>Email:</b>				
<b>Health Center Name:</b>				
<b>Date:</b>				
<b>POLICIES AND PROTOCOLS</b>				
<b>Does your health center have a policy and written protocol for assessment* and response to:</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"/>
Sexual violence (SV)?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Trafficking (HT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there sample wording, scripts, prompts, questions, or information on medical/health history/risk assessment forms or EHR for staff to:</b>				
Explain to patients why you are discussing IPV/SV/HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform patients about confidentiality and limits of confidentiality (any mandated reporting requirements)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patients about health impact of IPV/SV/HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss resources available to patients (including hotlines, advocates) to stay safe in an unhealthy or abusive relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do your protocols instruct providers to educate about the possible intersection with IPV/SV/HT during:</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
A visit addressing alcohol or other drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A visit addressing depression or suicidality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any primary care visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any behavioral health visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any reproductive or sexual health visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A wellness visit/annual exam/preventive care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Throughout this document, we refer to assessment—rather than screening—for intimate partner violence, sexual violence, and human trafficking. 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/SV/HT, and harm reduction strategies and a warm referral to victim advocacy services if abuse is disclosed.				

PRIVACY/CONFIDENTIALITY POLICIES AND PROTOCOLS				
Does your health center:	Yes	No	N/A	Don't Know
Provide patients with a written explanation of confidentiality and limits of confidentiality when they check-in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a policy to routinely see patients alone (without family members, partners, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a policy to use professional language interpreters for non-English speaking patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a policy that family members or friends may not be used for interpreting for patients?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a policy to ensure that each patient is seen alone (without friends or family) for at least a portion of the visit to talk about violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Talking with Patients about DV/SV/HT</b>				
<b>How are patients assessed for IPV/SV/HT?</b>				
	Yes	No	N/A	Don't Know
Patients answer screening 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 follow-up questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff ask patients standard screening questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff offer universal education with two palm-size safety cards <sup>1</sup> with information about how violence can impact health (see example below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment occurs in a private place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Which staff are <u>primarily responsible</u> for talking to patients about IPV/SV/HT? (please pick one)</b>				
<input type="checkbox"/> Counselor/Social Worker <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Nurses <input type="checkbox"/> Clinician (MD/DO/CRNP/PA/etc.) <input type="checkbox"/> Other (Please explain) _____				



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

**Which staff are secondarily responsible for talking with patients about IPV/SV/HT, if at all? ( select all)**

- Counselor/Social Worker
- Medical Assistant
- Nurses
- Clinician (MD/DO/CRNP/PA/etc.)
- Other (Please explain) \_\_\_\_\_
- No additional staff are responsible for this

**How often do providers discuss IPV/SV/HT with patients?**

- With each new sexual partner
- At least every six months
- At least once a year
- No established time interval
- At every visit
- At initial visit only
- Not sure

**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
Two palm-size safety cards 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 to a victim service agency or connection to advocate provided	<input type="checkbox"/>	<input type="checkbox"/>	<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, and/or HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have sample or scripted tools and instructions on how to safety plan and offer harm reduction strategies for patients who disclose IPV, SV or HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have instructions on how to file a <u>trauma-informed</u> mandated report (e.g., child protective services) when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know an advocate or counselor who can provide on-site follow-up with a patient who discloses IPV, SV or HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know the national hotlines and how they can support underserved or minority communities (e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

non-English/Spanish speakers, Native American, hearing impaired, LGBTQ patients)?				
Know the youth relevant services and how they can support vulnerable youth in particular - runaway homeless youth and youth who are sexual and gender minority?	<input type="checkbox"/>	<input type="checkbox"/>	<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 advocate?	<input type="checkbox"/>	<input type="checkbox"/>	<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 <u>IPV/SV</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals and resources such as shelters, legal, advocacy, for patients who disclose <u>HT</u> ?	<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(s)?	<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"/>
Does your health center have a formal <b>Memorandum of Understanding</b> with a victim service agency (DV/SA) specifying referral processes between your health center and agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Who is the staff person responsible for updating these lists?</b>				
<b>Are these lists updated at least once a year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>How often? Please explain:</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>
DV/SV advocates or shelter or rape crisis staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experts in serving trafficked persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth services	<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"/>
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"/>

**Are there any community health center staff who are especially skilled/comfortable dealing with IPV, SV and HT whom other staff can turn to for help?**

Yes  No

If Yes, please include staff title/position:

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

Yes  No

**Do any of your staff participate in a local domestic violence or SART task force or related subcommittee?**

Yes  No  Don't know

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

**Do you have staff trained as forensic examiners for example SANEs or SANE-Ps?**

Yes  No  Don't know

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

**Do any of your staff participate in a local anti-human trafficking task force or related subcommittee?**

Yes  No  Don't know

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

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis/sexual violence center program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experts in care for trafficked persons	<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"/>

**What type of training(s) do new staff receive on IPV/SV?**

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

Yes  No  N/A  Don't Know

**What type of training(s) do new staff receive on HT?**

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

Yes  No  N/A  Don't Know

**Staff Support and Safety**

**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/SV/HT?	<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 related to IPV/SV/HT 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 relating to difficult cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a patient?	<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**

**Does your health center:**

	Yes	No	N/A	Don't Know
Record the number of patients assessed for <u>IPV/SV</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the number of patients assessed for <u>HT</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the number of patients who disclose <u>IPV/SV</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the number of patients who disclose <u>HT</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the number of times that referrals and resources were discussed with patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record the number of referrals made to IPV/SV/HT victim advocacy services?	<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"/>
Record other health promotion and safety strategies offered to patients experiencing IPV/SV/HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss with patients where and how their confidential information will be handled?	<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/SV/HT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide regular (at least annual) feedback to providers about their performance regarding IPV/SV/HT assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annually review all health center protocols relating to IPV/SV/HT (both patient and staff related)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environment and Resources**

<b>Does your health center have any of the following?</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Don't Know</b>
Brochures or information about IPV/SV that patients can take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures or information about HT 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"/>
Brochures or posters offered in languages other than English that reflect those spoken by your patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochures or posters that visually reflect the diverse backgrounds of patients served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters about IPV, SV and HT 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 accessible location (like bathrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Has your health center adapted materials to make them more culturally relevant for your patient population?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please describe:</p>				
<p><b>Who is responsible for stocking and ordering materials including safety cards and posters?</b></p> <p>Please identify staff by title:</p>				
<p><b>Does your health center sponsor any client or community education to talk about healthy relationships or indicators of abuse?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please describe:</p>				
<p><b>What tools and support do you need to strengthen your health center's response to IPV/SV/HT?</b></p>				
<p><b>Additional Comments and Observations</b></p>				