



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

Quality Assessment/Quality Improvement (QA/QI) Tool

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 **intimate partner violence (IPV)**, **sexual violence (SV)**, and **human trafficking (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.

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.

This tool was developed as 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.

Completed by (name, title):				
Email:				
Health Center Name:				
Date:				
POLICIES AND PROTOCOLS				
Does your health center have a policy and 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"/>	<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"/>
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 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"/>
Do your protocols instruct providers to educate about the possible intersection with IPV/SV/HT during:				
	Yes	No	N/A	Don't Know
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"/>
<i>*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.</i>				

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"/>
Talking with Patients about DV/SV/HT				
How are patients assessed for IPV/SV/HT?				
	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 ¹ 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"/>
Which staff are <u>primarily responsible</u> for talking to patients about IPV/SV/HT? (please pick one) <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) _____				



1 <http://bit.ly/HealthOutcomesSurvey> 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"/>
	Yes	No	N/A	Don't Know
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. non-English/Spanish speakers, Native American, hearing impaired, LGBTQ patients)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Do your staff have resource lists that:				
	Yes	No	N/A	Don't Know
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 Memorandum of Understanding 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"/>
Who is the staff person responsible for updating these lists?				
Are these lists updated at least once a year? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? Please explain: 				
Networking and Training				
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
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do any of your staff participate in a local domestic violence or SART task force or related subcommittee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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 to track referrals and outcomes, key health outcomes, and partner communication?	<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				
Does your health center have any of the following?				
	Yes	No	N/A	Don't Know
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"/>
	Yes	No	N/A	Don't Know
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"/>
Has your health center adapted materials to make them more culturally relevant for your patient population? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				
Who is responsible for stocking and ordering materials including safety cards and posters? Please identify staff by title:				
Does your health center sponsor any client or community education to talk about healthy relationships or indicators of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				

What tools and support do you need to strengthen your health center's response to IPV/SV/HT?

Additional Comments and Observations

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

The following quality assessment/quality improvement (QA/QI) tool is intended to provide Domestic Violence (DV) programs with guiding questions to assess how they are addressing the health needs of Intimate Partner Violence/Sexual Violence/Human Trafficking 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.

We recommend that you complete the tool twice: once before you begin making any changes, and again in 6 months after you initiate making improvements

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.

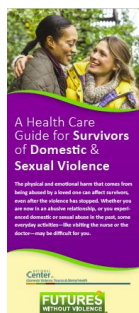
This tool was developed as part of a national initiative, [Project Catalyst III](#), focused on fostering intimate partner violence (IPV), human trafficking, and health leadership and collaboration at the U.S. state level to improve the health and safety outcomes for survivors of IPV and human trafficking and to promote prevention. Project Catalyst II 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.

Completed by (name and title):				
Email:				
Domestic Violence Program Name:				
Date:				
Survivor Health Assessment				
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>				
	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"/>
	Yes (if so, please attach)	No	N/A	Don't Know
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"/>
Does your intake form prompt staff to offer clients two palm-size safety cards ¹ 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 ² 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"/>
Intervention Strategies and Follow Up Protocols				
Does your staff have:				
	Yes (if so, please attach)	No	N/A	Don't Know
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"/>

	Yes (if so, please attach)	No	N/A	Don't Know
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"/>
Does your program have resource lists that:				
	Yes	No	N/A	Don't Know
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 Memorandum of Understanding 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"/>
Does your program offer <u>onsite</u> health services? For example, partnerships with community health centers, health professional students and academic programs, mobile health vans, public health nursing programs, etc.?				
	Yes	No	N/A	Don't Know
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"/>

	Yes (if so, please attach)	No	N/A	Don't Know
Other (please list, such as a mobile van service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care, Support, and Safety				
Does your program:				
	Yes	No	N/A	Don't Know
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"/>
Data and Evaluation				
Does your program:				
	Yes	No	N/A	Don't Know
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"/>

Education and Prevention				
	Yes	No	N/A	Don't Know
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"/>
Environment and Resources				
	Yes	No	N/A	Don't Know
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"/>

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

☐ Yes ☐ No

If yes, please describe:

What tools and support do you need to strengthen your program's support for survivors of DV/SV/HT related to their health care needs?

Additional Comments and Observations