

MA Code _____

Date _____

Healthcare Facility _____

Code _ _ _ _ _

Please create a six-digit code using the last letter of your last name, the last letter of your first name, and the numbers that represent the month and day of your birthday (e.g. Lynn Short- born June 8; code: TN0608). Enter the date, and the six-digit code, on the upper right so that we can match your responses across modules in our survey. Thank you.

Health Care Provider Survey On Intimate Partner Violence

Please be candid in your responses and try to record your first, instinctive answer, even if you don't think it is "politically correct". (Don't try to think about what your answers "should" be.) Your honest reactions to these statements will help us assess the need for hospital-based programs and training.

For each of the following statements, please indicate your response on the scale from "Strongly Disagree" (1) to "Strongly Agree" (7).

If you would like to provide comments on any of the questions, please feel free to do so.

Thank you for taking the time to fill out this questionnaire.

Developed by Lynn Short, PhD, MPh
Executive Director,
Analytic Systems Associates, Inc

¹Intimate partner violence is often referred to as domestic violence or domestic abuse. It is violence perpetrated by a spouse or other intimate partner.

Statements	Strongly Disagree Disagree Agree						
	Strongly Disagree					Agree	Agree
1. If a victim of intimate partner violence does not acknowledge the abuse, there is very little that I can do to help.	1	2	3	4	5	6	7
2. I ask all female patients about problems in their relationships.	1	2	3	4	5	6	7
3. Victims of abuse are able to make appropriate choices about how to handle their situation.	1	2	3	4	5	6	7
4. My workplace does not adequately support me in responding to intimate partner violence.	1	2	3	4	5	6	7
5. I can make appropriate referrals for victims of intimate partner violence.	1	2	3	4	5	6	7
6. Medical and hospital staff should not pressure patients to acknowledge that they are living in an abusive relationship.	1	2	3	4	5	6	7
7. I am capable of identifying victims of intimate partner violence.	1	2	3	4	5	6	7
8. Victims of intimate partner violence are at greater risk of injury when they leave the relationship.	1	2	3	4	5	6	7
9. Medical and hospital staff do not have the training to assist individuals in addressing situations of intimate partner violence.	1	2	3	4	5	6	7
10. I contact services within the community to establish personal referrals for victims of intimate partner violence.	1	2	3	4	5	6	7
11. Patients who abuse alcohol or other drugs are likely to have a history of intimate partner violence.	1	2	3	4	5	6	7
12. I document patients' statements about how the injury occurred in their charts.	1	2	3	4	5	6	7

Statements	Strongly Strongly Disagree	Disagree	Agree	Agree			
13. Medical and hospital staff may need to make repeated attempts to help patients acknowledge an abusive relationship.	1	2	3	4	5	6	7
14. Victims of abuse have the right to make their own decisions about whether hospital staff can intervene.	1	2	3	4	5	6	7
15. I feel comfortable discussing intimate partner violence with my patients.	1	2	3	4	5	6	7
16. Medical and hospital staff should not be responsible for identifying cases of intimate partner violence.	1	2	3	4	5	6	7
17. I don't have the necessary skills to discuss abuse with a victim.	1	2	3	4	5	6	7
18. If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for that violence.	1	2	3	4	5	6	7
19. There are resources at my workplace for staff who are victims of intimate partner violence.	1	2	3	4	5	6	7
20. I am aware of legal requirements in this state regarding reporting of suspected cases of intimate partner violence.	1	2	3	4	5	6	7
21. Medical and hospital staff do not have the time to assist patients in addressing intimate partner violence.	1	2	3	4	5	6	7
22. I am able to gather the necessary information to identify intimate partner violence as the underlying cause of patient illnesses (e.g., depression, migraines).	1	2	3	4	5	6	7
23. If a patient refuses to discuss the abuse, staff can only treat the patient's injuries.	1	2	3	4	5	6	7

Statements	Strongly Disagree		Disagree		Agree		Strongly Agree	
	1	2	3	4	5	6	7	
24. Medical and hospital staff have an important role in addressing situations of intimate partner violence.	1	2	3	4	5	6	7	
25. Victims of abuse could leave the relationship if they wanted to.	1	2	3	4	5	6	7	
26. I comply with the Joint Commission standards that require identification of intimate partner violence.	1	2	3	4	5	6	7	
27. The physical, emotional and economic costs of intimate partner violence justify a stronger prevention effort by health care professionals.	1	2	3	4	5	6	7	
28. Nothing I do would help prevent future incidents of violence to a victim of intimate partner violence.	1	2	3	4	5	6	7	
29. Medical and hospital staff have a responsibility to ask all female patients about intimate partner violence.	1	2	3	4	5	6	7	
30. My supervisors help me make the time to respond to victims of intimate partner violence.	1	2	3	4	5	6	7	
31. I can make appropriate referrals to services within the community for victims of intimate partner violence.	1	2	3	4	5	6	7	
32. Working as a member of a multidisciplinary team is important in assessing and caring for victims of intimate partner violence.	1	2	3	4	5	6	7	
33. Abuse victims are not capable of making their own decisions.	1	2	3	4	5	6	7	
34. I can recognize victims of intimate partner violence by the way they behave.	1	2	3	4	5	6	7	
35. Victims of abuse often have valid reasons for remaining in the abusive relationship.	1	2	3	4	5	6	7	

Statements	Strongly Disagree		Disagree		Agree		Strongly Agree	
	1	2	3	4	5	6	7	
36. I am too busy to participate on a multidisciplinary team that manages intimate partner violence cases.	1	2	3	4	5	6	7	
37. Screening all women for intimate partner violence would be offensive to them.	1	2	3	4	5	6	7	
38. Medical and hospital staff can identify most cases of intimate partner violence without specific training.	1	2	3	4	5	6	7	
39. I am more likely to screen for intimate partner violence in certain ethnic groups.	1	2	3	4	5	6	7	
40. There is adequate private space for me to provide care for victims of intimate partner violence.	1	2	3	4	5	6	7	
41. I am able to gather the necessary information to identify intimate partner violence as the underlying cause of patient injuries (e.g., bruises, fractures, etc.).	1	2	3	4	5	6	7	
42. Medical and hospital staff do not have the knowledge to assist patients in addressing intimate partner violence.	1	2	3	4	5	6	7	
43. Patients may respond to abuse by using alcohol or other drugs.	1	2	3	4	5	6	7	
44. There are specific things I can do to help a patient who refuses to acknowledge the abuse.	1	2	3	4	5	6	7	
45. By intervening with victims of intimate partner violence I can send a message that violence is not acceptable in my community.	1	2	3	4	5	6	7	
46. Victims of IPV are easily identified.	1	2	3	4	5	6	7	
47. I am familiar with my institution's policies regarding staff response to victims of IPV.	1	2	3	4	5	6	7	

Statements	Strongly Disagree Disagree Agree						
	Strongly Disagree					Agree	
48. Medical and hospital staff need to develop their ability to assist IPV victims to respond to their situation.	1	2	3	4	5	6	7
49. I understand why IPV victims do not always comply with staff recommendations.	1	2	3	4	5	6	7
50. Use of alcohol or other drugs is related to IPV victimization.	1	2	3	4	5	6	7
51. I use a body map to document patient injuries resulting from IPV.	1	2	3	4	5	6	7
52. Any patient may be a victim of IPV.	1	2	3	4	5	6	7

Additional Short Answer Questions:

53. What barriers could prevent you from screening for domestic violence with Bronx-Lebanon Hospital Center patients?

54. What is your background/training in domestic violence prevention and education?

55. What would you like to learn more about in relation to domestic violence prevention in a healthcare setting?

Teen Dating Violence Questions

56. What are some types of non-physical abuse that can occur in teen relationships?

57. What influences a teenager to perpetrate violence in their dating relationships?

58. What can I do as a healthcare worker to prevent teen dating violence?

59. Do you know of any resources to refer a teen who discloses they are being abused by their partner?

60. What additional barriers do teens face in receiving services for an abusive relationship relative to intimate partners?

Health Care Provider Survey On Intimate Partner Violence Survey Scales

Scoring: This instrument consists of 14 scales, which are noted below. Each question or item that begins with a “Q” is scored 1=1, 2=2, 3=3, 4=4, 5=5 6=6, 7=7. Each question or item that begins with an “R” is reverse scored (1=7, 2=6, 3=5, 4=4, 5=3, 6=2, 7=1). To obtain a total score for the entire instrument, add the points for all items on the instrument. To obtain a scale score, add the points for all those items in the scale

Scale: Self-Efficacy

- Q07 I am capable of identifying victims of intimate partner violence.
- Q15 I feel comfortable discussing intimate partner violence with my patients.
- R17 I don't have the necessary skills to discuss abuse with a victim.
- Q22 I am able to gather the necessary information to identify IPV as the underlying cause of patient illnesses (e.g., depression, migraines).

Scale: Referral

- Q05 I can make appropriate referrals for victims of intimate partner violence.
- Q10 I contact services within the community to establish personal referrals for victims of intimate partner violence.
- Q31 I can make appropriate referrals to services within the community for victims of intimate partner violence.

Scale: Health Care Role

- Q13 Medical and hospital staff may need to make repeated attempts to help patients acknowledge an abusive relationship.
- R16 Medical and hospital staff should not be responsible for identifying cases of intimate partner violence.
- Q24 Medical and hospital staff have an important role in addressing situations of intimate partner violence.
- Q27 The physical, emotional and economic costs of IPV justify a stronger prevention effort by health care professionals.
- Q32 Working as a member of a multidisciplinary team is important in assessing and caring for victims of intimate partner violence.
- Q45 By intervening with victims of intimate partner violence I can send a message that violence is not acceptable in my community.

Scale: Workplace

- R04 My workplace does not adequately support me in responding to intimate partner violence.
- Q19 There are resources at my workplace for staff who are victims of intimate partner violence.
- Q30 My supervisors help me make the time to respond to victims of intimate partner violence.
- Q40 There is adequate private space for me to provide care for victims of intimate partner violence.

Scale: Screening

- Q02 I ask all female patients about problems in their relationships.
Q29 Medical and hospital staff have a responsibility to ask all female patients about intimate partner violence.
R37 Screening all women for intimate partner violence would be offensive to them.

Scale: Too Busy/Can't Help

- R21 Medical and hospital staff do not have the time to assist patients in addressing intimate partner violence.
R28 Nothing I do would help prevent future incidents of violence to a victim of intimate partner violence.
R36 I am too busy to participate on a multidisciplinary team that manages intimate partner violence cases.

Scale: Staff Preparation

- R09 Medical and hospital staff do not have the training to assist individuals in addressing situations of IPV.
R42 Medical and hospital staff do not have the knowledge to assist patients in addressing intimate partner violence.

Scale: Legal Requirements

- Q20 I am aware of legal requirements in this state regarding reporting of suspected cases of intimate partner violence.
Q26 I comply with the Joint Commission standards that require identification of intimate partner violence.

Scale: Don't Need Training

- R34 I can't recognize victims of intimate partner violence by the way they behave.
R38 Medical and hospital staff can identify most cases of intimate partner violence without specific training.

Scale: Victim Understanding

- R18 If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for that violence.
R25 Victims of abuse could leave the relationship if they wanted to.
Q35 Victims of abuse often have valid reasons for remaining in the abusive relationship.

Scale: Identify and Document

- Q12 I document patients' statements about how the injury occurred in their charts.
Q41 I am able to gather the necessary information to identify IPV as the underlying cause of patient injuries (e.g., bruises, fractures, etc.).

Scale: Victim Autonomy

- Q03 Victims of abuse are able to make appropriate choices about how to handle their situation.
Q06 Medical and hospital staff should not pressure patients to acknowledge that they are living in an abusive relationship.

- Q14 Victims of abuse have the right to make their own decisions about whether hospital staff can intervene.
- R33 Abuse victims are not capable of making their own decisions.

Scale: Limitations

- R01 If a victim of intimate partner violence does not acknowledge the abuse, there is very little that I can do to help.
- R23 If a patient refuses to discuss the abuse, staff can only treat the patient's injuries.
- Q44 There are specific things I can do to help a patient who refuses to acknowledge the abuse.

Scale: Relationship of Alcohol and Other Drugs

- Q11 Patients who abuse alcohol or other drugs are likely to have a history of intimate partner violence.
- Q43 Patients may respond to abuse by using alcohol or other drugs.

Items that did not contribute to scales:

- Q08 Victims of intimate partner violence are a greater risk of injury when they leave the relationship.
- R39 I am more likely to screen for intimate partner violence in certain ethnic groups.

Developed by Lynn Short, PhD, MPH
Executive Director,
Analytic Systems Associates, Inc

PARENT/GUARDIAN SURVEY

DATE _____

We are conducting a research survey on 1) information parents/guardians receive from their child’s health care provider on dating and relationships and 2) conversations parents/guardians have with their children about dating and relationships. Your participation is completely voluntary, and all the information that is obtained through your completion of this questionnaire will be anonymous. No one will know the answers you give. Your choice of whether or not to participate in our survey will in no way impact the health care you or your child receives here.

Questions

1. Age: _____

(For each question, please **circle** the answer that applies to you)

2. Sex: female male

3. Race/Ethnicity: Hispanic Black White Other _____

4. Education: Grade ____ High School Graduate GED College Graduate School

5. Family Income:\$9-18,850 19-26,850 27-34,850 35-49,850 50,000+ UNSURE

6. I have spoken with my child about healthy relationships? Yes No

7. I have spoken with my child about teen dating violence? Yes No

8. My child's doctor/provider discussed the importance of talking to my child about what a healthy relationship looks and feels like (by healthy relationship, we mean a relationship that is safe, supportive and respectful)? Yes No Don't Remember

9. My child’s doctor/provider discussed the importance of talking to my child about signs of teen dating violence? Yes No Don't Remember

10. My child's doctor/provider gave me “The Teen Dating Violence: Tips for Parents.” Handout?
Yes No

11. When I talk with my child, I will use the information on healthy relationships that I received from my child’s doctor/health care provider? Yes No

12. When I talk with my child, I will use the information on teen dating violence that I received from my child’s doctor/health care provider? Yes No

13. I would talk to my child’s doctor/provider if my child was a victim of teen dating violence?
Yes No

14. Besides talking to my child's doctor/provider, I know other places where I can get help if my child is a victim of teen dating violence? Yes No

15. Age of child being seen today? _____

16. Other topics I would like my child's provider to discuss with me are:

TEEN SURVEY

DATE _____

We are conducting a research survey on information teenagers, ages 11 – 18, receive from their health care providers on dating and relationships. Your completion of this survey is completely voluntary, and all the information that is obtained through your completion of this questionnaire will be anonymous. No one will know the answers you give. Your choice on whether or not to participate in our survey will in no way impact the health care you receive here.

Questions (for each question please circle the answer that best applies to you)

1. Age: 11 12 13 14 15 16 17 18

2. Sex: female male

3. Race/Ethnicity: Hispanic Black White Other _____

4. Education: Grade 5 6 7 8 9 10 11 12

 Graduated H.S. GED College Not in School

5. My doctor/provider asked me about dating and relationships?

Yes No Don't Remember

6. My doctor/provider talked to me about what a healthy relationship looks and feels like?

Yes No Don't Remember

7A. If **yes** to answer 6, please circle all the words the doctor/provider used to describe a healthy relationship?

Honesty safe fun respectful supportive equality trust non-violent

 If **no** to answer 6, please continue to question 8.

8. My doctor/provider talked to me about the signs of teen dating violence?

Yes No Don't Remember

9. My doctor/provider gave me a handout called "*Expect Respect*"? Yes No

10. I feel comfortable talking about these relationship issues with my doctor/provider?

Yes No

11. If I were a victim of teen dating violence, I would ask my doctor/provider for help?

Yes No

12. I am glad my doctor/provider talked to me about these issues? Yes No

13. Besides talking to my doctor/provider, I know other places where I can get help if I experience teen dating violence? Yes No

14. Other issues I would like my doctor/provider to discuss with me are: _____
