



Quality Assessment/Quality Improvement Tool For Domestic Violence Programs

The following quality assessment tool was developed in 2016 by Futures Without Violence and Dr. Elizabeth Miller, University of Pittsburgh. It is intended to provide Domestic Violence (DV) programs with some guiding questions to assess how well they may be addressing the health needs of DV survivors. This includes addressing physical and mental health concerns as well as 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 should not be penalized for identifying areas for improvement. For questions that you respond yes to, it may be helpful to attach and review corresponding forms, policy, tools, etc.

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

We hope that this tool will help provide guidance on how to enhance your DV program's capacity to address the health and healthcare needs of survivors. For more information, client brochures, posters and resources visit <http://www.ipvhealth.org/>

Futures Without Violence and
Dr. Elizabeth Miller, University of Pittsburgh, 2016.

Completed by (title only):				
Domestic Violence Program Name:				
Date:				
Assessment Methods				
Does your program have a written intake form to ask survivors about?				
	Yes (if so, please attach)	No	N/A	Don't Know
Medical concerns		<input type="checkbox"/>		<input type="checkbox"/>
Mental health concerns		<input type="checkbox"/>		<input type="checkbox"/>
Health insurance		<input type="checkbox"/>		<input type="checkbox"/>
Last physical		<input type="checkbox"/>		<input type="checkbox"/>
Immunizations		<input type="checkbox"/>		<input type="checkbox"/>
Pregnancy		<input type="checkbox"/>		<input type="checkbox"/>
STI/HIV testing		<input type="checkbox"/>		<input type="checkbox"/>
Current medications		<input type="checkbox"/>		<input type="checkbox"/>
Allergies		<input type="checkbox"/>		<input type="checkbox"/>
	Yes	No	N/A	Don't Know
Does your program require staff to offer a palm-size safety card¹ with information about how violence can impact health? (see example below)		<input type="checkbox"/>		<input type="checkbox"/>
In addition to asking about the clients' health, does the intake form include an assessment of their children's health?		<input type="checkbox"/>		<input type="checkbox"/>
Is there a private place in your program to screen and talk with clients about health concerns?		<input type="checkbox"/>		<input type="checkbox"/>



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

www.futureswithoutviolence.org/health

Integrated Assessment				
	Yes	No	N/A	Don't Know
Are clients assessed for depression?		<input type="checkbox"/>		<input type="checkbox"/>
Are clients assessed for suicidality?		<input type="checkbox"/>		<input type="checkbox"/>
Are clients assessed for additional mental or clinical conditions?		<input type="checkbox"/>		<input type="checkbox"/>
Documentation of Assessment and Response				
On the intake form are the following steps documented?				
	Yes	No	N/A	Don't Know
A palm-size safety card was offered and discussed		<input type="checkbox"/>		<input type="checkbox"/>
Referral made to a health services provider		<input type="checkbox"/>		<input type="checkbox"/>
Intervention Strategies				
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?		<input type="checkbox"/>		<input type="checkbox"/>
Scripted tool/instructions on how to assess for suicidality with clients who disclose depression?		<input type="checkbox"/>		<input type="checkbox"/>
Instructions for offering reproductive health services onsite?		<input type="checkbox"/>		<input type="checkbox"/>
A protocol for connecting a client to urgent medical services?		<input type="checkbox"/>		<input type="checkbox"/>
Does your staff have:				
	Yes	No	N/A	Don't Know
A connection to a clinical service provider for clinical questions?		<input type="checkbox"/>		<input type="checkbox"/>
A clear protocol for what types of situations require urgent clinical assessment?		<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"/>
Identify referrals/resources for clients who need mental health care?		<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"/>
Includes a contact person for each referral agency?		<input type="checkbox"/>		<input type="checkbox"/>
Does your program offer onsite health services?				
	Yes	No	N/A	Don't Know
Primary care services for adults		<input type="checkbox"/>		<input type="checkbox"/>
Primary care services for children/youth		<input type="checkbox"/>		<input type="checkbox"/>
Reproductive health services (emergency contraceptives, pregnancy testing, STI testing, etc.)		<input type="checkbox"/>		<input type="checkbox"/>
Mobile health van		<input type="checkbox"/>		<input type="checkbox"/>
Public health nurse/home visitor		<input type="checkbox"/>		<input type="checkbox"/>
Other (please list)		<input type="checkbox"/>		<input type="checkbox"/>
Networking and Training				
Has your staff had contact with representatives from any of the following types of clinical service providers in the past year?				
	Yes	No	N/A	Don't Know
Women's health services		<input type="checkbox"/>		<input type="checkbox"/>
Mental health services		<input type="checkbox"/>		<input type="checkbox"/>
Children's health services		<input type="checkbox"/>		<input type="checkbox"/>
Urgent care services		<input type="checkbox"/>		<input type="checkbox"/>
Other clinical services		<input type="checkbox"/>		<input type="checkbox"/>
Is there anyone on your staff who is especially skilled or comfortable dealing with medical and mental health issues?		<input type="checkbox"/>		<input type="checkbox"/>

Do new hires receive training on assessment and intervention for medical and mental health issues during orientation?		<input type="checkbox"/>		<input type="checkbox"/>
Does your staff receive booster training on assessment and intervention for medical and mental health issues (as these relate to DV) at least once a year?		<input type="checkbox"/>		<input type="checkbox"/>

Self-Care and Support

Does your program:				
	Yes	No	N/A	Don't Know
Have a protocol for what to do when a staff person is experiencing intimate partner violence?		<input type="checkbox"/>		<input type="checkbox"/>
Have a protocol for what to do if a perpetrator is on-site and displaying threatening behavior or trying to get information?		<input type="checkbox"/>		<input type="checkbox"/>
Give staff the opportunity to meet and discuss challenges and successes with cases involving complex medical and/or mental health problems?		<input type="checkbox"/>		<input type="checkbox"/>

Data and Evaluation

Does your program:				
	Yes	No	N/A	Don't Know
Track medical and mental health needs of clients?		<input type="checkbox"/>		<input type="checkbox"/>
Track medical and mental health referrals made on behalf of clients?		<input type="checkbox"/>		<input type="checkbox"/>
Conduct an annual review to update all protocols addressing survivor health and healthcare needs?		<input type="checkbox"/>		<input type="checkbox"/>
Do any type of consumer 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"/>
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"/>

Education and Prevention

	Yes	No	N/A	Don't Know
Does your program provide information to clients on how domestic violence can impact their health?		<input type="checkbox"/>		<input type="checkbox"/>
Does any of the information that you provide to clients address healthy relationships?		<input type="checkbox"/>		<input type="checkbox"/>
Does your program sponsor any client or community education to talk about the impact of domestic violence on health?		<input type="checkbox"/>		<input type="checkbox"/>

Environment and Resources

	Yes	No	N/A	Don't Know
Are there any brochures/cards or other information about the health impact of domestic violence available on site?		<input type="checkbox"/>		<input type="checkbox"/>
Are there any posters about health and healthcare displayed at your site?		<input type="checkbox"/>		<input type="checkbox"/>
Are materials available specific to LGBTQ relationship abuse and health concerns?		<input type="checkbox"/>		<input type="checkbox"/>
Have these brochures/cards/posters been placed in an easily visible location?		<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"/>

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

Yes No

If yes, please describe:

Additional Comments and Observations

