

**ADOLESCENT HEALTH PROGRAMS  
ADOLESCENT RELATIONSHIP ABUSE AND SEXUAL ASSAULT  
QUALITY ASSESSMENT/QUALITY IMPROVEMENT TOOL**

NAME/TITLE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ASSESSMENT METHODS	YES	NO	N/A	DON'T KNOW
<b>Does your clinic/program have a written protocol for:</b>				
• Relationship violence				
• Unwanted Sex				
• Reproductive and Sexual Coercion (birth control sabotage, pregnancy pressure, STI/HIV risk, partner notification risk)				
<b>Does your site have assessment questions for or provide routine patient education about <u>healthy relationships</u>, <u>relationship abuse</u>, <u>sexual assault</u>, and <u>reproductive coercion</u> during:</b>				
• Complete Physicals				
• Sports Physicals				
• Birth control counseling				
• STI/HIV visits				
• Emergency contraception visits				
• Pregnancy tests				
Are there any scripts or instructions on your assessment form that providers can use to inform clients about confidentiality and any mandated reporting requirements?				
Are there any scripts or sample questions that providers can use on your assessment forms to ask clients about <i>relationship abuse</i> and <i>sexual assault</i> ?				
Are there specific prompts on the intake form (or in the electronic record) to encourage providers to assess for <i>relationship abuse</i> and <i>sexual assault</i> ?				
Are there any scripts or sample questions that providers can use on your assessment forms to ask clients about <i>reproductive coercion</i> ?				
Is there a private place in your clinic to screen and talk with clients?				

<b>INTEGRATED ASSESSMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
When clients are screened for depression, are questions about relationship safety and reproductive coercion asked routinely?				
When clients are screened for suicide, are questions about relationship safety and reproductive coercion asked routinely?				
When assessment for PTSD and other anxiety disorders is conducted with clients, are questions about relationship safety and reproductive coercion routinely asked routinely?				
When clients are screened for substance abuse, are questions about relationship safety and reproductive coercion routinely asked routinely?				

<b>INTERVENTION STRATEGIES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
<b>Does your staff have:</b>				
<ul style="list-style-type: none"> <li>Scripted tools/instructions about what to say and do when a client discloses relationship violence?</li> </ul>				
<ul style="list-style-type: none"> <li>Scripted tool/instructions on how to do safety planning with clients who disclose current abuse?</li> </ul>				
<ul style="list-style-type: none"> <li>Safety cards/information to give to clients even when violence is not disclosed or suspected? <i>(Recommendation: give card to all clients. If they don't need it themselves, tell them you are giving it to them so they know how to help a friend or family member)</i></li> </ul>				
<ul style="list-style-type: none"> <li>An on-call advocate or counselor who can provide on-site follow-up with clients who disclose abuse?</li> </ul>				
<ul style="list-style-type: none"> <li>A safe place where a client can use a phone to talk to a violence advocate/shelter/support services at your facility?</li> </ul>				
<ul style="list-style-type: none"> <li>A clear protocol for what types of behaviors require mandated reporting?</li> </ul>				
<b>Does your program have resource lists that:</b>				
<ul style="list-style-type: none"> <li>Identify referrals/resources (shelters, legal advocacy, housing, etc.) for clients who disclose relationship violence?</li> </ul>				
<ul style="list-style-type: none"> <li>Identify referrals/ resources for clients who disclose sexual assault?</li> </ul>				
<ul style="list-style-type: none"> <li>Includes a contact person for each referral agency?</li> </ul>				
<ul style="list-style-type: none"> <li>Has a staff person who is responsible for updating the list?</li> </ul>				
<ul style="list-style-type: none"> <li>Are these lists updated at least once a year?</li> </ul>				

<b>NETWORKING &amp; TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
<b>Has your staff had contact with representatives from any of the following types of agencies in the past year?</b>				
• Domestic violence advocates/ shelter staff				
• Child protective services				
• Rape Crisis				
• Legal advocacy/legal services				
• Law Enforcement				
Is there anyone on your staff who is especially skilled/comfortable dealing with relationship violence and/or reproductive coercion issues?				
Does your protocol advise staff on what to do if they do not feel comfortable or adequately skilled to help a client when abuse is disclosed/suspected? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)				
Does anyone on your staff participate in a local domestic violence task force or related subcommittee?				
Is there a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a client?				
Do new hires receive training on assessment and intervention for relationship abuse and sexual assault during orientation?				
Does your staff receive booster training on assessment and intervention for relationship abuse and sexual assault at least once a year?				

<b>SELF-CARE AND SUPPORT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
Does your program have a protocol for what to do when a staff person is experiencing intimate partner violence?				
Does your program have a protocol for what to do if a perpetrator is on-site and displaying threatening behavior or trying to get information?				
Do staff have the opportunity to meet and discuss challenges and successes with cases involving relationship abuse or sexual assault?				

<b>DATA &amp; EVALUATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
Does your program record the rate of documented screening for relationship abuse and sexual assault?				
Does your program record the rate of documented disclosures of relationship abuse or sexual assault by clients?				
Does your program conduct an annual review and update of all protocols addressing violence?				

<b>DATA &amp; EVALUATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
Does your program do any type of consumer satisfaction surveys or client focus groups that ask clients' opinions about assessment and intervention strategies for violence?				
Does your program provide regular (at least annual) feedback to providers about their performance regarding relationship abuse and sexual assault assessment?				

<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 violence can impact their health?				
Does any of the information that you provide to clients address healthy relationships?				
Does your program sponsor any client or community education to talk about healthy relationships and indicators of abuse?				

<b>ENVIRONMENT &amp; RESOURCES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>DON'T KNOW</b>
Are there any brochures/cards or other information about relationship abuse and sexual assault that are designed for teens?				
Are there any posters about healthy and unhealthy relationships displayed at your facility?				
Are materials available specific to LGBTQ relationship abuse?				
Specific to runaway homeless youth relationship abuse?				
Specific to youth in the foster care system?				
Have these brochures/cards/posters been placed in an easily visible location?				
Have these brochures/cards/posters been reviewed by underserved communities for inclusivity, linguistic and cultural relevance?				
Are there any brochures/cards or other information about reproductive and sexual coercion that are designed for teens?				
Have you talked with your employee assistance program (EAP) about what resources/help they can provide for staff who disclose current or past victimization?				

**Health Department of Northwest Michigan  
POLICY/PROCEDURE**

**PROGRAM:** Family & Community Health  
Reproductive Health  
Child and Adolescent Health Centers

**SECTION:** FCH Manual  
Administrative  
Services

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**SUBJECT:** Intimate Partner Abuse (Domestic Abuse)

**PAGE:** 1 OF 3

**EFFECTIVE DATE:** October 1, 1998

**REVISED:** May 6, 2011

**REVIEWED:**

**ISSUED BY:** Patricia Fralick, R.N., M.B.A.  
Director of Family & Community Health Services

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**PURPOSE:** To describe the process by which the Health Department of Northwest Michigan (HDNW) staff are trained to properly respond to Intimate Partner Abuse issues, and to ensure victims of Intimate Partner Abuse receive medical treatment for injuries, and care for emotional and safety needs of the victim and dependent children.

**POLICY:** HDNW staff receives training at orientation and on a yearly basis to ensure they are knowledgeable on how to educate, screen and refer clients for Intimate Partner Abuse and provides these services in multiple programs. A client identified as an Intimate Partner Abuse victim, or potential Intimate Partner Abuse victim, receives an intervention informing her/him of available resources, including avenues of legal protection.

**DEFINITION:**

Intimate Partner Abuse is a pattern of coercive behaviors in any relationship that is used to gain or maintain power and control over an intimate partner. This may include emotional abuse, social isolation, financial controls, intimidation, texting and social networking controls, physical assaults, sexual assault, deprivation, and use of children, threats and stalking. The behavior may also include Reproductive Control. Intimate Partner Abuse can happen to anyone of any race, age, sexual orientation, religion, or gender. It can happen to partners who are married, dating, living together, separated, homosexual or heterosexual.

**PROCEDURE:**

1. All new HDNW employees receive training during orientation to educate, screen and refer clients for Intimate Partner Abuse services.
2. Training related to Intimate Partner Abuse or sexual assault is done on an annual basis at Family & Community Health staff meetings. Prior to the annual training, an email will be sent to all Family & Community Health staff notifying them of the agenda and the annual training. On the day of the training, a statement is made giving permission to staff that are uncomfortable with the content that they can leave the room at any time.

3. Clients sign consent forms for the clinical, Child and Adolescent Health Center, and home-based services provided at the health department.
4. Staff always state limits of confidentiality up-front, prior to asking directly about violence. A sample script is below:
 

“I’m really glad you came in today. I am going to be asking you a lot of questions, to make sure that you are OK and that you get what you need from today’s visit. Before we get started I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening *unless* you tell me that you are being hurt by someone, are planning on hurting yourself (suicidal), or are planning on hurting someone else.”
5. Screening is conducted during the initial assessment process and as needed. Simple, direct questions are asked. Some programs such as the Maternal Infant Health Program, Reproductive Health Program, or Child and Adolescent Health Centers, may have questions regarding Intimate Partner Abuse as part of the initial assessment. While assessment questions for violence may be embedded in self-administered questionnaires or computerized interviews, staff need to ask clients questions in a face-to-face format.
6. Victims may be reluctant to admit that they are involved in an Intimate Partner Abuse relationship; therefore, questioning must be done in a safe and private setting and separated from any person who may have accompanied them. Health care providers may use the following statement during the initial screening: “Within the last year, have you been hit, kicked, slapped, or otherwise physically hurt by someone?” An additional question to ask is, “How is your relationship going?” Additional scripts for clinic assessment relating to specific visits are attached below in References.
  - a. If the client says yes and consents to immediate intervention, contact the Women’s Resource Center for information and assistance. (Telephone: 1-800-275-1995 or 231-347-0082).
    1. If the staff member who conducted the assessment feels uncomfortable or unprepared to respond to the disclosure of violence, they should excuse themselves from the room and seek another staff member to continue with the visit. An appropriate thing to say might be, “Thank you so much for sharing that with me. Would it be OK if I asked “Mary” to talk with you?”
  - b. If the client says no, and Intimate Partner Abuse is suspected, the nurse provides information about Intimate Partner Abuse and community resources without encouraging disclosure. The nurse could reply:
 

“You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can come here for help. I am also going to give you a card with a hotline number on it. You can call the number anytime.”
7. A medical referral may be indicated based on the victim’s condition.
8. If the client presents her/himself with a life-threatening injury, the nurse or the client contacts the police.
  - a. Police notification of injuries that are life threatening or inflicted with a deadly weapon, knife, gun, pistol, or other means of violence is mandatory. Police officers investigate and inform the victim of the laws regarding Intimate Partner Abuse. Source: Michigan Penal Code 750.411, Section 411.
  - b. The nurse documents intervention, including client consent or refusal to call police.
9. The nurse or other provider offers information and referral. The Women’s Resource Center can assist the client with immediate shelter, counseling, support groups, or assistance in obtaining a personal protection order. The victim of Intimate Partner Abuse is given information on options and referrals.

10. Documentation: All relevant historical data is recorded in the client chart using the client's own words whenever possible.
11. Education: All new staff is oriented to the policy on Intimate Partner Abuse. Regular staff updates are provided on Intimate Partner Abuse including Reproductive Health Control.

**REFERENCES:**

[Additional Scripts for Clinic Assessment](#)

Domestic Abuse Handbook, Women's Resource Center of Northern Michigan, INC., 1996.

Family Violence Prevention Fund Safety Cards:

[Hanging Out or Hooking Up](#)

[Did You Know Your Relationship Affects Your Health?](#)

[Loving Parents, Loving Kids: Creating Futures Without Violence](#)

[Hanging Out or Hooking Up? brochure \(N-536\)](#)

Intimate Partner Abuse and Abuse: Signs of Abuse and abusive Relationships

[http://helpguide.org/mental/domestic\\_violence\\_abuse\\_types\\_signs\\_causes\\_effects.htm](http://helpguide.org/mental/domestic_violence_abuse_types_signs_causes_effects.htm)

National and Intimate Partner Abuse Hotline: <http://www.thehotline.org/>

Power and Control Wheel: <http://www.theduluthmodel.org/wheelgallery.php>



## Additional Scripts for Clinic Assessment

- **Example for EC Visit:** “So you are in for the morning-after pill. I’m glad you knew about it...Can you tell me about the first day of your last period and any unprotected sex you had after that, including the most recent time?”

I ask all patients when they come in for EC is if the sex you had was something you wanted to have happen? (*Pause*) Or if you think your partner was trying to get you pregnant when you didn’t want to be?”

- **Example for Pregnancy Test Visit:** “While we wait for your pregnancy test results, I wanted to talk with you about what I’ve been learning about women and pregnancy. There are a lot of studies showing that women worry about getting pregnant when they don’t want to be because of a partner—like he won’t use a condom when he says he will. Or he messes with your birth control because he wants to have a baby with you. Can you tell me a little about the sex that led up to you needing a pregnancy test today?”

- **Example of Multiple Recent Pregnancy Tests:** “Hi, I was looking back in your file and saw that you have come in for a number of pregnancy tests recently and I’m so glad you know you can come here. I also noticed that you wrote on your form that you didn’t want to be pregnant right now. Some women I see have partners who try to get them pregnant when they don’t want to be, either through pushing them to have sex when they don’t want to or aren’t protected or by messing with their birth control. How often is something like this happening in your relationship?”

- **Example of STI/HIV Visit:** “Hi, so glad you knew that we could do STD testing here, so the way this works is you leave a urine sample and we send it to the lab and we will call you if there is a problem so make sure I have good complete phone numbers to contact you just in case.

One of things I’m talking to clients coming in for this service is something I recently learned at a training—that 1/3 of girls coming in just to get tested for STDs have problems in their relationship. Like they have been hurt by a partner--or had to do sexual stuff they don’t want to. So I’m checking with everyone I see for this kind of visit—how often is something like this coming up with your partner?”

- **Annual Exams:** “Since the last time you came in, have there been any changes in your sexual partner(s) or have there been any additional partners? (Repeat what the client says here, in this example she says no.) Ok, no changes. And how about your birth control method, is that still working for you? Ok, you like the pill. Do you feel like you can talk with your partner about birth control? Does he

know you are on the pill? When he gets mad does he ever take them away from you in any way?"

- **Initial Exams:** "So this is your first time here? Glad you knew about us. We are going to talk about methods of birth control today, do an exam, test for STDs and do a Pap smear. One of things I talk with all women about who come here for care is about healthy relationships— and whether they have any worries about being able to control when they have sex, get pregnant, or if they have difficulty talking to partners about condoms, or they worry they will get an STD. That kind of stuff. I want to make sure that all patients know their rights around sexual relationships just like they know how to use condoms. How often do you feel like sex isn't under your control?"
- **Abortion Clients:** "Does your partner know you're here today for an abortion?" (If client tells you 'no'). "I know that a lot of times women can't tell their partners about the abortion because they are afraid what he will do or say, is that something you are worried about? What do you think would happen if he found out, what would that look like?"
- **Partner Notification of Positive STI** "I'm really glad you came in to get tested. And we are going to treat your infection with a single dose medication. I know it can be hard to talk about this stuff—especially if you are worried your partner will blame you for the STD. What do you think will happen when you tell him? Are you worried that he will hurt you? Would it help for us to tell him here and for you to bring him here to talk about it? What can we do to help?"
- **Sexual Decision Making** "I'm glad you knew to come into Planned Parenthood for an exam (or insert other visit type here). One of the things that we talk about like explaining that a pap smear is a screening for HPV a virus that can cause abnormal cells on you cervix. We also talk about healthy sexual relationships. I know that might seem funny-- but we have learned that a lot of young and older women don't always get to decide when they have sex. Their partners decide for them. And that can make you feel uncomfortable or upset. Does anything like that ever happen with your partners?"
- **Condom Negotiation** "Ok, so we've talked about how important using condoms are for preventing STDs. And I've learned that giving someone a bag of condoms doesn't mean they feel comfortable asking their partners to use them. Maybe it's embarrassing or maybe it doesn't feel safe. What do you think your partner would say about your asking him to use them? Would you feel comfortable asking him to use them? Do you think he would accuse you of stepping out of the relationship or not loving him?"
- **Changing Birth Control Method** "Ok, so you want to switch birth control methods—can you tell me about what you didn't like about the most recent method you were using? Did your partner support the method you were using most recently? What will he think about the change? Or is this change something he was encouraging? "I want to make sure that we

come up with the best method for you—and one of the things we know is that sometimes partners mess with women’s birth control so she is more likely to get pregnant. Is there ever a situation where you worry about anything like that with him?”

- **Lifetime Exposure to Violence** “So we are going to talk about birth control and your exam in just a minute. First, I’m going to talk about something that may be out of left field. I am talking to all patients about their histories with family and partner violence. Because we know that some people never would get to talk about it otherwise and there are great resources in the community if you or anyone you know has had that happen to them. The other reason we bring this up is that sometimes women who have been hurt they have more difficulty in their sexual relationships—including being able to talk with partners about controlling when they will be pregnant or being safe in that relationship. Is this something that is an issue for you in your relationships?”

## **Providing a “Scripted Response”**

No matter what response your patient gives to screening questions on violence, you have an opportunity to educate and provide support. Scripted responses help you clearly and succinctly communicate all the information that you need to give to a patient. In addition to general good counseling practice such as using non-judgmental active listening skills, providing supportive messages, and maintaining cultural specificity, a scripted response on violence should also provide information, respond to immediate safety issues, and make referrals as needed.

### **If She Says No**

Many women may indicate that violence is not an issue in their lives. “I’m glad to hear that isn’t happening to you. Here is a card about healthy relationships. I give it to all my patients in case they have a friend or a family member who you are worried about so you know how to help.”

### **If She Says Yes—Violence is a Current Issue**

If your patient discloses that she is currently in a violent situation, there are some additional considerations that must be addressed. After validating her disclosure, address any immediate safety concerns.

- “I am worried about your safety since you told me about your partner hurting you. Is the person you told me about in the clinic today? Are you in immediate danger? Are there weapons in the house? Have you ever been afraid for your life?”
- “Is there anyone you would consider talking to about this or who would be supportive of you if you were hurt? We know that connecting with supportive people that are safe really helps women emotionally and physically too. Sometimes even calling a hotline number can help so you always have a place to turn...” (Provide domestic violence resource information)

### **If She Says Yes to Birth Control Sabotage**

- “There are some methods of birth control that your partner doesn’t have to know about so you don’t have to be worried that you will be pregnant when you don’t want to be. And, there are really good people to talk to if you are ever in a situation with him where you feel afraid or threatened...here is a card to take with you today that has phone numbers and information about where to go if you need help or someone to talk to...”
- “I’m glad you shared that with me. It happens a lot and it isn’t right. There are some methods of birth control that your partner can’t mess with, like Depo, the IUD and some others that we can talk about in a minute.”
- “What you told me makes me wonder if your partner is making you afraid or hurting you in other ways?” “I want to thank you for sharing that with me. You didn’t deserve that. I have phone numbers for really good people to talk to who can really help. I also want talk about methods that are less easy to forget taking and less easy for your partner to know about so you don’t have to worry you’ll get pregnant.”

### **Partner Notification of Positive STI**

- “I’m really glad you came in to get tested. And we are going to treat your infection with a single dose medication. I know it can be hard to talk about this stuff—especially if you are worried your partner will blame you for the STD. What do you think will happen when he is told? Are you worried that he will hurt you? Would it help for us to tell him here and for you to bring him here to talk it? What can we do to help?”

### **If she says yes to relationship problems but doesn’t disclose more than something vague:**

- “I’m glad you came in today and thanks for talking to me. You mentioned things are sometimes complicated in your relationship. I just want you to know that sometimes things can get worse. I hope this is never the case, but if you are ever in trouble you can come here for help. I am also going to give you a card with a hotline number on it. You can call the number anytime 24/7. They really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. The hotline is full of women who have experienced this stuff or know about it in a personal way.”