

TRAINING SURVEY

For Health Organizations

Thank you very much for joining us! We would like to ask you a few questions about your experiences as a health care provider, administrator, receptionist or patient liaison at a health care organization.

As you know, lifetime exposure to violence is associated with multiple poor health outcomes, and is likely to impact the lives of many of the clients you work with and counsel. We are developing strategies for incorporating questions about domestic and sexual violence, and reproductive and sexual coercion (DSV and RSC) into current protocols. We want to get your feedback about talking to your clients about exposure to DSV and RSC.

Please take a few moments to answer the following questions. Your responses are anonymous. You may skip any questions that you do not want to answer, and can stop taking the survey at any time.

We would also like to contact you in a few months to find out how useful this training was to you in practice, whether you were able to use any of the components presented, and to have you reflect on additional training, resources, and supports you want to see.

We greatly appreciate your taking the time to answer these questions for us as we aim to improve the violence prevention and intervention trainings for health care providers in health settings.

Date: _____ Site: _____

IF YOU ARE NOT PROVIDING DIRECT CARE TO CLIENTS, PLEASE SKIP TO QUESTION 8.

	All of the time <i>100%</i>	Most of the time <i>75% or more</i>	Some of the time <i>25% - 75%</i>	Not so often <i>10% - 25%</i>	Rarely <i>Less than 10%</i>	N/A
How often do you:						
1. Talk to your patients about domestic and sexual violence (DSV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talk to your patients about reproductive and sexual coercion (RSC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review the limits of confidentiality with your clients before asking about DSV or RSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assess clients' safety and discuss ways to stay safe in an unhealthy or abusive relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Refer clients to your DV partner organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What are reasons that you may not address domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) during a clinic visit? <i>(mark all that apply)</i>						
<input type="checkbox"/> Not enough time						
<input type="checkbox"/> The partner is present for the visit						
<input type="checkbox"/> Worried about upsetting the client						
<input type="checkbox"/> Not sure what to say if they disclose an abusive/violent relationship						
<input type="checkbox"/> Not sure how to ask questions without seeming too intrusive						
	<input type="checkbox"/> Not knowing where to refer them to					
	<input type="checkbox"/> Worried about mandated reporting					
	<input type="checkbox"/> Have already screened them at past visit					
	<input type="checkbox"/> Does not apply to my patient population					
	<input type="checkbox"/> Other (please specify):					

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of

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information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

7. How confident are you in referring a client to your partner organization?

- Completely confident Somewhat confident Not at all confident Not Applicable

8. Does your clinic/practice have: *(mark all that apply)*

- Brochures, cards or information about DSV and RSC
 Posters about DSV and RSC displayed
 A list of violence-related resources and who to call with questions
 Prompts inserted into charts to remind providers to assess for DSV and RSC
 In-service trainings for all clinic staff on DSV and RSC
 Other (please specify):

9. Are educational materials available on domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) in the languages most commonly spoken in your setting?

- Yes No Not applicable Don't know

10. Are the available materials on DSV and sexual coercion inclusive of diverse relationships including for sexual minorities, LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) clients?

- Yes No Not applicable Don't know

11. *Optional: Please answer the following question. This information will help us better understand who we are reaching with these trainings.*

What is your training background? (mark all that apply)

- Reproductive health specialist/family planning counselor
 Promotora or community health worker
 Nurse practitioner (specify specialty area _____)
 Physician assistant (specify specialty area _____)
 Nurse (specify specialty area _____)
 Physician (specify specialty area _____)
 Clinic administrator/Practice manager
 Other _____

Any Additional Comments?

Thank you for your time!