

Follow-Up Assessment

We are asking you to complete this assessment as part of your participation in an e-learning course designed to educate and train healthcare providers to address Intimate Partner Violence (IPV) against women. This assessment asks about your knowledge, attitudes, and behaviors related to healthcare providers' role in assessing IPV. It will take approximately 25 minutes to complete. Please answer these questions as honestly as possible. Your responses will help us determine how to further adapt this course to best educate healthcare providers across the nation.

This electronic questionnaire is secure. Your answers are private and cannot be linked to your IP address or any personal information you provided to create your log-in account. These questions are part of the evaluation are separate from the questions embedded in the course. If you wish to receive CEU/CME credits, you must complete both this assessment and the questions in the course. However, it is important for you to understand that completing this assessment is voluntary, which means that you choose whether or not you want to participate. You can also choose not to any answer questions that you do not want to or that you feel are inappropriate.

Thank you for your time and effort!

GEARS, Inc.

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U.S. Department of Health & Human Services
OS/OIRM/PRA
200 Independence Ave., S.W. Suite 531-H
Washington, D.C. 20201
Attention: PRA Reports Clearance Officer

Global Evaluation & Applied Research Solutions

SELECTION OF SPECIALTY MODULE

1. This e-learning course includes a minimum of 2 modules: <i>The Impact of Intimate Partner Violence on Women's Health</i> and 1 specialty module of your choice. Which specialty module do you plan to take to complete the course?
a. Impact of Adolescent Relationship Abuse: Promoting Anticipatory Guidance for Safe and Healthy Relationships
b. Intimate Partner Violence and Behavioral Health
c. Intimate Partner Violence and Perinatal Programs
d. Intimate Partner Violence: Sexually Transmitted Infections and Safer Partner Notification
e. Intimate Partner Violence: Considerations for Emergency and Urgent Care Settings
f. Intimate Partner Violence: The Role of the Pediatric Provider
g. Reproductive Coercion: Interference with Contraception and Pregnancy Planning
h. Mandatory Reporting for Intimate Partner Violence: Using a Trauma-Informed Approach

IPV KNOWLEDGE

<i>This section asks about your current knowledge of intimate partner violence. Choose the best answer.</i>							
	1 = Nothing	2	3	4	5	6	7 = Very Much
1. How much do you feel you know about:							
a. Your legal reporting requirements for IPV	1	2	3	4	5	6	7
b. Health consequences of IPV	1	2	3	4	5	6	7
c. Referral sources for IPV victims	1	2	3	4	5	6	7
d. Relationship between IPV and pregnancy outcomes	1	2	3	4	5	6	7
e. Recognizing the childhood effects of witnessing IPV	1	2	3	4	5	6	7
f. How to identify IPV	1	2	3	4	5	6	7
g. Why a victim might not disclose IPV	1	2	3	4	5	6	7
h. Why a victim might stay in a relationship where there is IPV	1	2	3	4	5	6	7
i. Your role in assessing for IPV	1	2	3	4	5	6	7
j. What to say and not say if a patient discloses IPV	1	2	3	4	5	6	7
k. Determining if a patient experiencing IPV is in immediate danger	1	2	3	4	5	6	7
l. Resources that can help an IPV victim develop a safety plan	1	2	3	4	5	6	7

This section asks about your current knowledge of intimate partner violence. Choose the best answer.

2. Intimate partner violence (IPV) includes physical violence, _____ and emotional aggression.
 - a) sexual violence
 - b) sibling violence
 - c) gang violence
 - d) school violence
3. According to recent statistics from the Center for Disease Control (CDC), 1 in ___ women report experiencing physical and/or sexual intimate partner violence.
 - a) 2
 - b) 4
 - c) 10
 - d) 25
4. All of the following physical health problems are commonly associated with intimate partner violence among women EXCEPT:
 - a) back pain
 - b) irritable bowel syndrome
 - c) asthma
 - d) paralysis
5. During IPV assessment, there is no need to ask about sexual assault because the signs and health indicators are the same as physical assault.
 - a) True
 - b) False
6. Which of the following is true about the cultural humility of a healthcare provider?
 - a) Cultural humility includes using a checklist of “cultural traits” or stereotypes.
 - b) Cultural humility views the healthcare provider as the expert.
 - c) Cultural humility does not require active engagement.
 - d) Cultural humility is an ongoing growth process.
7. Before discussing domestic violence and limits of confidentiality with patients, health providers must know both their county and state mandated reporting requirements.
 - a) True
 - b) False
8. Which of the following is NOT true about using a safety card intervention to educate other
 - a) Providers can use the card to make the connection between relationships and health
 - b) Patients can have information on resources if they need help
 - c) Providers can use the card instead of discussing abuse with patients directly
 - d) Patients can use the card to give to a friend
9. Which of the following is NOT a strategy for responding to disclosures of intimate partner violence?
 - a) educate patient on safety planning
 - b) offer patients tools to increase personal safety
 - c) connect patients to additional services
 - d) tell patients to leave the relationship
10. All of the following are ways to prepare your practice for addressing intimate partner violence EXCEPT:
 - a) hang posters reminding employees of questions to ask when assessing for IPV
 - b) arrange for police to periodically stop by your practice to check for IPV cases
 - c) develop partnerships between your practice and local domestic violence programs
 - d) educate others in your practice about local and state mandatory reporting laws

IPV ATTITUDES

This section asks about your attitudes and opinions regarding intimate partner violence (IPV). Please indicate how much you agree with the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

	1 = Strongly Disagree	2 = Disagree	3 = Not Sure	4 = Agree	5 = Strongly Agree
1. I don't have time to ask about IPV in my practice.	1	2	3	4	5
2. Asking patients about IPV is an invasion of their privacy.	1	2	3	4	5
3. There are strategies I can use to help victims of intimate partner violence change their situation.	1	2	3	4	5
4. It is demeaning to patients to question them about abuse.	1	2	3	4	5
5. Patients do not want to be asked about IPV.	1	2	3	4	5
6. I feel confident that I can make appropriate referrals for abused patients.	1	2	3	4	5
7. If I ask non-abused patients about IPV, they will get very angry.	1	2	3	4	5
8. I have ready access to information detailing the management of IPV.	1	2	3	4	5
9. It is not my place to interfere with how a couple chooses to resolve conflicts.	1	2	3	4	5
10. I think that asking about IPV is not part of health care.	1	2	3	4	5
11. If patients do not reveal abuse to me, then they feel it is none of my business.	1	2	3	4	5
12. If patients do not reveal abuse to me, then there is nothing I can do.	1	2	3	4	5
13. I am afraid of offending the patient if I ask about IPV.	1	2	3	4	5
14. I feel that community-based domestic violence services can help manage IPV patients.	1	2	3	4	5
15. I have ready access to community-based domestic violence services should my patients need referrals.	1	2	3	4	5
16. I feel confident with disclosing the limits of confidentiality with my patients prior to discussing IPV.	1	2	3	4	5
17. I feel comfortable discussing intimate partner violence with my patients.	1	2	3	4	5

This section asks about your attitudes and opinions regarding intimate partner violence (IPV). Please indicate how much you agree with the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

	1 = Strongly Disagree	2 = Disagree	3 = Not Sure	4 = Agree	5 = Strongly Agree
18. I feel comfortable responding to patients who disclose abuse.	1	2	3	4	5

IPV IN CLINICAL PRACTICE

This section asks about your IPV screening and response behaviors and standards for screening in your clinical workplace. In this case, "Screening" means asking the patient about IPV and discussing it with them (i.e., not just the patient filling out a form). Choose the most appropriate answer.

- In the past 3 months, how often have you screened patients for IPV?
 - None
 - 1-5
 - 6-10
 - 11-20
 - 21 or more
 - I am currently not in clinical practice.
- Which patients do you currently screen for IPV? (Check all that apply):
 - I do not currently screen for IPV.
 - I screen *all* female patients.
 - I screen all new female patients.
 - I screen all female patients who report a history of abuse.
 - I screen all female patients with indicators of abuse in the medical exam.
 - I screen all pregnant patients.
 - I screen all adolescents under the age of 18.
 - Other: _____
 - I am currently not in clinical practice.
- What resources and materials do you currently use to screen patients for IPV?
 - Items on a Written In-take Assessment (e.g. past history checklist)
 - Items on an Oral In-take Assessment (e.g., healthcare provider checklist)
 - IPV Questionnaires
 - Posters
 - Brochures
 - Fact Sheets/Handouts
 - Safety Cards
 - Other: _____
 - I am currently not in clinical practice.
- In the past 3 months, how many disclosures of IPV have you received? (e.g., single event, ongoing abuse, past history of abuse)?
 - None
 - 1-5
 - 6-10
 - 11-20
 - 21 or more
 - I am currently not in clinical practice.

This section asks about your IPV screening and response behaviors and standards for screening in your clinical workplace. In this case, "Screening" means asking the patient about IPV and discussing it with them (i.e., not just the patient filling out a form). Choose the most appropriate answer.

5. In the past 3 months, how often have you taken the following actions when you identified IPV?

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost Always</u>	<u>N/A</u>
a. Responded with supporting, validating statements	1	2	3	4	5	6
b. Talked about how relationships impact health	1	2	3	4	5	6
c. Offered information on how relationships impact health	1	2	3	4	5	6
d. Referred patients to IPV services	1	2	3	4	5	6

6. Is there a protocol for dealing with IPV in your clinical workplace?

- Yes, and widely used.
- Yes, and used to some extent.
- Yes, but not used.
- No
- Unsure
- I am currently not in clinical practice.

7. Are you familiar with your institution's policies regarding screening and management of IPV victims?

- Yes
- No
- I am currently not in clinical practice.

8. Do you practice in a state where it is legally mandated to report IPV cases?

- Yes
- No
- Unsure
- I am currently not in clinical practice.

9. Are IPV patient education or resource materials (posters, brochures, etc.) available at your clinical workplace?

- Yes, well displayed and accessed by patients
- Yes, well displayed but not accessed by patients
- Yes, but not well displayed
- No
- Unsure
- I am currently not in clinical practice.

10. Do you feel you have adequate knowledge of referral resources in the community for IPV victims (e.g., shelters, support groups)?

- Yes
- No
- I am currently not in clinical practice.

BACKGROUND

This section asks for information about you and your profession. Choose the most appropriate answer.

1. What is your profession?

- Physician
- Nurse
- Social Worker

This section asks for information about you and your profession. Choose the most appropriate answer.

Other: _____

2. What is your primary field of practice?

- Emergency Medicine/ Urgent Care
- Family Practice
- Internal Medicine
- Obstetrics-Gynecology
- Orthopedics
- Pediatrics
- Psychiatry
- Surgery
- Other: _____

3. How long have you been practicing in this field?

___years ___months

4. In which setting(s) do you practice? (Check all that apply)

- Hospital
- Private Practice (solo)
- Group Practice
- Clinic/Community Health Center
- Academic/University
- Government
- Other: _____
- I am currently not in clinical practice.

5. In which state(s) do you practice? (Check all that apply)

- Oklahoma
- South Carolina
- Nevada
- Other(s) _____
- I am currently not in clinical practice.

6. Please estimate the percentage of your patients who are female. _____

- I am currently not in clinical practice.

7. Which setting best represents where most of your patients come from?

- Urban
- Suburban
- Rural
- Other: _____
- I am currently not in clinical practice.

8. Approximately how many hours of IPV education and training have you had in the past 3 years (select one)?

- None
- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-50 hours
- 51-100 hours
- Greater than 100 hours

9. What is your age? _____

10. What is your gender?

- Male

This section asks for information about you and your profession. Choose the most appropriate answer.

Female

11. What is your race? *(Check all that apply)*

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: _____
- I prefer not to answer.

12. What is your ethnicity? *(Select one)*

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to answer.

PLEASE NOTE: RESPONDENTS WILL BE GIVEN THE OPTION TO SELECT ONE SPECIALTY MODULE FOR THE ELEARNING COURSE. THE RESPONDENT WILL ANSWER ADDITIONAL QUESTIONS ONLY FOR THE SPECIALTY MODULE THAT HE/SHE SELECTS. REMEMBER THAT THEY CAN ONLY SELECT ONE SPECIALTY MODULE. THEY CAN SELECT:

IPV & Pediatrics

The following items ask about your knowledge of IPV and pediatrics. Choose the best answer.

1. The prevalence of IPV among mothers whose children are seen in pediatric practices range from ___ to ___%.
 - a) 3; 17
 - b) 4; 17
 - c) 5; 17
 - d) 6; 17
2. Childhood exposure to IPV is associated with physical changes in the brain and altered brain chemistry.
 - a) True
 - b) False
3. All of the following are ways to enhance children's resiliency when exposed to IPV, EXCEPT:
 - a) Offering parenting classes
 - b) Separating children from non-abusive parent
 - c) Offering family support services to decrease stress
 - d) Offering the mother counseling for trauma and depression
4. All of following are problems that children exposed to IPV may be more likely to experience EXCEPT:
 - a) autism
 - b) asthma
 - c) anxiety
 - d) headaches
5. Which of the following is a screening tool for IPV that has been evaluated in the pediatric setting?
 - a) First Impressions Video
 - b) Safety Card
 - c) Parent Screening Questionnaire (PSQ)
 - d) all of the above

OR SELECT

IPV & Urgent Care

The following items ask about your knowledge of IPV and urgent care. Choose the best answer.

1. Fourteen to ___% of female emergency room patients experienced IPV in the past year.
 - a) 12%
 - b) 22%
 - c) 42%
 - d) 62%
2. Which of the following are commonly associated with reports of IPV in the emergency room/urgent care setting?
 - a) cancer
 - b) alcohol and drug abuse
 - c) asthma
 - d) fracture
3. All of the following are intentional injuries that are common among victims of IPV, EXCEPT:
 - a) burns
 - b) lacerations and cuts
 - c) shin splint
 - d) bruises
4. Victims of IPV with traumatic brain injury may experience problems with _____ may make safety planning difficult.
 - a) memory
 - b) decision-making
 - c) problem-solving
 - d) all of the above
5. The following symptoms are clinical indicators of strangulation:
 - a) neck bruises; bite wounds
 - b) neck bruises; facial petechiae
 - c) lighter burns; facial petechiae
 - d) bite wounds; lighter burns
6. Urgent care practices can prepare themselves to respond to IPV by _____.
 - a) referring patients to trauma-informed care specialists.
 - b) asking law enforcement or security to routinely stop by
 - c) partnering with community organizations that provide IPV services.
 - d) developing an in-house response team.

OR SELECT

IPV & Reproductive Coercion

The following items ask about your knowledge of IPV and reproductive coercion. Choose the best answer.

1. Reproductive Coercion includes the following behaviors EXCEPT:
 - a) attempts to impregnate a partner against her wishes
 - b) having intercourse with multiple partners
 - c) controlling the outcomes of a pregnancy
 - d) interfering with birth control
2. Adolescent girls in physically abusive relationships are _____ to become pregnant than non-abused girls.
 - a) twice as likely
 - b) 3.5 times more likely
 - c) 5 times more likely
 - d) 10 times more likely
3. Which of the following is a harm reduction strategy if a patient is experiencing IPV:
 - a) Speaking to a client about having emergency contraception available
 - b) Offering contraception that cannot be detected by their partner
 - c) Educating a patient about IPV and its impact on reproductive health
 - d) All of the above
4. Which of the following is a way that a Safety Card for reproductive coercion can be used to enhance patient care?
 - a) educate the patient about connection between IPV and reproductive coercion
 - b) screen for reproductive coercion
 - c) refer to additional services
 - d) all of the above
5. Which of the following are ways IPV can interfere with a woman's ability to use contraceptives?
 - a) woman is not able to negotiate condom use with partner
 - b) partner not allowing woman to take birth control
 - c) partner forcing sex without protection
 - d) all of the above

OR SELECT

IPV & Adolescent Health

The following items ask about you knowledge of IPV and adolescent health. Choose the best answer.

1. Adolescent Relationship Abuse (ARA) is a(an) _____ in which a person physically, sexually, or emotionally abuses another person in the context of a _____ in which one or both partners is a minor.
 - a) isolated event; relationship
 - b) single occurrence: friendship
 - c) repetitive pattern; relationship
 - d) repetitive pattern; friendship
2. One in ___ U.S. teen girls report ever having experienced IPV.
 - a) 2
 - b) 3
 - c) 4
 - d) 5
3. Which of the following health issues is NOT generally related to Adolescent Relationship Abuse (ARA)?
 - a) depression & anxiety
 - b) obsessive-compulsive disorder
 - c) substance abuse
 - d) teen pregnancy
4. When using a safety card to counsel adolescent patients about adolescent relationship abuse, healthcare providers should:
 - a) talk about healthy and unhealthy relationships
 - b) talk about unhealthy texting
 - c) review the limits of confidentiality
 - d) all of the above
5. It is important to ask adolescents to share the adolescent relationship abuse safety card with others, because they are more likely to disclose to _____ than healthcare professionals.
 - a) parents
 - b) friends
 - c) teachers
 - d) police
6. All of the following are resources that can help providers talk with adolescents about adolescent relationship abuse EXCEPT:
 - a) Connected Kids Guidelines
 - b) Hanging Out and Hooking up guidelines
 - c) Adolescent Relationship Abuse Safety Card
 - d) TalkToYourTeen.com

OR SELECT

IPV & Sexually Transmitted Infections

The following items ask about your knowledge of IPV and sexually transmitted infections (STIs). Choose the best answer.

1. Which of the following is an example of a clinic practice that can promote the safety of patients seeking screening and treatment for sexually transmitted infections (STIs)?
 - a) Universal screening for IPV
 - b) Having a talk with the patient's partner
 - c) Using expedited partner therapy with every patient
 - d) Encouraging the patient to ask their partner to go to couples counseling
2. All of the following are appropriate questions to ask when assessing for patient safety during an STI visit EXCEPT:
 - a) Do you feel safe asking your partner to use a condom?
 - b) What did you do to make your partner mad?
 - c) Does your partner ever get mad at you for asking you to use a condom?
 - d) Is there ever a situation where you are made to have sex and you don't want to?
3. Expedited Partner Therapy is always helpful for victims of IPV.
 - a) True
 - b) False
4. Which of the following is NOT a harm reduction strategy for partner STI notification?
 - a) offer to call health department to notify partner anonymously
 - b) refer to specialist to help with safety planning
 - c) give patient numbers to IPV hotlines
 - d) involving the partner in the clinical visit to discuss STI's
5. Exposure to an STI may be more of an immediate threat to the patient than IPV.
 - a) True
 - b) False

OR SELECT

IPV & Mandatory Reporting

The following items ask about your knowledge of IPV and mandatory reporting. Choose the best answer.

1. Which of the following is NOT true about confidentiality?
 - a) Confidentiality and mandatory reporting should be discussed together.
 - b) Confidentiality should only be discussed if you suspect the patient is a victim of IPV and a report is required.
 - c) Confidentiality forms should indicate that there are conditions that may have to be reported.

d) You should always review the limits of confidentiality in case you have to report.
2. IPV mandatory reporting laws vary from state to state. Which of the following <u>DOES NOT</u> exist? a) States with laws specific to IPV b) States with no mandatory IPV reporting laws c) States with laws requiring providers to report injuries caused by weapons d) States with laws requiring providers to report all injuries
3. All of the following are ways to make your practice is safe for both patients and staff in suspected or positive cases of IPV <u>EXCEPT</u> : a) develop plan for what to do when perpetrator is in the office b) have panic buttons or other plans for how to contact law enforcement c) add cameras in every room to monitor interaction d) identify and monitor areas where people could get trapped in the clinic
4. All of the following are recommended ways to involve and support survivors when you have to make a mandated report, <u>EXCEPT</u> : a) explain what will happen when the report is made b) offer use of office phone & computers to contact local IPV resources c) arrange a meeting with a domestic violence advocate or social worker d) Talk to the partner of the survivor to about the abuse
5. All of the following professionals are great resources for health providers to learn about local reporting procedures and practices, <u>EXCEPT</u> : a) Domestic violence advocates b) Medical social workers c) Local food shelter directors d) Child welfare workers

The following items ask about you knowledge of IPV and perinatal health. Choose the best answer.

1. A Safety Card can be used to normalize the conversation, talk about healthy relationships, assess for IPV, and refer patients to national hotlines.
 - a) True
 - b) False
2. Which of the following pregnancy complications is NOT commonly associated with IPV?
 - a) preterm labor
 - b) high blood pressure
 - c) gestational diabetes
 - d) vaginal bleeding
3. Which of the following pregnancy risk behaviors is increased when patients experience IPV?
 - a) smoking
 - b) drinking
 - c) using drugs
 - d) all of the above
4. All of the following are risks for infants born to mothers who are victims of IPV EXCEPT:
 - a) prematurity
 - b) death
 - c) low birth weight
 - d) flu
5. Women experiencing physical abuse around the time of pregnancy are _____ to breastfeed their infant than women who do not experience abuse.
 - a) more likely
 - b) less likely
 - c) not likely
 - d) about as likely

OR

SELECT

IPV & Perinatal Health

OR SELECT

The following items ask about your knowledge of IPV and behavioral health. Choose the best answer.

1. Which of the following is NOT a mental health condition associated with IPV?
 - a) anxiety
 - b) depression

c) bipolar disorder d) post-traumatic stress disorder
2. According to a recent study, ___% of women who screened positive for drinking problems experienced IPV in the past year. a) 29% b) 39% c) 49% d) 59%
3. ___ of women who screen positive for drinking problems experienced IPV in the past year. a) 19% b) 39% c) 59% d) 69%
4. The Safety Card explains the connection between childhood experiences, IPV, and mental health. a) True b) False
5. Persons with _____ or more adverse childhood experiences had a 4-12 fold increased risk for alcoholism, drug abuse, depression, and suicide attempts. a) 2 b) 3 c) 4 d) 5

IPV & Behavioral Health

Thank you for completing this assessment. You will now be directed back to the course Home page.