

# Addressing Intimate Partner Violence, Human Trafficking, and Exploitation in Community Health Centers

## Quality Assessment/Quality Improvement (QA/QI) Tool

The following quality assessment/quality improvement (QA/QI) tool is intended to provide community health centers with guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to **intimate partner violence (IPV)**, **human trafficking (HT)**, **and exploitation (E)** within their health care delivery. The information is to be used as a benchmark for each health center to engage in ongoing quality improvement efforts.

This tool was designed by <u>Health Partners on IPV + Exploitation</u>, a project of Futures Without Violence, to increase the capacity of community health centers to prevent, educate about, and respond to **IPV/HT/E**. Health Partners on IPV + Exploitation provided training and technical assistance on implementing clinical interventions, establishing partnerships with community-based domestic violence programs, and enacting policy change to address and prevent IPV/HT/E within health centers. Please complete the tool as honestly and completely as you can. The following questions ask about **recommended** policies, protocols, and practices. For questions that you respond "no" to, it may be helpful to review the corresponding form, policy, and resources listed at end to guide implementation in your community health center.

It may be helpful to complete this tool every six months to track policy changes and implementation status of the recommended IPV/HT/E protocol. Please review our <a href="https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf">https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf</a>

We hope that this tool will help provide guidance on how to enhance your community health center's response to IPV and HT/exploitation. For more information on how to implement these practices see the online toolkit: www.IPVHealthPartners.org.

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#### **About Health Partners on IPV + Exploitation**

Health Partners on IPV + Exploitation offers health centers training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation.

Email: heathpartners@futureswithoutviolence.org

Website: https://healthpartnersipve.org/

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Completed by (name, title):														
Email:														
Health Center Name:														
Date:														
POLICIES AND PROTOCOLS														
Having a written protocol in place to address IPV/HT/E is essential for ensuring that your health center has the necessary resources and your staff have the necessary training to support survivors of IPV/HT/E.														
Does your health center have a policy and written protocol for assessment* and response to:														
	Yes	No	Planned	N/A	Don't Know									
Intimate partner violence (IPV)?														
Reproductive coercion (RC: birth control sabotage, pregnancy pressure and coercion, and STI/HIV risk)?														
Human Trafficking (HT)/exploitation?														
Does your health center have a workflow that outlines each staff member's role in IPV/HT/E response?														
Are there sample wording, scripts, prompts, quest forms or EHR for staff to:	tions, or inforn	nation on med	ical/health his	tory/risk asso	essment									
Explain to patients why you are discussing IPV/HT/exploitation?														
Inform patients about confidentiality and limits of confidentiality (any mandated reporting requirements)?														
Educate patients about health impact of IPV/HT/exploitation?														
Discuss resources available to patients (including hotlines, advocates) to stay safe in an unhealthy or abusive relationship?														
Do your protocols instruct providers to educate about the possible intersection with IPV/HT/exploitation during every visit?														
*Throughout this document, we refer to assessment trafficking/exploitation. Screening refers to stand concludes conversation with the provider that includes about IPV/HT/exploitation, and harm reduction street.	alone questions es anticipatory	s or a self-adm guidance on h	inistered check ealthy relation	list, while ass ships, direct o	essment Juestions									

Community Health Center Quality Assessment/Quality Improvement Tool
Developed by Elizabeth Miller, MD, PhD, University of Pittsburgh and Health Partners on IPV + Exploitation (2022)
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disclosed.

PRIVACY/CONFIDENTIALITY POLICIES AND PROTOCOLS												
The following policies are essential for ensuring su	ırvivors have a	access to privat	te, safe, and co	onfidential hea	alth care.							
Does your health center:	Yes	No	Planned	N/A	Don't Know							
Provide patients with a written explanation of confidentiality and limits of confidentiality when they check-in?												
Have a policy to routinely see patients alone (without family members, partners, etc.)?												
Have a policy to ensure that each patient is seen alone (without friends or family) for at least a portion of the visit to talk about violence?												
Have a policy to use professional language interpreters for non-English speaking patients?												
Have a policy that family members or friends may not be used for interpreting for patients?												
Have a privacy screen on the computer to protect the contents of the electronic health record from being viewed by others?												

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In the era of Open Notes, special vigilance, policies, and protocols are needed to ensure that a practice adheres to
protecting the privacy and confidentiality of survivors.

	Yes	No	Planned	N/A	Don't Know
Does your setting currently utilize any of the following practices to ensure safety and confidentiality related to the electronic health record (EHR) when IPV is discussed and identified?					
Documentation in a secure note					
Education for providers around where is safe in the EHR to document (including where and how to document confidential psychosocial assessments)					
Enable limited access to online patient portal					
Enable limited access to the child's EHR					
Ask the survivor what can be documented					
Confirm the phone number on file is the survivor's					
Document safety plans - such as safe ways to contact the survivor, ensuring that survivor location and demographic information are not released					

#### **UNIVERSAL EDUCATION**

As an alternative to or to be done in conjunction with mandated screening, universal education provides all patients, regardless of disclosure of IPV/HT/E with information and resources concerning relationships and the impact of violence on health.

	Yes	No	Planned	N/A	Don't Know
Do providers discuss IPV/HT/exploitation with patients during EVERY visit?					
Do staff offer universal education with two palmsize safety cards with information about how violence can impact health during EVERY visit?					

Do staff safely offer IPV/HT/exploitation resources mixed with other resources during telehealth appointments?					
Do staff offer universal education, such as 211, via telehealth appointments?					
ı	DOCUMENTAT	ION			
On the medical/health history form(s)/EHR are th	e following ste	eps documente	ed?		
	Yes	No	Planned	N/A	Don't Know
Two palm-size safety cards offered and discussed (for telehealth visits: 211 referrals, offer and discussion of infographic, text message, digital safety card)					
Harm reduction strategies were shared					
Referral to a victim service agency or connection to advocate provided					
to advocate provided					
to advocate provided					
	RVENTION STR	RATEGIES			
	rvivors. Ensuri	ng that staff a	-	ave sample sci	ripts and
INTEL Health centers play a critical role in supporting sur	rvivors. Ensuri	ng that staff a	-	ave sample sci	ripts and
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Health centers play a critical role in supporting surrelevant resources is essential to providing survivo	rvivors. Ensuri ors with the re	ng that staff and start an	eed.		Don't
Health centers play a critical role in supporting surrelevant resources is essential to providing survivo Does your staff:  Have sample wording or scripts about what to say and do when a patient discloses IPV and/or	rvivors. Ensuri ors with the re	ng that staff and start an	eed.		Don't
Health centers play a critical role in supporting surrelevant resources is essential to providing survivo Does your staff:  Have sample wording or scripts about what to say and do when a patient discloses IPV and/or HT/exploitation?  Have sample or scripted tools and instructions on how to offer harm reduction strategies for	rvivors. Ensuri ors with the re	ng that staff and start an	eed.		Don't
Health centers play a critical role in supporting surrelevant resources is essential to providing survivor.  Does your staff:  Have sample wording or scripts about what to say and do when a patient discloses IPV and/or HT/exploitation?  Have sample or scripted tools and instructions on how to offer harm reduction strategies for patients who disclose IPV or HT/exploitation?  Know an advocate or counselor who can provide immediate follow-up with a patient who discloses	rvivors. Ensuri ors with the re	ng that staff and start an	eed.		Don't

Have a partnership with a legal service provider that you can refer patients to?						
Do your staff have resource lists that:						
	Yes	No	Planne	ed N,	/A	Don't Know
Identify referrals and resources such as shelters, legal, advocacy, for patients who disclose IPV?						
Identify referrals and resources such as shelters, legal, advocacy, for patients who disclose <a href="https://exploitation">HT/exploitation</a> ?						
Identify referrals and resources that are specifically relevant to your community's underserved population(s)?						
Include a contact person for each referral agency?						
Who is the staff person responsible for updating	these lists?					
Are these lists updated at least once a year?						
FORMAL PARTN	ERSHIPS WITH	H COMMUNIT	TY AGENCIES			
Community health centers and domestic vi shared mission to improve the health, well begins. Including each other as part of you staff as well as intimate partner violence (I	ness, and sa r multidiscip	fety of their linary care t	clients and t eams is a cru	o prevent v	iolenc suppo	e before it rting both
	Yes	No	Planned	N/A	Do	n't Know
Does your setting have any formalized partnership agreements such as a Memorandum of Understanding (MOU), with hospital or community-based IPV agencies to facilitate referrals?						
Does your setting partner with any culturally specific community-based organizations that can provide IPV services?						

NETWORKING AND SUPPORT
Are there any community health center staff who are especially skilled/comfortable dealing with IPV and HT/E whom other staff can turn to for help?  Yes No
If yes, please include staff title/position:
Do your protocols advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when IPV or trafficking/exploitation is disclosed? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)  Yes No
Do any of your staff participate in a local domestic violence or sexual assault response team (SART) task force or
related subcommittee?
Yes No Don't know
If yes, please identify staff and describe task force/subcommittee:
Do you have staff trained as forensic examiners for example SANEs or SANE-Ps?
Yes No Don't know
If yes, please identify staff and describe task force/subcommittee:
Do any of your staff participate in a local anti-human trafficking task force or related subcommittee?
Yes No Don't know
If yes, please identify staff and describe task force/subcommittee:

PROVIDER AND STAFF TRAINING													
Routine training for staff and providers is essentia with the health center's protocol and policy.	I for ensuring t	hat providers r	eceive suppor	t and resource	es in line								
	Yes	No	Planned	N/A	Don't Know								
Do providers and staff receive training on IPV as part of new hire orientation?													
Do staff regularly receive training on IPV after new hire orientation?													
Within the last year, have staff and providers at your setting received IPV-specific trainings from the following:													
DV agencies or shelter or rape crisis staff													
Youth services													
Child protective services													
Legal advocacy/legal services													
Law enforcement													
STAFF	SUPPORT ANI	D SAFETY											
Recognizing that many health center staff may be support they need to feel safe.	survivor's the	mselves, it is cr	ritical to ensur	e that staff ha	ve the								
Does your health center:	<u>,                                      </u>												
	Yes	No	Planned	N/A	Don't Know								
Have a workplace protocol for what to do if a staff person is experiencing IPV/HT/exploitation?													
Have a protocol for what to do if a perpetrator is on-site and displaying threatening behaviors or trying to get information?													
Provide individual clinical supervision for staff where they can discuss any concerns/ discomfort													

related to IPV/HT/exploitation cases?

Provide other types (reflective practice group, group supervision, case presentation) of opportunities for staff to discuss any concerns relating to difficult cases?					
Provide opportunities for staff to participate in mindfulness-based interventions					
Have a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a patient?					
Have an employee assistance program (EAP) that staff can access for help with current or past victimization?					
If your health center has an <b>MOU</b> with a local DV organization, does it specify the provision of support for health center staff by DV staff for handling cases of IPV/HT/exploitation?					
Invest in employee well-being to increase staff					
resilience and self-care?					
resilience and self-care?	A AND EVALU	JATION			
resilience and self-care?	health center	rs must collect ity, privacy, an			
resilience and self-care?  DAT  In line with the new UDS measures on IPV and HT, IPV and HT. Several best practices exist to maintai	health center	rs must collect ity, privacy, an			
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In line with the new UDS measures on IPV and HT, IPV and HT. Several best practices exist to maintai data (see section on Confidentiality and Electronic Does your health center:	health center n confidential Health Recon	rs must collect ity, privacy, an d).	d safety of sur	vivors while c	ollecting  Don't
In line with the new UDS measures on IPV and HT, IPV and HT. Several best practices exist to maintai data (see section on Confidentiality and Electronic Does your health center:  Record the number of patients assessed for IPV?  Record the number of patients assessed for	health center n confidential Health Recon	rs must collect ity, privacy, an d).	d safety of sur	vivors while c	ollecting  Don't
In line with the new UDS measures on IPV and HT, IPV and HT. Several best practices exist to maintai data (see section on Confidentiality and Electronic Does your health center:  Record the number of patients assessed for IPV?  Record the number of patients assessed for HT/exploitation?	health center n confidential Health Recon	rs must collect ity, privacy, an d).	d safety of sur	vivors while c	ollecting  Don't
In line with the new UDS measures on IPV and HT, IPV and HT. Several best practices exist to maintai data (see section on Confidentiality and Electronic Does your health center:  Record the number of patients assessed for IPV?  Record the number of patients assessed for HT/exploitation?  Record the number of patients who disclose IPV?  Record the number of patients who disclose	health center n confidential Health Recon	rs must collect ity, privacy, an d).	d safety of sur	vivors while c	ollecting  Don't

Record the number of times that referrals and resources were discussed with patients?					
Record the number of referrals made to IPV/HT/exploitation victim advocacy services to track referrals and outcomes, key health outcomes, and communication between organizations?					
Record use of longer-acting contraceptives among patients experiencing reproductive coercion?					
Record other health promotion and safety strategies offered to patients experiencing IPV/HT/exploitation?					
Discuss with patients where and how their confidential information will be handled?					
Do any of your patient satisfaction surveys include any questions soliciting patient's opinions about assessment and intervention strategies for IPV/HT/exploitation?					
Provide regular (at least annual) feedback to providers about their performance regarding IPV/HT/exploitation assessment?					
Annually review all health center protocols relating to IPV/HT/exploitation (both patient and staff related)?					
ENVIRO	NMENT AND	RESOURCES			
Your health center can provide resources such as l rooms.	prochures or s	afety cards in	the waiting ar	ea, bathroom	s, or exam
Does your health center have any of the following	?				
	Yes	No	Planned	N/A	Don't Know
Brochures or information about IPV that patients can take					
Brochures or information about HT/exploitation that patients can take					
Brochures, cards, information for patients about how violence exposure affects children					
Brochures or posters offered in languages other than English that reflect those spoken by your					

Brochures or posters that visually reflect the diverse backgrounds of patients served					
Posters about IPV and HT/exploitation displayed					
Adolescent focused brochures, cards or information about adolescent relationship abuse					
Information specific to LGBTQIA+ violence					
Brochures/cards/posters placed in an easily accessible location (like bathrooms)					
Has your health center adapted materials to make them more culturally relevant for your patient population?  Yes No  If yes, please describe:					
Who is responsible for stocking and ordering materials including safety cards and posters?					
Please identify staff by title:					
Does your health center sponsor any client or cor of abuse?	nmunity educa	ation to talk al	oout healthy re	eiationships oi	indicators
Yes No					
If yes, please describe:					

#### **ADOLESCENT CONSIDERATIONS**

Adolescent Relationship Abuse (ARA), Human Trafficking (HT), and Exploitation (E) pose significant physical and mental health challenges for adolescents. Several key considerations should be taken into account to ensure that your protocol is inclusive of the special health, privacy, and confidentiality needs of patients who are minors.

your protocol is inclusive of the special health, privacy, and confidentiality needs of patients who are minors.					
Does your health center:					
	Yes	No	Planned	N/A	Don't Know
Have a written policy to address ARA experienced by adolescent and young adult patients in the practice setting?					
Have mandatory training for ARA in the pediatric healthcare setting including maintaining confidentiality in the electronic health record?					
Written protocols on safe, client-centered reporting to child and adult protective services when applicable to your state?					
Educate all telemedicine providers to recognize that telemedicine visits are not private and offer in-person follow up visits to discuss any sensitive concerns?					
Have a practice to ask other adults to leave the room for any assessment or discussions around ARA?					
Have adolescent specific safety cards with information on ARA and health impacts?					
Require all providers discuss ARA and healthy relationships with adolescent patients at every visit?					
Know your community's youth-relevant services and how they can support vulnerable youth in particular - runaway youth, youth experiencing homelessness, and youth who are sexual and gender minority?					
Do any of your staff participate in a local adolescent violence prevention task force, antitrafficking taskforce, or related subcommittee (Title IX department, youth-led organizing, PTA athletics)?					

CAREGIVER CONSIDERATIONS					
There are several considerations to take into account to ensure confidentiality and privacy if the patient is a parent or caregiver.					a parent or
Does your health center:					
	Yes	No	Planned	N/A	Don't Know
Does your setting currently have a practice to not discuss IPV in front of verbal children?					
Does your setting have a safe place for children to go while the provider is discussing IPV with the parent/caregiver?					
Does your setting have a private place to discuss IPV with parents/caregivers?					
Does your setting currently have a practice to not discuss IPV with other adults in the room?					
Does your setting currently have a practice to ask other adults to leave the room for any assessment or discussions around IPV?					

#### **INVOLVING CHILD PROTECTIVE SERVICES**

IPV. Training for providers and staff are critical to ensuring that survivor and child safety are not compromised when involving child protective services.					
	Yes	No	Planned	N/A	Don't Know
Does your setting have a practice to assess for child safety if their caregiver is experiencing IPV?					
Does your setting encourage providers to inform caregivers of mandated reporting requirements prior to offering universal education and assessment for IPV?					
Does your setting provide education to providers and staff on filing a mandated report to child protective services in the context of IPV?					

Does your setting currently have a practice to encourage providers to inform the survivor when a mandated report needs to

Does your setting currently have a practice to encourage providers to offer the survivor an opportunity to help file the mandated

Does your setting have a practice to offer resources to survivors when a report is filed?

be filed?

report?

## **Scoring Guide**

For each section add up the number of times you answered "Yes". Fill in the table below. Areas with lower scores are identified as areas for improvement. See the attached list of key resources to begin working towards implementing each recommendation.

Recommendation Category	Number of Times "Yes" Answered	Total Number of Questions
Policies and Protocols		9
Privacy and Confidentiality Policies and Protocols		6
Confidentiality and Electronic Health Record		8
Universal Education		4
Documentation		3
Intervention Strategies		11
Formal Partnerships with Community Agencies		2
Networking and Support		5
Provider and Staff Training		8
Staff Support and Safety		8
Data and Evaluation		14
Environment and Resources		11
Adolescent Considerations		9
Caregiver Considerations		5
Involving Child Protective Services		6

What tools and support do you need to strengthen your health center's response to IPV/HT/exploitation? Please					
send ideas and questions to <a href="mailto:healthpartners@futureswithoutviolence.org">healthpartners@futureswithoutviolence.org</a> or complete this <a href="mailto:online form">online form</a> .					
Areas for Improvement					
Next Steps					
Additional Comments and Observations					
Additional comments and Observations					

### **Key Resources**

Example health center IPV/HT/E protocol: <a href="https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf">https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf</a>

Example workflow: https://ipvhealthpartners.org/wp-content/uploads/2017/02/Final-Patient client-workflow.pdf

Sample Memorandum of Understanding: <a href="https://www.futureswithoutviolence.org/wp-content/uploads/MOU-Template-Final-2021.pdf">https://www.futureswithoutviolence.org/wp-content/uploads/MOU-Template-Final-2021.pdf</a>

Building Sustainable and Fruitful Partnerships: <a href="https://ipvhealthpartners.org/wp-content/uploads/2021/01/Building-Fruitful-Partnerships-Handout-COVID.pdf">https://ipvhealthpartners.org/wp-content/uploads/2021/01/Building-Fruitful-Partnerships-Handout-COVID.pdf</a>

Staff Support Resources: https://www.odvn.org/wp-content/uploads/2020/04/JustBreathe\_finalnocrops.pdf

Safety Cards: https://www.futureswithoutviolence.org/?s=safety+card#chev589

Privacy Principles for Protecting Survivors of Intimate Partner Violence: <a href="https://ipvhealthpartners.org/wp-content/uploads/2021/09/Privacy-Principles-for-Protecting-Survivors Final.pdf">https://ipvhealthpartners.org/wp-content/uploads/2021/09/Privacy-Principles-for-Protecting-Survivors Final.pdf</a>

Recommendations for Documentation: http://ipvhealthpartners.org/wp-content/uploads/2017/02/Documentation.pdf

CUES Intervention: <a href="https://ipvhealthpartners.org/wp-content/uploads/2021/01/CUES-graphic-1.12.21.pdf">https://ipvhealthpartners.org/wp-content/uploads/2021/01/CUES-graphic-1.12.21.pdf</a>

Adolescent Health Clinical Guidelines: <a href="http://ipvhealthpartners.org/wp-content/uploads/2017/02/FINAL-Adolescent-Health-Guidelines-1.pdf">http://ipvhealthpartners.org/wp-content/uploads/2017/02/FINAL-Adolescent-Health-Guidelines-1.pdf</a>

Reproductive Health Clinical Guidelines: <a href="http://ipvhealthpartners.org/wp-content/uploads/2017/02/FINAL-Reproductive-Health-Guidelines-1.pdf">http://ipvhealthpartners.org/wp-content/uploads/2017/02/FINAL-Reproductive-Health-Guidelines-1.pdf</a>

Guide for Telehealth: <a href="https://ipvhealthpartners.org/wp-content/uploads/2020/06/Telehealth-IPV-and-Trafficking-Packet-6.8.20.pdf">https://ipvhealthpartners.org/wp-content/uploads/2020/06/Telehealth-IPV-and-Trafficking-Packet-6.8.20.pdf</a>

LGBTQIA+ Youth Toolkit: <a href="https://healthpartnersipve.org/wp-content/uploads/2021/09/Supporting-LGBTQIA-Youth-Who-Have-Experienced-Trafficking.pdf">https://healthpartnersipve.org/wp-content/uploads/2021/09/Supporting-LGBTQIA-Youth-Who-Have-Experienced-Trafficking.pdf</a>

Training Resources (including slides, videos, and graphics): <a href="https://ipvhealthpartners.org/train/">https://ipvhealthpartners.org/train/</a>

Workplaces Respond to Domestic Violence : <a href="https://www.workplacesrespond.org/">https://www.workplacesrespond.org/</a>

Online toolkit: www.IPVHealthPartners.org and FAQs: https://ipvhealthpartners.org/faqs/

To order the resources mentioned in this tool and others, please visit Health Partners on IPV + Exploitation <a href="https://healthpartnersipve.org/">https://healthpartnersipve.org/</a> and the National Health Resource Center on Domestic Violence: <a href="https://store.futureswithoutviolence.org">https://store.futureswithoutviolence.org</a>.