

FAMILY VIOLENCE OFFICE SELF-ASSESSMENT TOOL			
Today's date:			10 20 06
Directions: Circle the most appropriate answer			
Office is part of a Health and/ or Hospital System	YES	NO	
Office is part of a Public Health or Community Health Network	YES	NO	
<i>If your office is part of a hospital system consider using the hospital based tool, available at http://endabuse.org/programs/display.php3?DocID=265</i>			
TYPES OF PATIENTS: <i>Circle all appropriate</i>	Adults	Women only	Children
LOCATION OF OFFICE	urban	suburb	rural/small town
Number of clinicians (physicians, midwives, nurse practitioners, physician assistants):			
Number of years Family Violence (FV) effort to improve identification and management in place at the office?	1-24 months	24-48 months	>48 months
Definition: Family Violence (FV) includes child abuse/neglect, intimate partner abuse/violence, elder abuse/neglect or vulnerable adult and sexual assault. Both prevention and identification/intervention activities are included.			
CATEGORY 1: OFFICE POLICIES AND PROCEDURES <i>Deals w/ existence of program efforts, WRITTEN policies and procedure in place to support ongoing identification and management of Family Violence (FV).</i>			
1.1 Are there official, written office policies based on current guidelines regarding the assessment and treatment of victims of FV? <i>If policies are understood, but NOT written, then the answer is NO. If NO, skip to Category 2. If YES, review the guideline to see if the following components are present.</i>	YES (0)	NO (16) <i>If no skip to 1.2</i>	
a) Definition of family violence			
i. child abuse/neglect	YES (0)	NO (1)	N/A (0)
ii. intimate partner violence (IPV)	YES (0)	NO (1)	
iii. elder abuse/neglect	YES (0)	NO (1)	N/A (0)
iv. sexual assault	YES (0)	NO (1)	
b) Policy on FV training			
i. FV training is mandated is for all office staff.	YES (0)	NO (1)	
ii. FV training is at least encouraged for all office staff.	YES (0)	NO (1)	
c) Is there a written universal and/or routine assessment policy in place that advocates screening all patients:	YES (0)	NO (1)	
i. a written policy that advocates screening at least a subset of patients, such as all pregnant patients, all children for child abuse/neglect.	YES (0)	NO (1)	
d) Defines who is responsible for assessing, i.e. MD or nurse.	YES (0)	NO (1)	

e) Addresses confidential documentation for IPV, a way to document IPV with increased confidentiality (same method as STD's, HIV, etc).	YES (0)	NO (1)	
i. If pediatric patients, includes a "code" or "term" to indicate intimate partner abuse in the chart. [Note: This is particularly important in Pediatrics because the perpetrator, if a guardian, has access to the child's chart.]	YES (0)	NO (1)	N/A (0)
f) If children are also seen in the office, does the policy address screening for child abuse/neglect as related to IPV:			
i. Screening for child abuse/neglect if IPV is present.	YES (0)	NO (1)	N/A (0)
ii. Screening for IPV if child abuse/neglect is present.	YES (0)	NO (1)	N/A (0)
g) Addresses legal reporting requirements appropriate to the situation--mandated reporting (i.e. county, state, and/or affiliated institution):			
i. child abuse/neglect	YES (0)	NO (1)	N/A (0)
ii. intimate partner violence	YES (0)	NO (1)	
iii. elder abuse/ neglect	YES (0)	NO (1)	N/A (0)
1.2 Addresses confidentiality and privacy by having the following policies:			
a) Confidentiality and privacy			
i. Private time with provider for all adolescent and adult patients.	YES (0)	NO (1)	
ii. Not to confirm a patient is at the office.	YES (0)	NO (1)	
iii. No messages left on the phone machine unless the patient gives permission.	YES (0)	NO (1)	
b) Safety and security for office staff, such as when to call the police or security.	YES (0)	NO (1)	
1.3 Is there a staff member/position "family violence coordinator," an individual designated to update FV information/resources and secure/stock brochures?			
	YES (0)	NO (1)	
1.4 Evidence of an office-based violence/abuse task force group/committee.			
a) Does it include: the FV coordinator?	YES (0)	NO (1)	
b) A representative from office management?	YES (0)	NO (1)	
c) Clinicians from the medical staff?	YES (0)	NO (1)	
d) Meet periodically with representatives from a violence/abuse advocacy organization?	YES (0)	NO (1)	
1.5 Does the office provide adequate staff or financial support for family violence program? (i.e. Staff time allocated to securing resources, discussion time at staff meetings, \$ for training)			
	YES (0)	NO (1)	
TOTAL NO COLUMNS			
CATEGORY 1 Total NO column and subtract from 26 =			

CATEGORY 2: OFFICE PHYSICAL ENVIRONMENT Deals w/ the presence of violence/abuse prevention or intervention (posters) and info/resources available. NOTE: Multiple places in one room equal one location.			
2.1 Are there posters related to violence/abuse on public display in the office?			
Total number of locations up to 10.			
2.2 Are there brochures related to violence/abuse services (educational /referral information-- local, state, or national phone numbers) that patients can take with them on public display in the office? i.e. in exam rooms, bathrooms, waiting room, hallways			
Total number of locations up to 10.			
TOTAL 2.1 and 2.2			
CATEGORY 2		Total points	
CATEGORY 3: OFFICE CULTURAL ENVIRONMENT Deals w/ office culture--workplace issues and cultural competence			
3.1 In the last 3 years, has there been a formal (written) assessment of the office staff's knowledge and attitudes about family violence?	YES (0)	NO(1)	
3.2 Is there an office policy covering the topic of intimate partner violence in the workplace, personnel polices outline specific policies and procedures for assisting employees who are experiencing intimate partner violence? (May include contacting the Employee Assistance Program)	YES (0)	NO (1)	
a) Is the topic of intimate partner violence in the workplace (experienced by employees) covered in office training sessions and/or orientation for new employees?	YES (0)	NO (1)	
b) Are supervisors/managers trained to how to manage an employee with an intimate partner violence issue?	YES (0)	NO (1)	
3.3 Cultural Competency:			
a) In the office's policies, is universal and/or routine assessment specifically recommended regardless of the patient's racial/ethnic background?	YES (0)	NO (1)	
b) Are translators/interpreters available, or is the way to access outside translators outlined, or is the National DV hotline referenced for working with victims if English is not the victim's first language?	YES (0)	NO (1)	
c) Does the policy address not using family members to translate for FV discussion and other sensitive issues?	YES (0)	NO (1)	
d) Are there referral information and brochures related to family violence available in languages of the major non-English speaking communities served?	YES (0)	NO (1)	No non-English speaking communities are served N/A (0)
TOTAL NO COLUMN			
CATEGORY 3 Total NO column and subtract from 8=			

CATEGORY 4: TRAINING OF PROVIDERS Deals w/ provisions for assessing and enhancing office staff's knowledge about FV.

4.1 Training plan for the office about FV:			
a) Are there provisions outlined for regular, ongoing education of provider staff (such as doctors, NPs, midwives, PAs)?	YES (0)	NO (1)	
b) Are there provisions outlined for regular, ongoing education of nursing staff (such as RN, LPN, MA)?	YES (0)	NO (1)	
c) Are there provisions for regular, ongoing education for non-clinical staff (reception, lab, x-ray)?	YES (0)	NO (1)	
d) Is training part of the orientation for new staff?	YES (0)	NO (1)	
4.2 In the <u>last 12 months</u> , has the office administration provided training on FV or communicated FV training opportunities to staff and subsidized their attendance?	YES (0)	NO (1)	
4.3 In the <u>last 12 months</u> have professionals or community experts with expertise in violence/abuse provided training at the office? [Such as referral and management of batterers, child exposure to IPV, elder abuse/neglect, child abuse/neglect, sexual assault, and same sex IPV?]	YES (0)	NO (1)	
4.4 If there is a periodic newsletter, does it include updates on violence prevention/intervention issues?	YES (0)	NO (1)	N/A (0)
4.5 If there are regular staff meetings, do periodic discussions occur about violence/abuse issues?	YES (0)	NO (1)	N/A (0)
TOTAL NO COLMUN			
CATEGORY 4 Total NO column subtract from 8 =			

CATEGORY 5: ASSESSMENT Deals with tools and resources for proper assessment of FV

5.1 Have standardized assessment instruments (written, computer prompts, and/or verbal) been included on the medical record forms to assess patients for issues of violence and healthy relationships?			
a) Type of abuse assessment:			
i. child abuse/neglect	YES (0)	NO (1)	N/A (0)
ii. intimate partner violence	YES (0)	NO (1)	
iii. elder abuse/neglect	YES (0)	NO (1)	N/A (0)
iv. sexual assault	YES (0)	NO (1)	N/A (0)
b) Forms on which any of the below are present?			
i. on the health information form	YES (0)	NO (1)	
ii. physical exam form such as well child/teen/ adult or prenatal care.	YES (0)	NO (1)	
iii. office visit form	YES (0)	NO (1)	
5.2 What percentage of eligible patients have documentation of FV screening (based on a random sample of 20 charts) in the past 12 months?			
not done		5	
0-10% screened		4	
11-25% screened		3	

26-50% screened		2	
51-75% screened		1	
76-100% screened		0	
CATEGORY 5 Total NO column and subtract from 12=			

CATEGORY 6: DOCUMENTATION Deals with tools for proper documentation of FV

6.1 Is there a standard intervention checklist, electronic resource or card prompt for staff to use/refer to when victims are identified?			
a) for child abuse/neglect	YES (0)	NO (1)	N/A (0)
b) for intimate partner violence	YES (0)	NO (1)	
c) for elder abuse/neglect	YES (0)	NO (1)	N/A (0)
d) for sexual assault	YES (0)	NO (1)	N/A (0)
6.2 Are the following tools available:			
a) a body map to document injuries	YES (0)	NO (1)	
b) safety assessment (IPV)	YES (0)	NO (1)	
c) safety plan (IPV)	YES (0)	NO (1)	
d) risk assessment tool for lethality (IPV)	YES (0)	NO (1)	
6.3 Is a digital camera or a camera with film available for photographs?			
a) If so are staff trained to use the camera?	YES (0)	NO (1)	
b) Are photo consents available?	YES (0)	NO (1)	
c) Are photographs offered to all patients with physical injuries?	YES (0)	NO (1)	
CATEGORY 6 Total NO column and subtract from 12=			

CATEGORY 7: MANAGEMENT Deals with tools and resources for proper management of FV

7.1 Are lists of local family violence resources available in the office? If no local, then are state or national resource numbers/materials available?			
What kinds of resources?			
a) child abuse/neglect	YES (0)	NO (1)	N/A (0)
b) intimate partner violence	YES (0)	NO (1)	
c) batterer's programs	YES (0)	NO (1)	N/A (0)
d) elder abuse/neglect	YES (0)	NO (1)	N/A (0)
e) sexual assault	YES (0)	NO (1)	N/A (0)
f) Is there a list of other local referral sources? [Such as child abuse unit at referral hospital, services for the elderly, crisis mental health services, services for children exposed to DV, jobs/family services for economic help, drug/alcohol, food pantries, etc.]	YES (0)	NO (1)	
7.2 Is there a list of mental health counselors knowledgeable about FV?			
	YES (0)	NO (1)	
7.3 Are there on-site victim advocacy services regularly or periodically available? [This does not include a social worker, see 7.4]			
	YES (0)	NO (1)	
7.4 Is there a social worker available on site?			
	YES (0)	NO (1)	

7.5 Is there a clinician or nurse who is a champion in the office for violence/abuse prevention or intervention?	YES (0)	NO (1)	
7.6 Are there procedures to assist with safe transport from the office to shelter? (For example, bus tokens or taxi vouchers or mechanism appropriate to the area.)	YES (0)	NO (1)	
TOTAL NO COLUMN			
CATEGORY 7 Total NO column and subtract from 12=			
CATEGORY 8: EVALUATION ACTIVITIES <i>Deals with the evaluation and monitoring of the office's FV efforts</i>			
8.1 Does the office have a plan for monitoring FV patient issues as part of the quality assurance process? [NOTE: <i>Monitoring a segment of patients such as only pregnant patients is YES.</i>]	YES (0)	NO (1)	
a) Is there a confidential list of FV patients that are tracked and monitored?	YES (0)	NO (1)	
b) Does the process include peer-to-peer case reviews around FV and feedback?	YES (0)	NO (1)	
c) Is there a mechanism to periodically assess and document percentages of eligible patients screened?	YES (0)	NO (1)	
d) Are there incentives/positive reinforcers to promote screening and prevention efforts?	YES (0)	NO (1)	
8.2 Is there any measurement of client satisfaction and/or community satisfaction with the office's FV program?	YES (0)	NO (1)	
TOTAL NO COLUMN			
CATEGORY 8 Total NO column and subtract from 6=			
CATEGORY 9 : COLLABORATION <i>Deals with efforts to collaborate w/ others: community agency(ies) or other divisions/offices within the health system or network.</i>			
9.1 Collaboration with the office's FV program and other offices in the same health system/community or public health network: (If the office is not part of a system, then N/A):			
a) collaboration with training	YES (0)	NO (1)	N/A (0)
b) collaboration with policies and procedures	YES (0)	NO (1)	N/A (0)
c) collaboration on the Family violence task force	YES (0)	NO (1)	N/A (0)
d) collaboration with on site services	YES (0)	NO (1)	N/A (0)
9.2 Does the local office send a representative to the community or county's coordinated community response meeting?	YES (0)	NO (1)	No such effort locally N/A (0)
9.3 Does a staff member or clinician from the office work with the community child protection or adult protection agency?	YES (0)	NO (1)	If serve only women N/A (0)
9.4 Does a staff member or clinician from the office work with the local sexual assault or victim's services agency?	YES (0)	NO (1)	If serve only children N/A (0)
TOTAL NO COLUMN			
CATEGORY 9 Total NO column and subtract from 7=			

	Office Score	Multiply Score x	TOTAL POINTS
CATEGORY 1		x 0.45 =	
CATEGORY 2		x 0.80 =	
CATEGORY 3		x 1.58 =	
CATEGORY 4		x 1.29 =	
CATEGORY 5		x 1.05 =	
CATEGORY 6		x 0.99 =	
CATEGORY 7		x 0.88 =	
CATEGORY 8		x 0.88 =	
CATEGORY 9		x 1.30 =	
GRAND TOTAL			%