

# PHYSICIAN READINESS TO MANAGE INTIMATE PARTNER VIOLENCE

## Background

1. Estimated total number of hours of previous IPV training: \_\_\_\_\_

2. Please circle the number which best describes how prepared you feel to perform the following:  
(1 = Not prepared; 2 = Minimally; 3 = Slightly; 4 = Moderately; 5 = Fairly well; 6 = Well; 7 = Quite well prepared)

	<b>Not Prepared</b>				<b>Quite Well Prepared</b>		
	1	2	3	4	5	6	7
a. Ask appropriate questions about IPV	1	2	3	4	5	6	7
b. Appropriately respond to disclosures of abuse	1	2	3	4	5	6	7
c. Identify IPV indicators based on patient history and physical examination	1	2	3	4	5	6	7
d. Assess an IPV victim's readiness to change	1	2	3	4	5	6	7
e. Help an IPV victim assess his/her danger of lethality	1	2	3	4	5	6	7
f. Conduct a safety assessment for the victim's children	1	2	3	4	5	6	7
g. Help an IPV victim create a safety plan	1	2	3	4	5	6	7
h. Document IPV history and physical examination findings in patient's chart	1	2	3	4	5	6	7
i. Make appropriate referrals for IPV	1	2	3	4	5	6	7
j. Fulfill state reporting requirements for:							
- IPV	1	2	3	4	5	6	7
- Child abuse	1	2	3	4	5	6	7
- Elder abuse	1	2	3	4	5	6	7

3. How much do you feel you now know about:

(1 = Nothing; 2 = Very Little; 3 = A little; 4 = A moderate amount; 5 = A fair amount; 6 = Quite a bit; 7 = Very Much)

	<b>Nothing</b>				<b>Very Much</b>		
	1	2	3	4	5	6	7
a. Your legal reporting requirements for:							
- IPV	1	2	3	4	5	6	7
- Child abuse	1	2	3	4	5	6	7
- Elder abuse	1	2	3	4	5	6	7
b. Signs or symptoms of IPV	1	2	3	4	5	6	7
c. How to document IPV in patient's chart	1	2	3	4	5	6	7
d. Referral sources for IPV victims	1	2	3	4	5	6	7
e. Perpetrators of IPV	1	2	3	4	5	6	7
f. Relationship between IPV and pregnancy	1	2	3	4	5	6	7
g. Recognizing the childhood effects of witnessing IPV	1	2	3	4	5	6	7
h. What questions to ask to identify IPV	1	2	3	4	5	6	7
i. Why a victim might not disclose IPV	1	2	3	4	5	6	7
j. Your role in detecting IPV	1	2	3	4	5	6	7
k. What to say and not say in IPV situations with a patient	1	2	3	4	5	6	7
l. Determining danger for a patient experiencing IPV	1	2	3	4	5	6	7
m. Developing a safety plan with an IPV victim	1	2	3	4	5	6	7
n. The stages an IPV victim experiences in understanding and changing his/her situation	1	2	3	4	5	6	7

**IPV Knowledge.** Check one answer per item, unless noted otherwise.

1. What is the strongest *single* risk factor for becoming a victim of intimate partner violence?
  - Age (<30yrs)
  - Partner abuses alcohol/drugs
  - Gender – female
  - Family history of abuse
  - Don't know
  
2. Which *one* of the following is generally true about batterers?
  - They have trouble controlling their anger
  - They use violence as a means of controlling their partners
  - They are violent because they drink or use drugs
  - They pick fights with anyone
  
3. Which of the following are warning signs that a patient may have been abused by his/her partner?  
(*Check all that apply*)
  - Chronic unexplained pain
  - Anxiety
  - Substance abuse
  - Frequent injuries
  - Depression
  
4. Which of the following are reasons an IPV victim may not be able to leave a violent relationship?  
(*Check all that apply*)
  - Fear of retribution
  - Financial dependence on the perpetrator
  - Religious beliefs
  - Children's needs
  - Love for one's partner
  - Isolation
  
5. Which of the following are the most appropriate ways to ask about IPV?  
(*Check all that apply*)
  - "Are you a victim of intimate partner violence?"
  - "Has your partner ever hurt or threatened you?"
  - "Have you ever been afraid of your partner?"
  - "Has your partner ever hit or hurt you?"
  
6. Which of the following is/are generally true? (*Check all that apply*)
  - There are common non-injury presentations of abused patients
  - There are behavioral patterns in couples that may indicate IPV
  - Specific areas of the body are most often targeted in IPV cases
  - There are common injury patterns associated with IPV
  - Injuries in different stages of recovery may indicate abuse

7. Please label the following descriptions of the behaviors and feelings of patients with a history of IPV with the appropriate stage of change.

1 = Precontemplation  
4 = Action

2 = Contemplation  
5 = Maintenance

3 = Preparation  
6 = Termination

- Begins making plans for leaving the abusive partner
- Denies there's a problem
- Begins thinking the abuse is not their own fault
- Continues changing behaviors
- Obtains order(s) for protection

8. Circle **T** for "true", **F** for "false", or **DK** if you "don't know" the answer to the following:

- a. Alcohol consumption is the greatest single predictor of the likelihood of IPV. T F DK
- b. There are good reasons for not leaving an abusive relationship. T F DK
- c. Reasons for concern about IPV should not be included in a patient's chart if s/he does not disclose the violence. T F DK
- d. When asking patients about IPV, physicians should use the words "abused" or "battered." T F DK
- e. Being supportive of a patient's choice to remain in a violent relationship would condone the abuse. T F DK
- f. Victims of IPV are able to make appropriate choices about how to handle their situation. T F DK
- g. Health care providers should not pressure patients to acknowledge that they are living in an abusive relationship. T F DK
- h. Victims of IPV are at greater risk of injury when they leave the relationship. T F DK
- i. Strangulation injuries are rare in cases of IPV. T F DK
- j. Allowing partners or friends to be present during a patient's history and physical exam ensures safety for an IPV victim. T F DK
- k. Even if the child is not in immediate danger, physicians in all states are mandated to report an instance of a child witnessing IPV to Child Protective Services. T F DK

## Opinions

For each of the following statements, please indicate your response on the scale from "Strongly Disagree" (1) to "Strongly Agree" (7).

<i>Statements</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>			
1. If an IPV victim does not acknowledge the abuse, there is very little that I can do to help.	1	2	3	4	5	6	7
2. I ask all new patients about abuse in their relationships.	1	2	3	4	5	6	7
3. My workplace encourages me to respond to IPV.	1	2	3	4	5	6	7
4. I can make appropriate referrals to services within the community for IPV victims.	1	2	3	4	5	6	7
5. I am capable of identifying IPV without asking my patient about it.	1	2	3	4	5	6	7
6. I do not have sufficient training to assist individuals in addressing situations of IPV.	1	2	3	4	5	6	7

<b>Statements</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>			
7. Patients who abuse alcohol or other drugs are likely to have a history of IPV.	1	2	3	4	5	6	7
8. I feel comfortable discussing IPV with my patients.	1	2	3	4	5	6	7
9. I don't have the necessary skills to discuss abuse with an IPV victim who is:							
a) Female.	1	2	3	4	5	6	7
b) Male.	1	2	3	4	5	6	7
c) From a different cultural/ethnic background.	1	2	3	4	5	6	7
10. If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for the violence.	1	2	3	4	5	6	7
11. I am aware of legal requirements in this state regarding reporting of suspected cases of:							
a) IPV.	1	2	3	4	5	6	7
b) Child abuse.	1	2	3	4	5	6	7
c) Elder abuse.	1	2	3	4	5	6	7
12. I am able to gather the necessary information to identify IPV as the underlying cause of patient illnesses (e.g., depression, migraines).	1	2	3	4	5	6	7
13. If a patient refuses to discuss the abuse, staff can only treat the patient's injuries.	1	2	3	4	5	6	7
14. Victims of abuse could leave the relationship if they wanted to.	1	2	3	4	5	6	7
15. I comply with the Joint Commission standards that require assessment for IPV.	1	2	3	4	5	6	7
16. Health care providers have a responsibility to ask all patients about IPV.	1	2	3	4	5	6	7
17. My practice setting allows me adequate time to respond to victims of IPV.	1	2	3	4	5	6	7
18. I have contacted services within the community to establish referrals for IPV victims.	1	2	3	4	5	6	7
19. Alcohol abuse is a leading cause of IPV.	1	2	3	4	5	6	7
20. Screening for IPV is likely to offend those who are screened.	1	2	3	4	5	6	7
21. There is adequate private space for me to provide care for victims of IPV.	1	2	3	4	5	6	7
22. I am able to gather the necessary information to identify IPV as the underlying cause of patient injuries (e.g., bruises, fractures, etc.).	1	2	3	4	5	6	7
23. Women who choose to step out of traditional roles are a major cause of IPV.	1	2	3	4	5	6	7
24. Health care providers do not have the knowledge to assist patients in addressing IPV.	1	2	3	4	5	6	7
25. I can match therapeutic interventions to an IPV patient's readiness to change.	1	2	3	4	5	6	7
26. Use of alcohol or other drugs is related to IPV victimization.	1	2	3	4	5	6	7
27. I can recognize victims of IPV by the way they behave.	1	2	3	4	5	6	7

## Practice Issues

1. How many *new diagnoses* (picked up an acute case, uncovered ongoing abuse, or had a patient disclose a past history) of IPV would you estimate you have made in the last 6 months?

- None
- 1-5
- 6-10
- 11-20
- 21 or more
- N/A – not in clinical practice

2. Check the situations listed below in which you currently screen for IPV: (“screening” means asking about IPV in the absence of specific statements by the patient disclosing IPV; check all that apply)

- Not applicable – I am not in clinical practice
- I do not currently screen
- I screen *all* new patients
- I screen *all* new female patients
- I screen *all* patients with abuse indicators on history or exam
- I screen *all* female patients at the time of their annual exam
- I screen *all* pregnant patients at specific times of their pregnancy
- I screen *all* patients periodically
- I screen *all* female patients periodically
- I screen certain patient categories only (Check below)
  - Teenagers
  - Young adult women (under 30 years old)
  - Elderly women (over 65 years old)
  - Single or divorced women
  - Married women
  - Women with alcohol or other substance abuse
  - Single mothers
  - Black or Hispanic women
  - Immigrant women
  - Lesbian women
  - Homosexual men
  - Depressed/suicidal women
  - Pregnant women
  - Mothers of all my pediatric patients (if applicable)
  - Mothers of pediatric patients who show signs of witnessing IPV
  - Mothers of children with confirmed or suspected child abuse, neglect
  - Other. Please specify: \_\_\_\_\_

3. How often in the past 6 months have you asked about the possibility of IPV when seeing patients with the following:

	<i>Never</i>	<i>Seldom</i>	<i>Some- times</i>	<i>Nearly always</i>	<i>Always</i>	<i>N/A</i>
a. Injuries	1	2	3	4	5	6
b. Chronic pelvic pain	1	2	3	4	5	6
c. Irritable bowel syndrome	1	2	3	4	5	6
d. Headaches	1	2	3	4	5	6
e. Depression/anxiety	1	2	3	4	5	6
f. Hypertension	1	2	3	4	5	6
g. Eating disorders	1	2	3	4	5	6

4. In the past 6 months, which of the following actions have you taken when you identified IPV? (*Check all that apply*)

- Have not identified IPV in past 6 months
- Provided information (phone numbers, pamphlets, other information) to patient
- Counseled patient about options she/he may have
- Conducted a safety assessment for the victim
- Conducted a safety assessment for victim's children
- Helped patient develop a personal safety plan
- Referred patient to:
  - Individual therapy
  - Couples therapy
  - Child therapy/support group
  - On-site social worker/advocate
  - Battered women's program/shelter
  - Alcohol/substance abuse counseling
  - Local DV/IPV hotline
  - Police, sheriff, or other local law enforcement
  - Housing, educational, job, or financial assistance
  - Other referral (*describe*): \_\_\_\_\_
  - Other action (*describe*): \_\_\_\_\_
- Child Protective Services
- Legal advocate/victim witness advocate
- Batterers' treatment program
- Religious leader/organization
- Battered women/s support group
- National DV/IPV hotline
- Lesbian/Gay/Transgender/Bisexual support group

5. Is there a protocol for dealing with adult IPV at your clinic/practice? (*Check one*)

- Yes, and widely used
- Yes, and used to some extent
- Yes, but not used
- No
- Unsure
- Not applicable to my patient population
- I am not currently in a clinical practice

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

- Yes
- No
- N/A

7. Is a camera available at your work site for photographing IPV victims' injuries?

- Yes - - *Type*:  Polaroid or other instant camera,  Digital,  Other: \_\_\_\_\_
- No
- Unsure
- Not applicable to my patient population
- I am not currently in a clinical practice

8. Do you practice in a state where it is legally mandated to report IPV cases involving competent (nonvulnerable) adults?

- Yes
- No
- Unsure
- N/A (Not in practice)

9. For every IPV victim you have identified in the past 6 months, how often have you:	<b>Never</b>	<b>Seldom</b>	<b>Some- times</b>	<b>Nearly always</b>	<b>Always</b>	<b>N/A</b>
a. Documented patient's statements re IPV in chart	1	2	3	4	5	6
b. Used a body map to document patient injuries	1	2	3	4	5	6
c. Photographed victim's injuries to include in chart	1	2	3	4	5	6
d. Notified appropriate authorities when mandated	1	2	3	4	5	6
e. Conducted a safety assessment for victim	1	2	3	4	5	6
f. Conducted a safety assessment for victim's children	1	2	3	4	5	6
g. Helped an IPV victim develop a safety plan	1	2	3	4	5	6
h. Contacted an IPV service provider	1	2	3	4	5	6
i. Offered validating or supportive statements	1	2	3	4	5	6
j. Provided basic information about IPV	1	2	3	4	5	6
k. Provided referral and/or resource information	1	2	3	4	5	6

10. Are IPV patient education or resource materials (posters, brochures, etc.) available at your practice site? (Check one)

- Yes, well-displayed, and accessed by patients
- Yes, well-displayed, but not accessed by patients
- Yes, but not well-displayed
- No
- Unsure
- Not applicable to my patient population
- Am not currently in a clinical practice

11. Do you provide abused patients with IPV patient education or resource materials? (Check one)

- Yes, almost always
- Yes, when it is safe for the patient
- Yes, but only upon patient request
- No, due to inadequate referral resources in the community
- No, because I do not feel these materials are useful in general
- No, other reason (specify) \_\_\_\_\_
- Not applicable to my patient population
- I am not currently in a clinical practice

12. Do you feel you have adequate adult IPV referral resources for patients at your work site (including mental health referral)?

- Yes
- No
- Unsure
- I am not currently in a clinical practice
- Not applicable to my patient population

13. Do you feel you have adequate knowledge of referral resources for patients in the community (including shelters or support groups) for adult IPV victims?

- Yes
- No
- Unsure
- I am not currently in a clinical practice
- Not applicable to my patient population

*Thank you for completing this survey.*