



Addressing Intimate Partner Violence in the Pediatric Healthcare Setting

Quality Assessment/Quality Improvement (QA/QI) Tool

The following quality assessment tool is intended to provide pediatric healthcare teams, including pediatric outpatient, inpatient, and emergency departments, with guiding questions to assess quality of care related to intimate partner violence (IPV) experienced by pediatric patients' parents or caregivers. In this context, IPV is defined as coercive or controlling behaviors (psychological, economic, physical, sexual, among others) experienced by a parent or caregiver by a current or former intimate partner. This tool specifically focuses on IPV being experienced by parents and caregivers of pediatric patients. Please see the separate tool on addressing adolescent relationship abuse in pediatric health care settings to guide care for adolescents and young adults.

Responses to these questions are to serve as a benchmark to engage in quality improvement efforts. Repeating this assessment over time may provide opportunities to identify progress and next steps for continued improvement in the care of families experiencing IPV. We hope this tool will serve as a catalyst to enhance response to IPV as a pediatric healthcare concern.

Please complete this tool as honestly and completely as you can—there are no right or wrong answers; the goal is to identify opportunities to improve support for caregivers experiencing IPV. For questions that you respond “yes” to, it may be helpful to attach and review the corresponding form, policy, tools, etc. For more information on how to implement these practices visit: <https://healthpartnersipve.org/>.

Completed by:
Pediatric Healthcare Setting Name:
Date: __/__/__

**Throughout this document, we refer to universal education and assessment—rather than screening—for intimate partner violence. Screening refers to stand-alone questions or a self-administered checklist. Universal education refers to IPV information (e.g., anticipatory guidance on prevalence of IPV, impacts of relationships on parenting and child health, and availability of resources) provided routinely for all caregivers, regardless of specific concern for or indication of IPV. Assessment includes conversation and direct questions about IPV and, if IPV is disclosed, child and caregiver safety and strengths.*

POLICY					
	Yes	No	Planned	N/A	Don't Know
Does your organization have a written policy to address IPV experienced by parents or caregivers in the practice setting?					
If yes, does the policy include:					
Staff support for those who have experienced or are experiencing IPV?					
Mandatory training for IPV in the pediatric healthcare setting including maintain confidentiality in the electronic health record?					
Explicit recommendations for universal education for IPV?					
Standards for support and resource provision when disclosures occur?					
Written protocols on safe, client-centered reporting to child and adult protective services when applicable to your state?					
Requirements about using professional interpreters when addressing IPV?					

PRIVACY AND CONFIDENTIALITY

	Yes	No	Planned	N/A	Don't Know
Does your setting provide parents and caregivers (hereafter referred to as caregiver) with a written explanation of confidentiality and limits of confidentiality when they check-in?					
Do providers consistently discuss the limits of confidentiality with caregivers?					
To ensure safety and confidentiality during telehealth appointments, is it standard practice in your setting to:					
Educate all telemedicine providers to recognize that telemedicine visits are not private?					
Not conduct IPV assessment during telehealth appointments?					
Offer in-person follow up visits to discuss any sensitive concerns?					
Is there a privacy screen on computers to protect the contents of the electronic health record from being viewed by others?					
Does your setting currently have a practice to use professional language interpreters for non-English speaking patients?					
Does your setting currently have a practice to not allow family members to interpret for caregivers?					
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 caregiver?					
Does your setting have a private place to discuss IPV with 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?					

CONFIDENTIALITY AND ELECTRONIC HEALTH RECORD

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 is not released					

UNIVERSAL EDUCATION ABOUT IPV

	Yes	No	Planned	N/A	Don't
Does your setting have a practice to provide universal education to patients on IPV?					
Does this include offering two educational palm-size safety cards with information on IPV and child health to all patients (*see example below)?					
Does this include providing national hotlines to all patients?					
Does this include providing a resource list of relevant local advocates, shelters, and IPV agencies to all patients combined with other resources that address health-related social needs?					
Does your setting have sample wording or scripts about how to provide universal education about IPV?					
Which staff play a role in the provision of universal education?					
Counselor/Social Worker?					
Medical Assistant?					
Nurse?					
Clinician (MD/DO/CRNP/PA/etc.)?					
Other?					

MANAGEMENT OF DISCLOSURE ABOUT IPV

	Yes	No	Planned	N/A	Don't
Does your setting have a protocol for when a survivor discloses IPV?					
Does the response to a caregiver’s disclosure of IPV include a warm referral to a domestic service agency or community-based organization?					
Does your setting have sample wording or scripts about what to say and do when a caregiver discloses IPV?					
Which staff play a role in response to disclosure of IPV by a caregiver?					
Counselor/Social Worker?					
Medical Assistant?					
Nurse?					
Clinician (MD/DO/CRNP/PA/etc.)?					
Other?					
Does your setting have sample tools or instructions on how to safety plan and offer harm reduction strategies for caregivers who disclose IPV?					
Does your setting know how to contact an advocate or counselor who can provide immediate follow-up with a caregiver who discloses IPV if the caregiver is interested?					
Does your setting have a safe place where a caregiver can use a phone to call a national hotline or to talk to a local advocate?					
Does your setting have a protocol for supporting survivors at increased risk for intimate partner homicide (as defined by the Lethality Assessment which predicts the likelihood of serious injury or death, available here)?					

FORMAL PARTNERSHIPS WITH COMMUNITY AGENCIES

	Yes	No	Planned	N/A	Don't Know
Does your setting have any formalized partnership agreements 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?					

IPV RESOURCES

	Yes	No	Planned	N/A	Don't Know
Does your setting currently have a designated individual (e.g., an IPV champion) or group (e.g., IPV workgroup) responsible for updating IPV-related practices and resource lists?					
Does your setting currently have an IPV workgroup, committee, or similar group?					
What resources are available to the IPV Champion and/or committee (time, etc.)?					
Does your setting have a community resource list to provide to caregivers?					
Does it include local IPV agencies?					
Does it include other local community-based organizations?					
Does it include culturally or linguistically affirming services?					
Does it include agencies that have child specific services?					
Does it include a contact person for each referral agency?					
Is this resource list updated at least annually?					

INVOLVING CHILD PROTECTIVE SERVICES

State requirements vary regarding need to notify child protective services when a caregiver discloses experiencing 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 be filed?					
Does your setting currently have a practice to encourage providers to offer the survivor an opportunity to help file the mandated report?					
Does your setting have a practice to offer resources to survivors when a report is filed?					

PROVIDER AND STAFF TRAINING					
	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					

ENVIRONMENT AND EDUCATIONAL MATERIALS					
	Yes	No	Planned	N/A	Don't Know
Does your setting have brochures or information about IPV that caregivers can access discreetly and without making a disclosure of IPV?					
Are there brochures or information available:					
About healthy and unhealthy relationships?					
About how violence exposure affects children?					
in languages other than English?					
Specific to LGBTQIA+ violence?					
Placed in an easily accessible location (like bathrooms)?					

STAFF SUPPORT AND SAFETY, AND ADDRESSING SECONDARY TRAUMA					
	Yes	No	Planned	N/A	Don't Know
Does your setting have a protocol to support employees who experience IPV?					
Does your setting have a protocol for response when a perpetrator is on-site and displaying threatening behaviors or trying to get information?					
Does your setting provide any opportunities for staff to discuss concerns relating to cases involving IPV (reflective practice groups, group supervision, case presentation)?					
Does your setting 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?					
Does your setting have an employee assistance program (EAP) that staff can access for help with current or past victimization?					



* Futures Without Violence General Health Safety Card. To order, visit: store.futureswithoutviolence.org.