



Addressing Adolescent Relationship Abuse (ARA) in the Pediatric Healthcare Setting

Quality Assessment/Quality Improvement (QA/QI) Tool

The following quality assessment tool is intended to provide pediatric healthcare teams with some guiding questions to assess quality of care related to adolescent relationship abuse (ARA; also called teen dating violence) and reproductive and sexual coercion (RSC). The information is to be used as a benchmark for each setting to engage in quality improvement efforts. Repeating this assessment over time may provide opportunity to identify both improvements made and next steps for continued improvement in the care of adolescents experiencing ARA. We hope that this tool will help provide guidance on how to enhance your practice setting's response adolescent relationship abuse and reproductive and sexual coercion.

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 adolescents experiencing ARA. 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 adolescent relationship abuse. Screening refers to stand alone questions or a self-administered checklist. Universal education refers to ARA information (e.g., anticipatory guidance on prevalence of ARA, impacts of adolescent and young adult relationships on health, and availability of resources) provided for all adolescent and young adult patients, regardless of specific concern for or indication of ARA. Assessment includes conversation about ARA and, if ARA is disclosed, patient safety and strengths.*

POLICY					
	Yes	No	Planned	N/A	Don't Know
Does your organization have a written policy to address ARA experienced by adolescent and young adult patients in the practice setting?					
If yes, does the policy include:					
Staff support for those who have experienced or are experiencing ARA or intimate partner violence?					
Mandatory training for ARA in the pediatric healthcare setting including maintaining confidentiality in the electronic health record?					
Explicit recommendations for universal education for ARA?					
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 ARA?					

PRIVACY AND CONFIDENTIALITY

	Yes	No	Planned	N/A	Don't Know
Does your setting provide adolescent and young adult patients with a written explanation of confidentiality and limits of confidentiality when they check in?					
Do providers consistently discuss the limits of confidentiality with adolescent or young adult patients?					
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 ARA 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 for not allowing family members to interpret for patients?					
Does your setting currently have a practice not to discuss ARA in front of verbal children?					
Does your setting have a safe place to discuss ARA with patients?					
Does your setting currently have a practice to not discuss ARA 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 ARA?					

UNIVERSAL EDUCATION ABOUT ARA

Does your staff:

	Yes	No	Planned	N/A	Don't Know
Does your setting have a practice to provide universal education to patients on ARA?					
Does this include offering two educational palm-size safety cards with information on ARA and health to all patients?					
Does this include providing national hotlines to all patients?					
Does this include providing a resource list of relevant local advocates, shelters, and ARA 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 ARA?					
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 OF ARA

Does your staff:

	Yes	No	Planned	N/A	Don't Know
Have sample wording or scripts about what to say and do when a patient discloses ARA or RSC?					
Have sample or scripted tools and instructions on how to safety plan and offer harm reduction strategies for patients who disclose ARA and/or RSC?					
Have instructions on how to file a child protective services report regarding ARA and/or RSC when needed?					
Know an advocate or counselor who can provide on-site follow-up with a patient who discloses ARA and/or RSC?					
Know the national hotlines and how they can support underserved or minority communities (e.g. non-English/Spanish speakers, Native (American Indian/Alaska Native), hearing impaired, LGBTQIA+ patients/family members)?					
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?					
Have a safe place where the patient can use a phone at your practice setting to call a national hotline or to talk to a local advocate?					
Have a script and protocol for if/when to include parents and caregivers after an ARA disclosure?					

Do your staff have resource lists that include:					
	Yes	No	Planned	N/A	Don't Know
resources such as shelters, legal, advocacy, housing for patients/family members who disclose IPV, ARA, HT, RSC, or exploitation?					
agencies that have child specific services?					
agencies that have adolescent specific services?					
agencies that provide culturally or linguistically specific services?					
resources that are specifically relevant to your community's underserved population(s)?					
a contact person for each referral agency?					
Does your practice setting have a formal Memorandum of Understanding (MOU) with a victim service agency specifying referral processes between your healthcare setting and a local DV agency?					
Who is the staff person responsible for updating these lists?					
Are these lists updated at least once a year? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? Please explain:					

Networking and Training

Within the last year, has your staff had contact regarding ARA with representatives from any of the following agencies (contact means--called to refer a patient, called for assistance with a patient, called for information about program, received training)?

	Yes	No	N/A	Don't Know
DV advocates or shelter or rape crisis staff				
Experts in serving trafficked/exploited persons				
Youth services				
Child protective services				
Legal advocacy/legal services				
Law enforcement				

Are there any practice setting staff who are especially skilled/comfortable dealing with ARA whom other staff can turn to for help?

Yes No

If yes, please include staff title/position:

Do any of your staff participate in a local adolescent violence prevention task force, anti-trafficking taskforce, or related subcommittee (Title IX department, youth-led organizing, PTA athletics)?

Yes No Don't know

If yes, please identify staff and describe task force/subcommittee:

Do any of your staff participate in a local domestic violence or 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:

What type of training(s) do new staff receive on ARA during orientation?

Does your staff receive booster training on assessment and intervention for ARA/ at least once a year?
 Yes No N/A Don't Know

What additional training(s) do staff receive related to ARA?

Staff Support and Safety					
Does your practice setting:					
	Yes	No	Planned	N/A	Don't Know
Have a protocol for what to do if a staff person is experiencing partner violence, exploitation or reproductive or sexual coercion?					
Have a protocol for what to do if a perpetrator is on-site and displaying threatening behaviors or trying to get information?					
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?					

Do your protocols advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when ARA is disclosed? (e.g. Can staff “opt out” if they are survivors of or currently dealing with a personal trauma?)					
If your practice setting has an MOU with a local DV organization, does it specify the provision of support for practice setting staff by DV staff for handling cases of ARA?					

Environment and Resources					
Does your practice setting have any of the following?					
	Yes	No	Planned	N/A	Don't Know
Brochures or information about <u>ARA</u> that patients/family members can easily access discreetly					
Brochures or information about healthy and unhealthy relationships displayed					
Brochures, cards, information for patients/family members about how violence exposure affects children					
Brochures or posters offered in languages other than English that reflect those spoken by your patients					
Brochures or posters that visually reflect the diverse backgrounds of patients served					
Posters about <u>ARA</u> displayed					
Information specific to LGBTQIA+ violence					
Brochures/cards/posters placed in an easily accessible location (like bathrooms)					
Has your practice setting adapted materials to make them more culturally relevant for your patient population? <input type="checkbox"/> Yes <input type="checkbox"/> 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 practice setting sponsor any client or community education to talk about healthy relationships or indicators of abuse?

Yes No

If yes, please describe:

What tools and support do you need to strengthen your practice setting's response ARA?

Additional Comments and Observations: