#### PURPOSE OF THIS SURVEY:

We are seeking information on health care providers' experiences with addressing domestic violence in the community health clinic setting. The findings of this survey will be used to identify training needs, support policy recommendations and determine future strategies for our project. This survey usually takes less than 10 minutes to complete.

#### **INSTRUCTIONS:**

	o not put your name on the survey. Your responses are ous and results will only be reported in the aggregate.
2. Please re	eturn this questionnaire toby
<b>DEFINITIONS:</b>	
DOMESTIC VIOLENCE:	Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.
SCREENING FOR DOME	STIC VIOLENCE: For the purpose of this survey, screening means asking patients <b>direct</b> , <b>specific questions</b> about domestic violence. While some clinics are screening female and male patients, this survey focuses on female patients, age 14 or older. Examples of direct, specific questions are:
"Have you ever	been hurt or afraid when there are fights at home?"
"Has your part	ner ever hurt or threatened you?"
-	sted in your opinions and suggestions. Please write your comments in this questionnaire. Thank you for your time and expertise.

Survey developed by Linda Chamberlain, PhD and adapted by the Family Violence Prevention Fund.

California Clinic Collaborative on Domestic Violence and It's Your Business-

Q-1	When you see female p frequently do you ask of for each choice.					
		Never Sometim	es Often	Alway	vs N	J/A
a. N	New patient visit		<u> </u>			,, <u> </u>
b. A	Annual exams/check-up					
c. P	ratient presents with an injury					
d. F	First prenatal visit					
e. F	follow-up prenatal visit					
f. V	When I suspect it					
-	When I sense that the patient trusts me					
Q-2	2. Health care providers lead to violence. When you ide any of the following?	entify or suspect tl	hat a patient has			
		Never	Sometimes	Often	Always	N/A
a.	Validate patient's feelings an give supportive message	ıd				
b.	Record domestic violence in patient's chart					
c.	Talk to patient about safety planning					
d.	Refer to shelter or domestic violence program					
e.	Refer to individual counselin	g				
f.	Give brochures/safety cards on domestic violence					

Q-3. Please indicate to what extent the following issues are barriers to screening patients for domestic violence. Please circle the number that best represents your experience.

		Major Barrier	Minor Barrier	Not a Barrie	er N/A
a.	Not sure how to do follow-up care if patient discloses domestic violence.	<del></del>	2 112 122	2,111	
b.	Patients are concerned about confidentiality-do not want others to know.				
c.	It is frustrating to screen because even if pat discloses abuse, nothing changes—victim st in abusive relationship.				
d.	Patient's primary language is not English.				
e.	Different cultural values and norms make it difficult to discuss abuse.				
f.	It is difficult to talk to the patient in private.				
g.	The use of translators to interpret for patients raises concerns about confidentiality.	S			
h.	Many of the patients that I see have other health problems that are a higher priority.				
i.	I do not have enough time to address domestic violence during patient visits.				
j.	There is no on-site advocate or trained couns available to help a patient who victimized.	elor			
k.	Other:				
Q-	4. Please circle the number of the respondisagreement with each of the following			n level of agreen	aent or
		Strongly	Somewhat	Somewhat	Strongly
a.	I believe that I can help a patient	<u>Disagree</u>	Disagree	Agree	Agree

- who is being abused by their partner.
- b. I have a professional responsibility to address domestic violence in the clinical setting.
- C. I feel comfortable asking patients about domestic violence.

Please indicate whether the following statements are true or false. Circle one response for

Q-5	From Please indicate whether the following statements are true or false. In statement below.	Circle	one response for				
a.	Women who have experienced domestic violence are at higher risk for attempting suicide.	True	<u>False</u>				
b.	There is no association between increased risk for sexually transmitted diseases and a history of victimization in female patients.						
c.	Women with unintended pregnancies are at increased risk of physical abuse around the time of pregnancy compared with women whose pregnancies are intended.	se around the time of pregnancy compared with women whose					
e.	For women who report physical abuse during their pregnancy, the physical abuse usually decreases during the post partum period.  Women experiencing domestic violence during their pregnancies are more likely to delay entry into prenatal care.						
	f. Mothers who are in abusive relationships are as likely to take their infants/children to well child visits as mothers who do not experience abuse.						
	g. There is preliminary data that suggests that women experiencing domestic violence are less likely to get mammograms compared to women who do not report victimization by a partner.						
h.	Women who are domestic violence victims/survivors have more somatic complaints than women who have not been victimized.						
Q-6	Approximately what percentage of <u>female patients</u> , age 14 or older at your clinic do you suspect have <u>ever</u> experienced domestic viole page 1 of this survey? <i>Check one response</i> .						
Q-7	□less than 5 □5-10% □ 11-15% □16-20% □ 21-25% □ mo  Have your experiences with screening and talking with patients at affected how you deal with other health issues in your practice? Constitution 1. No:  2. Yes:	out do	mestic violence				
Please answer the following questions. This information will be used to help interpret the results. Q-8 What is your age?							
Q-9	What is your gender? □Female: □ Male:						
Q-1	0 What is your profession? □Physician: □Nurse pract □Physician assistant: □Othe		:				