

## **Appendix C**

### **Surveys**

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## Appendix C: Surveys

### Administrative Survey



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
**Public Health**

THOMAS L. GARTHWAITE, M.D.  
Director and Chief Medical Officer

JONATHAN E. FIELDING, M.D., M.P.H.  
Director of Public Health and Health Officer

#### Office of Injury and Violence Prevention Program

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March 5, 2004

The Injury and Violence Prevention Program was recently awarded a grant from the State to conduct strategic planning for **Intimate Partner Violence (IPV)** prevention. Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship and it does NOT include child abuse or elder abuse. The overall goal of the grant is to develop a Department of Health Services (DHS) five-year plan to reduce and prevent IPV throughout Los Angeles County (LAC).

As a part of the initial planning process, we are conducting a survey to gather information about current IPV policies and practices throughout LAC DHS healthcare facilities. Results will be analyzed as aggregate data to support the overall strategic planning process.

Please take a few minutes to fill out this questionnaire and return it to the Injury and Violence Prevention Program by xxxxx county mail in the enclosed envelope or fax it to us at 213 351-2713. For more information or questions regarding this project or survey, please contact Billie Weiss, M.P.H. or Sung Hye Yu, Ph.D. at (213) 351-7888 or via email at [bweiss@dhs.co.la.ca.us](mailto:bweiss@dhs.co.la.ca.us) or [syu@dhs.co.la.ca.us](mailto:syu@dhs.co.la.ca.us). Your cooperation and support are greatly appreciated.

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Billie Weiss, Director  
Injury and Violence Prevention Program



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**Michael D. Antonovich**  
Fifth District



8. Who usually does the screening? Is it: Physicians.....1  
 Nursing staff.....2  
 Other(s)?.....3

PLEASE SPECIFY: \_\_\_\_\_  
 Not sure.....4

9. The following table lists some of the places in your facility/program where clients might be screened for intimate partner violence (IPV). Please tell us whether **intimate partner violence screening** occurs in these clinics or other areas.

Clinic Area	Yes	No	Do Not Know	Not Applicable
Emergency department?	1	2	3	4
Obstetrics and gynecology?	1	2	3	4
Labor and delivery?	1	2	3	4
Adolescent Medicine or Family Practice?	1	2	3	4
Outpatient department?	1	2	3	4
Urgent care?	1	2	3	4
Psychiatric unit?	1	2	3	4
Pediatrics?	1	2	3	4
Home visits?	1	2	3	4
Walk-in clinics?	1	2	3	4
Community outreach settings?	1	2	3	4
Other clinics or areas? PLEASE SPECIFY: _____	1	2	3	4

The next questions ask about the treatments and interventions, if any, that your facility/program provides for intimate partner violence (IPV).

10. Are there written policies for treating, intervening, and/or referring for IPV?

- Yes.....ANSWER Q11.....1
- No.....GO TO Q 12.....2
- Not sure.....GO TO Q 12.....3

11. Things that are sometimes found in written policies on IPV are listed below. Please tell us whether the written policies at your facility/program include these things.

Does your program's policies:	Yes	No	Do not know
Define intimate partner violence (IPV)?	1	2	3
Describe how to intervene?	1	2	3
Describe how to document an intervention?	1	2	3
Describe how to refer victims?	1	2	3
Describe mandatory reporting procedures?	1	2	3
Require training on IPV for physicians?	1	2	3
Require training on IPV for nursing staff?	1	2	3
Require training on IPV for other staff? WHO? _____	1	2	3
Require development of a safety plan?	1	2	3

12. Is there an IPV coordinator at your facility/program?

- Yes.....1
- No.....2
- Not sure.....3

13. Does your facility/program have a standardized form that it uses to record information about known or suspected cases of intimate partner violence (IPV)?

Yes.....ANSWER Q13A-E.....1  
No.....GO TO Q14.....2  
Not sure.....GO TO Q14.....3

13A. Is the completed form or a copy included in the medical record?

Yes.....1  
No.....2  
Not sure.....3

13B. Is the name and/or relationship of the alleged perpetrator recorded on the form?

Yes, name only.....1  
Yes, relationship only.....2  
Yes, name and relationship.....3  
Neither one.....4  
Not sure.....5

13C. Does the form include a body map to record injuries?

Yes.....1  
No.....2  
Not sure.....3

13D. Does the form have a place to record referrals that were provided for the victim?

Yes.....1  
No.....2  
Not sure.....3

13E. Does the form include a place to assess victim's safety?

Yes.....1  
No.....2  
Not sure.....3

14. Does your facility/program offer IPV training for staff?

Yes.....ANSWER 14A-C.....1  
No.....GO TO Q15.....2  
Not sure.....GO TO Q15.....3

14A. Is training mandatory?

Yes.....1  
No.....2  
Not sure.....3

14B. Does your facility/program have ongoing training for IPV?  
 Yes.....1  
 No.....2  
 Not sure.....3

14C. Are staff required to attend IPV training more than once?  
 Yes.....1  
 No.....2  
 Not sure.....3

15. Are there posters or brochures about IPV in your facility/program?  
 Yes.....1  
 No .....2  
 Not sure.....3

16. Some facilities and programs collect data about IPV. Does your facility/program collect any IPV data?  
 Yes.....GO TO Q 16A-D.....1  
 No .....GO TO Q 17.....2  
 Not sure.....GO TO Q 17.....3

16A. Some of the kinds of data that are collected are listed below. Please indicate which kinds of data are collected by your facility/program.

Types of Data Collected	Yes	No	Not Sure
Number of clients screened?	1	2	3
Number of IPV cases identified?	1	2	3
Number of IPV cases reported to law enforcement?	1	2	3

16B. Is the data that your facility/program collects reported to any agency or office?  
 Yes.....1  
 TO WHOM? \_\_\_\_\_  
 No.....2  
 Not sure .....3

16C. Who is in charge of data collection at your facility/program?

NAME & POSITION \_\_\_\_\_

16D. What is done with the IPV data? \_\_\_\_\_

17. Some programs monitor the implementation of the IPV policies at their facilities; others do not. How do you monitor IPV policies at your facility/program?

18. In your opinion, what are some of your facility's (or program) strengths and/or weaknesses in implementing IPV policies?

**Thank you very much for your time and please return your completed questionnaire to Injury and Violence Prevention Program**



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Injury and Violence Prevention Program



- 6B. If you have not used this form, what is the reason for not using it?
- No IPV clients identified.....1
  - Form is not easily available.....2
  - Another form has replaced it.....3
  - Data is collected electronically.....4
  - Other (PLEASE SPECIFY)\_\_\_\_\_
- 

The following questions ask about Intimate Partner Violence (IPV) mandating reporting laws.

7. Are you aware of the laws about IPV mandated reporting requirements for health care providers?

- Yes .....1
- No .....2
- Not sure.....3

8. How familiar are you with IPV laws?

- Familiar .....1
- Somewhat familiar.....2
- Not familiar.....3

9. Are you a mandated reporter for IPV?

- Yes.....1
- No .....2
- Not sure.....3

10. Is patient consent required to report IPV to law enforcement?

- Yes.....1
- No .....2
- Not sure..... 3

The following questions ask about your familiarity with IPV in general and IPV training experiences.

11. How knowledgeable do you feel about IPV such as definition, facts, types, and dynamics?

- Knowledgeable.....1
- Somewhat knowledgeable.....2
- Not knowledgeable.....3

12. During your employment with Los Angeles County, have you attended a training session either onsite or offsite on IPV?

- Yes .....ANSWER Q12A.....1
- No .....GO TO Q14.....2
- Not sure.....GO TO Q14.....3

- 12A. Was this IPV training mandatory?  
 Yes .....GO TO Q12B.....1  
 No .....GO TO Q13.....2  
 Not sure.....GO TO Q13.....3

- 12B. How frequently are you required to attend IPV training?  
 One time only.....1  
 Every .....\_\_\_\_\_ YEARS  
 Not sure.....99

13. If you ever attended a training session either onsite or offsite on IPV during your employment with Los Angeles County, please tell us whether the following contents have been covered during the IPV training session you last attended.

IPV training topics	Yes	No	Do Not Know
Dynamics of IPV	1	2	3
Mandatory reporting	1	2	3
Legal issues and options for victims of IPV	1	2	3
Clinical skills: Screening, Assessment, Intervention, and Documentation	1	2	3
Community resources	1	2	3
Cultural considerations	1	2	3
Same gender abuse	1	2	3

14. Does your facility/program have a designated staff member (or unit) to whom you refer victims of IPV?

- Yes .....ANSWER Q 14A.....1  
 No.. .....GO TO Q 15.....2  
 Not sure.....GO TO Q 15.....3

14A. Please indicate name and job title (or unit) of designated staff member to whom you refer victims of IPV.

\_\_\_\_\_

15. Does your facility/program provide direct services to clients?

- Yes.....ANSWER Q15A-B.....1  
 No .....GO TO Q16.....2  
 Not sure.....GO TO Q16.....3

15A. Collaborating with community resources provides an important linkage to victims of intimate partner violence. Does your facility/program work with the following community agencies in providing services to victims of intimate partner violence?

Outside resources	Yes	No	Do Not Know
Local law enforcement?	1	2	3
Shelter for battered women?	1	2	3
Legal aid service agency?	1	2	3
Counseling service agency?	1	2	3
Others (PLEASE SPECIFY)			

15B. Health care providers often encounter barriers to providing adequate services to victims of intimate partner violence. Please check ALL that apply to you.

Barriers	Yes	No	Do Not Know
Not comfortable in discussing IPV with clients?	1	2	3
Belief that IPV is a private matter, not a health concern?	1	2	3
Lack of time?	1	2	3
Inadequate training on IPV?	1	2	3
Language barrier with clients?	1	2	3
Inadequate resources to help identified IPV victims?	1	2	3
Others (PLEASE, SPECIFY)			

16. Please write down any other concerns or training needs you have in dealing with victims of IPV.

Thank you very much for your time and please return your completed questionnaire to Injury and Violence Prevention Program