

## Supplement 1

# Pharmacy PREMIS

Your candid responses on the following survey will greatly assist us in our attempt to improve pharmacists' recognition and management of intimate partner violence-related injuries and illnesses. Please record your first, instinctive answer, even if you don't think it is "politically correct." Don't try to think about what your answers "should" be. Some questions may seem similar to others. However, we ask that you answer all the questions to help ensure the reliability of the assessment. Thank you for taking the time (estimated at 20 minutes) to complete this survey. (Intimate partner violence (IPV) is also commonly referred to as domestic violence (DV), partner violence, or family violence. It is typically between intimate partners including spouses or boy/girlfriends.)

What is your current age?

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Sex

☐ Male (1)

☐ Female (2)

Are you Hispanic or Latino?

☐ Yes (1)

☐ No (2)

☐ Don't know (3)

Which one or more of the following would you say is your race?

☐ White (1)

☐ Black or African American (2)

☐ Asian (3)

☐ Native Hawaiian or other Pacific Islander (4)

☐ American Indian or Alaskan Native (5)

☐ Other (6)

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In which state is the pharmacy in which you work located? *(If you work in more than one pharmacy, indicate the state for the pharmacy you consider to be your primary location.)*

▼ Alabama (1) ... I do not reside in the United States (53)

Which one of the following best describes your **most advanced** pharmacy training? (Please check only one)

☐ B.S. in Pharmacy (1)

☐ Pharm.D. (2)

☐ M.S. in Pharmacy (3)

☐ Other (please specify): (4) \_\_\_\_\_

In which year did you graduate with your last professional degree?

\_\_\_\_\_

Which type of postgraduate training have you completed? (Please check ALL that apply)

☐ Residency (1)

☐ Fellowship (2)

☐ Graduate School (3)

☐ Other (please specify): (4) \_\_\_\_\_

Including your residency, how many years have you been actively practicing pharmacy? (Please round to the nearest whole year)

\_\_\_\_\_

What type of pharmacy do you currently work in? (Please check ALL that apply)

- ☐ Chain pharmacy (e.g., Walgreens, CVS) (1)
- ☐ Pharmacy in grocery or general merchandise store (e.g., Kroger, Walmart, Fred's, etc.) (2)
- ☐ Independent pharmacy (3)
- ☐ Other (please specify): (4) \_\_\_\_\_

Including yourself, how many practitioners (pharmacists and/or pharmacy technicians) at your work site have participated in an intimate partner violence or domestic violence training course in the past 6 months?

- ☐ All (1)
- ☐ Most (2)
- ☐ Some (3)
- ☐ A few (4)
- ☐ None (5)
- ☐ Don't know (6)

How much previous training about intimate partner violence issues have you had? *(Please mark all that apply.)*

- ☐ None (1)
  - ☐ Read my institution's protocol (2)
  - ☐ Watched a video (3)
  - ☐ Attended a lecture or a talk (4)
  - ☐ Attended a skills-based training or workshop (5)
  - ☐ Pharmacy/other school classroom workshop (6)
  - ☐ Pharmacy/other school clinical training (7)
  - ☐ Residency/fellowship/post graduate training (8)
  - ☐ Continuing Education (9)
  - ☐ Other in-depth training (more than 4 hours) (10)
  - ☐ Other (please specify): (11)
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Estimated total number of hours of previous intimate partner violence training:

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Page Break

## PERCEIVED PREPARATION

Please indicate which best describes how prepared you feel to perform the following:

	Not prepared 1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Quite well prepared 7 (7)
Ask appropriate questions about intimate partner violence (IPV) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately respond to disclosures of abuse (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify IPV indicators based on patient's history (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess an IPV victim's readiness to change (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help an IPV victim assess his/her danger of lethality (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a safety assessment for the victim's children (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help an IPV victim create a safety plan (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document IPV history findings in patient's record (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make appropriate referrals for IPV (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulfill reporting requirements for IPV (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulfill reporting requirements for child abuse (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulfill reporting requirements for elder abuse (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# PERCEIVED KNOWLEDGE

How much do you feel you know about:

	Nothing 1	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Very much 7
Your legal reporting requirements for Intimate Partner Violence (IPV) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your legal reporting requirements for child abuse (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your legal reporting requirements for elder abuse (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signs or symptoms of IPV (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to document IPV in patient's record (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral sources for IPV victims (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perpetrators of IPV (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship between IPV and pregnancy (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize the childhood effects of witnessing IPV (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What questions to ask to identify IPV (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Why a victim might not disclose IPV (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your role in detecting IPV (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What to say and not say in IPV situations with a patient (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Determining danger  
for a patient  
experiencing IPV (14)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Developing a safety  
plan with an IPV  
victim (15)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The stages an IPV  
victim experiences in  
understanding and  
changing her/his  
situation (16)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## IPV KNOWLEDGE

Check one answer per item, unless noted otherwise.

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What is the strongest *single* risk factor for becoming a victim of intimate partner violence?

- ☐ Age ( 1)
- ☐ Partner abuses alcohol/drugs (2)
- ☐ Gender - female (3)
- ☐ Family history of abuse (4)
- ☐ Don't know (5)

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Which *one* of the following is generally true about batterers?

- ☐ They have trouble controlling their anger (1)
  - ☐ They use violence as a means of controlling their partners (2)
  - ☐ They are violent because they drink or use drugs (3)
  - ☐ They pick fights with anyone (4)
-

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 (1)
- ☐ Anxiety (2)
- ☐ Substance abuse (3)
- ☐ Frequent injuries (4)
- ☐ Depression (5)

Which of the following are reasons an IPV victims may not be able to leave a violent relationship? *(check all that apply)*

- ☐ Fear of retribution (1)
  - ☐ Financial dependence on the perpetrator (2)
  - ☐ Religious beliefs (3)
  - ☐ Children's needs (4)
  - ☐ Love for one's partner (5)
  - ☐ Isolation (6)
- 

Which of the following is/are the most appropriate ways to ask about IPV? *(check all that apply)*

- ☐ "Are you a victim of intimate partner violence?" (1)
- ☐ "Has your partner ever hurt or threatened you?" (2)
- ☐ "Have you ever been afraid of your partner?" (3)
- ☐ "Has your partner ever hit or hurt you?" (4)

Which of the following is/are generally true? (*check all that apply*)

- ☐ There are common non-injury presentations in abused patients (1)
- ☐ There are behavioral patterns in couples that may indicate IPV (2)
- ☐ Specific areas of the body are most often targeted in IPV cases (3)
- ☐ There are common injury patterns associated with IPV (4)
- ☐ Injuries in different stages of recovery may indicate abuse (5)

Mark TRUE, FALSE, or DON'T KNOW the answer to the following questions:

Alcohol consumption is the greatest single predictor of the likelihood of Intimate Partner Violence (IPV).

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

There are good reasons for not leaving an abusive relationship.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Reasons for concern about Intimate Partner Violence (IPV) should not be included in a patient's record if s/he does not disclose the violence.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

When asking patients about Intimate Partner Violence (IPV), providers should use the words "abused" or "battered".

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Being supportive of a patient's choice to remain in a violent relationship would condone the abuse.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Victims of Intimate Partner Violence (IPV) are able to make appropriate choices about how to handle their situation.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Health care providers should not pressure patients to acknowledge that they are living in an abusive relationship.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Victims of Intimate Partner Violence (IPV) are at greater risk of injury when they leave the relationship.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Strangulation injuries are rare in cases of Intimate Partner Violence (IPV).

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Allowing partners or friends to be present during a patient's history and physical exam ensures safety for an IPV victim.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

Even if the child is not in immediate danger, pharmacists in all states are mandated to report an instance of a child witnessing IPV to Child Protective Services.

- ☐ TRUE (1)
- ☐ FALSE (2)
- ☐ Don't know (3)

## OPINIONS

Please indicate your level of agreement with each of these statements about Intimate Partner Violence (IPV):

	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
I feel comfortable discussing IPV with my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the necessary skills to discuss abuse with an IPV victim who is female.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the necessary skills to discuss abuse with an IPV victim who is male.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the necessary skills to discuss abuse with an IPV victim who is from a different cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of legal requirements in this state regarding reporting of suspected cases of IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of legal requirements in this state regarding reporting of suspected cases of child abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of legal requirements in this state regarding reporting of suspected cases of elder abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with each of these statements about Intimate Partner Violence (IPV):

	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
Pharmacists do not have the time to assist patients in addressing IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to gather the necessary information to identify IPV as the underlying cause of patient illness (e.g. depression, migraines).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists have a responsibility to ask all patients about IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My practice setting allows me adequate time to respond to victims of IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have contacted services within the community to establish referrals for IPV victims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse is a leading cause of IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am too busy to participate on a multidisciplinary team that manages IPV cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please indicate your level of agreement with each of these statements about Intimate Partner Violence (IPV):

	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
Screening for IPV is likely to offend those who are screened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is adequate private space for me to provide care for victims of IPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to gather the necessary information to identify IPV as the underlying cause of patient medication utilization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of alcohol or other drugs is related to IPV victimization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>