

2. Please check the block that best describes your belief about intimate partner violence:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A victim must be getting something out of the abusive relationship, or else she would leave					
People are victims only if they choose to be					
When it comes to IPV, it usually “takes two to tango”					
Victims’ personalities cause them to be abused					
Domestic violence should be treated and regarded as a medical syndrome or problem					
IPV is caused by sociological (societal) factors like unemployment					
IPV is caused by alcohol or drug abuse					
If victims of abuse remain in the relationship after repeated episodes of violence, they must accept responsibility for that violence					
IPV is caused by the partner/husband’s psychological problems					
Wife bashers should receive sympathy since they are emotionally disturbed					
Wife bashers should go to prison for assault					
It’s OK for a man to hit his female partner if he has really been provoked					
Domestic violence is a private matter between the man and the woman					
Victims of abuse could leave the relationship if they wanted to					
IPV only affects a small amount of people					
IPV occurs mainly in poor areas					
Victims of IPV provoke their abusers and know what buttons to push					
There are common, non-visible indicators of abused patients					
Any woman can be a victim of IPV					
Allowing partners or friends to be present during a patient’s physical exam ensures safety for an IPV victim					

3. Please check the block that best indicates your response on the scale from “Strongly Disagree” to “Strongly Agree”:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is not a nurse’s responsibility to initiate discussions concerning IPV					
I do not believe that nurses can offer much in cases of IPV					
IPV is a private matter that should be addressed only within the family					
I do not believe that I can make a difference in cases of IPV					
I am hesitant to screen for IPV because I do not want to get stuck in the middle of a complicated family or legal battle					
I believe screening and treatment of IPV should be a priority in the health-care sector					
I consider IPV screening to be of relatively minor importance in a healthcare setting					
I think that a patient might find IPV screening offensive					
I will be comfortable to discuss issues of IPV with my patients					
Patients are generally willing to discuss issues of IPV					
The role of a nurse is limited in being able to help victims of IPV					
If I ask non-abused patients about IPV, they will get very angry					
I feel confident that I can make appropriate referrals for abused patients					
Nurses should only treat the injuries and not query or give advice to abused women					
Nurses should encourage the victim to leave the abusive relationship					
Nurses should rather provide victims with referral to other agencies					
Nurses should be on the look out in diagnosing abuse					
Nurses should confront a patient if abuse is suspected but she doesn’t admit to it					
I am prepared to support women who discloses IPV					
I feel confident that I can identify warning signs of abuse					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable to ask routine questions about IPV to all my patients					
A lack of privacy in the clinic will withhold me from screening for IPV					
I feel that I don't have enough time to ask about IPV					
I don't know how to ask about IPV					
I feel that I can't fix the problem anyway					
I don't know what to do if a patient discloses IPV					
I feel the women will end up staying with the abuser anyway					
I don't feel it is really my job to screen for IPV					
Nurses should ask every woman if she has experienced abuse					
If an IPV victim does not acknowledge the abuse, there is very little that I can do to help.					
My workplace encourages me to respond to IPV					
I do not have sufficient training to assist individuals in addressing situations of IPV					
I don't have the necessary skills to discuss abuse with an IPV victim who is from a different cultural or ethnic background					
I will not screen a patient if I believe she is the victim of an isolated (once-off) assault incident					
I am aware of the legal requirements in this country regarding reporting of suspected cases of IPV					
Nurses do not have the knowledge to assist patients in addressing IPV					

THANK YOU FOR YOUR PARTICIPATION

4. How much do you feel you know about:

(1 = Nothing; 2 = Very Little; 3 = A little; 4 = A moderate amount; 5 = A fair amount; 6 = Quite a bit; 7 = Very Much) (*Please circle your response*)

	<i>Nothing</i>				<i>Very Much</i>		
a. Your legal reporting requirements for IPV	1	2	3	4	5	6	7
b. Signs or symptoms of IPV	1	2	3	4	5	6	7
c. How to document IPV in a patient's chart	1	2	3	4	5	6	7
d. Making appropriate referrals for IPV victims	1	2	3	4	5	6	7
e. Perpetrators (person responsible for) of IPV	1	2	3	4	5	6	7
f. What questions to ask to identify IPV	1	2	3	4	5	6	7
g. Why a victim might not disclose IPV	1	2	3	4	5	6	7
h. Your role in detecting IPV	1	2	3	4	5	6	7
i. What to say and not say in IPV situations	1	2	3	4	5	6	7
j. Determine danger for a patient experiencing IPV	1	2	3	4	5	6	7
k. Developing a safety plan with an IPV victim	1	2	3	4	5	6	7
l. Appropriately responding to disclosures of IPV	1	2	3	4	5	6	7

Have you or anyone close to you ever been a victim of abuse?

Yes	No
------------	-----------

THANK YOU FOR YOUR PARTICIPATION



UNIVERSITY *of the*
WESTERN CAPE