

Reproductive Health Family Planning Program (RHFP) Periodic Health Screenings



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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Table of Contents

Acronyms.....	1
Domestic Violence, Intimate Partner Violence and Sexual Assault Screening	2
Child Abuse and Neglect.....	4
Human Trafficking Screening	7
Substance Use Disorder Screening	9
Reproductive Control and Sexual Coercion Screening	10
Depression Screening.....	12
Reproductive Life Plan.....	13

Acronyms

ACOG	American College of Obstetricians and Gynecologists
AHA	American Heart Association
ASCCP	American Society for Colposcopy and Cervical Pathology
CPS	Child Protective Services
CTQ-SF	Childhood Trauma Questionnaire – Short Form
DO	Doctors of Osteopathic Medicine
DV	Domestic Violence
EMS	Emergency Medical Services
EPDS	Edinburgh Postnatal Depression Scale
ER	Emergency Room
HARK	Humiliation, Afraid, Rape, Kick
HITS	Hurt, Insult, Threaten, Scream
IPV	Intimate Partner Violence
MD	Doctor of Medicine/Medical Doctor
NIDA	National Institute on Drug Abuse
OVAT	Ongoing Violence Assessment Tool
PATH Model	Parenthood/Pregnancy Attitude, Timing, and How important pregnancy prevention is for a client
PHQ	Patient Health Questionnaire
RHFP	Reproductive Health Family Planning Program
RHNTC	Reproductive Health National Training Center
RLP	Reproductive Life plan
RN	Registered Nurse
SA	Sexual Assault
STaT	Slapped, Things, and Threaten
STI	Sexually transmitted infection
USPSTF	U.S. Preventive Services Task Force
WAST	Woman Abuse Screening Tool

[Clinic Name] Reproductive Health Periodic Health Screening Domestic Violence, Intimate Partner Violence and Sexual Assault Screening

Effective Date: [Add Date]

1. Assess the client for medical or psychiatric emergencies related to domestic violence (DV), intimate partner violence (IPV) and sexual assault (SA):
If assessment findings reveal a potential medical or psychiatric emergency, call EMS and transfer patient to a local Emergency Room.
2. Complete one of the following screening tools recommended by United States Preventive Services Task Force (USPSTF):
The 6 tools below showed the most sensitivity and specificity. Some links below connect to a booklet containing the associated screening. Page numbers have been provided where applicable.
 - a. [HITS](#) (Hurt, Insult, Threaten, Scream) p. 42
 - b. [OVAT](#) (Ongoing Violence Assessment Tool) p. 51
 - c. [STaT](#) (Slapped, Things and Threaten) p. 63
 - d. [HARK](#) (Humiliation, Afraid, Rape, Kick)
 - e. CTQ–SF (Modified Childhood Trauma Questionnaire–Short Form)
 - f. [WAST](#) (Woman Abuse Screen Tool) p. 72
3. If any one of the screening tools listed above is positive per developer or standardized criteria, encourage the client to develop a safety plan before leaving the appointment through either of the following:
 - a. Connecting directly to a trained [DV/IPV advocate](#) or [SA advocate](#) who can assist them in developing a safety plan.
 - b. Working with the provider, if the provider is trained in safety planning.
4. If applicable, refer client to the following:
 - a. Law enforcement
 - b. Social work or county health and human services
 - c. Psychiatry or Psychotherapy
 - d. [Domestic violence resources](#)
 - e. [Sexual assault resources](#)
5. Offer basic SA education and information to all clients. If screening indicates a potential sexual abuse, provide additional support by:
 - a. Providing information on available services such as shelters, [DV/IPV advocates](#) or [SA advocates](#) and resources.
 - b. Providing assistance in, or resources for, developing a safety plan.

Links and Resources

The links below are provided as additional resources for further information in understanding and assessing intimate partner violence and sexual assault.

[Intimate Partner Violence Screening](#). Agency for Healthcare Research and Quality, Rockville, MD.

[What is Sexual Violence?](#) Wisconsin Coalition Against Sexual Assault, information and state resources on sexual violence.

[Intimate Partner Violence Homicide Prevention in Wisconsin](#). End Abuse Wisconsin, location of Lethality Assessment Programs in Wisconsin and other work to address domestic violence/intimate partner violence homicide in Wisconsin.

[Danger Assessment](#). Assesses severity and frequency of abuse in the past year.

**[Clinic Name] Reproductive Health Periodic Health Screening
Child Abuse and Neglect**

Effective Date: [Add Date]

1. Screen the child for abuse and/or neglect (physical and behavioral indicators as listed in table below).
2. Assess and triage the child for medical emergencies and coordinate EMS transport to local ER (if applicable):
 - a. Signs of internal and/or external bleeding
 - b. Fractures
 - c. Altered mental status
 - d. Severe headache
 - e. Nausea and/or vomiting
 - f. Burns
 - g. Ulcers
 - h. Malnutrition
 - i. [Indicators of human trafficking](#)
 - j. Any other acute injuries or trauma

If the health care professional, registered nurse, or mandated reporter suspects child abuse or neglect:

3. Report suspected abuse or neglect according to Wisconsin mandatory reporting requirements ([Wis. Stat. § 48.981\(2\)](#)).
 - a. Complete the mandatory reporting tool (see below).
 - b. Call local law enforcement.
 - c. Contact Child Protective Services (CPS).
 - d. Document findings in the client chart.
4. Coordinate care with (as applicable):
 - a. Primary care.
 - b. Social work or county health and human services.
 - c. Psychiatry or psychotherapy.
 - d. [Domestic violence resources](#).
 - e. [Sexual assault resources](#).
 - f. [Child Advocacy Centers of Wisconsin](#) or [Children's Wisconsin Child Advocacy Center](#).

[Wisconsin Stat. § 48.981\(2\)](#) requires that any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur, make a report to county CPS or law enforcement. For more information about exceptions to health care workers related to mandated reporting see Wis. Stat. [§48.981\(2m\)](#).

Type of Abuse (Wisconsin Statutory Definition)	Physical Indicators	Behavioral Indicators
Physical abuse	<ul style="list-style-type: none"> • Bruises, welts on face, neck, chest, back • Injuries in the shape of object (belt, cord) • Unexplained burns on palms, soles of feet, back • Fractures that do not fit the story of how an injury occurred • Delay in seeking medical help 	<ul style="list-style-type: none"> • Extremes in behavior: very aggressive or withdrawn and shy • Afraid to go home • Frightened of parents • Fearful of other adults
Neglect	<ul style="list-style-type: none"> • Poor hygiene, odor • Inappropriately dressed for weather • Needs medical or dental care • Left alone, unsupervised for long periods • Failure to thrive, malnutrition 	<ul style="list-style-type: none"> • Constant hunger, begs, or steals food • Extreme willingness to please • Frequent absence from school • Arrives early and stays late at school or play areas or other people's homes • Regularly displays fatigue or listlessness, falls asleep in class • Reports that no caretaker is at home • Self-destructive • Frequent absences or not attending school at all (adolescents) • Extreme loneliness and need for affection
<p>Sexual abuse: Definition Sexual abuse may be</p> <p>Non-touching:</p> <ul style="list-style-type: none"> • Obscene language • Pornography • Exposure 	<ul style="list-style-type: none"> • Pain, swelling, or itching in genital area • Bruises, bleeding, discharge in genital area • Difficulty walking or sitting, frequent urination, pain 	<ul style="list-style-type: none"> • Refusal to take part in gym or other exercises • Poor peer relationships • Unusual interest in sex for age • Drastic change in school achievement • Runaway or delinquent

Type of Abuse (Wisconsin Statutory Definition)	Physical Indicators	Behavioral Indicators
Touching: <ul style="list-style-type: none"> • Fondling • Molesting • Oral sex • Intercourse • Vaginal penetration • Anal penetration • Oral or genital penetration 	<ul style="list-style-type: none"> • Torn, stained or bloody underclothing • Sexually transmitted infection (STI) • Frequent urinary or yeast infections 	behavior <ul style="list-style-type: none"> • Regressive or childlike behavior • Role reversal, overly concerned for siblings • Massive weight change • Suicide attempts (especially adolescents) • Inappropriate sex play or premature understanding of sex • Threatened by physical contact, or closeness • Reports internet conversations with an adult that have sexual overtones
Emotional abuse Definition Emotional abuse may be name-calling, insults, put-downs, etc., or it may be terrorization, isolation, humiliation, rejection, corruption, ignoring	<ul style="list-style-type: none"> • Speech disorders • Delayed physical development • Substance abuse • Ulcers, asthma, severe allergies 	<ul style="list-style-type: none"> • Low self-esteem • Self-denigration • Severe depression • Unusual level of aggression • Severe anxiety • Extreme withdrawal • Failure to learn • Habit disorder (sucking, rocking, biting)

Links and Resources

[Wisconsin Child Abuse Network](#) website.

[Medical Documentation: Practical Tips to Improve Understanding](#). March 19, 2021. PowerPoint by Dr. Lynn Sheets. Wisconsin Child Abuse Network

[Wisconsin Child Welfare Professional Development System](#). University of Wisconsin-Madison resource.

[Health Care Services Exception to Reporting Abuse](#). Wisconsin Child Welfare Professional Development System

[Clinic Name] Reproductive Health Periodic Health Screening Human Trafficking Screening

Effective Date: [Add Date]

1. Assess the client for medical or psychiatric emergencies related to human trafficking, physical or sexual abuse:
If assessment findings reveal a potential medical or psychiatric emergency, call EMS and transfer patient to a local emergency room.
2. Potential signs a client may be experiencing human trafficking:
 - a. Client's companion refuses or hesitates to leave their side
 - b. Client is not speaking for themselves
 - c. Client is not aware of their location, the current date, or time
 - d. Client exhibits fear, anxiety, trauma, submission, or tension
 - e. Client shows signs of physical or sexual abuse, medical neglect, or torture
 - f. Client is reluctant to explain their injury
 - g. Client exhibits any additional [indicators of human trafficking](#)
3. If any of the potential signs of human trafficking listed above are present:
 - a. Create an environment to speak with the client alone and build rapport.
 - b. Involve social services, county health and human services, or patient advocate.
 - c. Review the following questions with the client. Note: building rapport before asking these questions is important. Some clients may find these questions triggering:
 - i. Have you been forced to engage in sexual acts for money or favors?
 - ii. Is someone holding your passport or identification documents?
 - iii. Has anyone threatened to hurt you or your family if you leave?
 - iv. Has anyone physically or sexually abused you?
 - v. Do you have a debt to someone you cannot pay off?
 - vi. Does anyone take all or part of the money you earn?
4. If the client states "**No**" to any of the questions listed under 3:
 - a. Refer client (if applicable) to any of the following resources:
 - i. [Well Badger Resource Center list of resources](#)
 - ii. [Domestic violence resources](#) or [sexual assault resources](#)
5. If the client states "**Yes**" to any of the above questions, or if other indicators of human trafficking are present:
 - a. Assess for potential danger:
 - i. Is the trafficker present?
 - ii. What does the client believe will happen if they do not return?
 - iii. Does the client believe anyone else (including family) is in danger?
 - iv. Is the client a minor?
 1. If yes, conduct the Child Abuse and Neglect Screening

6. If there is perceived danger and the client wants help:
 - a. Contact local law enforcement, if client agrees.
 - b. Involve social services or county health and human services.
 - c. Connect the client with available resources:
 - i. [Polaris Project](#), a national human trafficking resource center
 - ii. [Domestic violence resources](#) or [sexual assault resources](#)
 - iii. Well Badger Resource List

Links and Resources

Additional information and education on Human Trafficking:

[Wisconsin Child Abuse Network](#) Website.

[Office on Trafficking In Persons. An Office of the Administration for Children & Families](#) Website.

[Updates and Emerging Best Practices in the Response to Sex Trafficking of Minors.](#) November 16, 2018. PowerPoint by Angela Rabbitt, DO. Wisconsin Child Abuse Network.

[Sexual Activity in Minors: When to Report – a Medical Perspective.](#) 2018. PowerPoint by Dr. Lynn Sheets. Wisconsin Child Abuse Network

[National Human Trafficking Training and Technical Assistance Center.](#) Website

[Clinic Name] Reproductive Health Periodic Health Screening Substance Use Disorder Screening

Effective Date: [Add Date]

1. Assess the client for medical emergencies related to opioid withdrawal or alcohol withdrawal
If assessment findings reveal a potential medical or psychiatric emergency, call EMS and transfer patient to a local emergency room.
2. Complete screening the client for the following (you may use National Institute on Drug Abuse [\(NIDA\) Quick Screen/Drug Abuse Screen Testing \(DAST-10\)](#) and/or [NIDA modified assist](#)):
 - a. Substance use disorder
 - b. Alcohol dependence
 - c. Nicotine (tobacco) dependence
3. If any one of the screening tools listed above is positive, provide education to the client about potential adverse outcomes, including those related to any use of birth control. Coordinate care and, as applicable, schedule with a provider if the client is open to scheduling:
 - a. Primary care services
 - b. Social worker or county health and human services
 - c. Rehabilitation or detoxification facilities
 - d. Psychiatry, psychotherapy, and/or behavioral health services
4. Offer education and information to all clients, and when indicated by the screening, on the following topics:
 - a. Cocaine—[NIDA Drug Facts](#)
 - b. Marijuana—[NIDA Drug Facts](#)
 - c. Methamphetamines—[NIDA Drug Facts](#)
 - d. Opioids—[NIDA Drug Facts](#)
 - e. Other emerging illicit substances
 - f. Alcohol Use Disorder—[National Institute on Alcohol Abuse and Alcoholism Fact Sheet](#)
 - g. Nicotine (tobacco) dependence—[NIDA Drug Facts](#)

Links and Resources

[Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#). Substance Abuse and Mental Health Services Administration.

[Screening for Drug Use in General Medical Settings Resource Guide](#). National Institute on Drug Abuse. National Institutes of Health.

Group, W. A. W. (2002). The alcohol, smoking and substance involvement screening test (ASSIST): development, reliability and feasibility. *Addiction*, 97(9), 1183 -1194.

[Clinic Name] Reproductive Health Periodic Health Screening
**Reproductive Control and Sexual Coercion
Screening**

Effective Date: [Add Date]

1. Assess the client for medical or psychiatric emergencies.
If assessment findings reveal a potential medical or psychiatric emergency, call EMS and transfer patient to a local emergency room.
2. Build rapport with client and use clinical discretion in reviewing available questions, resources, and options.
3. **Screening Questions:**
 - a. If not pregnant, elicit conversation around pregnancy coercion using open-ended questions such as:
 - i. Does your partner support your decision about when or if you want to become pregnant?
 - ii. Have you discussed when or if you want to become pregnant with your partner?
 1. How did that conversation go?
 2. Is your partner supportive of your wishes?
 - b. If already pregnant:
 - i. Do you and your partner agree on what you should do about your pregnancy?
 - ii. How are you feeling about your pregnancy?
 - iii. Has your partner been supportive?
4. **Pregnancy Coercion:**
 - a. In the past year, has someone you were dating or going out with:
 - i. Told you not to use any birth control (like the pill, shot, ring, etc.)?
 - ii. Taken your birth control (like pills, ring etc.) away from you or kept you from going to the clinic to get birth control?
 - iii. Made you have sex without a condom so you would get pregnant?
5. **Condom Manipulation:**
 - a. In the past year, has someone you were dating or going out with:
 - i. Taken off the condom while you were having sex, so you would get pregnant?
 - ii. Put holes in the condom or broken the condom on purpose so you would get pregnant?
6. If the patient responds **"Yes" to any Pregnancy Coercion or Condom Manipulation questions** listed above:
 - a. Complete or review intimate partner and domestic violence screening.
 - b. Coordinate care and provide contact information for the following (as applicable):
 - i. Primary care services

- ii. Social work or county health and human services
- iii. Psychiatry, psychotherapy, counseling, or behavioral health services
- iv. [Domestic violence](#) or [sexual assault](#) resources
- v. Law enforcement
- c. Provide Education and Counseling:
 - i. [Sexual Coercion: How to Respond](#)
 - ii. [Sexual Coercion](#)

Links and Resources

Grace, K. T., & Anderson, J. C. (2018). Reproductive coercion: a systematic review. *Trauma, Violence, & Abuse*, 19(4), 371-390.

Hill, A. L., Jones, K. A., McCauley, H. L., Tancredi, D. J., Silverman, J. G., & Miller, E. (2019). Reproductive coercion and relationship abuse among adolescents and young women seeking care at school health centers. *Obstetrics and gynecology*, 134(2), 351.

McCauley, H. L., Silverman, J. G., Jones, K. A., Tancredi, D. J., Decker, M. R., McCormick, M. C., ... & Miller, E. (2017). Psychometric properties and refinement of the reproductive coercion scale. *Contraception*, 95(3), 292-298.

Rowlands, S., & Walker, S. (2019). Reproductive control by others: means, perpetrators and effects. *BMJ sexual & reproductive health*, 45(1), 61-67.

Title 42: Public Health; Part 59. GRANTS FOR FAMILY PLANNING SERVICES. [42 CFR § 59.17\(b\) \(1\)](#).

[Clinic Name] Reproductive Health Periodic Health Screening
Depression Screening

Effective Date: [Add Date]

1. Assess the client for medical or psychiatric emergencies related to depression, and/or suicidal ideation or attempt.
If assessment findings reveal a potential medical or psychiatric emergency, call EMS and transfer patient to a local emergency room.
2. Complete one of the following depression screening tools:
 - a. 2-item Patient Health Questionnaire ([PHQ-2](#))
 - b. [PHQ-9](#) Patient Health Questionnaire
 - i. (often used as a follow-up to a PHQ-2 for those with a score of 2 or higher)
 - c. Edinburgh Postnatal Depression Scale ([EPDS](#))
3. If any one of the screening tools listed above is positive per developer or standardized criteria, refer to the following (as applicable):
 - a. Primary care services
 - b. Social work or county health and human services
 - c. Psychiatry, psychotherapy, counseling, or behavioral health services
4. Provide education for *all* patients on the following topics
 - a. [Local area resources](#)
 - b. Suicide prevention line (1-800-273-TALK or [local lines](#))
 - c. Signs and symptoms of depression, suicidal ideation and suicide attempts
 - d. Substance use disorder
 - i. Cocaine—[National Institute on Drug Abuse \(NIDA\) Drug Facts](#)
 - ii. Marijuana—[NIDA Drug Facts](#)
 - iii. Methamphetamines—[NIDA Drug Facts](#)
 - iv. Opioids—[NIDA Drug Facts](#)
 - v. Other emerging illicit substances
 - vi. Alcohol Use Disorder—[National Institute on Alcohol Abuse and Alcoholism Fact Sheet](#)
 - vii. Nicotine (tobacco) dependence—[NIDA Drug Facts](#)

Links and Resources

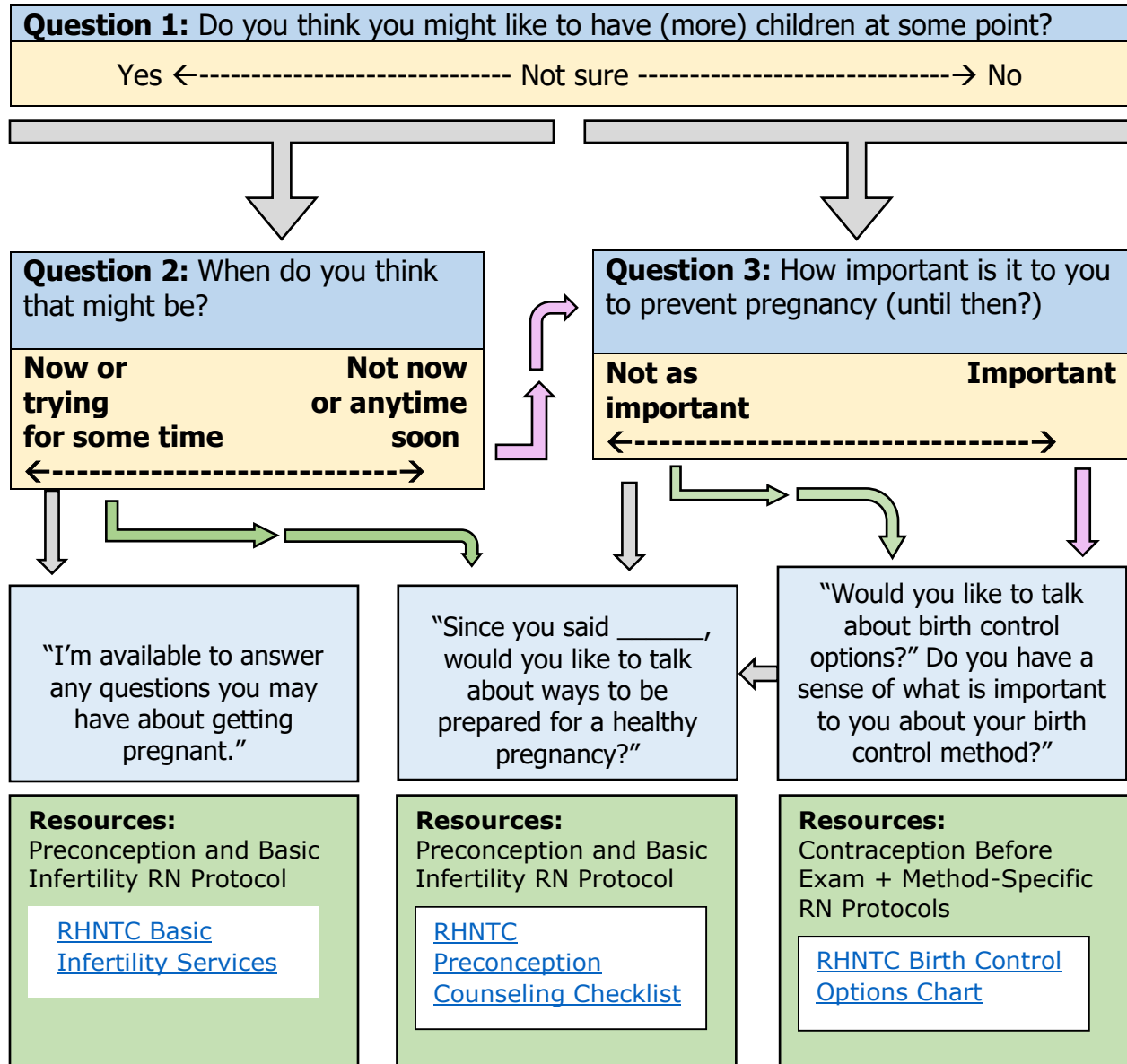
[Depression Screening. Agency for Healthcare Research and Quality, Rockville, MD. Website.](#)

[Clinic Name] Reproductive Health Periodic Health Screening
Reproductive Life Plan

Using the PATH model for client-centered counseling

Effective Date: [Add Date]

Definition and scope: The PATH questions are a client-centered approach to assess **P**arenthood/**P**regnancy **A**ttitude, **T**iming, and **H**ow important is pregnancy prevention. PATH can be used with patients of any gender, sexual orientation, or age. PATH is designed to facilitate listening and efficient client-centered conversations about preconception care, contraception, and fertility as appropriate.



Links and Resources:
[RHNTC PATH Model Job Aid](#)