

Intimate Partner Violence/Interpersonal Violence (IPV) Victimization and Perpetration Universal Education, Screening & Treatment Guidelines for Healthcare

Settings

Education and Screening	Assessment	Intervention	Documentation	Reporting
<ol style="list-style-type: none"> Establish privacy (Educate and screen patient alone. Do not discuss in front of children.) Use staff or professional translation (not family or friends.) Provide education about how relationships can affect health. Relate IPV conversation to the patient's presenting health issues. Share IPV resources <u>before</u> asking questions. Ask questions: <ul style="list-style-type: none"> What happens when you and your partner disagree? Is there yelling or put downs? Do either of you throw things? Do fights ever get physical? Has your partner (or anyone else) ever hurt, hit, threatened you, or made you feel afraid? Have you ever hurt, hit, threatened or frightened your partner? How do you and your partner decide when to have sex or what type of sexual activities you do? Has your partner (or anyone else) ever forced you to have sex or do something sexual you didn't want to do? Have you ever pressured, tried to convince, or forced your partner (or anyone else) to have sex or do something sexual? (If applicable) Do you and your partner use any type of birth control? How was this type of birth control chosen? Also ask about past history of IPV to assess ongoing health and safety impacts (both victimization and perpetration affect health) 	<p><u>Assessment of current IPV:</u></p> <p><u>Assess for role in IPV:</u> Ask questions to determine who holds power and control in the relationship (or refer patient to a provider/advocate who can assess for patient's role in IPV).</p> <p><u>Assess current safety immediately:</u></p> <ol style="list-style-type: none"> Assess for safety in clinic <ul style="list-style-type: none"> Are partner and children in clinic with patient? Assess for current safety <ul style="list-style-type: none"> Threats of homicide by patient or partner Weapons involved in threats or fights History of strangulation or stalking Assess for suicidality and homicidality in patient Assess for safety of children <p><u>Assess current IPV over time:</u></p> <ol style="list-style-type: none"> Assess for pattern of abuse Assess history of effects of abuse <ul style="list-style-type: none"> injuries/hospitalization physical and psychological health effects. economic, social, or other effects Assess for readiness for change Assess for capacity to change (person victimized—level of support, autonomy, and coping strategies. Person perpetrating—level of denial and blame of others, motivating factors, and societal sanctions against their violence) <p><u>Assessment of past IPV:</u></p> <ol style="list-style-type: none"> Assess for current safety ("Are you still in contact with partner? Who has custody of children?") Assess for the history of past IPV on health, economic and social situation including loss of employment and/or incarceration 	<ol style="list-style-type: none"> Give repeated messages: <p><u>Victimization:</u> Messages of support (violence is not their fault)</p> <p><u>Perpetration:</u> Messages of accountability (violence is harmful to health and safety, you can get help to stop harming others, not harming others is your responsibility)</p> <p><u>Indeterminate Role:</u> Messages that IPV is harmful and dangerous to couple and children</p> Offer crisis phone numbers Do safety planning (or connect patient with a person who can): <p><u>Victimized:</u> Assist in making safety plan (or connect patient with a person who can) See http://www.leapsf.org/html/safety_plan.shtml</p> <p><u>Perpetrating:</u> Develop plan to stop violence. If imminent danger of homicide or severe injury to victim(s), commit patient to psychiatric hold and notify police and victim(s)</p> <p><u>Indeterminate:</u> Develop plan to avoid violence and enhance safety of patient, partner, and children</p> Offer advocacy and counseling (DV support (victimization) 'batterers' treatment (perpetration) or restorative/transformational justice (either/both)) Offer legal assistance (and police assistance if wanted) Arrange for follow-up visits and safe way to contact patient Expand the patient's support/accountability to multiple members of a multidisciplinary team (provider, community and clinic based advocates, social worker, PHN, counselor, etc.) if patient willing Formalize partnerships with advocacy, legal, mental health, housing, transportation, employment, cultural, spiritual and other organizations including restorative and/or transformational justice programs to facilitate accessible and integrated safety interventions. 	<ol style="list-style-type: none"> History: <ul style="list-style-type: none"> Write legibly if handwritten Use patient's own words in quotes Document as much info as patient will provide regarding specific events (who, what, where, when) Physical Findings: <ul style="list-style-type: none"> Describe injuries in detail Draw diagrams of injuries If patient consents, take photographs of injuries Take serial photographs of injuries over time Clinical Impression: <ul style="list-style-type: none"> Provide clinical impression of the patient's role in IPV to guide treatment plan (being victimized, perpetrating IPV, or indeterminate) Document the treatment plan Document any reports made to law enforcement in manner consistent with state law Physical Evidence: <ul style="list-style-type: none"> If patient consents, preserve physical evidence in paper bag Describe physical evidence in detail Electronic Health Record (EHR): <ul style="list-style-type: none"> If diagnosis of IPV will be visible in the "Patient Portal" of EHR, educate patient being victimized about potential risks and inquire about whether patient will be able to keep password and account private. When providing a printed "after visit summary" either redact information about IPV or ask patient whether it is safe to take this written material. In pediatric charts, do not document parent/caregiver IPV victimization in any area of the EHR that will be released to parent/caregiver who is perpetrating IPV. 	<ol style="list-style-type: none"> If patient is injured, and your state's laws require mandatory reporting of injuries, file a mandatory health care report to police. (In state of California. Use OES-920 form) If you suspect children are being neglected or harmed, file a CPS report. (Advocate on behalf of adult victim/survivor's safety with CPS) <u>Duty to Warn:</u> Follow the laws of your state and the ethics guidelines of your profession in warning person(s) being victimized of impending life-threatening harm, committing person perpetrating IPV to psychiatric hold, and notifying law enforcement of impending life-threatening harm to any intended victims. Advocate for removal of guns according to state and county laws if person being victimized thinks this will improve safety. If patient is considered an "elder" (≥ 60 in some states and ≥ 65 in California) or a dependent adult, file an Adult Protective Service (APS) report in accordance with state law.