

**Intimate Partner Violence/Interpersonal Violence (IPV) 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 for translation (not family or friends.) Provide education about how stress in relationships can affect health. Make the conversation about IPV relevant to the patient's presenting health complaints and share IPV resources <u>before</u> asking direct questions. Ask direct questions: <ul style="list-style-type: none"> Does your partner put you down or yell at you? Has your partner (or anyone else) ever hurt, hit, threatened you, or made you feel afraid? Has your partner (or anyone else) ever forced you to have sex or do something sexual you didn't want to do? Has your partner (or anyone else) ever tried to force you to get pregnant or interfered with your birth control? Ask indirect questions: <ul style="list-style-type: none"> How does your partner treat you? What happens when you and your partner disagree? Also ask about past history of IPV to assess ongoing health and safety impacts 	<p>Assessment of current IPV <u>Assess immediately:</u></p> <ol style="list-style-type: none"> Assess for safety in clinic <ul style="list-style-type: none"> Is person harming patient in clinic right now? Assess for current safety <ul style="list-style-type: none"> Threats of homicide Weapons involved History of strangulation or stalking Assess for suicidality and homicidality Assess for safety of children Assess for critical social determinants of health (housing, shelter, food) <p><u>Assess 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 support and coping strategies Assess for readiness for change <p>Assessment of past IPV</p> <ol style="list-style-type: none"> Assess for current safety ("Are you (and any children involved) still being threatened or harmed by this person now?") Assess history of effects of abuse <ul style="list-style-type: none"> injuries/hospitalization physical and psychological health effects. economic, social, or other effects 	<ol style="list-style-type: none"> Give repeated messages of support Offer crisis phone call to IPV agency <u>during</u> medical visit and phone numbers to call later. Assist in preparing a safety plan (or connect patient with a person who can) See http://www.leapsf.org/html/safety_plan.shtml Offer advocacy and counseling Offer legal assistance (and police assistance if wanted) Arrange for follow-up visits and a safe way to contact patient Expand the patient's support 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 to facilitate accessible and integrated safety, support and empowerment interventions for IPV survivors 	<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 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 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) If patient is ≥ 65 or a dependent adult, file an Adult Protective Service (APS) report in accordance with state law.