

Guidelines for Clinical Assessment and Intervention on Intimate Partner Violence

INTRODUCTION: The US Department of Justice Study of Violent Victimization and Race found Native American women to be victims of violent encounters at the hands of intimate partners more frequently than any other race in the US. The Warm Springs Community is not immune. The tremendous toll on the health that intimate partner violence places on this and any community demands that we place identification, education and intervention of this issue in the foremost part of our mind and take it as a very serious concern.

PURPOSE: Indian Health Service facilities are required by the Government Performance and Improvement Results Act to maintain policies and procedures regarding screening for intimate partner violence and to meet a set minimum of percentage of patients screened. This protocol is intended to assist health care professionals in complying with these standards and thus improving service to this group of patients. We recognize that both men and women; all races, religions, educational level and sexual orientations can be victims of IPV. The same guidelines apply in all cases.

DEFINITION: Intimate Partner Violence (IPV) is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion that adults and adolescents use in effort to control their intimate partners. For the purposes of this document the terms Domestic Violence and Intimate Partner Violence may be used interchangeably.

ROLES AND RESPONSIBILITIES: All Health and Wellness Center Staff are responsible for ...

- Treating patients with dignity, respect, and compassion and with sensitivity to age, culture, ethnicity and sexual orientation, while recognizing that intimate partner violence is unacceptable in any relationship.
- Recognizing that the process of leaving a violent relationship is often a long and gradual one.
- Attempting to engage patients in long-term continuity of care in order to support them through the process of attaining greater safety and control in their lives.
- Regarding the safety of victims and their children as priority.
- Being aware of signs and symptoms that may indicate intimate partner violence, the advocacy services available, and for assisting patients to access these resources.

Providers responsible for screening, assessment, and documentation of intimate partner violence include but are not limited to the physicians, nurse practitioners, physician assistants, ambulatory care, public health and maternal child health nursing, radiology technicians, social workers, dentists, optometrists, dental hygienists, and dental assistants.

PROCEDURES:

I. SCREENING.

A. Who to Screen/ Frequency of Screening

1. All female patients age 14 and above
 - At least one every 6 months
 - At disclosure of a new intimate relationship
 - At the first prenatal visit, each trimester of pregnancy and post-partum visits
2. Children less than 14 year of age - Screen the female caregiver/parent not the child.
 - During new pediatric patient visits
 - At each well child visit during the first year of life and then once per year
 - At disclosure of a new intimate relationship for caregiver

3. Any patients male or female who present with clinical with signs and symptoms that may indicate abuse including;
 - Alcohol or drug abuse
 - Injury inconsistent with patient's explanation
 - Chronic pain syndromes
 - Psychological distress (suicidal, depression, anxiety or sleep disorders)
 - Traumatic injuries including any injury during pregnancy
 - Vague psychosomatic complaints
 - A partner who will not leave the exam room

B. How to Screen

1. Screen in a safe and private environment. If this cannot be done postpone screening for a follow up visit
2. Separate any accompanying persons from the patient- Do not verbally screen in front of verbal children.
3. Discuss with patients the confidentiality of these questions and the mandatory reporting of child abuse.
4. A victim of abuse may not recognize their partner's behavior as being abusive. Use questions that are direct, specific and easy to understand.
 - *Are you now or have you ever been in a relationship with someone who has hurt or threatened you or your children?*
 - *Does your partner try to control what you do, where you go, your money or your relationships with your family or friends?*
 - *Does your partner force you to engage in sexual activities that make you feel uncomfortable?*
 - *Does your partner insult you or scream at you frequently?*

C. Documentation of Screening

1. Document that screening for intimate partner violence was done through one of the following methods.
 - a. Wellness / Health Promotions
 - i. Select the "Wellness" or "Health Promotion" tab.
 - ii. Select "add" Select "intimate partner violence", Exam code # 34
 - iii. Select the appropriate response
 - Negative- the patient denies past or present IPV
 - Present – patient reports she is currently in an abusive relationship- occurrences in the last 12 months
 - Past – The patient has been in an abusive relationship in the past but is no longer. More than 12 months since last occurrence.
 - Refused – patient declined screening
 - Unable to screen – document reason screening cannot occur- (verbal child in room / partner in room, unconscious etc.)
 - b. Within the text of the note
 - i. Select the "notes" tab
 - ii. In the text of your note select the "reminders" button
 - iii. Select "Due" or "Applicable"
 - iv. Select "Intimate Partner Violence"
 - v. Select the appropriate reselect "Intimate partner violence "
 - vi. Select the appropriate response (as listed above in I C, .a., .iii)
 - c. As a separate note with Quick notes selector

- 3. If the patient declines assistance from an advocacy programs review safety planning information with her. This information can be found under Shared Templates, Frequently used Forms, "Safety Plans" or as Appendix C.
- 4. **Be supportive of the patient.** Reiterate the following messages:
 - *No one deserves to be abused*
 - *There is no excuse for intimate partner violence*
 - *You are not alone; there are people you can talk to for support.*

Do not tell the woman she must leave. The decision to leave needs to be her own. Most women killed in these situations are killed when they are attempting to leave or have tried to terminate the relationship. There needs to be a carefully thought out safety plan in place.

- C. **Police Intervention:** If the patient wishes to make a report to the police assist her in contacting the Warm Springs PD at 553-1171.
 - 1. Stay in the room with the patient during the police interview.
 - 2. Record the officer's name and badge number
 - 3. Document that a police report was made.
 - 4. A copy of the medical report should be given to the officer and/or advocate (consent must be signed by the patient)
- D. **Mandatory Reporting:** In the event injuries involve use of a a deadly weapon, children, a penetrating injury or life threatening injury authorities must be notified regardless of victim authorization. Other situations are not reported without victim consent.
- E. **Education:** Provide Educational Information about IPV. Include the following:
 - Over time most violence increases in severity and frequency and continues.
 - Violence in the home can leave long term, damaging effects on children.
 - Intimate partner violence is a crime.
 - Service options, which include shelters, restraining orders, police assistance, and counseling.

Educational materials can be printed for the patient from Domestic Violence Folder on the Warm Springs Health and Wellness Center Intranet site. This file is located in the Medical tab

- III. **TRAINING: All Staff will undergo** annual mandatory training regarding...
 - Intimate partner violence, recognizing it, dynamics, health effects
 - Helping others in this situation
 - Available Resources

IV. Appendices Attached

- A. Assault Documentation Form
- B. Lethality Assessment
- C. Safety Planning

Clinical Director:

Date

Nursing Supervisor

Date

CEO

Date: