

**Identifying and Responding to Male Intimate Partner Violence (IPV)
in the Health Care Setting—Pilot Guidelines**

Screening	Assessment	Intervention	Documentation	Reporting
<ol style="list-style-type: none"> 1. Establish privacy (screen patient alone) * 2. Use staff or professional translation for translation (not family or friends) 3. Ask direct questions: <ul style="list-style-type: none"> • Has your partner ever hit you, hurt you, or threatened you? • Have you ever hit, hurt, or threatened your partner? • Have you and your partner ever had physical fights? • Has your partner ever forced you to have sex when you didn't want to? • Have you ever forced your partner to have sex when she/he didn't want to? 4. Ask indirect questions: <ul style="list-style-type: none"> • How does your partner treat you? • How do you treat your partner? 5. Also ask about past history of IPV: <ul style="list-style-type: none"> • Have you <u>ever</u> had a partner who hit you, hurt you, or threatened you? • Have you <u>ever</u> hit, hurt, or threatened your partner? • Did you ever have a relationship in which you had physical fights? 	<p>Assessment of current IPV <u>Assess for role in IPV:</u> Ask questions to determine who holds the 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"> 1. Assess for safety in clinic <ul style="list-style-type: none"> • Are partner and children in clinic with patient? 2. 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 3. Assess for suicidality and homicidality in patient 4. Assess for safety of children <p><u>Assess current IPV over time:</u></p> <ol style="list-style-type: none"> 5. Assess for pattern of abuse 6. Assess history of effects of abuse <ul style="list-style-type: none"> • ??injuries/hospitalization • ?? physical and psychological health effects.?? economic, social, or other effects 7. Assess for readiness for change 8. Assess for capacity to change (victim—level of support, autonomy, and coping strategies. Perpetrator—level of denial, motivating factors, and societal sanctions against his violence) <p>Assessment of past IPV</p> <ol style="list-style-type: none"> 1. Assess for current safety (“Are you (and any children involved) safe from this person now?”) 2. Assess history of effects of past IPV on health, economics, and social situation. 	<ol style="list-style-type: none"> 1. Give repeated messages: <u>Victim:</u> Messages of support (violence is not his fault) <u>Perpetrator:</u> Messages of accountability (violence is his responsibility, is harmful, and he needs to stop it) <u>Indeterminate Role:</u> Messages that IPV is harmful and dangerous to couple and children 2. Offer crisis phone numbers 3. Do safety planning (or connect patient with a person who can) <u>Victim:</u> Assist in making a safety plan for patient and children <u>Perpetrator:</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) <u>Indeterminate:</u> Develop plan to avoid violence and enhance safety of patient, partner, and children 4. Offer advocacy and counseling—batterer's treatment for perpetrator 5. Offer police and legal assistance 6. Arrange for follow-up visits and a safe way to contact patient 	<ol style="list-style-type: none"> 1. History: <ul style="list-style-type: none"> • Write legibly • Use patient's own words in quotes • Document as much info as patient will provide regarding specific events (who, what, where, when) 2. 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 3. Clinical Impression: <ul style="list-style-type: none"> • Provide a clinical impression of the patient's role in the IPV (victim, perpetrator, or indeterminate) to guide the treatment plan • Document the treatment plan • Document any reports made to law enforcement in a manner consistent with state law 4. Physical Evidence: <ul style="list-style-type: none"> • If patient consents, preserve physical evidence in <u>paper</u> bag • Describe physical evidence in detail 	<ol style="list-style-type: none"> 1. <u>IPV Reporting:</u> Follow the laws of your state in reporting IPV or IPV injuries to the appropriate law enforcement and/or social service agencies. 2. <u>Duty to Warn:</u> Follow the laws of your state and the ethics guidelines of your profession in warning victim(s) of impending severe harm, committing perpetrator to psychiatric hold, and notifying law enforcement of impending severe harm to a victim. 3. <u>Child abuse reporting:</u> If you suspect children are being neglected or harmed, file a CPS report. (Advocate on behalf of adult victim/survivor's safety with CPS) 4. <u>Elder Abuse Reporting:</u> If patient is ≥ 65 or a dependent adult, follow the laws in your state in reporting elder abuse.

*If caring for a couple and the victimized partner tells you that screening her/his partner for IPV would increase danger of victim and/or children, do NOT proceed with screening.
Family Violence Prevention Fund (<http://endabuse.org>) December 2007