ROUTINE CLINICAL ASSESSMENT, INTERVENTION AND REFERRAL FOR ABUSE
Objectives

- Describe routine clinical assessment for intimate partner violence
- Recognize the impact of referral for abuse to community based advocacy resources
CONSIDER YOUR GOAL

Identify patients experiencing IPV

Identify patients who have health consequences as a result of past or present IPV

Increase patient’s safety

Improve health outcomes

Why will you be doing this?
Tools

- Scale/Assessment
- Characteristics of the tool
- Administration method
- Population studied
Consider

- Your setting
  - ER/Urgent Care
  - Primary Care
  - Pediatrics
  - Inpatient
- Your staff
- Training needs
- What you will do with the information beyond identification and intervention
Assessing (Screening)

- What to ask
- When to ask
- Who to ask
- How to ask

**Intimate Partner Abuse (IPA) Screening**

**Date:** __/__/__

Patient must always be alone with the exception of infants or nonverbal toddlers

**STATE:** We are concerned about the violence that is impacting the health of many of our patients, so we routinely ask the following confidential questions.

1. Have you ever been hit, kicked, punched, strangled, threatened, or otherwise hurt by your partner or spouse?
   - Yes
   - No

2. Is your partner or spouse threatening you, or otherwise making you feel afraid?
   - Yes
   - No
Confidentiality

- Assess (screen) privately
  - Infants and non-verbal children
  - Friend and partners
- Medical records access
  - Storage
  - Access
    - Providers
    - Relatives
Legal Issues

- Assessment should be prefaced on any mandatory reporting requirements
- Assessment **must** occur alone with the patient
  - HIPAA
  - Collecting urine sample
  - X-ray
  - The partner that won’t leave
Intervention & Management

- Emotional Support
  - Local crisis center resource
  - Physically present versus via phone
- Safety
  - Local crisis center resource
  - Safety planning
- Health Assessment
  - Strangulation tool
  - Danger assessment tool
- Legal Concerns
- Documentation
- Follow-up/Discharge Instructions
Documentation

- T sheets
- Charting by exception
- The electronic record
- Diagnoses

**EMERGENCY PHYSICIAN RECORD**
**Alleged Assault**

**TIME SEEN:** 12:30 PM, **ROOM:** C3, **HISTORIAN:** patient, **SPouse/Paramedics:**

**HPI:** 15 yr old was pregnant.

- **Chief complaint:** injury to: lower wrist
- **Onset / duration:** just prior to arrival
- **Where:** home school neighbor's
- **Context:** kicked, choked, bitten
- **Severity of pain:** mild, moderate, severe (1/10)
- **Associated symptoms:**
  - lost consciousness / dizziness / seizure / weakness / numbness
  - duration: minutes / hours / days / years
  - remembers: nothing / coming to hospital
- **Location of pain / injuries:**
  - right:
    - shoulder, hip, shldr, hip
    - arm, thigh, arm, thigh
    - elbow, knee, elbow, knee
    - f- arm, leg, f- arm, leg
    - wrist, ankle, wrist, ankle
    - hand, foot, hand, foot
  - left:
    - shoulder, hip, shldr, hip
    - arm, thigh, arm, thigh
    - elbow, knee, elbow, knee
    - f- arm, leg, f- arm, leg
    - wrist, ankle, wrist, ankle
    - hand, foot, hand, foot
Documentation

- Routinely screen
- Acknowledge patient’s experience
- Document your findings
- Assess safety
- Review options/Referrals

**R = ROUTINELY SCREEN**

**A = ACKNOWLEDGE PATIENT’S EXPERIENCE**

**D = DOCUMENT YOUR FINDINGS**

Patient Report (Use Patient’s Own Words) – Place, time, name, and relationship of batterer, weapon used, description of assault (struck with fist, object, kicked, thrown, etc.)

Examination Findings:

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**A = ASSESS PATIENT SAFETY**

- Does patient feel safe going home? □ Yes □ No
- Is there a gun in the home? □ Yes □ No
- Is the abusive partner here now? □ Yes □ No
- Is the patient suicidal? □ Yes □ No
- Is the patient homicidal? □ Yes □ No
- Is the abusive partner suicidal? □ Yes □ No
- Is the abusive partner homicidal? □ Yes □ No
- Risk of violence severity/frequency? □ Yes □ No
- Are children being abused? □ Yes □ No
- Are children safe? □ Yes □ No
- Hx alcohol abuse partner? □ Yes □ No
- Hx substance abuse partner? □ Yes □ No
- Is victim being stalked? □ Yes □ No

**R = REVIEW OF OPTIONS/REFERRALS**

Safety Planning Discussed? □ Yes □ No
Social Work referral? □ Yes □ No
DV advocate referral? □ Yes □ No
Shelter referral? □ Yes □ No
Domestic violence Hotline given? □ Yes □ No
Legal Aid referral? □ Yes □ No
Follow-up appointment? □ Yes □ No
Was a translator needed? □ Yes □ No
If yes, which language? □ Yes □ No
Was the translator available? □ Yes □ No

**Reporting**

Law Enforcement called? □ Yes □ No
City ___________ Report # _______
Pt. Received request protective order? □ Yes □ No
Adult Protective Services? □ Yes □ No (if mandated by state law)
Child Protective Services? □ Yes □ No (if indicated)

**Photographs**

Consent to be photographed? □ Yes □ No
Photographs taken? □ Yes □ No

**Evidence**

Evidence collected? □ Yes □ No
Chain of custody? □ Yes □ No

ICD-9 Diagnosis Code:________________
Documentation

- **S** statements about the abuse made by the patient, in quotes
- **O** observations/facts
- **A** avoid characterizing the patient, instead describe the behavior
- **P** take photographs when appropriate (body maps are just as effective)
1) Description of strangulation event(s) in patient's own words: [Handwritten description not legible]

2) Method/Manner of Str.: [Handwritten description not legible]

3) During strangulation:
   - Loss of consciousness
   - Incontinence of Urin
   - Incontinence of Stox
   - Bleeding (describe)
   - Patient's feet were:
   - She was emother

4) Since the strangulation:
   - Coughing
   - Dysphagia (difficult)
   - Oleynagia (pain)
   - Nose Pain
   - Nausea
   - Voice changes (des)
   - Loss of memory (des)
   - Bleeding (describe)
   - Weakness/numbnes

5) On a scale of zero (0) to imagine, how hard was:
   - Imagine, how hard was
   - FNE Signature

FNE Signature

Examination (cont.):

O2 Saturation:
- Time:
- Level: 96% on 9/24

Lung Sounds:
- Level: 97%

Facial:
- Petechiae
- Ears
- Eyes
- Conjunctival

Tongue injury
- Oral cavity injuries
- Subconjunctival hemorrhage
- Neurologic findings:
  - Ptosis
  - Facial
  - Paralysis
  - Loss of sensation

Visible Injury (described on body maps below)

Digital photographs taken

Right Eye

Left Eye
CRITICAL
Community Resources

- Role of Advocacy
  - Emotional support and information
  - Training for you and your staff
  - Knowledge of the system response
  - Ability to provide ongoing services for your patient
  - Extensive community resources
  - Privileged communication

- Patient Needs
PRACTICAL APPLICATION

ASSESSMENT, INTERVENTION & REFERRAL
Objectives

- Demonstrate appropriate assessment for intimate partner violence in the clinical setting
- Illustrate effective intervention techniques when intimate partner violence is identified
Caveats

- Privacy
  - Supportive adults accompanying patient
  - Children

- Addressing Barriers
  - The partner who won’t leave
QUESTIONS

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