

# POLICY & PROCEDURE



<b>TITLE: Intimate Partner Violence (IPV)</b>				
<b>Scope/Purpose: To assist staff in the identification of cases of Intimate Partner Violence and provide guidelines to staff in assisting victims</b>				
<b>Division/Department: All HealthPOiNT Clinics</b>			<b>Policy/Procedure #:</b>	
<b>Original Date: November 27, 2013</b>			<b>_X_ New ___ Replacement for:</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
		12/17/2013	12/17/2013	
<b>Responsible Party: Director Compliance/QA; Directory Clinical Quality</b>				

## DEFINITIONS:

### Intimate Partner Violence (IPV)

IPV is the physical, sexual, or psychological harm by a current or former partner or spouse. Examples may include but not limited to:

- Physical violence: Hitting, kicking, burning, or other physical force
- Sexual violence: Forcing a partner to take part in a sex act when the partner does not consent
- Threats of physical or sexual violence: Use of words, gestures, weapons, or other means to communicate the intent to cause harm
- Emotional abuse: Stalking, name-calling, intimidation, or not letting a partner see friends and family

## POLICY:

HealthPOiNT Clinics staff will understand aspects of Intimate Partner Violence in order to screen patients, provide appropriate education, refer patients to needed resources and report to appropriate authorities when indicated.

Staff shall be trained on an annual basis related to preventing Intimate Partner Violence.

## PROCEDURE:

- I. Staff should be aware of and sensitive to the Warning Signs of IPV.
  - A. Partner may refuse the patient from practicing safe sex
  - B. Partner may intentionally expose patient to Sexually Transmitted Infection (STI) or Human Immunodeficiency Virus (HIV)
  - C. Partner may force patient to continue pregnancy or to have an abortion or injure her into a miscarriage.

- II. Consent and Disclosure
- A. Staff must always review the limit of confidentiality with the patient about abuse in case there is disclosure and there is a need to report.
  - B. Consent forms indicate that there are patient conditions that may have to be reported to health or law enforcement authorities. Reports required by law are allowed under HIPAA disclosure. However, it is a violation of HIPAA if something is reported that is not mandated by law.
- III. Screening of Patients
- Staff must always be aware that asking about IPV could put patient in danger.
- A. Staff must always screen the patient alone and not within earshot of the partner or family member.
  - B. If an interpreter is required, do not use a family member or friend. Only medically trained interpreters should be used in these situations.
- IV. Harm Reduction Counseling
- A. Specific to Sexual and Reproductive
    - Birth control that the partner doesn't have to know about (i.e. IUD, Implant)
    - Emergency Contraception
    - Regular STI testing
    - STI partner notification in clinic vs. at home
  - B. Information on Resources
    - Notice to Victims of Family Violence (area shelters & resources) – Abuse/Neglect Screening procedure- Appendix 4
  - C. Safety Steps for Patient
    - If in immediate danger, call 911 or leave.
    - If hurt, go to emergency room.
    - Domestic Violence Hotlines are available 24 hours a day, every day.
    - Plan ahead. Violence may get worse right after leaving, so think about a safe place to go.
    - Refer to list of local resources for places to go to get help.
    - Have a checklist of items to take if you leave (examples – marriage license, any children's birth certificates, and money). Put these things somewhere to get them quickly. If in danger, leave without them.
    - Have a cell phone handy. Try not to call for help from a home phone or a phone shared with the abuser.
    - Contact family court or legal aid for information.
    - Create a code word to use with family and friends to let them know you are in danger.
    - If possible, hide an extra set of car keys so you can still leave if the partner take away the keys.
    - When leaving, try to bring any evidence of abuse, like threatening notes from the partner or copies of police reports

- Reach out to someone trusted (family member, friend, co-worker or spiritual leader). Get emotional help such as a support group or mental health professional.

V. Reporting Abuse or STI

- A. All cases of abuse are not automatically reported to authorities. Based on the age of the patient, consent must be given by the patient to report abuse. Refer to Abuse/Neglect Reporting Flow Diagram.
- B. HealthPOiNT Clinic staff shall adhere to DSHS specifications in regard to reporting abuse or communicable diseases. Refer to Abuse/Neglect Screening procedure.

VI. Documentation

- A. Information must be documented in eClinicalWorks under Family Planning assessments.
- B. Based on the age of the patient follow the report methodology outlined in Abuse Screening Report Methodology Appendix 4.

RELATED POLICY:

Abuse/Neglect Screening

REFERENCES:

<http://www.womenshealth.gov/violence-against-women/types-of-violence/domestic-intimate-partner-violence/html>  
[http://www.futureswithoutviolence.org/section/our\\_work/health](http://www.futureswithoutviolence.org/section/our_work/health)  
<http://www.healthcaresaboutipv.org/specific-settings/reproductivehealth/>  
<http://www.womenshealth.gov/violence-againstwomen/government-in-action/index.html#a>  
<http://www.acf.hhs.gov/programs/fysb/programs/family-violenceprevention-services/programs/centers>

REQUIRED BY:

DSHS

ATTACHMENTS/ENCLOSURES:

DSH Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers (Appendix #1)  
 Abuse/Neglect Reporting Flow Diagram (Appendix #2)  
 Notice to Victims of Family Violence (Appendix #4)  
 Abuse Screening Report Methodology (eClinicalWorks documentation) Appendix #3  
 IPV Safety Plan- NRC (handout)  
 Safety Planning – (handout)  
 Steps to Safety- (Domestic Violence handout)  
 Violence-Against-Women (flyer)

**POLICY/PROCEDURE TRACKING FORM**

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