

Intimate Partner Violence (IPV)

Diagnosis and Assessment Interregional Practice Resource

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Preface and Disclaimer Statement: An IPV Diagnosis and Assessment Practice Resources is defined as a summary of selected evidence on this clinical topic and includes recommendations systematically developed to support clinicians in the appropriate evaluation and treatment of patients affected by IPV. This IPV Practice Resource is not intended to replace a clinician's judgment or to establish a protocol for all patients with this clinical issue.

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Scope

This IPV practice resource describes the steps for screening adult members to identify exposure to IPV, assess immediate risk, and provide support and/or intervention. An additional goal is to provide clinicians with adequate background and resources to increase their comfort in inquiring about IPV. The IPV practice recommendations integrate the evidence regarding below outlined content through February 2006:

- 1 Effectiveness of screening for Domestic Violence (DV) and/or Intimate Partner Violence (IPV) in the health care setting in reducing morbidity and mortality in abused women and other victims
- 2 Sensitivity and specificity of questions used to screen potential IPV victims in ED and ambulatory care
- 3 Responses on the Danger Assessment Tool that are associated with the highest risk of homicide
- 4 Effectiveness of interventions in the health care setting in preventing recurrent abuse and reducing victim mortality and morbidity

Rationale

IPV is common. At least 22% of women in the U.S. and 7% of men in the U.S. have experienced physical IPV at some point in their lives. According recent research from Group Health Cooperative, 14.7% of the women study respondents reported IPV of any type in the past five years, and 45.1% of the abused women experienced at least one type of abuse (physical, sexual, or psychological). Prevalence was 7.9% in the past year, while during the women's adult lifetime it was 44.0%.¹ The health effects of IPV are devastating. IPV is the leading cause of injury to women ages 15-44. Approximately 2 million injuries are sustained by U.S. women and 580,000 by U.S. men due to IPV each year. In addition, those experiencing IPV are more likely to have a wide range of physical and mental health problems, including chronic pain, pregnancy complications, and sexually transmitted diseases. Victims of IPV experience twice the rate of depression as non-victims. The health care costs of IPV are substantial. The Center for Disease Control (CDC) estimates that the direct physical and mental health care costs of IPV in the U.S. are over \$4 billion per year. Victims of IPV have twice the health care visits and utilization compared to those not experiencing IPV. In addition, the history of IPV has shown the increased risk of chronic conditions, such as cardio-vascular diseases, stroke and asthma.²

A main reason for failure to identify IPV as a problem is clinicians' concerns that they will not know how to respond or be able to offer appropriate intervention and that internal and external referral resources will not be readily available. These concerns have been addressed, using a multi-disciplinary team approach to the identification and response to IPV, by building screening into routine medical procedures, clarifying the clinicians' role, and by establishing response and referral protocols to internal and external resources.

Clinical Goals

The goal of the clinician is to identify patients dealing with the issue of IPV, offer supportive messages, safety assessment, appropriate documentation, and referral. The goal is not to convince the patient to immediately leave the abusive relationship but to provide support and assistance in taking steps to become

¹ Thompson, RS, MD, et al, Intimate Partner Violence, Prevalence, Types, and Chronicity in Adult Women; Am J Prev Med 2006;30(6)² Center for Disease Control and Prevention, Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence-United States 2005,MMWR February 8, 2008/57(05);113-117

safer. In instances of traumatic injury, clear documentation is necessary as well as reporting to law enforcement when mandated.

Screening and Intervention Recommendations

The Inter-regional DV work group drew on multiple sources of information in developing their consensus practice recommendations. These sources include: the Care Management Institute (CMI) evidence-based summaries as summarized below, national guidelines published by AHRQ, guidelines from professional organizations (including AMA, ACOG, ACEP, and ACP), and accreditation and regulatory requirements (such as The Joint Commission standards for victims of domestic violence and state laws).

CMI Evidence-based Summary based on the literature through February 2006

Clinical Presentation of IPV

There is fair evidence that women experiencing physical and/or psychological abuse are more likely to report a variety of health problems such as poor physical and mental health and disability preventing work, which MAY indirectly address the need for screening.³ In addition, the medical literature outlines the most common symptoms and presentation associated with IPV that is seen in the ambulatory care: signs of physical injury, depression, headaches, insomnia, digestive problems, chronic pain, and STDs.

Screening Instruments

There is no direct evidence from randomized controlled trials to assess the effectiveness of screening and intervention for domestic/intimate partner violence in a health care setting in reducing mortality and morbidity in abused women and the potential frequency of re-abuses.⁴ There is no direct evidence on the relative merits of specific screening instruments.⁵ However, there is limited evidence that **a brief screening instrument (≤ 4 questions) is as effective as (or better than) a longer screening instrument.** When different screening tools are compared, the following elements are consistent:

- Question about **physical abuse** (e.g., Have you been hit, kicked, punched, or otherwise hurt in the past year? Have you or your partner ever used physical force during arguments?)
- Question about **emotional abuse** (e.g., Have you been insulted emotionally or sexually?)
- Question about **fear** (e.g., Do you feel frightened by what your partner says or does?)

*Danger Assessment*⁶

The danger assessment tool can be used to identify risk factors that may increase the likelihood of homicide for IPV victims. Although, there is insufficient evidence from randomized clinical trials to support the use of the tool, it contains items that have been associated with increased risk in several studies, and it is widely used and being actively evaluated. See Appendix B for list of questions.

³ (Cochrane Database of Systematic Reviews 2005; USPSTF 2004; AHRQ 2004; ICSI 2004) ⁴ KP Evidence Based Synopsis Intimate Violence Prevention/ Domestic Violence Screening 2/06 ⁵ KP Evidence Based Synopsis Intimate Violence Prevention/ Domestic Violence Screening Instruments 2/06 ⁶ KP Evidence Based Synopsis Intimate Violence Prevention/ Domestic Violence Danger Assessment 2/06

By consensus of the KP Inter-Regional IPV Group, the following interventions are recommended:

Screening Recommendations

1. Screening for Domestic/Intimate Partner Violence

- Adult females age 18 - 65
 - ○ Presenting in Emergency Department, Minor Injury, Obstetrics, Behavioral Health, Addiction Medicine, Social Work
 - ○ Receiving a health maintenance exam in Internal Medicine, Family Practice, Gynecology, Pediatrics, and Dental Departments
- Screening of any patient (male or female) with:
 - ○ Physical findings that suggest assault
 - ○ History of mental health problems such as depression/anxiety
 - ○ Medical complaints without a specific diagnosis: headache, palpitations, gastrointestinal problems, chronic pain, insomnia, and other stress related diseases
 - ○ History of pregnancy complications
 - ○ History of sexually transmitted disease and HIV infection

2. All screening should be done in private. It is not recommended that inquiry about IPV be done if friend and family members are present.

3. The following are recommended screening questions:

- Within the last year, has your partner hit, slapped, kicked, or otherwise physically hurt you?
- Within the past year, has your partner forced you to participate in unwanted sexual activities?
- Are you afraid of your partner?

If the response to these questions is “no,” then the clinician should offer a supportive message such as: “I am glad this isn’t a problem for you. If this should ever change, you can feel free to talk with me about it.” In addition, the clinician should document negative screening results.

Intervention Recommendations

4. If SCREENING results are POSITIVE:

- **Offer a validating and supportive message, such as:**
 - ”Thanks for telling me about this. It is a very common problem, and there are resources that can help. I want to be of help to you.” (See Appendix A for more examples of affirming messages.)
- **Assess for immediate danger:** “Do you feel you are in immediate danger?”

If the patient and/or clinician are concerned about immediate safety,

- **Ensure that the patient receives safety and danger assessment information.** (See Appendix B for *Danger Assessment and Appendix D for General Instructions and Safety Plan*)
- **Make immediate referral** to Behavioral Health, Responder Team, Social Services, or Community Agency (See Appendix E)

- 1 **If the patient is presently in an abusive situation but without injuries or immediate safety concerns provide informational safety materials and discuss referral options with patient. As appropriate, offer and make a referral to Behavioral Health, Social Services, or a community advocacy agency.**
- 2 **If IPV occurred in the past and there is no current abuse or danger, offer affirming message and referral to mental health for further assessment of health impact.**

By consensus of the KP Inter-Regional IPV Group, the following documentation practices are recommended:

IF PATIENT ANSWERS YES TO ANY screening QUESTION, CONSIDER USING DV SMARTSET or SMART PHRASES (Smartphrase for charting of IPV with injury or Smartphrase for charting of IPV with no injury that address:

- a. Charting with injury Progress Note
- b. Charting without injury Progress Note
- c. Diagnoses
- d. Referral Procedures (*See Appendix E for region specific referral procedure and substitute with region specific referral procedure*)
- e. Follow-up (refer to region specific follow-up protocol)
- f. Patient Instructions (.pidvgenresources) and Patient Safety Instructions (.pidvsafetyplan) using Smartphrases
- g. Women's Health Resources

Documentation and Charting of IPV

A. *Charting for Patients with Injury (.dvwithinjury):* For patients with injury from intimate partner violence, documentation should include description of incident, danger assessment, physical exam, assessment and plan. These are included in the DV progress note)

As part of Intimate Partner/Family Violence Screening the patient reported:

- Assault Incident:
- Date: ***, Time: ***.
- Location: ***
- Offender's Name: ***, Relationship to patient
- Was a weapon used to inflict harm? {yes/no}
- Past history of assaults: BRIEF DANGER ASSESSMENT

- Does the patient feel in danger right now? (Yes/No)
- Is the patient pregnant? (Yes/No)
- Has the patient's partner threatened to kill her/him? (Yes/No)
- Does patient's partner have access to a firearm? (Yes/No)
- Is patient's partner unemployed? (Yes/No)

PHYSICAL EXAM: (DV exam) ASSESSMENT: See Diagnosis section PLAN: (DV Plan): "Supportive messages were given." "Referral and community resource information were given." "Safety plan and alternatives discussed."

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BODY MAP and PHOTOGRAPHIC DOCUMENTATION should be considered (*See local Policy and Procedures*)

B. Charting for Patients with No Injury (. dvwithoutinjury). For patients without current injury from intimate partner violence , documentation should include description of past abuse, brief danger assessment, physical exam, assessment and plan. These are included in the progress note (.dvwithoutinjury)

As part of the IPV screening, the patient reported

- Length of time the violence has been going on: *** (days/wks/mos/yrs)
- Description of the patient's most serious episode: ***
- Is the patient ever been forced to have unwanted sex? (Yes/No)
- Is the patient's partner threatened to kill her/him? (Yes/No)
- Does the patient's partner have access to firearms? (Yes/No)
- Is the patient's partner unemployed? (Yes/No)
- Does the patient's partner try to control all of her/his activities? (Yes/No)
- Does the patient feel in danger right now? (Yes/No)
- Is the patient pregnant? (Yes/No)

PHYSICAL EXAM: {DV exam) ASSESSMENT: See Diagnosis section PLAN: (DV Plan): "Supportive messages were given." "Referral and community resource information were given." "Safety plan and alternatives discussed."} The patient will follow up in *** (time)

C. Diagnosis (The diagnostic codes and descriptors listed in the HC SmartSet may vary depending on region; the clinician is advised to obtain local guidance if not sure which diagnosis should be selected.)

Document diagnosis:

- Domestic Violence 995.81
- Adult Abuse, Emotional 995.82
- Adult Abuse Physical 995.81
- Adult Abuse, Sexual 995.83
- Counseling for victim and spousal or partner abuse (V 61. 11 B)
- Counseling/Education Domestic Violence, and group (V 61. 10 B)
- Domestic Violence response team referral in material or partner relationship (V 61.10 B)
- Domestic Violence, observations and evaluations(V 71.6 E)
- Problem in marital or partner relationship, counseling (for use only if it is not clear if patient is a victim of IPV) (V 61. 10 A)

8. INITIATE and COMPLETE MANDATED reporting according to your State Law requirements and reporting policies (See Attachment State Code on Intimate Partner Violence Victimization Reporting Requirements for Health Care Providers)

APPENDICES

Appendix A: SCREENING AND AFFIRMING MESSAGES

You may want to introduce the questions with something like, “Violence in the home is a significant health risk that I am concerned about, so I ask all my patients these questions.” Asking a direct question makes it easier for the member to give a direct answer. All screening and discussion of domestic violence must be done while there are no family or friends in the room.

If the patient has highly suspicious injuries, it may be more appropriate to address these directly: “Did someone do this to you?” “Who was it?”

Patients may not want a domestic violence intervention in the moment, or they may respond affirmatively to past domestic violence and do not feel threatened currently. The clinician’s affirming message can still be a meaningful intervention.

Examples of Affirming Messages

- 1 “Domestic violence is a common and important problem and we can help.”
- 2 “Domestic violence is a crime; no one deserves to be hurt in their home.”
- 3 “Thank you for trusting me with this information. I want to be of help to you.”
- 4 “I’m glad to hear that the hurtful relationship is in your past.”

While interviewing members, the cultural, ethnic, and religious background of the member needs to be acknowledged. Ensuring the confidentiality of the interpreter may be an important step. Use the regular procedure to call in a certified interpreter; do not use friends or family as interpreters.

Appendix B: DANGER/SAFETY ASSESSMENT QUESTIONNAIRE (included in KPHC SmartSet)

1. Within the last year, has your partner hit, slapped, kicked, or otherwise physically hurt you?
Response type: Yes/No
2. Within the past year, has your partner forced you to participate in unwanted sexual activities?
Response type: Yes/No
3. Are you afraid of your partner?
Response type: Yes/No

IF PATIENT ANSWERS YES TO ANY QUESTION ABOVE, CONTINUE WITH THE DANGER AND SAFETY ASSESSMENT QUESTIONS BELOW.

4. Has the physical violence increased in frequency over the past year?
Response type: Yes/No
5. Has the physical violence increased in severity over the past and/or has a weapon (or threat with weapon) been used?
Response type: Yes/No

6. Does your partner ever try to choke you?

Response type: Yes/No

7. Is there a gun in the house?

Response type: Yes/No

8. Does your partner use drugs? (Drugs = "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs, heroin or mixtures)

Response type: Yes/No

9. Does your partner threaten to kill you?

Response type: Yes/No

10. Do you believe your partner is capable of killing you?

Response type: Yes/No

11. Is your partner an alcoholic or problem drinker?

Response type: Yes/No

12. Does your partner control most or all of your daily activities? For instance, does your partner tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car?

Response type: Yes/No

13. Have you ever been beaten by your partner while you were pregnant?

Response type: Yes/No

14. Is your partner violently and constantly jealous of you? (For instance, does your partner say, "If I can't have you, no one can.")

Response type: Yes/No

15. Have you ever threatened or tried to commit suicide?

Response type: Yes/No

16. Has your partner ever threatened or tried to commit suicide?

Response type: Yes/No

17. Is your partner violent toward your children?

Response type: Yes/No

18. Is your partner violent outside of the home?

Response type: Yes/No

19. Is your partner unemployed?

Response type: Yes/No

PROVIDE PATIENT INFORMATION ON SAFETY PLANNING AND ADVOCACY SERVICES. .

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The danger assessment is designed as a tool to help assess safety status. It may not speak to all situations.

NOTE: HOMICIDE RISK INCREASES WITH THE NUMBER OF POSITIVE RESPONSES

Appendix C: PHOTO DOCUMENTATION (Refer to regional Policy and Procedure)

Appendix D: GENERAL INSTRUCTIONS AND SAFETY PLAN-PATIENT INSTRUCTION SAFETY PLAN

“As your clinician, I want you to know that I am concerned for your safety, that you are not alone, and that help is available. As you read this, you may be feeling confused, frustrated, sad, angry or ashamed. Domestic violence is common and happens in all kinds of relationships. This is not your fault. It usually does not go away on its own, and it tends to get worse and more frequent over time. It can have a significant impact on your health and well being. There are people who can help you, and we have many resources available at Kaiser Permanente. Remember, you are not alone. I can help.”

SAFETY PLAN

Flight Prep Bag

Pack an old bag or suitcase that will not be missed. Hide the packed bag in a safe place at home (under your bed if that's safe) or at the home of a relative, friend or neighbor. Include an extra set of clothes and necessary medications for you and your children. Have the bag ready if you need to leave in the middle of the night with no warning.

Pack:

- Set of keys to car and house
- Emergency phone numbers
- Checks
- Cash
- • Copies of:
 - ○ House and car titles or rent receipts
 - ○ Birth certificates
 - ○ Social security card
 - ○ Voter registration
 - ○ Marriage and driver's license
 - ○ children's records of immunization
- Personal articles needed for a few days
- Something meaningful to child such as favorite toy or book
- Diapers, bottles for young children

Plan exactly where you could go and how to get there, even if the abuse occurs in the middle of the night. Remember, you cannot stop your partner's abuse, but you can find help and support for yourself. No one deserves to be abused. If you are staying with your batterer, think about:

- What works best to keep you safe in an emergency?
- Who you can call in a crisis?
- If you would call the police if the violence starts again. Can you work out a signal with the children or the neighbors to call the police when you need help?
- If you need to flee temporarily, where would you go? Think through several places where you can go in a crisis. Write down the addresses and phone numbers and keep them with you.
- If you need to flee your home, know the escape routes in advance.

If you are leaving your abuser, ask yourself the following questions:

- How and when can you most safely leave? Where will you go?
- Are you comfortable calling the police if you need them?
- Who can you trust to tell that you are leaving?
- How will you travel safely to and from work or school or to pick up children?
- What community and legal resources will help you feel safer? Write down their addresses and phone numbers and keep them handy.
- Do you know the number of the local shelter?
- What custody and visitation provisions will keep you and your children safe?
- Is a restraining order a viable option?

Personal Safety Plan

If you had the perpetrator evicted or are living alone, you may want to:

- Change locks on doors and windows.
- Install a better security system — window bars, locks, better lighting, smoke detectors, and fire extinguishers.
- Teach the children to call the police or family and friends if they are snatched.
- Talk to schools and childcare providers about who has permission to pick up the children.
- Find a lawyer knowledgeable about family violence to explore custody, visitation, and divorce provisions that protect you and your children.
- Obtain a restraining order.

Workplace Safety Plan

At work, you may want to:

- Save any threatening emails or voicemail messages. You can use these to take legal action in the future, if you choose to. If you already have a restraining order, the messages can serve as evidence in court that the order was violated.
- Park close to the entrance of your building and talk with security, the police, or a manager if you fear an assault at work.
- Have your calls screened, transfer harassing calls to security, or remove your name and number from automated phone directories.
- Relocate your workspace to a more secure area.
- Obtain a restraining order and make sure that it is current and on hand at all times. Include the workplace on the order. A copy should be provided to the police, the employee's supervisor, Human Resources, the reception area, the Legal department, and Security.
- Provide a picture of the perpetrator to reception areas and/or Security.
- Identify an emergency contact person should the employer be unable to contact you.
- Ask Security to escort you to and from your car or public transportation.
- Look into alternate hours or work locations.
- Review the safety of your childcare arrangements, whether it is on-site childcare at the company or off-site elsewhere. If you have a restraining order, it can usually be extended to the childcare center.

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Remember, you cannot stop your partner's abuse, but you can find help and support for yourself. No one deserves to be abused. Your life or your children's lives may be in danger. You can begin preparations for leaving now.

Appendix E: SUPPORT MATERIALS (Refer to region specific supporting materials)

**Appendix F: STATE CODE ON INTIMATE PARTNER VIOLENCE VICTIMIZATION REPORTING
REQUIREMENTS FOR HEALTH CARE PROVIDERS – Family Violence Prevention Fund-
<http://endabuse.org/>**

Appendix G: REFERENCES

- Klevens et al., Domestic Violence toward Women. Updated June 2005. Clinical Evidence on-line version. Issue 13. July 2005. Retrieved via Clinical Library at OVID on 9/16/05.
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- Nelson, Heidi D. MD, MPH; Nygren, Peggy MA; McInerney, Yasmin MD; Klein, Jonathan MD, MPH Screening Women and Elderly Adults for Family and Intimate Partner Violence: A Review of the Evidence for the U.S. Preventive Services Task Force. Annals of Internal Medicine. 140(5):387396, March 2, 2004. Retrieved 9/26/05 via OVID. <http://gateway.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=fulltext&AN=00000605200403020-00015&LSLINK=80&D=ovft>
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- Cochrane Database of Systematic Reviews 2005; USPSTF 2004; AHRQ 2004; ICSI 2004
- *CMI Evidence-based Synopses listed in:*
- KP Evidence-Based Synopsis Intimate Violence Prevention/ Domestic Violence Screening 2/06
- KP Evidence-Based Synopsis Intimate Violence Prevention/ Domestic Violence Screening Instruments 2/06
- KP Evidence-Based Synopsis Intimate Violence Prevention/ Domestic Violence Interventions 2/06