Make screening for intimate partner violence (also called domestic violence) a routine part of the patient assessment. Conduct screenings in private – a patient’s partner, friends or relatives should not be present.

**ABUSE ASSESSMENT SCREEN**

Ask:
1. Have you ever been emotionally or physically abused by a partner? If so, by whom?
2. Within the past year, have you been hit, slapped or otherwise physically hurt? If so, by whom?
3. Within the past year, have you been forced to have sex against your will? If so, by whom?
4. Are you afraid of your partner?

**“Yes”** to any of the 4 questions

**ACKNOWLEDGE AND SHOW SUPPORT**

“Thank you for trusting me with this information. This is not your fault. You did not do anything to deserve this.”

**“Yes”** to #1 only

**“Yes”** to #2, #4 and/or indicates current emotional abuse

**“Yes”** to #3

**DOCUMENT**

Document the abuse in chart using the patient’s own words.

**OFFER RESOURCES**

“I have some resources that could be very helpful should you experience this again.” Provide Domestic Violence (DV) hotline number or other resource number, and offer patient education materials. The patient can decide what to take.

**DOCUMENT**

1. Conduct a thorough physical exam and document any injuries on a body map.
2. If patient is afraid, ask why and document answers; use patient’s own words.

**CONDUCT SAFETY ASSESSMENT**

For patients experiencing current violence:

**Evaluate severity:** “Are you in immediate danger?” “Are you afraid to go home?”

**Assess for escalation:** “Has the violence gotten worse or is it getting scarier?”

**Listen for threats** of homicide, suicide, and weapon use or stalking.

Identify whether the patient has somewhere safe to go.

For guidance on continuing the clinical assessment, please see Table 4 (page 9) in the City Health Information publication *Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting.*

**PATIENT IS AFRAID OR VIOLENCE GETTING WORSE**

REFER AND OFFER RESOURCES

“I think it’s a good idea for you to talk with someone. I see how frightened you are and I am concerned about your safety.”

Encourage patient to call DV hotline immediately. Offer to help make the call from your office. If patient declines, provide DV hotline or other resource number and offer patient education materials. The patient can decide what to take.

**PATIENT IS NOT AFRAID OR VIOLENCE NOT GETTING WORSE**

REFER AND OFFER RESOURCES

“Would you like to talk to someone about this? I have some resources that could be very helpful.”

Provide DV hotline number or other resource number, and offer patient education materials. The patient can decide what to take.

1. Refer immediately to Sexual Assault Forensic Examiners/Response Teams (SAFE /SART) programs (list available at: www.nycagainstrape.org) and
2. Say the following:
   - “It is important that you have an examination by someone trained to collect evidence of this crime.”
   - “You do not have to report the crime to the police in order to have this exam.”
   - “It’s important for your health that you have this exam.”
   - “If you ever decide that you want to prosecute the person who did this to you, the evidence will be available.”

This visit may be your patient’s first chance to see the situation for what it is—abuse—or his/her last chance to get help.