

4. Foster a Conversation

Provide information to engage your patients in conversation. Use educational materials as a conversation starter.

Share facts:

- “Intimate partner violence (being controlled, put down, physically hurt) is, unfortunately, common in our society. It seems we hear about it every day, in all age groups, men and women, young and old.”
- “Partner violence can have a big impact on your physical and mental health.”
- “Intimate partner violence hurts children. When children grow up seeing violence, they find partners who treat them the same way or they are violent to partners. They repeat the cycle of violence.”

Educate:

- “You deserve a safe relationship.”
- “It is not OK to be controlled, insulted or injured in relationships. Nobody deserves to be hurt.”
- “In healthy relationships, people respect each other and feel safe.”
- “Here are the signs of healthy and unhealthy relationships” (provide handouts). Take a look at these and let me know if there is something you would like to discuss.”

5. Conduct a Safety Assessment

For patients experiencing current violence:

Evaluate Severity

“Are you in immediate danger?”

“Are you afraid to go home?”

“Is there anything that happened recently that prompted you to tell us about this now?”

Assess for Escalation

“Has the violence gotten worse or is it getting scarier?”

Listen for Threats of Homicide, Suicide, Weapon Use or Stalking

“Are you scared for your life right now?”

“Has your partner told you about specific plans to harm you?”

Identify Whether the Patient Has Somewhere Safe to Go

“Do you feel it is safe for you to go home now? If not, do you have a place you feel safe to go to?”

6. Refer and Offer Resources

Provide your patients with resources that can help them.

“You don’t have to do this alone.”

“There are people and services that can help you through this – services that are **free, confidential** and provide help in **many languages**. They are available **regardless of immigration status**.”



Life situations can change.
Continue to ask.

Resources

General IPV Information (for Patients and Providers)

Department of Health and Mental Hygiene (DOHMH) Health Bulletin www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-07.pdf

Safe Horizon: <http://safehorizon.org>

Connect: www.connectnyc.org

IPV Screening and Referral Information (for Providers)

Mayor’s Office to Combat Domestic Violence: A Medical Provider’s Guide to Managing the Care of Domestic Violence Patients within a Cultural Context

www.nyc.gov/html/ocdv/downloads/pdf/providers_dv_guide.pdf

Family Violence Prevention Fund (National Consensus Guidelines)

<http://endabuse.org/programs/healthcare>

New York State Office for the Prevention of Domestic Violence

www.opdv.state.ny.us/health_humsvc/health/index.html

Confidential Hotlines

For assistance in New York City, call **311** or the **City’s Domestic Violence Hotline** 1-800-621-4673 (HOPE)

National Domestic Violence Hotline
1-800-799-SAFE

Crime Victim Hotline/Crisis Support Line (Safe Horizon)
212-577-7777

New York State Domestic Violence Hotline
1-800-942-9606 (English)
1-800-942-6908 (Spanish)

Domestic Abuse Helpline for Men
1-888-7HELPLINE (1-888-743-5754)

New York City Police Dept. Rape and Sexual Assault Hotline
Call 311 or 212-267-RAPE (212-267-7273)

Everyone has the right to a **safe** relationship.



Ask your patients about **Intimate Partner Violence (IPV)**

You don’t know if this is your patient’s first chance to see abuse for what it is or your patient’s last chance to get help.

When you ask about IPV, you give your patient a chance to...

Speak
Listen
Think
Act



How to Talk to Your Patients about Intimate Partner Violence

Talking about abuse can be hard. You may want to encourage the patient to get out of the relationship, but leaving an abuser can take a long time for a variety of reasons, and it's not always the right answer for everyone. Patients may be in denial, ashamed to tell friends and family, trapped by finances, protecting their children or may feel they have no way out. It's important to avoid sounding judgmental or like you are blaming the victim. Encourage patients to seek help in figuring out the best plan to ensure their safety.

You can provide your patients with a safe place to talk about their situation.

Here are some approaches you may find helpful to frame the discussion about IPV.

1. Introduce and De-Stigmatize IPV

Make asking about IPV a routine part of the patient assessment.

"Violence is common in many people's lives; I ask all my patients about it."

"Violence in relationships is an important health issue because it affects people's physical and mental health. So I ask everyone these questions..."

Anyone could be a victim of IPV. Do not assume that certain categories of patients are immune – such as those who are well-educated, wealthy, male, teenaged, or homosexual. Unfortunately, IPV touches all types of people.



2. Use the 4-Question Abuse Assessment Screen*

Screen for IPV in a private space. A patient's partner or relatives should not be present.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been emotionally or physically abused by a partner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, by whom? _____ | | |
| 2. Within the past year, have you been hit, slapped or otherwise physically hurt? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, by whom? _____ | | |
| 3. Within the past year, have you been forced to have sex against your will? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, by whom? _____ | | |
| 4. Are you afraid of your partner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If patient answers 'Yes' to one or more questions, conduct clinical assessment and offer referrals.

*While the 4-Question Abuse Assessment Screen has only been validated for women, providers are strongly encouraged to screen men as well.

Link:

Try linking your IPV questions to another part of the patient interview, such as risk factors, or the depression screening or the social history.

"Do you smoke? How much alcohol do you drink? Any drug use? Do you wear seatbelts? Have you ever been emotionally or physically abused by a partner? Within the past year, have you been hit, slapped or otherwise physically hurt? Within the past year, have you been forced to have sex against your will? Are you afraid of your partner?"

Tailor:

Patients in specific life circumstances face different types and risks of abuse. They also respond to different types of questions and demonstrations of concern.

Teens –

"Many teens in NYC have reported violence in their relationships. Are you in a relationship..."

Males –

"People often forget that men can also be victims in abusive relationships..."

Pregnant Women –

"I ask all my patients about risks they may experience during their pregnancies. Violence in relationships is a risk to pregnant women."

Parents –

"Violence is not only harmful to the people who are victims. Children learn behaviors they see. If someone is hurting you, it also hurts your children."

*"When children grow up seeing violence, they often find partners who abuse them or they are violent to their partners. **They repeat the cycle of violence.**"*

3. Acknowledge and Support

Let your patients know that you care about their well-being and that you are ready to listen. If patients answer that they are experiencing or have experienced IPV, thank them for sharing this information with you and show support.

"Thank you for trusting me with this information."

"This is not your fault."

"You didn't do anything to deserve this."

"You don't have to be in a relationship that is violent."

"This sounds like a difficult relationship for you."

