



In three easy steps you can establish a meaningful, sustainable approach to intimate partner violence screening and intervention. This document provides you with detailed steps to establish a policy in your healthcare setting to educate and screen every patient, every time. You can also post the back page of this document as a quick reference guide.

**1 Alone & Private**

Establish a policy to see the patient **alone** in a safe and private space for the initial intake/social history, and for any intimate partner violence (IPV) related questioning. Children 2 years old and younger can stay with their parent for this screen. Be sure to screen every patient, or, if you are a pediatrician, every parent of your patient.

**2 Incorporate IPV Screening Questions into Your Intake/Social History**

**A Framing Statements:** Normalize relationship questions each time with every patient.

EX: *“We’ve started asking all of our patients about safe and healthy relationships because it can have such a large impact on your health.”* OR *“We’ve started asking mother’s about safe and healthy relationships because it can have such an impact on your child’s health and wellbeing.”*

**B Confidentiality/Mandatory Reporting:** Stress the importance of your reporting role.

EX: *“Before we begin with the questions, I want to remind you that our conversation is confidential. I won’t talk to anyone else about what is said unless you give me your permission or I hear something that legally requires me to make a report such as child abuse, abuse of an elderly person or if you are harmful to yourself or another person.”*

**C Ask the UNIVERSAL QUESTION:**

***“Is there anyone in your life who is hurting or threatening you in any way?”***

Follow up with IPV questions to cover all types of IPV. We suggest the following 5 questions or HITS:

- Does your partner ever physically hurt you?
- Does your partner ever insult or talk down to you?
- Does your partner ever threaten you with harm?
- Does your partner scream or curse at you?
- Does your partner force you to do sexual activities that you are not comfortable with?



**(HITS) Tool for Intimate Partner Violence Screening - HURT, INSULT, THREATEN, & SCREAM**

How often does your partner...	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
	(1)	(2)	(3)	(4)	(5)
1. Physically hurt you?					
2. Insult or talk down to you?					
3. Threaten you with harm?					
4. Scream or curse at you?					
5. (+) Force you to do sexual acts that you are not comfortable with?					
<b>TOTAL SCORE:</b>					

(+) Added question to capture sexual violence | Each item is scored 1-5 | >10 is considered a positive screen

### 3 Respond, Educate & Refer

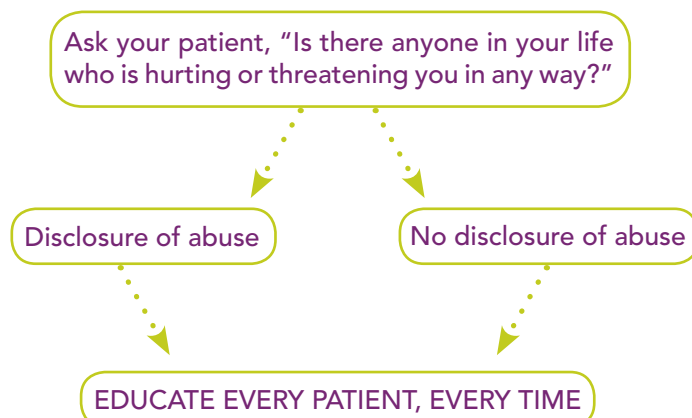
#### A "Negative Screen" - Patient does not disclose abuse, HITS score <10

- **Validate:** EX: "Thank you for answering these questions, we ask these of all of our patients because of the significant effects that relationships can have on health."
- **Educate:** Remind patients that unhealthy relationships can affect health and educate them on local IPV resources. Relationships change daily so education every time is important! This is a great opportunity to provide the patient with brochures from CCADV or your local domestic violence organization.
- **Treat for the visit-related health concerns:** Document your IPV education/screen and continue with your appointment. Remind the patient that you will ask about relationships every time.

#### B "Positive Screen" - Patient discloses IPV, HITS score $\geq 10$

- **Validate:** Answer appropriately, without judgement. Allow the victim to continue to share if she/he is comfortable. Remember, you may be the first person to whom the patient has disclosed. EX:  
"I am so sorry to hear that this is happening to you."  
"You are not alone."  
"Help is available."  
"You do not deserve this."  
"How can I best help you right now?"
- **Educate:** Explain the reasons that you are concerned, review mandated reporting requirements (if applicable), and discuss possible links between health concerns and IPV. Educate the patient on the resources available throughout Connecticut from CCADV and our 18 member organizations (see map on next page). CONFIDENTIAL, SAFE, & FREE services are available 24/7.
  - Reassure the patient about any confidentiality concerns by explaining that our domestic violence advocates are not affiliated with law enforcement or with DCF, and also that the patient does not need to disclose their name when they call.
- **Refer:** Connect the patient directly to services by calling the **statewide hotline (888.774.2900)**. Offer to make the call right then and there by utilizing an office phone (for safety reasons, it may be best not to use the patient's cell phone). Again, remind the patient that she/he can remain anonymous.
  - The patient has the right to refuse the option to speak with a domestic violence advocate. Remind the patient why you are concerned and the link between IPV and health consequences. Provide the patient with a resource that includes the statewide hotline.
- **Treat for the visit-related health concerns:** Utilize your medical expertise to help reduce the risk of IPV that was disclosed and make follow-up appointments.
  - Document IPV disclosures in secure sections of the chart that are only visible to other health professionals. Use the patient's name and quotes to document what they said, not what you think happened.
  - Review contact information and who has access to medical billing statements and electronic medical records - the abuser may be the insurance policy holder; work with the patient on protecting privacy.

#### IPV Screening & Intervention Flow Chart

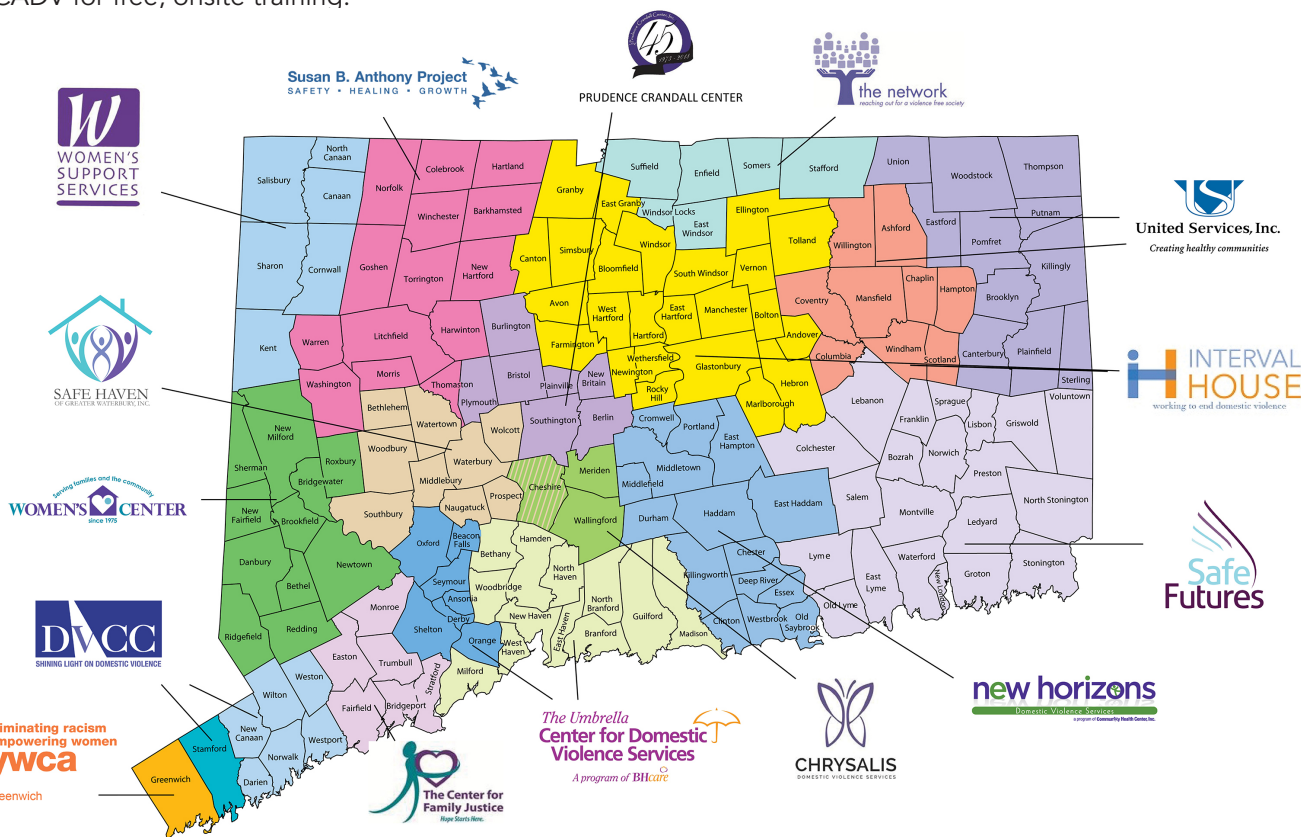


#### Remember, disclosure is NOT the goal.

- Education is the best resource.
- Make the connection between IPV and health outcomes.
- Discuss the frequency of IPV and outline the confidential, free services available throughout the state.
- It often takes time for victims to disclose.
- Provide resources to every patient, every time.

## You are NOT expected to become an expert in IPV.

It takes a team. As part of the community safety net, you are not expected to become an expert in IPV. Build relationships with your local domestic violence organization. CCADV's 18 member organizations provide direct services to your patients and can be a valuable resource in implementing and sustaining IPV screening and intervention within your healthcare setting. You can always call the **statewide hotline (888.774.2900)** to talk through scenarios, seek advice, ask a question, or to get connected with your local domestic violence organization. As of November 2019, you can visit [www.ctsafeconnect.org](http://www.ctsafeconnect.org) to email or chat with an advocate. And you can contact CCADV for free, onsite training!



### CCADV's Health Professional Outreach Project

For training and resources for your healthcare setting, please contact:  
Ashley Starr Frechette, MPH, Director of Health Professional Outreach  
[astarrfrechette@ctcadv.org](mailto:astarrfrechette@ctcadv.org) | 860.282.7899

### Health Professional Frequently Asked Questions

- 1. Is this worth my time?** YES! 1 in 4 women and 1 in 7 men have experienced severe IPV in their lifetime. Educating patients on available IPV resources can provide them with the critical support they need, when they need it.
- 2. What do I do if a patient discloses abuse?** Validate, educate, & refer! Offer to call the statewide hotline (888.774.2900) for them while they're in your office, or, if they're not comfortable making the call at that time, provide them with the statewide hotline so that they have it when they're ready.
- 3. Are disclosures common?** No, and they are not the goal. Educating every patient, every time about the connection between IPV and health consequences, the frequency of IPV, and the available confidential, free resources is the goal.
- 4. How do I document IPV in medical records?** Review who has access to the medical records with the patient and make sure to document in a secure area of the medical record. Consider who shares the insurance policy with the patient and who might get notified of services/diagnoses via explanations of benefits. Do not document assumptions; use quotes and write what the patient told you.
- 5. Am I mandated to report IPV in CT?** No, not in and of itself. Elder abuse, child abuse, and self-harm may be cause for a mandated report. And some healthcare settings have mandated reporting of gunshot and stab wounds. If you have any questions or concerns, contact your local domestic violence organization to clarify.



## SCREENING PATIENTS FOR INTIMATE PARTNER VIOLENCE



### 1 Alone & Private

See the patient **alone** in a safe and private space for the initial intake/social history, and for any intimate partner violence (IPV) related questioning.



### 2 Incorporate IPV Screening Questions into Your Intake/Social History

Incorporate the universal IPV screening question into your intake/social history - *"Is there anyone in your life who is hurting or threatening you in any way?"* Ask additional IPV questions as needed/able.



### 3 Respond, Educate & Refer

Regardless of whether or not the patient discloses abuse ("positive screen" vs. "negative screen"), educate every patient, every time! Education is the best resource. Disclosure may take time for the victim, so it is helpful at every visit to make the connection between IPV and health consequences, and to discuss the frequency of IPV and the confidential, free resources available across the state.

## HELPFUL REMINDERS FOR HEALTH PROFESSIONALS

- Ask **EVERY PATIENT, EVERY TIME** about healthy relationships.
- Disclosure is not the goal, most people are not ready. Education is the best resource.
- Leaving is the most dangerous time for a victim of domestic violence. What you think is best might not be the safest for the victim/family. Domestic violence advocates will "meet the victim where they're at" and create safety plans based on their specific situation and needs.
- IPV in and of itself is **NOT** a mandated report. If a disclosure involves mandated reporting, it is essential to connect the victim to a local domestic violence advocate to serve as a support for that victim when filing that report. Also to make sure it is a mandated reporting situation. Remember: victims do not need more trauma, they need support.
- You are **NOT** expected to be an expert in IPV. You are an important part of a community safety net. Educate patients about available services, connect those in need, and build relationships with your local domestic violence organization for support.
- When in doubt, call the statewide hotline or your local domestic violence organization and ask.



**1** in **4** **WOMEN**  
will experience IPV



Survivors are more likely to experience **ASTHMA, CHRONIC PAIN, DIABETES** and more



Survivors are **4x** **MORE LIKELY** to use an intervention after talking with their healthcare provider about abuse

➔ **DOMESTIC VIOLENCE** is more common than **DIABETES & BREAST CANCER** combined. ➔

STATEWIDE DOMESTIC VIOLENCE HOTLINE

**888.774.2900**

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