

AS A PHYSICIAN, YOU PLAY AN IMPORTANT ROLE IN THIS PROCESS:

		<p>EDUCATION</p> <p>As a physician, you will be an important source of information. Doctor appointments may be the only opportunity some women have to seek outside help. Educate about: safety planning, available resources and community support, the value of documenting abuse and obtaining a TRO. <i>“Abuse is not ok. It’s not your fault. There is help available.”</i></p>
		<p>AUTONOMY</p> <p>Personal autonomy is key. Your role is to help your patients define goals for themselves. Build autonomy through education and helping them get connected with the resources and community that can help.</p>
		<p>SAVINGS</p> <p>One of the most common reasons that women stay in abusive relationships is financial need. Having children together or fear of repercussions are other reasons women stay. As a physician, ensure access to birth control and enable documentation that can facilitate her obtaining a protective order (TRO) or filing a police report if desired.</p>
		<p>COMMUNITY</p> <p>Perceived social support is one of the strongest positive factors influencing a survivor’s decision to end the abuse. Referrals to therapists, specialists and community resources are the way you can help your patients build a sense of community. As a medical provider, you are a trusted and respected part of the community, especially when you are calm, empathetic, and non-judgmental.</p>
		<p>LIFE</p> <p>Safety planning and Danger Assessment are key tasks to complete as a primary care provider. Give your patient the tools to minimize harm and make decisions wisely. Many women underestimate the danger they may be in and having a safety plan in place gives them the ability to leave when they need to.</p>

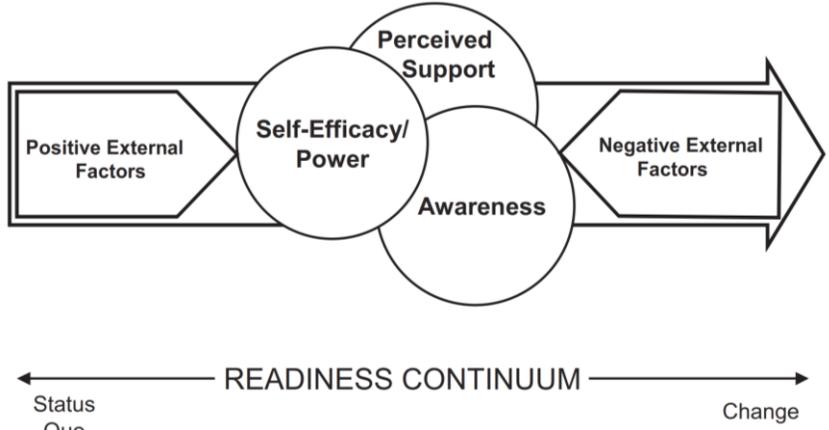


Figure 4. The psychosocial readiness model for IPV victims.

Box 5. Support and Resources

National Coalition Against Domestic Violence
<http://www.ncadv.org>
 Online tool for creating a safety plan

National Domestic Violence Hotline
 1-800-799-SAFE
 TTY 1-800-787-3224
<http://www.ndvh.org>
 Help with safety planning and crisis interventions
www.crisistextline.org
 Text “START” to 741741

Futures Without Violence
<http://www.futureswithoutviolence.org>
 Posters, brochures, safety planning cards

National Health Resource Center on Domestic Violence
 Supports health care providers improve responses to intimate partner violence; offers free, culturally competent materials appropriate for a variety of settings
www.endabuse.org/health
 888-Rx-ABUSE (888-792-2837) Mon–Fri, 9 am–5 pm PST
 TTY 800-595-4889
 email: health@endabuse.org

Goal	Via	What to do next	Potential Questions/Statements
Identify IPV	Universal Screening, clinical awareness, spontaneous disclosure	Discuss IPV Provide access to informational fliers and brochures, regardless of readiness to disclose	“Can you tell me more about your relationship?” “How are things at home?” “I’m so sorry to hear that that happened to you. No one should ever be treated that way, especially by someone they love. This is not your fault and you do not deserve this.” “There are options and resources available if you want support in dealing with this. You are not alone.”
Define your role	Non-judgmental, confidential, discuss mandatory reporting	Schedule regular follow-up appointments Discuss how you approach IPV	“Your safety and well-being are my priority. As your doctor, my role is to help you achieve the goal you set for yourself.” “According to mandatory reporting laws, I am required to report: abuse of children or dependent adult, gunshot wounds, etc...(varies by state).”
Support patient autonomy	Assess stage of change, help patient identify long and short-term goals	Review prior goals, assess efficacy, modify goals as necessary	“Are there any changes you would like to see in your relationship? If so, which are most important?” “Are you ready to make that change? If not, what kind of support do you feel would be most helpful?” “Last time we spoke, you were planning to change [XYZ], how is that going?”
Maximize safety	Danger Assessment, Safety plan	Environmental reevaluation, feedback on danger level, identify/address gaps in Safety Plan	“Is there anyone else here with you today?” “Do you feel safe at home?” “Has there been any change in the frequency/severity of abuse?” “I’d like to go over your safety plan with you, would that be ok?”
Document injuries/incidents	Medical record, patient personal incident log	Store in medical record or secure patient file if possible	“Sometimes it is difficult to keep confidential or private information away from their partners at home or on their phones. In those cases, the medical record and your patient chart can be a good way to record details, dates, pictures, etc. for future reference if you ever need them.” “Are there any additional injuries or incidents that you would like me to document?”
Review options, resources and contact info	Information, women’s shelters, legal support, DVAC, DV Hotline	Provide information, regardless of disclosure, provide requested referrals Review best contact info, offer phone/computer access	“Would you feel safer using the office phone to contact DV advocates or other sources of community support without anyone else knowing?” “Do any of those options sound like something you would be interested in?” “What questions do you have for me?” “What is the best way to contact you privately?”

Tips to remember:	
Leaving is the most dangerous time.	Do not pressure her to leave prematurely—she knows when she is safe or not.
Provide information regardless of disclosure.	It's ok if she is unwilling or unready to her relationship with you.
Screening is an intervention	Just being asked about abuse may promote movement through the stages of change regardless of readiness to disclose abuse
You will not offend her	97% of women want to be asked about domestic violence by their healthcare providers
Do No Harm	You may be one of the only people able to help. If you erode her trust by being dismissive, judgmental or pressuring her to leave prematurely, she may never disclose abuse to outsiders again. Pressuring her to leave prematurely may be dangerous and result in physical harm or even death.
Maximize your effectiveness as a medical provider	Promoting harm reduction/safety planning, providing information, encouraging reflection/reevaluation, addressing physical and mental health and referring when necessary, documenting, and encouraging progression through the stages of change. Your role in ensuring her well-being is infrequent, but very important.
How to ask	Give a reason for asking <ul style="list-style-type: none"> • Domestic violence is very common, so I ask all my patients..." Create an atmosphere of safety and support <ul style="list-style-type: none"> • Screen in private, without patient's friends or family present • Provide empathy and validation "I'm sorry you had to go through that..." • Minimize blame and shame, "This is very common, and it's not your fault. You did not deserve to be treated like that." Provide educational resources regardless of disclosure
Disclosure may indicate plans to act or worsening severity of violence	If your patient discloses abuse, assessing her safety is your #1 priority
Change is a process	There are a number of small changes that a survivor goes through in order to end the abuse. Some people are in the process of leaving for years, but you may not see that as a provider. If a patient appears to oscillate between stages of change, try to identify why. Did the situation change? Are there other external factors? Is it multiple progressive changes or realizations? (e.g. this is not my fault→ changing my behavior does not stop the abuse→ the abuser will not change & abuse will continue→ if I want the abuse to stop, my only options are:...)
Think outside the medical box	Intimate partner violence greatly impacts patient health, but the "cure" will not happen during a single visit in your office. Facilitate connections to ensure your patient doesn't fall through "the cracks" in the system. Domestic Violence Advocacy groups – Community resources and perceived social support are crucial to readiness to leave an abusive relationship Women's Shelters & Law Enforcement – When necessary, this saves lives. Protective orders & other legal assistance – in addition to enhancing police response times and reducing severity of violence, obtaining a protective order is associated with feelings of empowerment, resilience and autonomy in survivors of domestic violence. Support groups – building a sense of community and support network is crucial. Encourage her to brainstorm the best sources of social support.