

# CLINICAL PRACTICE ALERT

October 2006



## INTIMATE PARTNER VIOLENCE (IPV)

IPV is a pattern of assaultive and coercive behavior that adults or adolescents use against their intimate partners. Assaultive and coercive behavior may include economic coercion as well as physical, sexual, or psychological attacks. IPV includes domestic and dating violence.

### KEY POINTS

- The prevalence of IPV in clients presenting for family planning services may range from 6 percent for severe physical abuse to 28 percent for emotional abuse in the past 12 months.
- Birth control sabotage, inconsistent condom use, sexually transmitted infections as well as unintended pregnancy have all been associated with IPV. Screening and intervening for IPV enables the client to make better reproductive health care choices.
- Family PACT, along with the American College of Obstetricians and Gynecologists and the American Medical Association, recommends universal rather than risk based screening for IPV.
- IPV is rarely detected or disclosed without inquiry by the clinician in routine and repeat screenings. Clients need to know that it is appropriate to disclose IPV in health care settings.

## QUESTIONS AND ANSWERS

### Who should be screened for IPV?

All clients, including male clients, should be screened for IPV whether or not symptoms or signs are present and whether or not the provider suspects that abuse has occurred.

### How should screening occur?

Screening for IPV should be confidential, direct, and non-judgmental. Screening should be done on a routine basis as part of the medical intake. For clients with limited English proficiency, trained interpreters should be used; the use of family or friends as interpreters should be avoided if at all possible.

### When should screening occur?

Past and current IPV should be elicited at the initial visit. Subsequent visits should screen for IPV since the last clinical encounter.

### Isn't routine screening for IPV excessive and burdensome on a clinical practice?

Current screening tools provide a brief and efficient means of quickly assessing IPV. Although interventions and referrals may be more time consuming, the benefits to the patients who report IPV are unquestionable.

### Does Family PACT provide screening tools/resources to assist my clinic/practice implement universal IPV screening?

Specific screening tools, questions, and referral resources are detailed in "[Office Policies and Procedures for Victims of Intimate Partner Violence at Family PACT Sites.](#)" Family PACT offers IPV client educational brochures and wallet cards in English and Spanish at no cost to providers. To order these items, go to the [Client Education Materials](#) section at [www.familypact.org](http://www.familypact.org). Print and fax the "Education and Counseling Material Order Form" located there or call the Telephone Service Center at (800) 541-5555.

### Is screening and counseling for IPV reimbursed by Family PACT?

Yes. Time spent for IPV screening and counseling will be reimbursed by Family PACT as part of the office visit which is claimed with an evaluation and management (E&M) or education and counseling (E&C) code. The medical record should include documentation of the assessment and interventions discussed with the client.

### Am I required to report IPV?

California Penal Code requires that a health practitioner report when he or she provides medical services to a client whom he or she knows or reasonably suspects is suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct. The health practitioner is required to make a report by telephone immediately or as soon as practically possible and send a written report to a local law enforcement agency within two working days. The law requires reporting even if the client is seeking medical attention for another reason. If the victim is a minor, child abuse reporting requirements may be applicable. California Penal Code, Section 11160, is available at: [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

## QUESTIONS AND ANSWERS (continued)

### What should I do if a client discloses IPV?

Once a client discloses IPV, at a minimum, the assessment and interventions should include:

- The client should be reassured that he/she did not do anything to deserve IPV and that it is not his/her fault.
- The provider should discuss the client's safety plan including whether he/she can safely return home.
- In all cases, the client should be referred to local IPV agencies. When the client is willing, the health care provider should also assist the client in calling an IPV crisis line.
- If the client is suffering from an injury caused by IPV, the health care professional must report to a local law enforcement agency as outlined above. A physical examination must be done and the chart must document all injuries. More information on documentation as well as forms are available in the "Office Polices and Procedures for Victims of Intimate Partner Violence at Family PACT Sites." Local IPV resources and reporting authorities are available by county at the California Family and Domestic Violence Referral directory at: <http://www.dhs.ca.gov/epic/fvrefer/>.

## APPLICATION OF FAMILY PACT STANDARDS

### Informed Consent

- Consent for services is required only from the client receiving family planning services, including minors.
- The screening process and referrals for IPV shall be done in a language understood by the client and supplemented with written materials.

### Confidentiality

- IPV screening shall be provided in a confidential manner. Friends or relatives of the patients should not be present during the screening and preferably no children over age two should be present.

### Scope of Clinical and Preventive Services

- Family PACT clients should be screened for IPV during every initial visit, every periodic comprehensive health visit, or whenever clients enters into a new intimate relationship and presents for care. Past and current IPV should be elicited at the initial visit. Subsequent visits should screen for IPV since the last clinical encounter.
- Referrals shall be provided to appropriate resources for necessary medical and psychosocial services not covered by Family PACT, including high risk and specialty conditions.

### Education and Counseling Services

- All staff performing E&C services shall be knowledgeable about IPV and the policies in use under the Family PACT Program. All clinician and non-clinical counselors should be trained in screening for IPV and shall have the essential core competence to deliver E&C services including individual client assessment.
- Screening for IPV may be done verbally or in written form. Clients should be given the opportunity to ask questions and discuss personal concerns and shall be provided with written materials/resources for IPV. E&C should include how to obtain necessary referrals and where to obtain 24-hour emergency care.
- E&C services to clients experiencing IPV must be documented in the medical record to be reimbursed for services. This should include but is not limited to those topics listed in the standards.

## RESOURCES FOR INFORMATION ON INTIMATE PARTNER VIOLENCE

- *Guidelines for Developing Office Polices and Procedures for Victims of Intimate Partner Violence at Family PACT Sites.* Available at: [http://www.familypact.org/Resources/Documents/DV\\_Manual.pdf](http://www.familypact.org/Resources/Documents/DV_Manual.pdf)
- Safe Network: California's Domestic Violence Resource. Available at: [www.safenetwork.net/directory.cfm](http://www.safenetwork.net/directory.cfm).
- American Medical Association, *Diagnostic and Treatment Guidelines on Domestic Violence.* Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf>.
- Family Violence Prevention Fund, *Preventing Domestic Violence: Clinical Guidelines on Routine Screening.* Available at: <http://endabuse.org/programs/healthcare/files/screpol.pdf>.
- Kramer A, Lorenzon D, et al. *Prevalence of intimate partner violence and health implications for women using emergency departments and primary care clinics.* *Womens Health Issues.* 2004 Jan-Feb; 14(1):19-29.
- California Partnership to End Domestic Violence: [www.cpedv.org](http://www.cpedv.org).
- National Domestic Violence Hotline: [www.ndvh.org](http://www.ndvh.org), or (800) 799-SAFE, 24 hrs/day, 140 languages.
- California Department of Health Services Battered Women Shelter Program at: [www.mch.dhs.ca.gov/programs/bwsp/](http://www.mch.dhs.ca.gov/programs/bwsp/).
- California Family and Domestic Violence Referral directory at: [www.dhs.ca.gov/epic/fvrefer/](http://www.dhs.ca.gov/epic/fvrefer/).
- California Penal Code, Section 11160: [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

## PROGRAM POLICY

This alert provides an interpretation of the Family PACT Standards regarding IPV into current practice: Providers should refer to the Family PACT Policies, Procedures, and Billing Instructions manual for the complete text of the Family PACT Standards, official administrative practices and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.