**Intimate Partner Violence (IPV) Assessment and Intervention Documentation**

DHB Logo

Patient Label

 **Intimate Partner Violence (IPV) Assessment and Intervention Documentation**

***Instruction for completing the form***

Risk Assessment Declined 🞎 Please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IPV Routine Enquiry: 🞎 IPV+ (Positive)

Full name & relationship of alleged abuser(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any current/previous orders on the alleged abuser? 🞎Yes 🞎No

If yes please identify:

🞎Trespass notice 🞎Protection order 🞎Bail conditions 🞎Police Safety Order 🞎Recent family violence charges

**Assess Persons Health and Risk**

*A ‘yes’ answer to any of the health and risk questions requires further description in the history section*

*and intervention as per the Intimate Partner Violence Intervention Flowchart*

1. Is your partner here now? 🞎Yes 🞎 No 🞎 Declined

2. Are you afraid to go/stay home? 🞎Yes 🞎 No 🞎Declined

***(For each of the questions 3, 4, 5 and 6 a ‘Yes’ answer requires further investigation)***

3. Has the physical violence increased in frequency or severity over the past year? 🞎Y es 🞎 No 🞎 Declined

4. Has your partner ever choked you (one or more times)? 🞎 Yes 🞎 No 🞎 Declined

*A ‘Yes’ answer requires intervention as per the Clinical Guideline: Assessment & Management of Strangulation*

5. Have you ever been knocked out by your partner? 🞎Yes 🞎 No 🞎 Declined

6. Has your partner ever used a weapon against you,

or threatened you with a weapon? 🞎 Yes 🞎 No 🞎 Declined

7. Do you believe your partner is capable of killing you? 🞎Y es 🞎 No 🞎 Declined

8. Is your partner constantly jealous of you? 🞎 Yes 🞎 No 🞎 Declined

 If yes – has the jealousy resulted in violence? 🞎 Yes 🞎 No 🞎 Declined

9. Have you recently left your partner, or are you considering leaving? 🞎 Yes 🞎 No 🞎 Declined

10. Has your partner ever threatened to commit suicide? 🞎 Yes 🞎 No 🞎 Declined

11. Have you ever considered hurting yourself/suicide? 🞎 Yes 🞎 No 🞎 Declined

12. Is alcohol or substance misuse a problem for you 🞎 Yes 🞎 No 🞎 Declined

 or your partner? 🞎 Yes 🞎 No 🞎 Declined

**Assess Health and Risk during Pregnancy**

Is the Person Pregnant?🞎 Yes 🞎 No EDD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Have you ever been beaten by your partner while pregnant? 🞎 Yes 🞎 No 🞎 Declined

**Assess Risk to Children**

14. Have the children seen or heard the violence? 🞎 Yes 🞎 No 🞎 Declined

15. Has anyone physically abused the children? 🞎 Yes 🞎 No 🞎 Declined

 If yes – who? *(Full name & relationship to the child)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(There are additional questions to consider, pertaining to children, identified in the Guideline 2016 – page 61,***

***which could be added to the document at the DHB discretion. Need to be worded as per the Guideline)***

Names & DOB of child(ren) living at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Instruction re assessing risk – pathway.***

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**Access to support and services**

What support (if any) is available to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services have you used in the past or are involved with currently?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referrals**

*(Document referrals/reports made)*

🞎 No referral or report made

🞎 Police – with consent 🞎 Police – without consent

🞎 Ministry for Vulnerable Children, Oranga Tamariki / CYF 🞎 Report of Concern completed and sent

🞎 Cultural Support services *(name service/s for your DHB)*

🞎 Social Work

🞎Mental Health Service *(name service for your DHB)*

🞎 Sexual Health Service/ Sexual Assault Assessment and Treatment Service

🞎 Childrens team *(only include if your DHB has one)*

🞎 Specialist Family Violence agencies (individual to each DHB)

🞎 Provision of Family Violence Community Agency Card/referral information

🞎 Other *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state any referral service/agency the person engaged with either face to face or via phone at the time

of this intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Referral(s) Declined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Document referrals offered and declined)*

**Body Map**

*Measure, describe (incl. type, colour, texture, size) and mark location of each apparent injury*

*(incl. bruising, scratches, abrasions, lacerations, areas of pain and tenderness)*



Police/Clinical photography offered: 🞎 Yes 🞎 No 🞎 Accepted 🞎 Declined

Photographs taken: 🞎 Yes 🞎 No

Patient Label

**Intimate Partner Violence (IPV) Assessment and Intervention Documentation**

**History**

*Document history including:*

|  |  |
| --- | --- |
| * *verbatim quotes*
* *observations – patients demeanour*
 | * *description of injuries*
* *mechanism of injuries e.g. punched with closed fist*
* *weapon used e.g. knife, gun baseball bat*
 |

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*Document Safety Plan (including discharge arrangements)* 🞎Safety Plan discussed🞎Safety Plan actioned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Instruction re where to send the form on completion***