

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

Instruction re assessing risk – pathway.

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)

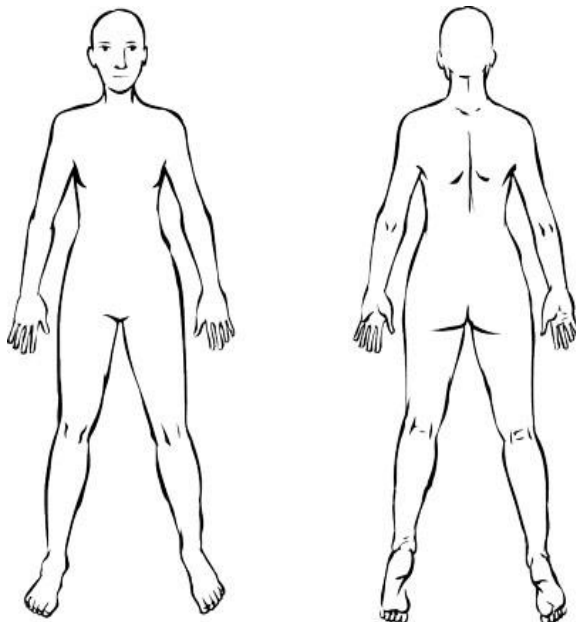
- No referral or report made
- Police – with consent
- Ministry for Vulnerable Children, Oranga Tamariki / CYF
- Cultural Support services *(name service/s for your DHB)*
- Social Work
- Mental Health Service *(name service for your DHB)*
- Sexual Health Service/ Sexual Assault Assessment and Treatment 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)* _____
- Police – without consent
- Report of Concern completed and sent

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

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*

Document Safety Plan (including discharge arrangements) Safety Plan discussed Safety Plan actioned

Printed Name: _____ Designation: _____

Signature: _____ Date: _____

Instruction re where to send the form on completion