Toolkit Overview

The purpose of this Toolkit is to provide healthcare providers and hospital administrators with the information, resources and tools needed to conduct routine intimate partner violence (IPV) assessments with patients and respond effectively when IPV has been identified.

The Cook County Department of Public Health’s (CCDPH) Office of Violence Prevention Coordination is working in partnership with suburban Cook County (SCC) hospitals to make institutional systems changes to increase the capacity to identify patients impacted by IPV, also known as domestic violence (DV), and respond with appropriate resources and services.

CCDPH’s IPV Toolkit is designed to help physicians, midlevel providers, nurses and administrators improve the hospital environment to prevent future IPV with patients. The toolkit was developed based on findings from an IPV survey conducted with SCC hospitals and a literature review on IPV policies and promising practices for the healthcare setting. The survey identified existing IPV policies and practices, IPV educational materials and resources available for patients, collaborations with local IPV programs, perceptions of hospital’s strengths and challenges regarding IPV, and related staff training issues.

Click here to review the survey findings titled “Suburban Cook County Hospital Survey Analysis of Intimate Partner Violence Policies and Protocols”. Click here to view the tool used to conduct the survey titled “Suburban Cook County Domestic Violence Health Care Response Inventory Tool”.

- Your Role as a Healthcare Provider/Hospital Administration
- Definition of Intimate Partner Violence
- IPV Statistics
- How to Assess for IPV
- Supportive, Non-Judgmental, Culturally Competent Responses
- Referrals and Follow-Up when IPV Identified or Suspected
- Safety Planning and Discharge Instructions
- Documenting IPV in Patients Records
- The Joint Commission Requirements for IPV Assessments and Documentation
- Illinois Domestic Violence Act, Healthcare Provider Liabilities and Mandatory Reporting
- IPV Policies and Protocols for the Healthcare Setting
- Establish an IPV Task Force
- AMA, ANA and American Academy of Pediatrics (AAP) Recommendations for IPV Assessments and Responses
- IPV Training for Healthcare Providers
- Free Training Resources On-Line
- Free and Low-Cost Education and Awareness Materials
- Additional Links and Resources
Your Role as a Healthcare Provider/Hospital Administration

Intimate partner violence is a health issue. “In addition to the immediate trauma caused by abuse, domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension. Despite these facts, a critical gap remains in the delivery of health care to battered women, with many providers discharging a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries not addressed”, according to “The Facts on Health Care and Domestic Violence” by Futures Without Violence (FWV).

Healthcare Providers

Healthcare providers are in a unique position to intervene with patients dealing with IPV and prevent future abuse through education and service referrals. Victims of IPV are more likely to seek assistance for abuse from their healthcare providers than mental health providers or IPV agencies. In fact, healthcare providers are oftentimes the only people IPV victims trust enough to disclose abuse in their lives.

In order to improve the health outcomes of patients impacted by IPV, healthcare providers should:

- Participate in IPV training to gain a greater understanding of the effects of IPV on patients overall health and improve skills to conduct effective IPV assessments and provide service referrals;
- Routinely screen/assess for IPV with all female adolescent and adult patients and boys and men exhibiting signs of abuse;
- Educate patients about the impact of physical, psychological and sexual abuse related to overall health;
- Provide patients impacted by IPV with referrals for services such as local IPV agencies, legal assistance for protective orders, the hospital’s social service department, and at minimum an IPV hotline number.
- Follow-up with patients who are IPV victims to ensure that desired services have been obtained and that the history of abuse is documented.

Hospital Administration

Hospital administrators play an essential role as institutional leaders to make systems changes that promote routine IPV assessments and effective partnerships with local IPV nonprofit agencies and law enforcement authorities, including:

- Instituting routine IPV assessments with patients as a hospital-wide expectation for teenage and adult women, as well as teenage and adult men presenting symptoms of abuse;
• Developing and updating IPV Policies and Practices that are distributed to all employees (a criteria for hospital accreditation through The Joint Commission);

• Creating a culture where IPV victims are supported and encouraged to seek assistance from hospital and other medical providers;

• Creating a multidisciplinary IPV Task Force that has the authority to:
  ▪ Make revisions to IPV Policies and Practices
  ▪ Assess IPV training needs annually for both clinical and non-clinical employees
  ▪ Design IPV trainings in partnership with experts from local IPV advocacy agencies
  ▪ Develop formal partnerships with local IPV advocacy agencies to promote effective referrals and service integration
  ▪ Obtain adequate hospital resources and personnel to make the IPV Task Force successful in its mission

• Developing a written IPV Training Plan (also required by The Joint Commission); and

• Serving as a role model by championing the cause of routine IPV assessments and integrated services for patients.
**Definition of Intimate Partner Violence**

Intimate partner violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.


“Many of the strategies that abusers use involve considerable forethought and planning such as methodically isolating a victim from friends, family, and social supports or not allowing her (or him) to work or go to school. This definition helps us to understand that IPV is a learned behavior versus solely an issue of anger management.” (FWV 2002)
IPV Statistics

- Lifetime prevalence of having been raped and/or physically assaulted by a current or former partner: 24.8% women and 7% men.
- Women are primarily the victims of IPV (85% of cases); however teenage boys and men are also at risk.
- Women who talked to their health care provider about the abuse were:
  - 4 times more likely to use an intervention
  - 2.6 times more likely to exit the abusive relationship. (McCloskey et al, 2006).
- In 2008, there were 109,089 intimate partner violence crimes reported in Illinois, 5% decrease from 2005.
- In addition to injuries sustained by women during violent episodes, physical and psychological abuse are linked to a number of adverse medical health effects including arthritis, chronic neck or back pain, migraine or other types of headache, sexually transmitted infections (including HIV/AIDS), chronic pelvic pain, peptic ulcers, chronic irritable bowel syndrome, and frequent indigestion, diarrhea, or constipation.
- A number of studies have identified IPV as a leading cause of emergency room visits and injuries for female patients (Abbott et al, 1995; Goldberg et al, 1984, McLeer et al, 1989; Stark et al, 1979); Women who have experienced IPV are more likely to be diagnosed with a variety of mental health problems including posttraumatic stress disorder (Coker et al, 2002); sleep problems (Dienemann et al, 2000); depression (Dienemann et al, 2000; Coker et al, 2002); panic attacks, and insomnia (Kernic et al, 2000).
- Women who have experienced domestic violence are 80 percent more likely to have a stroke, 70 percent more likely to have heart disease, 60 percent more likely to have asthma and 70 percent more likely to drink heavily than women who have not experienced intimate partner violence.
- According to the National Violence Against Women Survey data, “an estimated 5.3 million IPV victimizations occur among U.S. women ages 18 and older each year. This violence results in nearly 2.0 million injuries, more than 550,000 of which require medical attention”.
- Approximately one in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner – a figure that far exceeds victimization rates for other types of violence affecting youth.
- 1 in 10 to 1 in 5 high school-aged teens are hit, slapped or beaten by a dating partner each year.

Additional Resources on IPV Statistics:


FWV “Get the Facts: The Facts on Domestic, Dating and Sexual Violence” is available at: http://www.futureswithoutviolence.org/content/action_center/detail/754

How to Assess for IPV

Conducting IPV assessments should be done in a private, confidential setting apart from family members and friends so that the patient feels safe to disclose issues of abuse.

Assessment Questions

How to Introduce the Topic of IPV:
“Because violence is so common in many people’s lives, I’ve begun to ask all my patients about it routinely”.

Direct Questions to Ask:

- Are you in a relationship with a person who physically hurts or threatens you?
- Does your partner control your activities, money or children?
- Are you afraid at home?
- Did someone cause these injuries? Who?
- Has your partner ever forced you to have sex when you didn’t want to?
- How long has the violence been going on?

A pocket-sized “Domestic Violence Assessment Guide” is a downloadable tool for medical providers produced by Futures Without Violence at: http://www.endabuse.org/userfiles/file/HealthCare/PracRefCard.PDF
Free laminated 3" x5" Guides can be ordered at: http://fvpfstore.stores.yahoo.net/prreca.html
The RADAR IPV assessment tool is a one-page form that provides specific questions to ask patients and provides space to document findings, including a Body Map of Injuries. The RADAR tool is available at: http://www.hospitalsoup.com/public/dvassess.pdf
RADAR is an acronym for:

1. Routinely Screen
2. Ask Direct Questions
3. Document Your Findings
4. Assess Patient Safety
5. Review Options and Referrals

Supportive, Non-Judgmental, Culturally Competent Responses

IPV occurs in relationships regardless of race, ethnicity, religious beliefs, economic status, sexual orientation, education levels, and geographic location.

It is important to be comfortable asking patients questions about IPV without judgment or bias and with regard to cultural and language issues. Cultural stereotypes can create barriers to trusting, supportive relationships between healthcare providers and patients, so take the time to understand your patient’s personal background and how that impacts her or his own beliefs about IPV and seeking assistance. If the patient’s first language is not English and you are not fluent in that language, do not rely on family members or friends to translate IPV assessment questions. Work with an interpreter, as needed.

Examples of supportive, non-judgmental statements when IPV has been disclosed include:

- You don’t deserve this. It’s not your fault.
- I’m glad you trusted me with this information. I know it can be very difficult to talk about abuse.
- Intimate partner violence is common happens in all kinds of relationships.
- I’m sorry this is happening to you. You are not alone. There is help available.
- I’m concerned for your safety (and the safety of your children).

Referrals and Follow-Up when IPV Identified or Suspected

When IPV has been disclosed and immediate safety issues have been discussed, it is important to ask the patient if she or he would like a referral for counseling (e.g. local IPV advocacy organization, hospital’s social service department), shelter, or other IPV assistance such as an Order of Protection. Couples counseling for intimate partner violence is not recommended because of the power dynamics of abuse and it may put the victim at further risk.

CCDPH recommends that all suburban Cook County hospitals develop formal partnerships with local IPV advocacy organizations for service referrals, technical assistance in planning and conducting IPV training for hospital employees and IPV Task Force participation.

Follow-Up Steps:

- Encourage the patient to make a follow-up appointment to further discuss IPV and how it’s affecting your patient’s health.
- During follow-up appointments, be sure to expand on assessment questions about the current level of abuse, history of abuse, and any changes in the status of the relationship.
- Continue to offer support and referrals for IPV advocacy and services if patient has not yet received services.
- Document IPV services patient has obtained based on referrals given.

Local IPV Agencies

The Cook County Department of Public Health designed an on-line tool to locate specific intimate partner violence services for families in Cook County by zip code. The IPV Resource Locator is at: [http://www.cookcountypublichealth.org/violence-prevention/locator](http://www.cookcountypublichealth.org/violence-prevention/locator).

The following IPV services are located in suburban Cook County or provide legal or specialized services for all Cook County residents impacted by IPV:

South Suburbs
South Suburban Family Shelter
Homewood
708-335-3028 (Hotline)
[www.ssfs1.org](http://www.ssfs1.org)

The Mission of South Suburban Family Shelter is to provide comprehensive, coordinated services to families in which intimate partner violence exists. Services include: emergency shelter and transportation; assistance with rent (IPV survivors); counseling; court advocacy; medical advocacy and an abuser intervention program.
Southwest Suburbs
Crisis Center for South Suburbia
Tinley Park
708-429-7233 (Hotline)
www.crisisctr.org
The Crisis Center for South Suburbia is a non-profit community organization that provides emergency shelter and other essential services for individuals and families victimized by intimate partner violence and addresses the societal issues that contribute to intimate partner violence. Services include: emergency shelter, 24-hour hotline; counseling, court advocacy and transitional housing.

Pillars-Constance Morris House
LaGrange Park
708-485-5254 (Hotline)
www.pillarscommunity.org
Offers shelter and services for women and children experiencing intimate partner violence. It is among the first and only to offer onsite healthcare and substance abuse counseling. Sexual assault services evaluate, counsel and provide therapy to people affect by sexual assault. Pillars has a 24-hour sexual abuse crisis line and one of Chicago's only sexual assault programs serving Arab American women.

West Suburbs
Sarah's Inn
Oak Park
708-386-4225 (Hotline)
www.sarahsinn.org
Offers assistance to battered women and their children in the areas of: counseling, support groups and access to a 24-hour hotline. Sarah’s Inn currently provides services to the Austin community on the west side of Chicago and 22 west suburban communities.

Near North Suburbs
Between Friends
Chicago
800-603-4357 (Hotline)
www.betweenfriendschicago.org/
A nonprofit agency dedicated to breaking the cycle of domestic violence and abuse through education, support, counseling and advocacy services. Offers group and individual counseling for adults, children and teens in English, Spanish, Arabic, and French; court advocacy in English and Spanish in the Rolling Meadows Courthouse as well as at the Chicago DV Courthouse.
(English only); 24 Hour Hotline; Healthcare and Community Education Training Programs
(including 40 Hour Domestic Violence training and the Relationship Education: A Choice for
Hope Teen Dating Violence Prevention Program in Chicago schools).
YWCA Evanston/North Shore
Evanston
847-864-8780 (Hotline)
www.ywca.org
The program is comprised of seven primary elements: crisis intervention, emergency shelter,
transitional housing, community-based services, legal advocacy, violence prevention, and
community outreach and education.

North Suburbs

A Safe Place Lake County Crisis Center
Northeastern Illinois
847-249-4450 (Hotline)
www.asafeplaceforhelp.org
A Safe Place provides shelter, court advocacy, referrals and comprehensive counseling programs
for victims of intimate partner violence - women and children who have been physically,
verbally, or emotionally abused.
Family Services of Glencoe
Glencoe
847-835-5111 (Hotline)
www.familyserviceofglencoe.org
Family Services of Glencoe provides a wide array of services designed to strengthen the family
including emergency funds or vouchers, batterers intervention program, community education,
counseling and crisis intervention.

Northwest Suburbs
Community Crisis Center
Elgin
847-697-2380 (Hotline)
www.crisiscenter.org
Services include a 24-hour crisis hotline and information and referral; emergency temporary
shelter for 40 women and children who are homeless due to intimate partner violence or financial
crisis; individual and group counseling; medical, legal and welfare advocacy; financial assistance
to abate homelessness; emergency food pantry; batterers’ intervention program; transitional
living program; a distinct children’s program; and community education. The Community Crisis Center service area includes far northwest suburban Cook County; there are no service area limits for intimate partner violence victims.

Life Span
Des Plaines
847-824-4454 (Hotline)
www.life-span.org
Life Span has and will continue to provide comprehensive services for women and children enabling them to stay together without violence. Services include: sexual assault counseling and support, including helping survivors obtain a "no contact order"; free legal advocacy, IPV counseling for victim and family and IPV training.

WINGS - Women In Need Growing Stronger
Palatine
847-221-5680 (Hotline)
www.wingsprogram.com
WINGS helps homeless and abused women and children by offering integrated services that meet their needs for shelter, education, guidance and support. We provide safe, secure living environments, through transitional housing and emergency shelter, in residential neighborhoods that allow women to go to school, work, and achieve financial and emotional independence.

IPV Legal Services
Domestic Violence Legal Clinic
Chicago
312-325-9155 (Administrative)
www.dvlcchicago.org/
Domestic Violence Legal Clinic (DVLC) is a civil legal service agency focusing on the practice of family law, with a specialization in intimate partner violence. DVLC’s service delivery, conducted in partnership with the Circuit Court of Cook County, the Cook County State's Attorney's Office, and the Clerk of the Circuit Court, is an on-site, court-based program providing immediate services at no expense to victims in the new Domestic Violence Courthouse.

Legal Assistance Foundation of Metropolitan Chicago
Chicago
900-824-4050 (Hotline)
www.lafchicago.org
LAF provides legal assistance to low-income residents of Cook County in civil cases only. We
help individuals and families dealing with intimate partner violence/family law problems. LAF does not handle child support or paternity issues.

Life Span
Des Plaines
847-824-4454 (Hotline)
www.life-span.org
Life Span provides comprehensive IPV services, including helping survivors obtain a "no contact order" and free legal advocacy.

Violence Against Women Policy Project
Cook County Sheriff's Office
Sheriff's Women's Justice Programs
2650 S. California, B1
Chicago, IL 60608
773-674-7852 (DWJS)

**IPV Services for Targeted Populations**

*Arab American Community*
Arab American Family Services
Bridgeview
(708)945-7600 (Hotline)
www.arabamericanfamilyservices.org
AAFS offers domestic violence support services: prevention and intervention, individual and family counseling, community education and court advocacy.

*Asian and South Asian Communities*
Apna Ghar (Our Home), Inc.
Chicago
800-717-0757 (Hotline)
www.apnarghar.org
Apna Ghar (Our Home) provides culturally-appropriate, multilingual services, including emergency shelter, to survivors of intimate partner abuse with a primary focus on the South Asian and other immigrant communities.

Korean American Women in Need (KAN-WIN)
Chicago
877-KANWIN1 or 1-877-526-9461 (Hotline)
KAN-WIN provides bilingual and bicultural comprehensive services to women and children.
affected by domestic violence. All programs are bilingual, confidential, and are provided free of charge. Services include a 24-hour crisis hotline, transitional housing, support groups for survivors and their children, legal and social service advocacy, children’s program, and job development services.

**People with Disabilities**

Lester and Rosalie Anixter Center  
Chicago  
773-973-7900 (Administrative)  
[www.anixter.org](http://www.anixter.org)  
The mission of the Lester and Rosalie ANIXTER CENTER is to provide an array or supports and services for people with disabilities to live, learn, work, and play in the community.

**Latino Community**

Mujeres Latinas en Accion  
Chicago  
312-738-5358 (Hotline)  
[www.mujereslatinascion.org](http://www.mujereslatinascion.org)  
Mujeres Latinas en Accion is a non-profit, community-based organization in Chicago. Its mission is to empower their fellow Latinas by offering services that reflect their values and cultures and by advocating on issues that matter to Latinas. Services include community education, court advocacy, sexual assault counseling for Spanish speaking survivors and parenting support and education.

**Lesbian, Gay, Bisexual & Transgender Community (LGBT)**

Center on Halsted: Anti-Violence Project  
Chicago  
773-871-CARE (2273) 24-Hour Crisis Line  
[www.centeronalsted.org](http://www.centeronalsted.org)  
Short-term counseling for survivors of violence is provided by trained mental health providers through AVP and Center on Halsted’s Mental Health Program. AVP counseling provides support and stability during what can feel like unstable times for survivors of violence. AVP counseling can also include safety planning for those who continue to live in unsafe situations. AVP includes as “survivors” people who are victims or witnesses of recent acts of violence and their significant others, and those who are experiencing abuse in intimate partnerships or other significant relationships.

**Polish American Community**

Polish American Association  
Chicago
773-282-8206 (Administrative)
www.polish.org
Offers a batterers intervention program and an intimate partner violence program (counseling) for Polish speaking victims and their families.

**Jewish Community**

SHALVA
Chicago
773-583-HOPE (4673)
www.shalvaonline.com

SHALVA offers free confidential domestic abuse counseling services to the Chicago Jewish Community. SHALVA’s services include: 24 hour crisis-line; culturally sensitive individual and group counseling; legal information and court support; financial assistance; rabbinical and community advocacy and training; information and referrals; community prevention and educational programs.

**Counseling for Batterers**

Community Crisis Center
Elgin
847-697-2380 (Hotline)
www.crisiscenter.org

South Suburban Family Shelter
Homewood
703-335-3028 (Hotline)
www.ssfs1.org

Family Services of Glencoe
Glencoe
847-835-5111 (Hotline)
www.familyserviceofglencoe.org/

**Sexual Assault Services**

Community Crisis Center
Elgin
847-697-2380 (Hotline)
www.crisiscenter.org

At the Community Crisis Center, we work to help victims of sexual assault/abuse regain control of their lives, explore their options and choices, and deal with the effects of the trauma. We strive
to empower survivors and help them move through the crisis to develop and pursue their own goals.

Life Span
Center for Legal Services and Advocacy
Chicago and DesPlaines
312-408-1210
www.life-span.org/

Sexual Assault Project: The Illinois Civil No Contact Order Act allows victims of sexual assault to obtain a protection order against their attacker in civil court. Attorneys provide representation in civil court to victims of sexual assault. We are the first agency in Illinois to practice this remedy for victims of sexual assault.

Pillars
LaGrange Park
708-482-9600 (24 Hour Sexual Assault Hotline)
info@pillarscommunity.org/

Sexual Violence Services offers counseling, advocacy and innovative therapies for people affected by sexual assault—including a 24-hour crisis line. Crisis center services are confidential, free, and available 24 hours a day, 7 days a week.

YWCA
Chicago and Suburbs
888-293-2080 (Chicago Metropolitan Area)
708-748-5672 (South Suburbs)
www.ywcachicago.org

Operating 24 hours a day, 7 days a week, the Rape Crisis Hotlines provide free numbers where survivors of sexual assault and their significant others can call to receive confidential, immediate assistance. The volunteers and staff who answer the phone have received extensive training in sexual assault crisis intervention. The YWCA provides assistance to victims of sexual assault, educates about the effects of violence in our community and promotes general health and wellness through our Sexual Violence and Support Services (SVSS).
Safety Planning and Discharge Instruction

When a patient discloses IPV or is assessed to be at-risk, it is critical to discuss immediate safety issues as part of the discharge planning process. Some questions to ask include:

- Is it safe for you to go home?
- Do you have a safe place to stay (e.g. friends or family)?
- Would you like a referral for shelter, counseling or an Order of Protection?

Patients assessed to be at-risk or involved in an abusive intimate relationship should be given resources to take with them, such as an IPV safety/shoe card (a business card-sized brochure that provides information about IPV including a hotline number), a list of local IPV advocacy agencies, or at minimum a hotline number for a local IPV agency. If it is too dangerous for the patient to take IPV written materials home, help her or him memorize a hotline number, such as the Illinois Coalition Against Domestic Violence’s toll free hotline (877) TO END DV; and

In order to make effective referrals for IPV services, hospitals need to develop formal relationships with local IPV organizations. A written Memorandum of Understanding between a hospital and a local IPV agency provides a framework for collaboration with clear expectations and responsibilities spelled out. Click here for a sample MOU currently used by a suburban Cook County hospital and DV agency.

For additional local referral sources, see CCDPH’s on-line Domestic Violence Resource Locator at: http://www.cookcountypublichealth.org/violence-prevention/locator.

Safety Planning Tools for Patients:

Futures Without Violence’s “Consensus Guidelines in Identifying and Responding to Domestic Violence Victimization in Health Care Settings” provides a tool for IPV victims to develop strategies for their own safety in the case of current or future violence from their abusers. The tool is a fill-in-the-blank form that lists important documents and resources to keep on-hand and can be printed and handed out to patients. See “Safety Plan and Discharge Instructions” in the Compendium’s Appendix H, pages 44-45 at: http://www.endabuse.org/userfiles/file/Consensus.pdf

The National Women’s Health Information Center under the U.S. Department of Health and Human Services provides a two-page “Safety Planning List” PDF file that can be printed and distributed to female patients impacted by IPV at: http://www.womenshealth.gov/violence/planning/safetyplanninglist.pdf
Documenting IPV in Patients Records

The following documentation is recommended for all patients assessed to be in an abusive relationship with an intimate partner:

- Take a history of the IPV including:
  - Current and past incidents of abuse, including specific dates and times of precipitating events that lead patient to seek medical care
  - Patient’s injuries or other health conditions associated with IPV (e.g. high blood pressure, anxiety, STIs, miscarriage)
  - A Body Map to describe external injuries
  - Perpetrator’s name, address and relationship to the patient, if possible
  - Quoted statements from the patient about the abuse using her or his own words (e.g. Patient stated “My boyfriend punched me in the chest and pushed me down the stairs” rather than summarizing the incident or using legal terms like “domestic violence” or “alleged perpetrator”.)
  - Patient’s demeanor, such as patient was crying, trembling, angry, upset, calm, etc.
- Collect evidentiary materials when possible including:
  - Photos of injuries, when patient signs a consent form (one full-body photo to identify patient, one photo of the region where injuries are located and close-ups of all wounds)
  - Clothes or other possessions damaged during abusive incident that could be used by prosecutors in court
- Describe interventions, such as:
  - Provided patient with a Safety Plan Checklist and/or a Safety Card with information about IPV
  - Educated patient about IPV and its potential health implications
  - referrals to local IPV services and/or internal social service department
  - Information about obtaining an order of protection
  - Asked patient if she or he wanted to call the police

The Joint Commission Requirements for IPV Assessments and Documentation

An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.

The Joint Commission requires accredited hospitals to have systems in place to assess for IPV with patients and document findings in patients’ records using proper safeguards regarding confidentiality.

The Joint Commission’s standard and intent related to IPV assessments with patients is:

**Standard PE.1.8**
Possible victims of abuse are identified using criteria developed by the hospital

**Intent of PE.1.8**
Victims of abuse or neglect may come to a hospital through a variety of channels. The patient may be unable or reluctant to speak of the abuse, and it may not be obvious to the casual observer. Nevertheless, hospital staff members need to know if a patient has been abused, as well as the extent and circumstances of the abuse, to give the patient appropriate care. The hospital has objective criteria for identifying and assessing possible victims of abuse and neglect, and they are used throughout the organization. Staff are to be trained in the use of these criteria.

The Joint Commission's standard and intent related to IPV documentation is:

**Standard PE.8**
Patients who are possible victims of alleged or suspected abuse or neglect have special needs relative to the assessment process.

**Intent PE.8**
As part of the initial screening and assessment process, information and evidentiary material(s) may be collected that could be used in future actions as part of the legal process. The hospital has specific and unique responsibilities for safeguarding such material(s). Policies and procedures define the hospital's responsibility for collecting, retaining, and safeguarding information and evidentiary material(s). Hospital policy defines these activities and specifies who is responsible for carrying them out.

**PC.12**
Criteria are used to identify possible victims of abuse or neglect.

**PC.12.1**
Victims of alleged or suspected abuse or neglect are assessed with the consent of the patient,
parent, or legal guardian, or as otherwise provided by law.

**PC.12.2**
Notification and release of information are provided to the proper authorities, as required by law. **PC.12.3**
Victims of abuse are referred to private or public agencies that provide or arrange for evaluation and care.

**Intent of PC.12 and PC.12.1 through PC.12.3**
Unless possible victims of abuse are identified and assessed, they cannot receive appropriate care. Such patients have special assessment and care needs. Objective criteria are used to identify and assess possible victims of abuse and neglect, and staff are trained to apply the criteria. The practice has a procedure for collecting, retaining, and safeguarding information and evidentiary material(s). The practice maintains a current list of private and public community agencies that provide or arrange for care of abuse victims and makes appropriate referrals. 
(Source: The Joint Commission at www.jointcommission.org)
Illinois Domestic Violence Act, Healthcare Provider Liability and Mandatory Reporting

The Illinois Domestic Violence Act of 1986 provides requirements for healthcare professionals regarding legal obligations once a patient is determined to be a victim of IPV. Liability issues are addressed as follows:

*Article IV: Health Care Providers (750 ILCS 60/401) (from Ch. 40, par. 2314 1) Sec. 401:*

Any person who is licensed, certified or otherwise authorized by the law of this State to administer health care in the ordinary course of business or practice of a profession shall offer to a person suspected to be a victim of abuse immediate and adequate information regarding services available to victims of abuse.

Any person who is licensed, certified or otherwise authorized by the law of this State to administer health care in the ordinary course of business, or practice of a profession and who in good faith offers to a person suspected to be a victim of abuse information regarding services available to victims of abuse shall not be civilly liable for any act or omission of the agency providing those services to the victims of abuse or for the inadequacy of those services provided by the agency. (Source: P.A. 87 436.)


*Chapter 720 Criminal Offenses (720 ILCS 5/12-6.5)*

*Criminal offense of interfering with the reporting of domestic violence. A person commits this crime when:*

- after having committed and act of domestic violence, he or she prevents or attempts to prevent the victim or witness:
  - from calling 911:
  - obtaining medical assistance: or
  - making a report to a law enforcement official.


Futures Without Violence’s “Compendium of State Statutes and Policies on Domestic Violence and Health Care” provides additional information about Illinois’ statutes, including mandatory reporting requirements:
**Mandatory Reporting** 20 ILCS 2630/3.2 requires any person conducting or operating a medical facility, or any physician or nurse, to report treatment of injuries to local law enforcement when it reasonably appears that the person requesting treatment has suffered from an injury caused by the discharge of a firearm or sustained in the commission of, or as the victim of, a criminal offense. Protocol for hospitals licensed under the Hospital Licensing Act: 77 Ill. Adm. Code 250.1035. The Compendium lists Illinois statutes on pages 23-24 at: [http://endabuse.org/userfiles/file/HealthCare/Compendium%20Final.pdf](http://endabuse.org/userfiles/file/HealthCare/Compendium%20Final.pdf)
**IPV Policies and Protocols for the Healthcare Setting**

Healthcare institutions should provide their employees with clear expectations and instructions on how to assess and respond to IPV with their patients. Written IPV Policies and Protocols should be shared and discussed with all new employees during their orientation process. IPV Policies and Protocols should be reviewed regularly by the healthcare facility’s IPV Task Force to ensure that policies are based on current best and promising practices in the field and incorporate new research.

The following “Minimal Elements of IPV Protocols” was developed by Futures Without Violence and is specifically designed for the healthcare setting. Hospitals and other healthcare settings can use this protocol as a template for developing internal IPV Policies and Protocols. [http://www.endabuse.org/userfiles/file/HealthCare/MinimalElements.pdf](http://www.endabuse.org/userfiles/file/HealthCare/MinimalElements.pdf)

**Minimal Elements of DV Protocols**

1. **Definitions.** Include the various manifestations and types (physical, sexual, psychological) of abuse and who (adult, adolescent, elderly, lesbian/ gay/ bisexual/ transgender) is covered by the policies. Policies on child abuse and elder abuse may vary and be addressed separately given that state reporting laws for child, adult, and elders may be different.

2. **Guiding Principles.** Include information reflecting the institutional philosophy on and commitment to improving the safety and health of victims of domestic violence.

3. **Identification and Assessment Procedures** Information should be available to clinicians either within the protocol or as an addendum addressing how to ask about abuse directly, including sample questions. Specify physical as well as behavioral indicators to look for when assessing a patient for abuse. Specify who is to do the assessment (i.e., physician, nurse, or both). Specify precautions for ensuring safety and confidentiality (i.e., arrange for a private screening area, availability of security if necessary, etc.).

4. **Intervention Procedures.** Include interviewing strategies, safety assessment and planning, and discharge instructions. Information on assessment (sample questions and techniques) and intervention (supportive information to communicate, referrals, patient education materials, etc.) should be available to clinicians either within the protocol or as addendums.

5. **State Reporting Requirements.** Clarify the law(s), if any. Include procedures for the release of information to the proper authorities as required by law. Also define who is responsible for making the report.

6. **Confidentiality Rules.** Clarify relevant state privacy laws as well as federal regulations and privacy principals for victims of domestic violence. Ensure that the protocol and policy surrounding the use and disclosure of health information serve to improve the safety and health status of victims of domestic violence by respecting patient confidentiality and autonomy.
7. **Collection of Evidence and Photographs.** Include procedures for the collection, retention and release of evidentiary materials. In particular, clarify procedures for taking in-house photographs and securing release forms.

8. **Medical Record Documentation.** Clearly delineate what information is to be included in the medical record (e.g., a description of the injuries, coloration, size, use of a body map to indicate location of injuries, stated or suspected cause of injury, action taken by clinician, etc.).

9. **Referral and Follow-Up** Include instructions regarding available resources, and how to make referrals to in-house staff, domestic violence programs, legal advocacy, children’s services or other appropriate community agencies. Keep phone numbers updated on a regular basis. Include instructions for continuity of care for victims and at least one follow-up appointment with a health care provider, social worker or DV advocate for patients disclosing abuse.

10. **Plan for Staff Education.** All health care personnel, including security and allied health professionals should receive ongoing training on the dynamics of domestic violence protocol and procedures with an emphasis on staff roles and coordination. The Joint Commission requires a staff education plan be developed for every department within hospitals.

**Sample Suburban Cook County Hospital IPV Policy**

*Click here* to review a current IPV Policy in place at a suburban Cook County hospital.

**Implementation of Domestic Violence Protocols:**

1. Define departments within your clinic or hospital where the protocol will be used and how each department will implement and utilize the protocol.

2. Review the various existing protocols relevant to your institution or practice.

3. Address issues specific to your state, institution and clinical setting, such as documentation, confidentiality, liability and reporting.

4. Determine site-specific interventions and coordination.

5. Define roles and responsibilities regarding inquiry, identification and assessment, documentation, interventions(s) (including safety planning, discharge instructions), referrals and follow-up.

6. Work with local domestic violence experts to develop a community-based referral network.

7. Make the protocol easily available and accessible to each department/clinical setting by including it in the staff orientation packet or implementation packet as well as by posting it in a central area. Be sure it is produced in a “user-friendly” and readable format.
Another sample IPV policy for healthcare providers titled “Community Public Health Services Domestic Violence Protocol,” is currently used by San Francisco’s Department of Public Health. This protocol provides a definition of DV and guiding principles for healthcare providers, as well as protocols for the following activities:

- Screening
- Assessment
- Intervention
- Documentation
- Mandatory Report of Injury
- Continuity of Care

Appendices include:
A. Staff Roles and Responsibilities
B. Symptoms and Signs of Domestic Violence
C. Approaches for Interviewing the Patient
D. Safety Assessment and Planning
E. Injury Location Record (Body Map)
F. Consent to Photograph/Receipt of Evidence
G. Summary of California Reporting Law (adapt by inserting Illinois’ Reporting Laws here)
H. Report of Injuries by a Firearm or Assaultive or Abusive Conduct
I. Common Questions about Mandatory Reporting
J. DV Contact Form
K. Community Resources
L. Health Commission Resolution on Universal Screening
M. Acknowledgements
N. Signatory Page

The "Community Public Health Services Domestic Violence Protocol" can be viewed in its entirety at: [http://endabuse.org/userfiles/file/HealthCare/CommunityServices.pdf](http://endabuse.org/userfiles/file/HealthCare/CommunityServices.pdf) and Future Without Violence states “no permission is needed to use or adapt this document at healthcare facilities,

“Warm Springs Health and Wellness Center Guidelines for Clinical Assessment and Intervention on Domestic Violence” is another sample IPV protocol for the medical setting from the FWV at: [http://www.endabuse.org/userfiles/file/HealthCare/ClinicalAssessment.pdf](http://www.endabuse.org/userfiles/file/HealthCare/ClinicalAssessment.pdf)
**Establish an IPV Task Force**

Experts in the field and published materials on best practices for healthcare providers regarding intimate partner violence call for the creation of a multidisciplinary IPV Task Force at each institution.

The purpose of the IPV Task Force should be to:

- Promote awareness about IPV with staff and ensure that IPV training is an institution-wide expectation that is supported by allocating adequate time and incentives for staff participation;
- Identify hospital staff training needs regarding IPV awareness, policies, protocols, referrals and competencies. Coordinate hospital staff trainings that meet the assessed needs;
- Build relationships with local IPV advocates/services/experts to ensure comprehensive care for patients;
- Make policy and practice recommendations related to IPV by reviewing and updating IPV Policies and Protocols;
- Tour existing patient settings (e.g. emergency departments, examination rooms, waiting rooms, restrooms) looking for opportunities to improve the IPV assessment process and increase the public’s awareness about IPV and services (e.g. IPV awareness posters, brochures, and safety cards with available resources); and
- Stay current on IPV trends and laws impacting healthcare services.

Hospital staff recognized as experts on IPV or enthusiastic, well-respected leaders should be invited to participate on the IPV Task Force. When possible, a hospital administrator should serve on the Task Force, or at minimum, the IPV Task Force should have the authority to make policy and protocol decisions and the ability to strategically think through system-wide changes for improved IPV assessments and services. An effective, sustainable IPV Task Force should spread the work of the group amongst its members to avoid burnout and prevent the collapse of the group if a key staff member no longer works for the hospital.

It is also recommended that a local IPV advocate be an active member on the IPV Task Force to provide technical assistance, IPV training planning and implementation, and case coordination.
AMA, ANA and AAP Recommendations for IPV Assessments and Responses

American Medical Association (AMA)
As stated in the “National Advisory Council on Violence and Abuse: Policy Compendium April 2008” the AMA “recommends that questions to assess risk for family violence should be included within the context of taking a routine social history, past medical history, history of present illness, and review of systems as part of emergency, diagnostic, preventive, and chronic care management (CSA Rep. 7, A-05)”. The “Policy Compendium” is at: http://www.ama-assn.org/ama1/pub/upload/mm/386/vio_policy_comp.pdf
In AMA’s policy statement regarding intimate partner violence titled “E-2.02 Physicians' Obligations in Preventing, Identifying, and Treating Violence and Abuse”, specific guidelines for physicians regarding the assessment, treatment and reporting of IPV for patients are provided. The policy states that physicians should be:

1) Routinely assessing for current and past physical, sexual and psychological abuse as part of patients’ medical histories, understanding how to detect DV, where to make referrals for community services, and not being biased by misconceptions about DV;
2) Addressing and treating both short and long term injuries caused by DV with cultural competence, working in partnership with community resources, developing educational materials for patients, promoting comprehensive DV training in all medical schools’ curricula, demonstrating leadership by encouraging peers to routinely assess for DV, support DV research regarding prevention and establishing collaborations with public health entities and community organizations; and
3) Following local mandated reporting requirements.

AMA's full policy statement on IPV can be viewed at: https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fama1%2fpub%2fupload%2ffmm%2fPolicyFinder%2fpolicyfiles%2fHnE%2fE-2.02.HTM

American Nurses Association (ANA)
ANA’s The Online Journal of Issues in Nursing published an article titled “Clinical Screening and Intervention in Cases of Partner Violence”, and states in its conclusion that “women have more frequent contact with their health care providers than with any other formal system including law enforcement, prosecution, social service, or mental health. The nursing profession has potential for having enormous impact on the health and safety of women by taking up the challenge of routinely performing violence assessment. Nurses enjoy high patient trust, and their training in empathy and clinical rapport make them ideal receivers for the disclosure of partner
violence. It is important to recognize that there are many barriers to a woman reporting partner violence and, with those in mind, use your RADAR.” (Michael P. Griffin, M.A., Mary P. Koss, Ph. D. 2002 Online Journal of Issues in Nursing, Article published January 31, 2002). This ANA article is at: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No1Jan2002/ClinicalScreeningandPartnerViolence.aspx

American Academy of Pediatrics (AAP)

AAP’s Committee on Child Abuse and Neglect wrote “The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women”, a policy statement endorsed by AAP. It states, “the AAP recognizes that family and intimate partner violence is harmful to children. The AAP recommends that:

1. Residency training programs and continuing medical education (CME) program leaders incorporate education on family and intimate partner violence and its implications for child health into the curricula of pediatricians and pediatric emergency department physicians;
2. Pediatricians should attempt to recognize evidence of family or intimate partner violence in the office setting;
3. Pediatricians should intervene in a sensitive and skillful manner that maximizes the safety of women and children victims; and
4. Pediatricians should support local and national multidisciplinary efforts to recognize, treat and prevent family and intimate partner violence.” (Committee on Child Abuse and Neglect, American Academy of Pediatrics: The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women, PEDIATRICS Vol. 101 No. 6 June 1998, pp. 1091-1092.) http://pediatrics.aappublications.org/cgi/content/full/101/6/1091
IPV Training for Healthcare Providers

The following training topics and practices are recommended to ensure hospital employees have the skills and knowledge necessary to effectively assess for and respond to IPV with patients.

1. IPV 101 Training for All New Hospital Personnel

Initial training topics for those responsible for conducting IPV assessments include the following:

- Definition of IPV
- IPV statistics (e.g. IPV prevalence in the general population and in different healthcare settings)
- Chronic health conditions associated with IPV (e.g. Adverse Childhood Experiences (ACE) Study findings at http://www.cdc.gov/ace/index.htm
- Prevalence of IPV/SA
- Cultural competencies regarding IPV
- Non-biased, supportive interviewing techniques
- Documentation and reporting expectations
- Referrals for immediate services
- Follow-up care

2. IPV Training Needs Assessment Resources

The “Delphi Instrument For Hospital-based Domestic Violence Programs”, developed by the Agency for Healthcare Research and Quality (AHRQ), is a consensus-driven quality assessment tool that assesses hospital’s IPV policies, practices, staff training and employee assistance programs. The “Delphi instrument” is downloadable at: http://www.ahrq.gov/research/domesticviol/dvtool.pdf

An overview of the “Delphi instrument” along with instructions for its implementation is at: http://www.ahrq.gov/research/domesticviol/dvtool.htm

The “Family Violence Quality Assessment Tool for Primary Care Offices” was adapted from the “Delphi Instrument” by Futures Without Violence to be used in primary care offices (pediatric, family medicine, internal medicine and OB/GYN). This assessment tool is at: http://endabuse.org/userfiles/file/HealthCare/FAMILY_VIOLENCE_self_assess.pdf

3. Formal IPV Training Plan

The Joint Commission requires all its accredited hospitals to have a formal IPV training plan for staff. CCDPH recommends regular, ongoing IPV training for clinical and non-clinical hospital staff that includes:
- IPV 101 training for all new employees during orientation;
- Annual IPV training needs assessments of both clinical and non-clinical staff (e.g. security personnel);
- Annual IPV training for both clinical and non-clinical personnel based on results from the needs assessments;
- Financial and administrative support for a IPV Task Force responsible for coordinating IPV trainings and needs assessments;
- Incentives for staff participation, such as on-site IPV training during regular shifts free of charge with free CME/CNE/CEUs upon successful completion; and
- Information about on-line IPV training resources through CCDPH’s IPV Toolkit links.
Free IPV Training Resources On-Line

"Screen to End Abuse" is a 32-minute DVD targeting health care providers, providing five vignettes that show how to “incorporate routine screening into a busy medical practice, respond effectively to patients affected by domestic violence, and institute policies and procedures for identifying and responding to DV, including changing the look of a clinical practice to let patients know they are safe to disclose abuse”. To order this free DVD from Futures Without Violence, go to: [http://fvpfstore.stores.yahoo.net/screentoenda.html](http://fvpfstore.stores.yahoo.net/screentoenda.html)

"Preparing your Practice to Address Family Violence" is 20-minute training from the American Medical Association that provides tangible steps to address intimate partner violence at any healthcare setting. “This episode explores patient exposure to family violence including child maltreatment, intimate partner violence, and elder abuse. This presentation outlines why physicians don’t address domestic violence, including:

- Stereotypes of victimized patients and perpetrators
- Time constraints
- Liability concerns if incorrect
- Lack of skills
- Uncertainty of how to intervene if identified
- Inability to control victim’s outcome
- Fear of alienating the patient or family
- Institutional barriers”


“Podcast on domestic violence, featuring Dr. Brigid McCaw from Kaiser Permanente” “This 6½ minute podcast features Brigid McCaw, MD, Medical Director of the Kaiser Permanente Family Violence Prevention Program in Northern California. Dr. McCaw discusses the following:

- Scope and impact of domestic violence among adults and teens
- Role of the healthcare setting in addressing domestic violence
- Signs of an unhealthy or abusive relationship
- What to do when abuse is recognized.” [http://xnet.kp.org/domesticviolence/](http://xnet.kp.org/domesticviolence/)

"Break the Silence: Stop the Violence" This 4:12 minute video was released in 2008 by the CDC. “It may shock you to know that one out of every eleven teens reports being hit or physically hurt by a boyfriend or girlfriend in the past twelve months. But why is that, and how can we change it? In "Break The Silence: Stop the Violence," parents talk with teens about developing healthy, respectful relationships before they start
Free and Low-Cost IPV Education and Awareness Materials

To promote IPV awareness with patients, CCDPH recommends SCC hospitals display IPV brochures, posters and safety/shoe cards in restrooms, waiting rooms and examination rooms. Posting a variety of information about IPV makes a statement that hospital personnel are approachable and prepared to discuss IPV with patients and that IPV is considered a health issue.

**Posters** (titles include):
- Fathering After Violence
- Coaching Boys to Men
- LGTB: Contrary to Popular Belief
- When You Bring Your New Baby Home
- When Mom Gets Abused Her Children Suffer Too
- Feeling Alone? Don’t Know Who to Talk To
- Nobody Deserves to be Abused
- Are You Tired of Making Excuses for Him?

Free posters can be ordered from Futures Without Violence for $5 shipping at: [http://fvpfstore.stores.yahoo.net/healthposters.html](http://fvpfstore.stores.yahoo.net/healthposters.html)

**Brochures:**
The Illinois Coalition Against Domestic Violence (ICADV) provides brochures and informational booklets on intimate partner violence, including:

- Illinois Domestic Violence Act”
- Handbook for Domestic Violence Victims” (in English, Polish and Korean)

Free and low-cost IPV materials can be ordered at: [http://www.ilcadv.org/resources/Public_Education_Brochures/catalog.asp](http://www.ilcadv.org/resources/Public_Education_Brochures/catalog.asp)

**Health Safety Cards for Patients:**
- Hanging Out or Hooking Up Safety Card for teens at: [http://fvpfstore.stores.yahoo.net/hanging-out-or-hooking-up.html](http://fvpfstore.stores.yahoo.net/hanging-out-or-hooking-up.html)

To view all available safety cards offered by FVPF go to: http://fvpfstore.stores.yahoo.net/safetycards1.html

**Buttons**

Is Someone Hurting You? You can talk to me about it, buttons are designed for medical providers and available at: http://fvpfstore.stores.yahoo.net/butyoucantall.html
Additional IPV Links and Resources

IPV Agencies Listed by Town on the Illinois Department of Human Services Website
at: [http://www.dhs.state.il.us/page.aspx?item=31886](http://www.dhs.state.il.us/page.aspx?item=31886)

Illinois Coalition Against Domestic Violence (ICADV)
ICADV is a not for profit, membership organization that works to eliminate violence against women and their children by promoting the eradication of domestic violence throughout Illinois; ensuring the safety of survivors, their access to services, and their freedom of choice; holding abusers accountable for the violence they perpetrate; and encouraging the development of victim-sensitive laws, policies and procedures across all systems that impact survivors. [http://www.ilcadv.org/](http://www.ilcadv.org/)

Illinois Department of Public Health’s Information on IPV: [http://www.idph.state.il.us/about/womenshealth/factsheets/dv.htm](http://www.idph.state.il.us/about/womenshealth/factsheets/dv.htm)


U.S. National Resource Center on Domestic Violence: Browse [NRCDV's Online Publications](http://www.nicic.org) including applied research papers, fact sheets, and information packets on statistics and more.

U.S. National Center on Domestic and Sexual Violence: Search their [resource collection](http://www.ncjrs.gov) of publications and related links by topic.

U.S. National Center for Victims of Crime and NCVC's Stalking Resource Center: Check out their [resource library](http://www.ncjrs.gov).

U.S. National Sexual Violence Resource Center: Search their [publications](http://www.nsvrc.org) by topic or type (e.g. fact sheet, toolkit) for online and print resources.

National Teen Dating Abuse Helpline 1-866-331-9474 or TTY 1-866-331-8453

Futures Without Violence works to end intimate partner violence and provides women who have been victims of abuse with the care they need to get well and stay safe. For healthcare-focused information about IPV, go to: [http://www.futureswithoutviolence.org/section/our_work/health](http://www.futureswithoutviolence.org/section/our_work/health)

National Domestic Violence Hotline
800-799-SAFE (7233)

Illinois Department of Human Services Domestic Violence Helpline
877-To End DV (877-863-6338)
The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego, according to CDC’s website. CDC published findings from the ACE study can be viewed at: [www.cdc.gov/nccdphp/ACE](http://www.cdc.gov/nccdphp/ACE). More detailed scientific information about the ACE study design and findings is detailed in The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction, published in the American Journal of Preventive Medicine in 1998, Volume 14, pages 245–258.

The Futures Without Violence’s “Consensus Guidelines: On Identifying and Responding to Domestic Violence Victimization in Health Care Settings” states that “routine inquiry of all patients, as opposed to indicator-based assessment increases opportunities for both identification and effective interventions, validates IPV as a central and legitimate health care issue and enables providers to assist both victims and their children.” The Consensus Guidelines is an excellent resource for health care providers interested in improving care for victims of IPV at: [http://www.endabuse.org/userfiles/file/Consensus.pdf](http://www.endabuse.org/userfiles/file/Consensus.pdf)

FWV’s “Making the Connection: Intimate Partner Violence (IPV) and Public Health” (Linda Chamberlain, PhD MPH, 2010) is an excellent training tool for healthcare professionals interested in adopting routine IPV assessments with patients. This PowerPoint presentation includes statistics about the impact of IPV on women’s health, including symptoms of abuse and health conditions related to IPV. “Making the Connection” can be viewed in full at: [The Impact of IPV on Women's Health (8.1MB)](https://www.endabuse.org/userfiles/file/The_Impact_of_IPV_on_Womens_Health.pdf). FWV posts other PowerPoint presentations authored by Linda Chamberlain on the following topics:

- Overview (of IPV)
- Regional and Local Data
- Medical Cost Burden and Health Care Utilization
- The Impact of IPV on Women’s Health
- IPV and Family Planning, Birth Control Sabotage, Pregnancy Pressure, and Unintended Pregnancy
- IPV and Sexually Transmitted Infections/HIV
- IPV and Perinatal Programs
- IPV, Breastfeeding, and Nutritional Supplement Programs
- IPV and Child and Adolescent Health
- IPV and Injury Prevention
- IPV and Home Visitation
  [http://www.endabuse.org/content/features/detail/1526/](http://www.endabuse.org/content/features/detail/1526/)