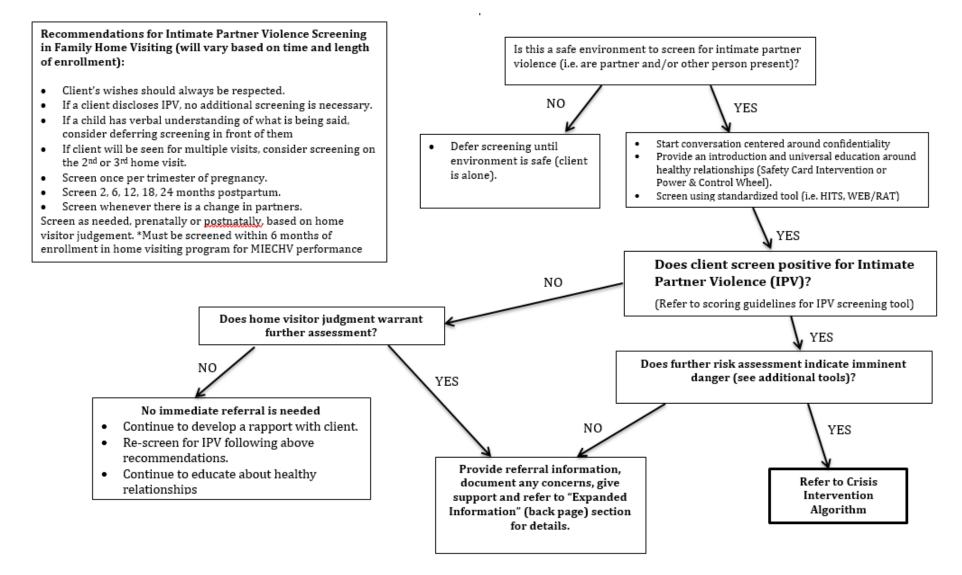


SAMPLE: Intimate Partner Violence (IPV) Screening Algorithm (Decision Tree) for Family Home Visiting



Intimate Partner Violence Algorithm (Decision Tree) in Word Version:

- Recommendations for Intimate Partner Violence Screening in Family Home Visiting (will vary based on time and length of enrollment):
 - o Client's wishes should always be respected.
 - o If a client discloses IPV, no additional screening is necessary.
 - o If a child has verbal understanding of what is being said, consider deferring screening in front of them
 - o If client will be seen for multiple visits, consider screening on the 2nd or 3rd home visit.
 - o Screen once per trimester of pregnancy.
 - o Screen 2, 6, 12, 18, 24 months postpartum.
 - o Screen whenever there is a change in partners.
 - o Screen as needed, prenatally or postnatally, based on home visitor judgement. *Must be screened within 6 months of enrollment in home visiting program for MIECHV performance
- Is this a safe environment to screen for intimate partner violence? (i.e. are partner and/or other person present):
 - o If no, then defer screening until environment is safe (if client is alone).
 - o If yes, then start conversation centered around confidentiality, provide an introduction and universal education around healthy relationships (Safety Card Intervention or Power & Control Wheel). Screen using standardized tool (i.e. HITS, WEB/RAT)
- Does client screen positive for Intimate Partner Violence? (IPV) (Refer to scoring guidelines for IPV screening tool):
 - o if score indicates a negative screening for IPV, then consider: Does home visitor judgment warrant further assessment?
 - If home visitor judgement does not warrant further assessment, then no immediate referral is needed. Continue to develop a rapport with client. Re-screen for IPV following above recommendations. Continue to educate about healthy relationships
 - If home visitor's judgement warrants further assessment, then provide referral information, document any concerns, give support and refer to "Expanded Information" (back page) section for details.
 - o if score indicates a positive screening for IPV, then consider the question: Does further risk assessment indicate imminent danger (see additional tools)?
 - If no, provide referral information, document any concerns, and support, refer to "Expanded Information" (back page) section for details.
 - If yes, refer to Crisis Intervention Algorithm
- To provide referral information, document any concerns, and support, refer to "Expanded Information" section for details;
- Expanded Information:
 - o Review and discuss safety plan and follow agency's procedures on intimate partner violence.
 - o Provide the client with information on options for safe housing (attach phone numbers for police and shelters) and refer to community and intimate partner violence programs or advocate to seek resources on how to stay safe (i.e. discuss availability or how to seek protection order).
 - o Assist with referring client to substance abuse, mental health and/or other behavioral health specialist services if applicable.
 - o Provide support by informing client that intimate partner violence is a crime and not the client's fault.
 - o Discuss contraceptive methods that client can use without partner knowing (See handout "Birth Control Education").
 - o Encourage client to call a domestic violence hotline (Call 1-800-799-SAFE, the National Domestic Violence Hotline).

- o Give client accessible contacts such as IPV advocate or other support structures to be reached if and when client is in need of further assistance.
- o Assist client in identifying and accessing social support (i.e. family, friends or faith community).
- o Suggest client call police or 911 if client's life is in immediate danger.
- o Plan for follow up visit and make follow up calls.
- o Please See Safety Plan and Instructions (link) provided by Futures without Violence.
- Additional tools:
 - o Danger Assessment
 - o DOVE Brochure Intervention

References:

California Dept of Public Health Relationship Assessment Tool Instructions

Futures without Violence

Arizona Coalition to End Sexual & Domestic Violence Home Visitation Guidelines on Domestic Violence (2014).

Institute for Clinical Systems Improvement Domestic Violence Screen.

Sharps, P., Bullock, L., Campbell, J., Alhusen, J., Ghazarian, S., Bhandari, S., & Schminkey, D. (2016). Domestic Violence Enhanced Perinatal Home Visits: The DOVE Randomized Clinical Trial. Journal of Women's Health, Jwh.2015.5547.

St. Louis County Domestic Violence Response Protocol, developed by St. Louis County public health nurses and the Domestic Abuse Intervention Project, Duluth, MN.Print.

Texas Domestic Violence Protocol and Guidance for Home Visiting Programs. Texas Council on Family Violence: Project Connect Texas.

Women's Health Care Physicians: Screening Tools. American Congress of Obstetricians and Gynecologists, 2016. Web.

Created by: the Minnesota Department of Health | Community & Family Health Division | Family Home Visiting Section | Minnesota Dept of Health Family Home Visiting page P.O. Box 64882, St. Paul, MN 55164, health.fhv@state.mn.us Phone: 651-201-4090, Fax: 651-201-3590. (December 2016)