Appendix. Intimate Partner Violence and Sexual Assault Protocol*

Management of Sexual Assault/Intimate Partner Violence Care

Safety

Assessing the overall safety of the patient. These signs will be noted during the standard H&P exam portion of the clinic.

Initial Interaction

- Conduct the assessment in a safe, private room
- Provide interpreters when necessary
- Ensure patient/doctor confidentiality.
- Obtain consent.
- **Check in with yourself**: IPV/SA is a sensitive subject that can trigger a recollection of past trauma. If this subject is triggering, do not hesitate to excuse yourself and find another leader or an attending to complete the patient interaction.

Imminent Warning Signs

- Look for physical indicators of SA/IPV (scars, bruises, burns, fractures, etc.)
- Look for behavioral indicators of SA/IPV (irritability, anxiety, fearfulness, flinching)
    - * Some behavioral indicators can be a result of other circumstances, so utilize the overall patient history to make a decision.
- Some patients will verbally announce that they have had previous or ongoing SA/DV. In this case, go straight to risk assessment.

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Risk Assessment

When taking an H&P, take note of these aspects for the standardized risk assessment. If the patient is uncomfortable with the opposite sex, refer to a clinic leader or attending of the same sex to go through the risk assessment.

- **Physical Health**
  - Substance Abuse
    - This may be an important factor in where/why a patient has faced IPV/SA. Substance addiction and abuse can play a role in forming abusive relationships for drugs.
    - Substances may be used as a dependency mechanism in instances of SA/IPV and human trafficking.
  - Physical Injuries
    - Bruises, scars, and fractures can be a sign of ongoing physical abuse
  - Current/Prior Medications
    - Some patients may be taking medication for anxiety or depression because of SA/IPV.
- **Sexual Health**
  - Intercourse/intimacy
    - Type of intercourse/intimacy
      - IPV/SA can occur in multiple forms of intercourse
    - Frequency
      - If suspecting ongoing SA, essential to know how frequently a patient may be at potential risk.
    - Number of partners in past three years
      - SA/IPV can occur with one or multiple partners.
    - Satisfaction/dissatisfaction
      - Although an uncomfortable question, many patients can reveal hidden signs of abuse and violence when answering.
  - Current/previous STIs
    - Unwanted intercourse and intimacy without protection can increase the risk of STIs.
- **Living Situation**
  - Current/previous partner(s):
    - Remember that patients can have multiple pa
  - Living situation
    - Many of the homeless shelters are co-ed. They may not be in danger from an intimate partner but rather from another shelter member.
    - Many homeless patients are in and out of the shelters. Ask about any other shelters they have resided in.[1]

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Standardized questions

Several standardized screening assessments can be used to screen for intimate partner violence. The assessments recommended in this training are HARK, E-HITS, and the Partner Violence Screen. These instruments collectively assess domains such as emotional abuse, fear, physical violence, sexual coercion, and perceived relationship safety. Multiple options for screening assessments are being provided as one specific instrument may fit a situation more than another. Because validated instruments should be administered using their established wording and scoring procedures, the questions are not reproduced or modified in this protocol. Clinicians should consult the original publications or authorized instrument sources before administration.[2-5]

Seeking Additional Help

- If, through risk assessment and standardized questions, there is a belief that a patient is experiencing IPV, refer to the attending AFTER your patient interview.
- If no attending is present, reach out to the designated on-call attending and ask the patient to stay in the room. They are not obligated to stay, but ensure it is for their safety.

Communicating to the Survivor

KEY REMINDERS:

- **Don't give advice.** Offer the patient information but let them make their own decisions.
- Sit at eye level with the patient.
- If patients have questions you cannot answer: respond, "I do not have the answer for that, but I can try to find out for you."
- Talk to the patients about any immediate needs they might have transportation, shelter, notifying work of absence), talk through the patient's options, and connect with appropriate resources. If you are uncomfortable with this, defer to the attending, who may be knowledgeable about resources. New Orleans Family Justice Center has a 24/7 hotline to support providers and talk to survivors. **504-866-9554** is their number.
- Conduct your interview in a private, confidential space. Suppose a volunteer identifies that a patient is a victim of sexual assault or domestic violence. In that case, they should finish their interview privately and then report to the attending physician at the clinic.
- Use language interpreters if needed.
- Questions should be asked empathetically and should not be judgmental.
- Do not dig into the patient's trauma or press the patient to answer questions relating to their assault; it can make the patient dissociate and feel overwhelmed.
- Keep your distance and respect the patient's personal space
- Body language and position can also be considered threatening or conflicting
- Avoid crossing your arms or having an alternative focus than the patient
- Maintain eye contact, never turn your back to the patient, and try to avoid taking notes
- **Note that prolonged or intense direct eye contact could be understood as a threat
- Use simple words and short sentences
- **It is essential that the patient feels respected.**
- **Transmit confidence and a sense of security to patients when possible.**

Further examples of supportive language:

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Additional trauma-informed communication guidance is available from RAINN and the American Psychiatric Association. [6-7]

Resources and Referrals

It is important to be familiar with local, state, and national resources available to patients who request them. Do not give patients papers or brochures unless they ask for these materials. Contact information, including phone numbers and addresses for local resources, is regularly updated on the New Orleans Family Justice Center (NOFJC) website.[8] RAINN, LAFASA, and 211 are all great resources linked on the NOFJC website. Before contacting a service on a patient's behalf, confirm the plan with your supervisor and verify that the service is currently available before offering it to the patient.

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