Routine Inquiry for Intimate Partner Violence to educate and lay groundwork for future discussions. Ask about abuse in each history.

- Medical symptoms not only injuries are common presentations of abuse.
- Don’t forget violence in the differential for symptoms as well as injuries.

Have abuse on your RADAR

Remember to ask. In the US 4 million ♀ a year abused.

- 20-33% of ♀ in Primary Care have lifetime prevalence.
- 55-63% of ♀ seen in ER report physical/emotional abuse.
- ♀ prevalence during pregnancy.
- ♀ ♀ in second trimester.
- Most common cause death of pregnant ♀ is Murder.

Ask directly and reassure pt: “this is confidential”, “I ask all my patients these questions because these problems affect many people’s health”, “At anytime or since I last saw you, have you been hit, hurt in anyway, threatened or controlled, frightened, or forced to have sex by a partner or ex-partner, or by anyone else in your life?”

Document: Use descriptive terms. Include quotes and drawings.

Assess safety:

- “Do you feel safe in your current relationship/going home today?”
- “Do you have a safety plan if the situation becomes dangerous?”

R/o crescendo violence = ♀ frequency/severity/weapons

Review options and refer: hotlines, SW, counselors, fu appts,

www.ncadv.org/resources/state.htm ,

Acronym RADAR from Massachusetts Medical Society
For Positive Screens: Couples counseling or confronting the perpetrator is **contraindicated** in active cases.

**First response must be empathy and support**

**Empathy:**
- “That sounds like a difficult situation”
- “I’m sorry that this has happened to you”
- “No one deserves this type of treatment”
- “This is not your fault”

**Support:**
- “Unfortunately, many pts have similar experiences”
- “Violence is never an acceptable way to resolve conflict”
- “I care about you as my pt”
- “Who could you turn to?”
- “Do you have personal or financial resources?”

**Readiness:** Point is to provide information, support, and safe environment to discuss if and when pt chooses to do so. If pts are not in a position to disclose, they know that better than you. Pts define outcomes differently than we do. ♂ on average 6 episodes before ready to leave.
- “Are you ready to make a change?”
- “In my experience violence doesn’t go away, it usually gets worse over time”.

**Referrals:** 24 Hour Hotline 1-800-799-7233
Local Safespace: 305-758-2546 (24 Hour Shelter)
For all types of crisis referrals (dv/st/suicide/counseling)
Switchboard: 305-358-Help (4357)
VAMC-305-324-4455 ext 6862 (psych)

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