**Routine Inquiry for Intimate Partner Violence**

Integrate into all history’s. Remember to keep violence in the differential. Educates and lays groundwork for future discussions

**Have it on your RADAR**

**R**-Remember to ask. US 4 million ♀ a year

**.Primary Care-** 20-33% lifetime prevalence ♀ victimized.

55-63% of ♀ seen in ER report physical/emotional abuse.

♀ prevalence during pregnancy-second trimester

Most common cause death of pregnant ♀ is **murder**

**Medical sx are common presentations**

**A**-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?”

**D**-Document-use descriptive terms. Include quotes & drawings

**A**-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

**R**-Review options/refer: Hotlines, SW/counselors/fu appts

www.ncadv.org/resources/state.htm

http://endabuse.org/statereport/list.php3

Acronym RADAR from Massachusetts Medical Society

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UMSM EDO, 305-243-7482
For Positive Screens: Couples counseling/ 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”
- Or “who could you turn to?” or “do you have personal...or financial resources?”

**Readiness:** “Are you ready to make a change?”
- “In my experience violence doesn’t go away, It usually gets worse over time”
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

**Referrals:** 24' hotline 1-800 799-7233
Local: **Safespace:** 305-758-2546 (24'c shelter)
. For all types crisis referrals (dv/st/suicide/counseling)
**Switchboard:** 305-358-help (4357)
VAMC-305-324-4455 ext 6862 (psych)
JMH 305-585-7273 (best within 72 hours)
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