

CLINICAL SKILLS FOR EMERGENCY MEDICINE

DOMESTIC (INTIMATE PARTNER) VIOLENCE

Process routine:

1. Prepare beforehand	Establish the appropriate location Ensure privacy and freedom from interruptions (bleep, phone)
2. Evaluate 'medical' aspects	Attend to injuries as usual Seek background information concurrently
3. Be open to IPV	Consider IPV in all patients Be aware of high-risk indicators Be supportive but not critical Validate patients' feelings: they are not to blame
4. IPV suspected, not disclosed	Facilitation of disclosure: open questions: <i>"How did you hurt yourself?"</i> <i>"Is there anything else you want to tell me?"</i> <i>"Have you seen our posters about domestic violence?"</i> Facilitation of disclosure: targeted questions <i>HITS mnemonic</i> <i>How often does your partner Hit, Insult, Threaten, Scream</i>
5. IPV disclosed	Assessment of immediate safety
6. Discuss next steps	Comprehensive documentation Consideration of the need for forensic examination Management of injuries in the usual way Avenues of support: immediate and medium term
7. Know the law	Relay of information to the police: consent issues
8. Support staff	Debrief involved staff members if there have been particularly harrowing aspects to a case of IPV.