

11.1 ABUSE AND/OR VIOLENCE

TITLE	DESCRIPTION
DEFINITION:	<p>Abuse and/or violence is a pattern of coercive behavior used to gain power and control over another person through fear and intimidation. Title X providers should screen all male and female clients for intimate partner violence (IPV) and domestic violence (DV). Screening questions for IPV and DV are included on the client health history collected during the initial visit. Reassessment of IPV and DV should be conducted at least annually, or as appropriate for clients with identified risk factors.</p> <p>For all clients, screening should occur at visits related to:</p> <ol style="list-style-type: none"> 1. Periodic physical assessments. 2. Contraceptive services. 3. Pregnancy testing and counseling. 4. Sexually transmitted infection (STI). 5. Preconception. 6. Achieving pregnancy. 7. Basic infertility. <p>Title X clinics must conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor (age 17 and under).</p> <p>All individuals are at risk for abuse and/or violence regardless of age, race or socioeconomic status. Populations at particular risk for IPV and DV include:</p> <ol style="list-style-type: none"> 1. Pregnant women. 2. Male and female adolescent. 3. Immigrant women. 4. Women with disabilities. 5. Elderly women. 6. Male and female lesbian, gay, bisexual, transgender (LGBT) clients.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Client may describe episodes of physical, sexual, psychological or verbal abuse directed at themselves or others. All individuals are at risk for abuse and/or violence regardless of age, race, or socioeconomic status. 2. Client may present with injuries that are inconsistent with the history described. 3. Client may have a history of frequent visits to health care providers where they present with multiple injuries or vague somatic complaints (e.g. headaches, GI complaints, fatigue, sleeplessness, sexual dysfunction, chest pain, palpitations, allergic skin reactions, musculoskeletal aches, anxiety). 4. Client may report history of: <ol style="list-style-type: none"> a. Missed appointments or presenting for treatment days after an injury. b. Alcohol or substance use in self or partner. c. Eating disorders, depression, panic attacks, suicidal ideation or suicide attempt(s). d. Pre-term labor, low birth weight infant, or miscarriage in previous pregnancies.

OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Client may appear restless, angry, defensive, tearful, evasive or anxious. May also exhibit an inappropriate affect or avoid eye contact. 2. Client may present with: <ol style="list-style-type: none"> a. Patchy alopecia. b. Cigarette burns, human bites, multiple injuries and/or bruises in various stages of healing, wounds to the face, head, neck, breasts, or abdomen, wounds from a knife or firearm. c. Foreign objects in ear, nose, vagina or rectum. d. Conditions associated with stress (i.e. hypertension, obesity, weight loss, GI ulcer). e. Evidence of sexual abuse (e.g. lacerations on breast, labia, urethra, perineum/anal area). f. Gynecological problems (e.g. frequent vaginal and UTI's, pelvic pain).
LABORATORY:	As indicated by physical findings.
ASSESSMENT:	Abuse and/or violence.
PLAN:	<ol style="list-style-type: none"> 1. Screen clients regardless of age, race, socioeconomic or marital status, as indicated. Discuss reporting requirements prior to screening. 2. Speak to the client alone. 3. Assure the client of confidentiality. 4. Referral to a local crisis program, as indicated. Provide client referral information to community resources such as legal, law enforcement, shelter, financial and counseling services, as indicated. 5. Use caution if prescribing sedatives, tranquilizers or antidepressants (they could be used by the client in a suicide attempt). 6. Document findings in a clear, precise and comprehensive fashion using diagrams, measurements and photograph (if available and if client consents). 7. Consider the possibility of child abuse, child molestation, sexual abuse, rape or incest, and human trafficking when screening for IPV and DV. 8. All Title X providers <u>must</u> be trained in the mandatory reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, human trafficking, and intimate partner violence (see <i>Mandatory Reporting and Training and Technical Assistance</i> policies in the MT Title X Family Planning Administrative Manual).
EDUCATION:	<ol style="list-style-type: none"> 1. Inform all clients that abuse and violence are not a normal part of relationships. 2. Educate client about the cycle of violence and explain that without intervention, abuse/violent episodes will likely increase in both frequency and severity.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Medical consultation/referral as appropriate for treatment of injuries. 2. Mental health or substance abuse consultation/referral as appropriate.
REFERENCES:	<ol style="list-style-type: none"> 1. National Consensus Guidelines-Futures Without Violence. (http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf). 2. Montana Coalition Against Domestic and Sexual Violence (http://www.mcadsv.com). 3. Montana Code Annotated Title 45 Chapter 5