HAWKE'S BAY
District Health Board
Whakawāteatia

Fill in only if patient label is unavailable

Name:..... DoB:.....

NHI:..... Phone:.....

Address:.....

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INTIMATE PARTNER VIOLENCE (IPV) ASSESSMENT AND INTERVENTION DOCUMENTATION

INSTRUCTION FOR COMPLETING THE FORM

Risk Assessment Declined ☐ Please state reason: .....

IPV Routine Enquiry: ☐ IPV+ (Positive)

Full name & relationship of alleged abuser(s): .....

Are there any current/previous orders on the alleged abuser? ☐ Yes ☐ No

If yes please identify:

☐ Trespass notice ☐ Protection order ☐ Bail conditions ☐ Police Safety Order ☐ Recent family violence charges

ASSESS PERSONS HEALTH AND RISK

A 'yes' answer to any of the health and risk questions requires further description in the history section and intervention as per the Intimate Partner Violence Intervention Flowchart

1. Is your partner here now? ☐ Yes ☐ No ☐ Declined
2. Are you afraid to go/stay home? ☐ Yes ☐ No ☐ Declined

(For each of the questions 3, 4, 5 and 6 a 'Yes' answer requires further investigation)

3. Has the physical violence increased in frequency or severity over the past year? ☐ Yes ☐ No ☐ Declined
4. Has your partner ever choked you (one or more times)? ☐ Yes ☐ No ☐ Declined
   A 'Yes' answer requires intervention as per the Clinical Guideline: Assessment & Management of Strangulation
5. Have you ever been knocked out by your partner? ☐ Yes ☐ No ☐ Declined
6. Has your partner ever used a weapon against you, or threatened you with a weapon? ☐ Yes ☐ No ☐ Declined
7. Do you believe your partner is capable of killing you? ☐ Yes ☐ No ☐ Declined
8. Is your partner constantly jealous of you? ☐ Yes ☐ No ☐ Declined
   If yes - has the jealousy resulted in violence? ☐ Yes ☐ No ☐ Declined
9. Have you recently left your partner, or are you considering leaving? ☐ Yes ☐ No ☐ Declined
10. Has your partner ever threatened to commit suicide? ☐ Yes ☐ No ☐ Declined
11. Have you ever considered hurting yourself/suicide? ☐ Yes ☐ No ☐ Declined
12. Is alcohol or substance misuse a problem for you or your partner? ☐ Yes ☐ No ☐ Declined

ASSESS HEALTH AND RISK DURING PREGNANCY

Is the Person Pregnant? ☐ Yes ☐ No EDD: ..... LMC: .....

13. Have you ever been beaten by your partner while pregnant? ☐ Yes ☐ No ☐ Declined

ASSESS RISK TO CHILDREN

14. Have the children seen or heard the violence? ☐ Yes ☐ No ☐ Declined
15. Has anyone physically abused the children? ☐ Yes ☐ No ☐ Declined

    If yes – who? *(Full name & relationship to the child)* .....

    Also if yes please consider if a Report of Concern (ROC) needs to be completed

Names & DOB of child(ren) living at home: .....

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ACCESS TO SUPPORT AND SERVICES

What support (if any) is available to you? .....

What services have you used in the past or are involved with currently? .....

REFERRALS *(Document referrals/reports made)*

☐ No referral or report made ☐ Police – with consent ☐ Police – without consent ☐ Social Work

☐ Report of Concern completed and sent ☐ Mental Health Service *(name service for your DHB)* ☐ CYF

☐ Cultural Support services *(name service/s for your DHB)* ☐ Childrens team *(only include if your DHB has one)*

☐ Sexual Health Service/ Sexual Assault Assessment and Treatment Service

☐ Specialist Family Violence agencies *(individual to each DHB)*

☐ Provision of Family Violence Community Agency Card/referral information ☐ Other *(please specify)*

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INTIMATE PARTNER VIOLENCE (IPV) ASSESSMENT AND INTERVENTION DOCUMENTATION

BrebnerPrint HBDHB Nettie 20161103

Please state any referral service/agency the person engaged with either face to face or via phone at the time of this intervention:

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☐ Referral(s) Declined

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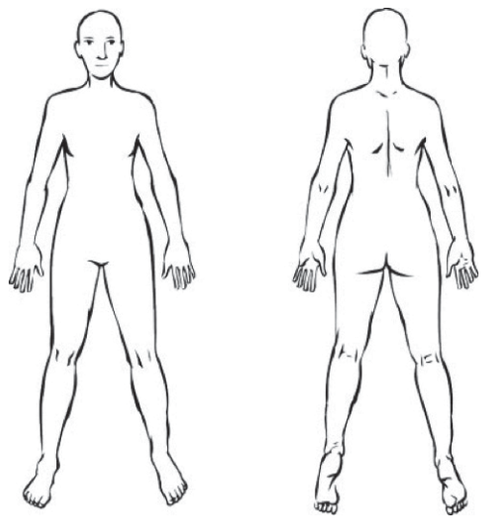
(Document referrals offered and declined)

BODY MAP

Measure, describe (incl. type, colour, texture, size) and mark location of each apparent injury (incl. bruising, scratches, abrasions, lacerations, areas of pain and tenderness)

Police/Clinical photography offered: ☐ Y ☐ N ☐ Accepted ☐ Declined

Photographs taken: ☐ Y ☐ N



HISTORY

Document history including:

- *verbatim quotes*
- *observations – patients demeanour*
- *description of injuries*
- *mechanism of injuries e.g. punched with closed fist*
- *weapon used e.g. knife, gun, baseball bat*

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Document Safety Plan (including discharge arrangements) ☐ Safety Plan discussed ☐ Safety Plan actioned

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Printed Name: ..... Designation: .....

Signature: ..... Date: .....

Put completed form in sealed envelope, mark as CONFIDENTIAL, send to Medical Records and copy to FVIPC (VIOLENCE INTERVENTION PROGRAMME)