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## INTIMATE PARTNER VIOLENCE: ENCOURAGING DISCLOSURE AND REFERRAL IN THE PRIMARY CARE SETTING

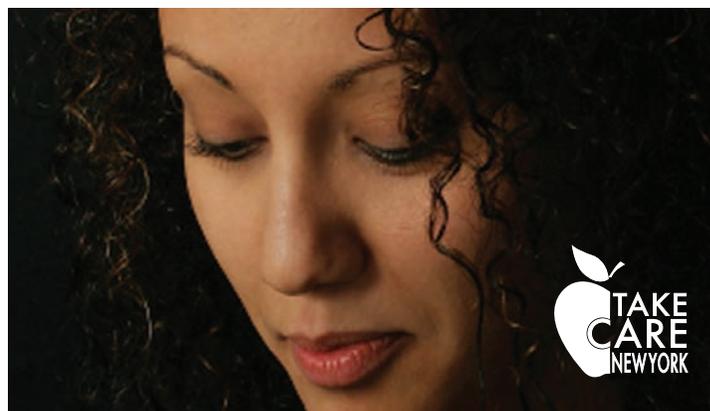
- Screen female patients for intimate partner violence using the 4-question Abuse Assessment Screen; encourage disclosure through routine inquiry and dialogue.
- If abuse is disclosed or suspected, provide a full clinical assessment and document findings thoroughly.
- Promptly refer all women who disclose intimate partner violence to social and legal services.

Intimate partner violence (IPV) is a serious health problem that affects up to 30% of adult women and 7.5% of adult men.<sup>1-4</sup> IPV refers to a broad pattern of coercive or violent tactics used by one partner to establish and maintain power and control over the other. These tactics can include physical, sexual, psychological, and economic abuse by a current or former partner (partners may include common-law spouses, boyfriends, girlfriends, lovers, or dating partners). IPV occurs in all demographic groups but is most commonly experienced by women between 16 and 24 years of age.<sup>4</sup> IPV among adolescents is often referred to as dating violence. This report focuses on detection and management of IPV among women and adolescent girls.

IPV is a leading cause of injury to women in New York City (NYC). In 2004, nearly 4,000 women were treated in the emergency department (ED) as a result of IPV and at least 34 women were killed by their intimate partner.<sup>5</sup> The actual numbers are probably higher because many women are reluctant to disclose information about abusive partners, and because providers do not always ask about or document assault. According to telephone surveys conducted in 2002 and 2004, 2.6% of NYC women (approximately 85,000) reported fearing their intimate partner.<sup>6</sup>

IPV can cause serious long-term health effects.<sup>7</sup> It significantly increases the risk of mental health problems such as depression, post-traumatic stress disorder, anxiety, and suicidal ideation.<sup>8-10</sup> Women who experience IPV are also more likely to suffer disability from cardiovascular and musculoskeletal problems, chronic pain, arthritis, or respiratory problems.<sup>11</sup> Undetected IPV may result in misdiagnoses, improper testing, and inappropriate treatment or management of health conditions.<sup>12-15</sup>

Primary care providers play a critical role in identifying and referring victims of IPV. Screening has been shown to increase disclosure and facilitate referral, and surveys indicate that most patients want their provider to inquire about IPV.<sup>16-18</sup> Routine inquiry, on-going dialogue, and establishing patient trust are vital to patient disclosure.



## ADDRESSING INTIMATE PARTNER VIOLENCE IN A CLINICAL SETTING

### Screening

Providers should ask all women about IPV and encourage disclosure. Display IPV posters, safety cards, and patient education materials, including referral information, in exam or waiting rooms, bathrooms, or with discharge instructions.

Consider screening for IPV:

- At the initial patient visit;
- During routine exams;
- At prenatal care and immediate postpartum visits;
- If a patient mentions a new intimate relationship;
- When a patient presents with symptoms (Table 1) or trauma (Table 2) consistent with IPV.

Use standardized screening tools such as the Abuse Assessment Screen (Table 3), which are effective in identifying women suffering from IPV.<sup>19</sup>

**Table 1. Clinical Indicators Potentially Consistent with Intimate Partner Violence**<sup>\*18,20</sup>

#### General physical findings

- Complaints of headache (including migraine), back pain, chronic neck pain, vague complaints, and psychogenic pain.
- Digestive problems (e.g., nausea, abdominal pain, diarrhea, constipation).
- Appetite disturbance, significant weight gain or loss.
- Assault injuries consistent with IPV (Table 2).

#### Obstetric and gynecologic findings

- Complaints of painful intercourse and/or sexual dysfunction.
- Injuries during pregnancy, fetal injury, or miscarriage.
- Sexually transmitted infections including HIV, and signs/symptoms of infection such as vaginal pain, itching, or discharge.
- Urinary tract infection, pain on urination.

#### Mental health findings

- Symptoms of depression, anxiety, post-traumatic stress disorder, insomnia.
- Inappropriate affect (e.g., lack of expressiveness, minimal eye contact).
- Eating disorders (e.g., anorexia, bulimia).
- Frequent use of prescribed anxiolytics or pain medications.
- Abuse of drugs, alcohol, or tobacco.
- Suicidal or homicidal ideation or attempts.

\*One or more of these findings may be present.

**Table 2. Assault Injuries Consistent With IPV**<sup>18</sup>

- Patterned injuries, such as injuries to both wrists.
- Multiple or frequent injuries (contusions, abrasions, minor lacerations, human bites) in various stages of healing.
- Sprains or fractures, especially fractured or subluxated teeth, fractures to the mandible, maxilla, orbit, and spiral wrist fractures.
- Burns (cigarette or rope burns), gunshot/stab wounds.
- Localized hair loss and scalp injury.
- Detached retina, perforated tympanic membrane.
- Concussion, subdural hematoma, or cerebral bleeding associated with bruising to neck and back of head from choking or head banging.
- Signs of sexual assault, injuries to genitalia and breasts.

To encourage patient disclosure:

- Examine the patient in private;
- Ask clear, direct questions<sup>21,22</sup>;
- Use non-judgemental words, tone, and body language.

If language is an obstacle, locate a trained female interpreter.

It is important to communicate your desire to help. For some women, acknowledging IPV and taking action to get help can be a slow process. Initiate the conversation with some leading statements or questions such as:

“Since violence is common in many people’s lives, I ask all my patients about it.”

OR

“Do you feel safe and happy at home?”

Conduct screenings without the partner, friends, or relatives (except children under 3 years of age) present. When a partner accompanies the patient, be aware of the partner’s behavior. He or she may insist on staying close and may try to answer many of the questions posed to the patient. Partners may also show evidence of hand injuries (e.g., skin discolorations indicative of ecchymosis, lacerations).

**Table 3. Abuse Assessment Screen**<sup>\*19</sup>

1. Have you ever been emotionally or physically abused by a partner? If so, by whom?
2. Within the past year, have you been hit, slapped or otherwise physically hurt? If so, by whom?
3. Within the past year, have you been forced to have sex against your will? If so, by whom?
4. Are you afraid of your partner?

If a patient answers YES to one or more questions, conduct clinical assessment (Table 4) and offer referral(s) (Table 6).

\*Adapted from Agency for Healthcare Research and Quality. Guide to Clinical Preventive Services, 2005.

**Negative Response:**

If a patient answers “no” to each of the abuse screening questions in **Table 3**:

- Respect her responses;
- Let her know that you are available should the situation ever change;
- If you believe she may be at risk, offer information and resources (“If you should ever experience something like this...”);
- Assess again as circumstances allow.

If you suspect current or past IPV victimization despite a lack of patient disclosure, document that a screening was conducted at this visit and that the patient did not disclose abuse. Documentation of this concern may prompt you to ask again at future visits. Include your reasons for concern, such as “physical findings are not congruent with history or description,” or “patient presents with evidence of violence.”

**Assessment of Patients with Suspected or Confirmed IPV**

Conduct a full clinical assessment immediately after patient disclosure of recent abuse, or if you suspect abuse based on clinical signs or symptoms consistent with IPV (**Tables 1 and 2**).

The clinical assessment (**Table 4**) should first determine whether the patient is in immediate danger. Indications of immediate danger include:

- An escalation in the frequency or severity of violence;
- Recent use or threatened use of weapons by the abuser during IPV episodes;
- Threats by the abuser of homicide or suicide;
- Stalking of the patient.

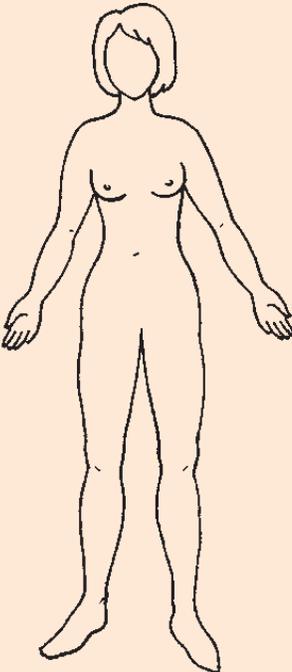
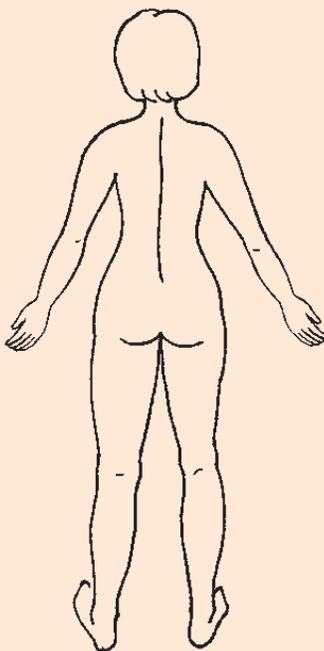
If a patient is in immediate danger, the physician or staff should help the patient call the police or an IPV hotline (**Table 6**).<sup>13</sup>

**Table 4. Clinical Assessment of Patients Disclosing Abuse<sup>23,24</sup>**

<b>Safety assessment</b>	<ul style="list-style-type: none"> <li>• Evaluate severity: “Are you in immediate danger? Are you afraid to go home?”</li> <li>• Assess for escalation: “Has the violence gotten worse or is it getting scarier?”</li> <li>• Listen for threats of homicide, suicide, weapon use, or stalking.</li> <li>• Identify whether the patient has somewhere safe to go.</li> </ul>
<b>General history</b>	<p><b>Inquire about:</b></p> <ul style="list-style-type: none"> <li>• Abuse in childhood or IPV in a previous relationship.</li> <li>• History of miscarriage.</li> <li>• Child abuse in current family.</li> <li>• Lack of money and/or documents (e.g., passports, visas).</li> </ul>
<b>History of physical trauma</b>	<ul style="list-style-type: none"> <li>• Take a history of physical injuries (include dates, times, locales, and circumstances).</li> <li>• Note if there is an unexplained delay between the occurrence of the injury and medical treatment.</li> <li>• Determine if injuries are inconsistent with the given explanation.</li> <li>• Use direct quotes whenever possible to identify abuser and describe the assault circumstances.</li> </ul>
<b>Mental health assessment</b>	<ul style="list-style-type: none"> <li>• Screen for depression (<b>Resources</b>).</li> <li>• Ask about alcohol and substance use; rule out substance abuse or dependence (<b>Resources</b>).</li> <li>• Assess for suicidal ideation (<b>Resources</b>).</li> </ul>
<b>Physical exam</b>	<ul style="list-style-type: none"> <li>• Examine for scars, injuries, or any other findings consistent with trauma.</li> <li>• If patient reports recent sexual abuse, refer her to rape crisis services and to appropriate ED care for a Sexual Assault Forensic Exam (SAFE), which includes a pelvic exam and forensic specimen collection. Written consent must be obtained for specimen collection (see Referrals and Follow-up, page 11).</li> <li>• Use body maps to note old and new wounds and to document severity (<b>Figure 1</b>).</li> <li>• Offer the option to be photographed (written consent recommended). Photographs can be important evidence for future legal actions to protect the victim.</li> </ul>

**Figure 1.**<sup>16,25</sup>**Example of an injury location chart (or “body map”)**

Draw an arrow from the injury description to the body image where any injury was observed. Note the number of injuries of each type in the space provided. Mark and describe all bruises, scratches, lacerations, bite marks, etc.

	Encounters:		
	Cuts _____		Punctures _____
	Bites _____		Abrasions _____
	Bruises _____		Bleeding _____
	Burns _____		Dislocations _____
Bone fractures _____			
 			

Source: Adapted from *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*, by Carole Warshaw, Anne L. Ganley, and Patricia R. Salter, San Francisco: The Family Violence Prevention Fund, 1995. Used with permission of the Family Violence Prevention Fund.

The following should be included in the patient evaluation and documented in the medical record (Table 4):

- 1) Evaluation of patient safety;
- 2) History, including trauma history;
- 3) Evaluation of mental health, specifically suicidal ideation;
- 4) Physical examination.

The medical record should be prepared with care, as it may be used during medical/legal proceedings or required for the procurement of social services. Document the patient’s statements and avoid pejorative or judgmental language (e.g., write “patient states” rather than “patient alleges”).

**Screening and assessments should not occur if<sup>13</sup>:**

- There is no way to conduct the assessment in private;
- There are concerns that assessing the patient would place the patient or provider at risk;
- There is a language barrier and the provider is unable to secure an appropriate interpreter.

If screening and assessment do not occur and you suspect that the patient is experiencing IPV, note in the patient’s chart that inquiry was not completed and schedule a follow-up appointment or referral to another provider.

**Medical Documentation as Evidence for Housing Assistance**

In April 2006, the New York City Housing Authority (NYCHA) made the determination to allow medical documentation of IPV as evidence for women applying to move into, or transfer within, the public housing system.

For more information see:  
[www.nyc.gov/html/nycha/downloads/pdf/vdv-documentation.pdf](http://www.nyc.gov/html/nycha/downloads/pdf/vdv-documentation.pdf)

**Referrals and Follow-up**

All women who disclose current or past IPV should be offered referral to supportive social and legal services such as a social worker, counselor, or other designated staff. Designated support staff should call the proper IPV advocacy hotline to link the patient with the appropriate support services within the community (Table 6). To the extent possible, be familiar with local resources or the National Domestic Violence Hotline (800) 799-SAFE/(800) 799-7233, TTY (800) 787-3224. When possible, refer patients to organizations that address their unique needs, such as primary language other than English. There are also organizations that specialize in working with specific populations such as lesbian, gay, bisexual, or transgender clients, teens, elderly, disabled, or unauthorized immigrants.

**Sexual violence**

Patients who report experiencing recent sexual violence (i.e., within the past 96 hours) should be referred to the nearest ED with specialized services for sexual violence victims. These services include a Sexual Assault Forensic Exam (SAFE), rape crisis services, and comprehensive medical, forensic, and psychosocial care (Table 6). Patients who disclose sexual violence that occurred more than 96 hours ago should also receive information about rape crisis services.

**Table 5. Types of IPV That Must be Reported**

Injury	Action
<ul style="list-style-type: none"> <li>• Injury from discharge of a firearm.</li> <li>• Potentially life-threatening injury inflicted by a knife or other sharp object.</li> </ul>	Report to the local police, or call 911 (Penal Law Section 265.25).
<ul style="list-style-type: none"> <li>• All 2nd or 3rd degree burns to 5% or more of the body.</li> <li>• All respiratory tract burns due to inhalation of super heated air.</li> <li>• All life-threatening burns.</li> </ul>	Report in writing to New York State Office of Fire Prevention and Control within 72 hours of patient visit (Penal Law Section 265.26). Phone: (518) 474-6746 Fax: (518) 474-3240
<ul style="list-style-type: none"> <li>• Abuse of a child by a parent, guardian, or caregiver.</li> </ul>	Report to New York State Central Registry of Child Abuse and Maltreatment (SCR). Phone: (800) 635-1522

**Safety planning**

After a patient discloses current or past abuse, offer at least one follow-up visit. Ask if it is safe for the patient to receive appointment reminder calls at home or if there is an alternate number—this facilitates trust. For patients currently in abusive relationships, use each follow-up visit as an opportunity to:

- Ask what resources the patient has accessed;
- Inquire about the nature of the current violence;
- Determine whether the violence is escalating in frequency or severity;
- Communicate ongoing concern about your patient’s safety and health.

Potential follow-up questions include:

- “Has the abuse gotten worse, or does it happen more often?”
- “What services are helping you, such as counseling, a support group, or other assistance?”
- “Whom have you talked with, such as a family member or a friend, about the abuse?”

If the patient is still not ready to act, reiterate her options (e.g., individual safety planning, talking with friends or family, advocacy services and support groups, transitional/temporary housing) and ensure that the patient has access to appropriate health care.

## Table 6. Victim's Rights Notice\*

### If You Are the Victim of Intimate Partner Violence

#### The Police Can Help You:

- Get to a safe place away from the violence.
- Get information on how the courts can help protect you against the violence.
- Get medical care for injuries you or your children may have.
- Get necessary belongings from your home for you and your children.
- Get copies of police reports about the violence.
- File a complaint in criminal court, and locate criminal and family courts in your area.

#### The Courts Can Help You:

- If the person who harmed or threatened you is a family member or someone you've had a child with, then you have the right to take your case to the criminal court, the family court, or **both**.
- If you and the abuser aren't related, weren't ever married, or don't have a child in common, then your case can be heard **only** in the criminal court.
- The forms you need are available from the family court and the criminal court.
- The courts can decide to provide a temporary order of protection for you, your children, and any witnesses who may request one.
- The family court may appoint a lawyer to help you in court if you cannot afford one.
- The family court may order temporary child support and temporary custody of your children.

\*For information about NYS law and Victims of Domestic Violence visit: [www.opdv.state.ny.us/criminal\\_justice/police/vrnoticeeng.html](http://www.opdv.state.ny.us/criminal_justice/police/vrnoticeeng.html)

### 24-HOUR CONFIDENTIAL HOTLINES

- New York City Domestic Violence Hotline  
(800) 621-HOPE/(800) 621-4673  
(212) 267-RAPE/(212) 267-7273  
*Help is available in 150 languages.*  
**or**  
Call 311 – ask for Domestic Violence Hotline.
- New York Asian Women's Center  
(888) 888-7702  
*Help is available in 15 different Asian languages and dialects.*
- NYC Gay and Lesbian Anti-Violence Project  
(212) 714-1141  
*Help is available in English and Spanish.*
- New York Police Department  
Rape and Sexual Assault Hotline  
(212) 267-RAPE/(212) 267-7273  
*Help is available in English and Spanish.*
- (Outside NYC) NY State Domestic Violence Hotline  
(800) 942-6906 (*English*)  
(800) 942-6908 (*Spanish*)

### PATIENT INFORMATION & HELP ON THE WEB

- Mayor's Office to Combat Domestic Violence  
[www.nyc.gov/html/ocdv/html/home/home.shtml](http://www.nyc.gov/html/ocdv/html/home/home.shtml)
- Safe Horizon  
<http://safehorizon.org>
- Violence Intervention Program  
<http://63.135.104.107>
- New York Asian Women's Center  
<http://nyawc.org>
- NYC Gay and Lesbian Anti-Violence Project  
<http://avp.org>
- Voices of Women  
[www.vowbwrc.org](http://www.vowbwrc.org)
- Connect  
[www.connectnyc.org](http://www.connectnyc.org)
- For help with orders of protection  
[www.nyc.gov/html/ocdv/html/services/courts\\_help.shtml#orderprotection](http://www.nyc.gov/html/ocdv/html/services/courts_help.shtml#orderprotection)
- For housing assistance: NYC Department of Homeless Services  
[www.nyc.gov/html/dhs/html/rent/hsp.shtml](http://www.nyc.gov/html/dhs/html/rent/hsp.shtml)

## Legal Requirements

While providers are not required to report all disclosures of IPV, they are required by New York State (NYS) law to report certain injuries that appear to have resulted from a criminal act, whether or not a patient elects to file a report (Table 5).<sup>26</sup> The following injuries must be reported to the local police (Penal Law Sections 265.25-26):

- Gunshot/firearm-related injuries;
- Serious lacerations and punctures consistent with knife or sharp object injuries.

In addition, all life-threatening burns, 2nd or 3rd degree to 5% or more of the body, and all respiratory tract burns should be reported to the New York State Office of Fire Prevention and Control (Table 5).

NYS law also requires hospitals and diagnostic and treatment centers to privately and confidentially provide copies of the *Victim's Rights Notice* (Table 6) to all suspected or confirmed adult IPV patients. This notice contains information on patients' legal rights, help available from police and the courts, and locations for emergency assistance (Public Health Law Section 2803-h).

In addition to the *Victim's Rights Notice*, facilities that serve maternity and prenatal patients are required to distribute copies of *Are You and Your Baby Safe?* (Public Health Law Section 2803-p). Both notices are available from the NYS Department of Health, Office for the Prevention of Domestic Violence (Resources).

## Children, Abuse, and IPV

IPV and child maltreatment often co-exist. Studies indicate that in 30%–60% of families where mothers are battered, children also suffer abuse.<sup>27,28</sup> If providers suspect abuse of a minor, or believe that the abuse of a parent or caretaker is putting a child at imminent risk, they have the legal obligation to report it to the New York State Central Registry of Child Abuse and Maltreatment (SCR) (Resources).<sup>28</sup> Because reporting the abuse can put the victim and her child(ren) at increased risk for abuse, it is important that the patient knows a report is being submitted.

Providers should also be aware that, pursuant to various laws, adolescents under the age of 18 have the right to confidential reproductive health care without parental permission or knowledge.<sup>29</sup>

## Summary

IPV is a serious public health concern. Health care providers can play a critical role in identifying and helping at-risk patients. When IPV screening and dialogue are part of routine patient visits, disclosure is more likely to occur. Identifying IPV may help reveal the cause behind non-specific complaints and improve chronic disease management. Once IPV is disclosed, providers may help patients reduce subsequent health risks and prevent further escalation of violence. ♦

## RESOURCES

### General IPV Information (for Patients and Providers)

- Department of Health and Mental Hygiene (DOHMH) Health Bulletin [www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews2-10.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews2-10.pdf)
- Connect [www.connectnyc.org](http://www.connectnyc.org)
- Safe Horizon <http://safehorizon.org>
- Violence Intervention Program <http://63.135.104.107>
- Voices of Women [www.vowbwrc.org](http://www.vowbwrc.org)

### IPV Screening and Referral Information (for Providers)

- Mayor's Office to Combat Domestic Violence: A Medical Providers' Guide to Managing the Care of Domestic Violence Patients within a Cultural Context [www.nyc.gov/html/ocdv/downloads/pdf/providers\\_dv\\_guide.pdf](http://www.nyc.gov/html/ocdv/downloads/pdf/providers_dv_guide.pdf)
- New York State Office for the Prevention of Domestic Violence [www.opdv.state.ny.us/health\\_humsvc/health/index.html](http://www.opdv.state.ny.us/health_humsvc/health/index.html)  
*Victim's Rights Notice* [www.opdv.state.ny.us/criminal\\_justice/police/vrnoticeeng.html](http://www.opdv.state.ny.us/criminal_justice/police/vrnoticeeng.html)  
*Are You and Your Baby Safe?* [www.health.state.ny.us/nysdoh/baby/4605.htm](http://www.health.state.ny.us/nysdoh/baby/4605.htm)

- Family Violence Prevention Fund (National Consensus Guidelines) <http://endabuse.org/programs/healthcare>
- Sexual Assault Forensic Examiners/Response Teams (SAFE/SART) at NYC hospitals and rape crisis programs [www.nycagainstrape.org/resource\\_map\\_hospital.html](http://www.nycagainstrape.org/resource_map_hospital.html)
- New York Civil Liberties Union Minors & Rape Crisis Treatment Q&A [www.nyclu.org/rrp\\_minors\\_rptreat\\_042602.html](http://www.nyclu.org/rrp_minors_rptreat_042602.html)
- New York State Office of Fire Prevention and Control—Legislation (see listing for 1985) [www.dos.state.ny.us/fire/legislation.htm#1985](http://www.dos.state.ny.us/fire/legislation.htm#1985)
- New York State Central Registry of Child Abuse and Maltreatment Hotline (800) 635-1522

### Depression, Suicidal Ideation, and Alcohol and Substance Use Screening and Management Information (for Providers)

- *City Health Information*: Brief Intervention for Alcohol Problems [www.nyc.gov/html/doh/downloads/pdf/chi/chi25-10.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-10.pdf)
- *City Health Information*: Detecting and Treating Depression in Adults [www.nyc.gov/html/doh/downloads/pdf/chi/chi25-1.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-1.pdf)
- *City Health Information*: Clinical Guidelines for Adults Exposed to the World Trade Center Disaster, Depression Screening and Treatment, Table 8, pp. 54–55, Substance Abuse Screening and Treatment, Table 11, p. 57 [www.nyc.gov/html/doh/downloads/pdf/chi/chi25-7.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-7.pdf)

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## City Health Information



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1. All of the following are true about intimate partner violence except:

- A. Intimate partner violence is a reportable condition in New York State.
- B. Women are more frequently victims of intimate partner violence than men.
- C. Screening tools are available to assess intimate partner violence in clinical settings.
- D. Surveys indicate that patients want their primary care providers to inquire about intimate partner violence.

2. Which of the following are signs/symptoms not often associated with IPV?

- A. Symptoms of depression, post-traumatic stress disorder, insomnia.
- B. Substance abuse: smoking, drinking, drug use.
- C. Complaints of painful sexual intercourse.
- D. Flu-like symptoms.
- E. Headaches.

3. Common injuries that result from physical intimate partner violence include:

- A. Patterned injuries such as a central or bilateral injury pattern (e.g., injuries to both wrists).
- B. Multiple injuries in various stages of healing.
- C. Contusions, abrasions, and minor lacerations, human bites.
- D. Burns.
- E. All of the above.

4. Which of the following is not true regarding screening and assessment for intimate partner violence in women?

- A. Screening for intimate partner violence in the presence of children aged 3 years and older is acceptable.
- B. When assessing a patient for intimate partner violence, it is always important to inquire about their immediate safety.
- C. For patients in whom intimate partner violence is confirmed, offering referrals is imperative.
- D. If the healthcare provider suspects intimate partner violence, but the patient does not disclose during screening, the provider should document his/her reasons for concern or suspicion.

5. In a clinical assessment of a patient who discloses intimate partner violence, which of the following should NOT occur?

- A. Physical trauma history should be documented using direct patient quotes.
- B. During the physical exam, use body maps to note old and new wounds and document severity.
- C. Immediately collect forensic evidence for any patient reporting recent sexual assault rather than refer her to expert teams elsewhere.
- D. Screen for depression and assess for suicidal ideation.

6. How well did this continuing education activity achieve its educational objectives?

- A. Very well     B. Adequately     C. Poorly

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## Continuing Education Activity

Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting

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### Objectives

At the conclusion of the activity, the participants should be able to:

1. Understand when intimate partner violence (IPV) screening and assessment should occur.
2. List components of a clinical assessment for IPV.
3. Describe requirements for reporting IPV.

### Accreditation

The DOHMH is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The DOHMH designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits*<sup>™</sup>. Each physician should claim only those hours of credit that were spent on the educational activity.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's CME program database. If you request, the CME Program will verify your participation and whether you passed the exam.

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**Participants must submit the accompanying exam by February 28, 2008.**

### CME Activity Faculty:

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Friedman S, MD.

All faculty are affiliated with the New York City DOHMH, Bureau of Epidemiology Services

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