

The Ophthalmologist's Pocket Guide to IPV

1. Physician Education and Awareness:
 - a. Educate yourself on the impact of IPV in your patient population
 - b. Know your legal requirements
 - i. In some US states (CA, CO, KY, MI, OH, RI, and TX), reporting of IPV is mandatory
 - ii. If children are believe to be at risk, Child Protective Services must be notified
 - c. Establish contacts with community agencies/resources near your practice
 - i. Law Enforcement, Child Protective Services, Social Workers, Counselors, Psychiatrists, Shelters, etc.
 - ii. **National Domestic Violence Hotline (USA): 1-800-799-SAFE**
 - d. Consider the display of IPV education materials in clinic
 - i. Place IPV awareness posters/pamphlets in clinic or in the women's restroom
 - e. Maintain a high degree of suspicion
 - i. ALL female patients presenting with facial/ocular trauma in the absence of a well-defined mechanism (e.g. motor vehicle collision)
2. Screening for IPV:
 - a. Create a confidential environment
 - i. Close the door
 - ii. Ensure patient is unaccompanied, whenever possible
 1. "I need to conduct some additional screening in the adjoining room. We'll return shortly."
 2. "It's standard for me to spend some time speaking to my patients privately. You are welcome to take a seat in the waiting room. My assistant will take you there and show you how to get back."
 - b. Conduct the screening
 - i. Provider: Any member of the ophthalmic team
 - ii. Medium: Face-to-face (may consider computer or written)
 - iii. Statements:
 1. Introduce the subject
 - a. "Because violence is so common and because there is help available, we now ask every patient about intimate partner violence. Is this something that is happening in your life?"
 2. Ask the questions
 - a. "Have you been physically, sexually, or emotionally abused by an intimate partner?"
 3. Respect the patient's decision whether or not to disclose
 4. Close the subject
 - a. "I understand that abuse is not a comfortable topic to discuss, but I'd rather risk offending you than miss an opportunity to provide you with information and resources that could potentially help you."
3. Address and appropriately manage the patient's ocular injuries.

4. Address IPV—Counseling the patient:
 - a. Provide validation and support
 - i. “I’m very sorry to hear that you’ve been subjected to that kind of treatment. I need you to know that this is *NOT* your fault!”
 - ii. “I and everyone on my team are here to help you.”
 - b. De-stigmatize IPV/De-isolate the patient
 - i. “Unfortunately, experiences like yours are not uncommon. I want you to know that you are *NOT* alone in this and that there *ARE* resources available to you.”
 - c. Screen for patient safety
 - i. “Do you feel safe returning home today?”
 - d. Screen for child safety
 - i. “Have your children ever been injured or threatened? Do you ever fear that they might be?”
 - e. Assess and respond to patient’s wishes regarding actions to be taken
 - i. “I understand that you are in a very difficult position. How can I help you? Are there certain steps you would like me to help you take at this time?”
5. Address IPV—Offering referral/resources:
 - a. Law Enforcement
 - i. Respect patient autonomy, but also be familiar with your state’s legal requirements
 - b. Child Protective Services
 - i. If child abuse is suspected
 - c. Social Work
 - d. Counseling
 - e. Psychiatry
 - f. Community Resources (e.g. Shelters)
 - g. National Domestic Violence Hotline (USA): **1-800-799-SAFE**
6. Thoroughly document entirety of encounter
 - a. Use the patient’s own words about abuse, add diagrams or photographs (when appropriate), record your impressions

*Adapted from the Canadian Orthopaedic Association Position Statement on IPV – version 2 – December 2012 as cited in Sprague S, Madden K, Dosanjh S, Godin K, Goslings C, Schemitsch E, Bhandari M. Intimate partner violence and Musculoskeletal injury: bridging the knowledge gap in Orthopaedic fracture clinics. *BMC Musculoskeletal Disorders* 2013;14: 23.