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| **E6 - IPV Intimate Partner Violence**  |  |

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| --- | --- | --- | --- |
| **Client ID:** | **……………………………………………………** | **Client Name:** | **…………………………………………………** |
| **Nurse ID:** | **……………………………………………………** | **Nurse Name:** | **…………………………………………………** |
| **Contact Date:** | **……………………………………………………** |  |  |

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| --- | --- | --- |
| **Timepoint:** | * Pregnancy visit 5-7
 | * Infancy 8-12 weeks
 |
| * Infancy 12 months
 | * Toddlerhood 14-18 months
 |
| * Ad hoc outside schedule
 |  |

**Section 1: Summary of IPV disclosure**

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| --- | --- | --- |
| **DA1. Are you aware that the client ever experienced IPV prior to enrolling on the FNP programme?** | * Yes
 | * No
 |
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| --- | --- | --- |
| **DA2. Did the client disclose IPV?** | * Yes
 | * No
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| --- | --- | --- |
| **DA3. Community resources information provided? (including information about local IPV/domestic abuse services)** | * Yes
 | * No
 |
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| **DA3a. If ‘no’ why?**  | * Client declined resources
 | * Not safe/appropriate to provide resources at this timepoint
 |
| * Not required
 |  |

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| --- | --- | --- |
| **DA4. Disclosure of IPV: Relative to this time point, the client describes her experiences of IPV as happening (select the most appropriate):** | * Currently (Complete sections 2 and 4)
 | * Within the past 12 months (but not happening currently) (Complete sections 3 and 4)
 |
| * Longer than 12 months ago (but not happening currently) (Complete section 3)
 |  |

**Section 2: Disclosure of current IPV experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DA5. What types of IPV did the client disclose? (Please tick all that apply)** | ❑  | Physical force/violence | ❑ | Emotional abuse |
|  | ❑ | Threats communicating the intent to cause harm | ❑ | Sexual violence/coercion |
|  | ❑ | Controlling behaviours  |  |  |

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| --- | --- | --- |
| **DA6. Does the client have concerns that the actions of her partner (or ex-partner) may impact the safety of her child(ren)?** | * Yes
 | * No
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| --- | --- | --- |
| **DA7. Has the client disclosed that she is afraid of her partner?** | * Yes
 | * No
 |
|  |  |

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| --- | --- | --- |
| **DA8. Is the client currently living with an intimate partner who is the perpetrator of the IPV?** | * Yes
 | * No
 |
|  |  |

**Section 3: Disclosure of previous IPV**

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| --- | --- | --- | --- | --- |
| **DA9. What types of IPV did the client disclose? (Please tick all that apply)** | ❑  | Physical force/violence | ❑ | Emotional abuse |
|  | ❑ | Threats communicating the intent to cause harm | ❑ | Sexual violence/coercion |
|  | ❑ | Controlling behaviours  |  |  |

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| --- | --- | --- |
| **DA10.**  **Did the client have concerns that the actions of her partner (or ex-partner) may impact the safety of her child(ren)?** | * Yes
 | * No
 |
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| --- | --- | --- |
| **DA11.**   **Did the client disclose that she was/is afraid of her partner?** | * Was Afraid
 | * Still Afraid
 |
| * No
 |  |

|  |  |  |
| --- | --- | --- |
| **DA12.**  **Was the client living with the intimate partner who was the perpetrator of the IPV?** | * Yes
 | * No
 |
|  |  |

**Section 4: FNP nurse activities for current IPV disclosure or IPV disclosures in the last 12 months.**

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| --- | --- | --- |
| **DA13.**  **Were any actions taken following the IPV assessment?**  (If 'No' then no further action required in this section) | * Yes
 | * No
 |
|  |  |

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| --- | --- | --- | --- | --- |
| **DA14. Assessment of Stage of readiness to address personal safety (please indicate client’s current stage** | * ❑
 | Committed to continuing in the relationship (Pre-contemplation) |  | Committed to the relationship, but questioning (Contemplation) |
| * ❑
 | Considering changes and options (Preparation) |  | Breaking away (with safety plans) or abuse is curtailed (Action) |
| * ❑
 | Establishing a new life apart from partner or together (Maintenance) |  |  |

|  |  |  |
| --- | --- | --- |
| **DA15.**  **DASH Risk assessment undertaken?** | * Yes
 | * No
 |
| **DA15a. DASH Risk assessment score (count of total ‘Yes’ responses):** | ……………………………………. |  |
| **DA15b. Date risk assessment completed:** | ……………………………………. |  |

|  |  |  |
| --- | --- | --- |
| **DA16.**  **Safety planning initiated with client?** | * Yes
 | * No
 |
|  |  |

|  |  |  |
| --- | --- | --- |
| **DA17.**  **Child safety (safeguarding) assessed?** | * Yes
 | * No
 |
|  |  |

|  |  |  |
| --- | --- | --- |
| **DA18. Did you make any referrals as a result of this visit?** | * Yes
 | * No
 |
| **If referral made please complete a referral form.** |