|  |
| --- |
| **Intimate Partner Violence: Record of Assessment and Disclosure Form**(Please note: The Intimate Partner Violence Assessment and Disclosure Form is 2 pages) |

|  |
| --- |
| **Purpose:**The purpose of this form is to record clinical assessment activities and client responses regarding Intimate Partner Violence (IPV) experiences, as well as nurse actions following her/his assessment. It is designed to collect data on IPV so that collated data can be analyzed to identify patterns, trends and impacts over time. * This form is completed by the NFP nurse FOLLOWING the visit where the “My Experiences” facilitator is used (a list of questions to guide the completion of an assessment to ascertain the types of IPV a client is currently experiencing, or has experienced in the last 12 months).
* This form is not an assessment or nursing documentation form and should NOT be used with the client.
* This form is completed for ALL CLIENTS three times: Pregnancy Visit 5-7, Infancy 8-12 weeks, Toddler 16 months and as required in addition.
* The NFP nurse should complete section 1 to record the client’s responses to the assessment of her IPV experiences and section 2 to record nurse actions following the assessment
* This form replaces the Relationship Assessment form.
* For further information on expectations for clinical assessments, nurses should refer to the national clinical pathway or guidance document.

**General Guidelines:** This form is completed: * For ALL women in pregnancy (visit 5-7) following completion of the IPV Clinical Assessment – unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
* During Infancy (8-12 weeks postpartum), following completion of the IPV Clinical Assessment - unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
* When the child is 16 months of age, following completion of the IPV Clinical Assessment - unless the client has already disclosed IPV (in which case complete Intimate Partner Violence (IPV) Previous Disclosure form)
* To record client disclosures **(**current or within the last 12 months)that occur at time points outside the regular assessment points.
* If the client has disclosed IPV, the data form ‘**Intimate Partner Violence (IPV) Previous Disclosure Form** should be completed at the subsequent expected time points in place of this form
* The form can be completed over 6 weeks to provide adequate time for the NFP nurse to complete the necessary follow-up activities following the initial assessment.
* As with all other NFP assessment and data forms, clients should: be aware that these data are being inputted into an information system; and understand the various levels of access that others will have to this data. Strict protocols should be followed to ensure that sensitive client data, such as that contained within this form, remains confidential.

**Definitions/Directions for Completing Form:**The form requests that the nurse provides information/ data on the clinical assessment that she has completed with the client. Specific instructions relating to this are as follows:**Date of IPV assessment:*** The date inserted into the form should be that when the “My Experiences” facilitator was shared with the client, or the date at which IPV was spontaneously disclosed.

**The NFP nurse indicates when the form was completed:*** Indicate if this was a: scheduled assessment, other assessment time point, or scheduled assessment not completed
* If entering an “other” assessment date, select one of the reasons indicated: delayed assessment, additional indicator-based assessment time point, or client initiated disclosure.
* The “Delayed Assessment” box should be ticked if the original assessment cannot be undertaken at the scheduled time
* Also indicate at which stage of pregnancy or age of the child the assessment was completed.
* If the “Scheduled assessment was not completed” tick one of the reasons boxes

**Section 1: Documentation of client responses to IPV assessment.** * If the client disclosed IPV during the assessment, complete questions 2-6 to indicate the client’s responses to the Clinical Intimate Partner Violence Facilitator “My Experiences” or your request for an update on her experiences
* If the client did not disclose IPV, skip to Section 2
* Question 5: If the client discloses both past and current violence or abuse, the nurse records this as current

**Section 2: NFP Nurse activities** * Question #7 should **always** be completed to indicate whether the NFP nurse is undertaking any ongoing actions related to IPV at this time point.
* If the answer to #7 is “no”, no further documentation is required on this form
* If actions were taken i.e. “yes”, complete the appropriate section:
* If there is no client disclosure of IPV, complete questions # 8-9
* If the client discloses IPV, complete questions # 10-15
 |

|  |  |
| --- | --- |
| **Client Name:** | **DOB:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client ID:** |  | **Nurse Name:** |  | **Date of IPV assessment:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Scheduled Assessment**:** | * 5-7th week pregnancy
 | * 8-12 weeks post-partum
 | * Toddler 16 months
 |
| Other Assessment: | * Delayed assessment**🡪** completed at pregnancy gestation\_\_\_\_\_\_\_\_ or age of child \_\_\_\_\_\_\_\_\_\_\_
 |
| * Additional indicator-based assessment

**🡪** completed at pregnancy gestation\_\_\_\_\_\_\_\_\_\_\_ or age of child \_\_\_\_\_\_\_\_\_\_\_ |
| * Client initiated disclosure **🡪** completed at pregnancy gestation\_\_\_\_\_\_\_\_\_ or age of child \_\_\_\_\_\_\_\_\_\_\_
 |
| Scheduled assessment not completed:🡪 please provide reason:  | * Partner present
 | * Other person present
 |
| * Client declined
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Section 1: Documentation of client responses to IPV assessment**

|  |
| --- |
| 1. Did the client disclose IPV?
* Yes 🡪 Continue completing form
* No 🡪 Skip to Section 2
 |
| 1. Which 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 behaviors
 |
| 1. Does the client have concerns that the actions of her partner (or ex-partner) may impact the safety of her child(ren)?🞏Yes 🞏 No
 |
| 1. Has the client disclosed that she is afraid of her partner? 🞏Yes 🞏 No
 |
| 1. When has the IPV occurred? (tick one):
* Current
* Within the past 12 months (but not happening currently)
 |
| 1. Is the client currently living with an intimate partner who is the perpetrator of the IPV?

 🞏Yes 🞏 No  |

**Section 2: NFP nurse activities**

|  |  |
| --- | --- |
| 1. Were any actions taken following the IPV assessment?
 | * No 🡪 No further documentation required
* Yes 🡪 please also complete either the section
* No client disclosure of IPV (# 8-9) or
* Client disclosure of IPV (# 10-15)
 |

**No client disclosure of IPV:**

|  |  |
| --- | --- |
| 1. Community health/social service information provided (including information about local IPV/domestic violence services)
 | * No
* Yes
 |
| 1. Client response/actions taken summarized in client’s chart/ record
 | * No
* Yes
 |

**Client disclosure of IPV:**

|  |  |
| --- | --- |
| 1. 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)
 |
| 1. Risk assessment undertaken?

(e.g. Danger Assessment, DASH-9)Country to add assessment being used | * No
* Yes 🡪

Risk assessment score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date risk assessment completed: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Safety planning initiated with client?
 | * No
* Yes
 |
| 1. Child safety (child protection) assessed?
 | * No
* Yes
 |
| 1. Nursing plan summarized in client’s NFP chart/record?
 | * No
* Yes
 |
| 1. Referrals made?
 | * No
* Yes 🡪 complete Referrals & Service Utilization Form
 |