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| **Intimate Partner Violence: Previous Disclosure Form**  (Please note: The Intimate Partner Violence Previous Disclosure Data Form is 2 pages) |

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| **Purpose:**  This form should be completed by the NFP nurse for all clients who have previously disclosed Intimate Partner Violence (IPV). This form is used to record activities regarding ongoing client experiences of (IPV), as well as nurse responses and actions.This form will assist the NFP nurse to collect data at points subsequent to the initial assessment without a requirement for additional direct, nursing structured assessments. This form is designed to collect data on IPV so that this collated information can be analyzed to identify patterns, trends and impacts of the program in relation to IPV over time.  This is not an assessment or nursing documentation form and should NOT be used with the client.  **General Guidelines:**   * This form is completed at the time points of pregnancy (visit 5-7), Infancy (8-12 weeks postpartum) and Toddler (child 16 months of age) **for clients who have previously disclosed IPV** * Compete this data form ONLY to provide updates on client status and nurse activities for clients who have previously disclosed IPV * If a client disclosure of IPV has not already been reported to the Information System, the ‘Intimate Partner Violence (IPV) Record of Assessment and Disclosure Data Form’ should be completed by the nurse to do so. * The nurse is NOT expected to repeat the IPV assessment with a client who has previously disclosed IPV, rather she/he should use their ongoing knowledge of the client’s circumstances, arising from their work with the client, to complete this data form * 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 data form completion time point should **always** be ticked to show which routine data collection time point the form relates to. The date of previous IPV exposure should always be identified.   **Section 1: Client IPV experiences**   * Question 1 should **always** be completed to indicate the client’s current experiences of IPV * If the client identifies her IPV experiences as current (i.e. continuing to occur at this time point) questions 2-5 should be completed * If the client identifies her IPV experiences as not happening currently, questions 2-5 are skipped   **Section 2: NFP nurse activities related to current or ongoing actions with client in relation to IPV**   * Question #6 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 #6 is “no”, no further documentation is required on this form * If the answer to #6 is “yes”, questions 7-12 should be completed |

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

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

**Data form completion time point (Tick one):**

* 5-7th week pregnancy
* 8-12 weeks post-partum
* Toddler 16 months

**Date of previous client IPV disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: Client IPV experiences**

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| 1. At this time point does your client describe her experiences of IPV as:  * Current 🡪 **continue completing Section 1** * Within the past 12 months (but not happening currently) 🡪 **skip to Section 2** * Longer than 12 months previously (and not happening currently) 🡪 **skip to Section 2** |
| 1. Which types of IPV does the client disclose as currently occurring? (Please tick all that apply)  * Physical force/violence * Emotional abuse * Threats communicating the intent to cause harm * Sexual violence/coercion * Controlling behaviours |
| 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. Is the client currently living with an intimate partner who is the perpetrator of the IPV?   🞏Yes 🞏 No |

**Section 2: NFP nurse activities** **related to current or ongoing actions with client in relation to IPV**

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| 1. Are you currently undertaking any activities with this client in relation to her IPV experiences? | * No 🡪 no further documentation required on form * Yes 🡪 complete questions 7-12 |
| 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 |