Framing questions:

- » Because violence is so common in many people's lives, I've begun to ask all of my patients about it.
- » I don't know if this is a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely.

Direct verbal questions:

- » Are you in a relationship with a person who physically hurts or threatens you?
- » Did someone cause these injuries? Who?
- » Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?

The best way to ask about intimate partner violence is to *ask directly*. However, be aware of:

- » History suggestive of abuse: traumatic injury or sexual assault; suicide attempt; overdose; physical symptoms related to stress; vague complaints; problems or injuries during pregnancy; history inconsistent with injury; delay in seeking care or repeat visits.
- » **Behavioral clues:** evasive, reluctance to speak in front of partner; overly protective or controlling partner.
- » Physical clues: any physical injuries; unexplained, multiple, or old injuries.







Intimate partner violence (IPV) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over another.

Use Your "RADAR"

Routinely inquire about current and past violence

- » Ask with presence or absence of physical indicators
- » Use private setting/space

Ask direct questions

- » Validate and be non-judgmental
- » Use culturally/linguistically appropriate language

Document findings

- » Include any description of incident
- » Use body map
- » File reports when required under law

Assess safety

- » Escalation in frequency/severity of violence
- » Threats of homicide/suicide
- » Weapons used or available

Review options and referrals

- » Become familiar with a variety of resources
- » Let the patient decide what is the safest option