

## FOLLOW-UP AND CONTINUITY OF CARE FOR VICTIMS

### At least one follow-up appointment (or referral) with a health care provider, social worker or DV advocate should be offered after disclosure of current or past abuse:

- “If you like, we can set up a follow-up appointment (or referral) to discuss this further”
- “Is there a number or address that is safe to use to contact you?”
- “Are there days/hours when we can reach you alone?”
- “Is it safe for us to make an appointment reminder call?”

### At every follow up visit with patients currently in abusive relationships:

- Review the medical record and ask about current and past episodes of IPV
- Communicate concern and assess both safety and coping or survival strategies:
  - “I am still concerned for your health and safety”
  - “Have you sought counseling, a support group or other assistance?”
  - “Has there been any escalation in the severity or frequency of the abuse?”
  - “Have you developed or used a safety plan?”
  - “Told any family or friends about the abuse?”
  - “Have you talked with your children about the abuse and what to do to stay safe?”
- Reiterate options to the patient (individual safety planning, talking with friends or family, advocacy services and support groups, transitional/temporary housing, etc.)

### For current and previous victims of IPV:

- Ensure that patient has a connection to a primary care provider
- Coordinate and monitor an integrated care plan with community based experts as needed, or other health care specialists, trained social workers or mental health care providers as needed.

*(For more information on addressing short and long term mental health effects of IPV victims see the AMA's Diagnostic and Treatment Guidelines on Mental Health Effects of Family Violence referenced in [Appendix N](#)).*

### If patient does not disclose current or past IPV victimization:

- Document that assessment was conducted and that the patient did not disclose abuse
- If you suspect abuse, document your reasons for concern: i.e. “physical findings are not congruent w/ history or description,” “patient presents with indicators of violence”