

## Patient/Client Workflow

*This Patient and Client Workflow was developed to assist health centers implement IPV assessment and universal education to support patients facing domestic violence/sexual assault (DV/SA) and help prevent it before it begins. Tips for DV/SA advocates are also offered below. This workflow is complimented by adding visual public education messages like putting up [IPV posters](#) in exam rooms and stocking [safety cards](#).*

### Health Center Workflow:

1. *(front desk staff)* Health Center registration/check-in
2. *(health provider: MD, MA, NP, RN, PA, LMFT, LCSW)* Oral or written assessment for IPV and follow-up if there's a disclosure. This process varies depending on the health center, but here are three common setups:
  - a. **MA** takes vitals and conducts IPV education and assessment using safety card approach, and flags provider if there's a disclosure. **Provider** visit, discuss health impact and harm reduction strategies.
  - b. During visit **primary health care provider** conducts IPV education and assessment using safety card approach and offers harm reduction strategies.
  - c. **Behavioral health providers** conduct IPV education and assessment using safety card approach, and flags provider if there's a disclosure to discuss health impact and harm reduction strategies.
3. *(health provider: MD, MA, NP, RN, PA, LMFT, LCSW)* In the event of a disclosure of IPV to a (non-behavioral health) provider, the provider will provide a warm referral to either a domestic violence/sexual assault advocate or to a behavioral health provider (LMFT/LCSW). The provider should offer all options to the patient so that they can make the most informed decision for their needs. If they would like support for a mental health issue (such as anxiety or depression) they may be interested in seeing a behavioral health provider. BH providers sometimes also help clients with [safety planning](#) ([the National Hotline on Domestic Violence](#) can help facilitate safety planning: 1-800-799-7233). If the patient would like safety support, legal assistance or housing, they may be referred to a DV/SA advocate. However, many DV/SA agencies also offer behavioral health services and also run support groups. The provider should be familiar with both the staff and services offered at the partnering DV/SA agency.
4. *(health provider: MD)* When a provider sees a patient who has previously disclosed abuse, the provider should ask follow-up questions.

### **Domestic Violence/Sexual Assault Agency Workflow:**

1. Consultation for DV/SA services, either in person or on the phone.
2. Intake and enroll in services the client requests (shelter, support group, legal assistance, etc). Advocates can also help meet the health needs of their clients by:
  - a) inquiring about clients' health and help-seeking on intake forms;
  - b) identifying whether the client has a primary health care provider and offer referrals to partnering health centers, informing clients about health center services and sliding scale fees;
  - c) offering onsite basic support such as emergency contraception, pregnancy, and sexually transmitted infection (STI) testing.
3. Share health care information and offer warm referral to health center. The DV/SA advocate should be familiar with the providers, staff, and services offered at the partnering health center.

Developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence

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