

TTTCP Danger Protocol

(non-suicidal; focus on IPV/DV)

YOU MAY BE MANDATED REPORTERS FOR:
Child abuse and elderly abuse.

1. VALIDATE feelings/experiences
 - Say, and show through actions, that you are there to support the patient in any way THEY want or need.
2. If patient is **positive** for HITTS OR if **patient communicates they are in danger** in some/any form:
 - Administer Assessment of Immediate Safety Screening (AISS):

Assessment of Immediate Safety Screening Questions

1. Are you in immediate danger?
2. Is your partner at the health facility now?
3. Do you want to (or have to) go home with your partner?
4. Do you have somewhere safe to go?
5. Have there been threats of direct abuse of the children (if s/he has children)?
6. Are you afraid your life may be in danger?
7. Has the violence gotten worse or is it getting scarier? Is it happening more often?
8. Has your partner used weapons, alcohol, or drugs?
9. Has your partner ever held you or your children against your will?
10. Does your partner ever watch you closely, follow you or stalk you?
11. Has your partner ever threatened to kill you, him/herself or your children?

3. Based on Assessment of Immediate Safety Screening (AISS) answers:

- **If YES IMMEDIATE DANGER:**
 - If triggers unknown, ask now. Or, read TTTCP initial screen for triggers.
 - Notify the clinic supervisor or attending physician.
 - Move patient into a trauma-sensitive specific room, if possible. (Consider if other there are available rooms that may feel safer for the patient or would be more comfortable.)
 - Proceed to addressing positive elements on AISS & connect to appropriate resources.
 - Go to "Situations" (below) and follow protocol.
- **NO immediate danger at physical clinic but screened positive for IPV:**
 - Validate.
 - Ask about creating a Safety Plan.
 - You may ask something like, "Can we talk about some things that would make you feel safe?"; "What are some things that you would like to discuss or have us help you with, if anything?"

If **YES**: Go to “Situations” (below) AND create Safety Plan
If **NO**: Ask about a follow-up plan/appointment.

Potential Danger Situations & What to Do

1. Intimate partner (or ANY other person) who patient feels in danger with, is presently at clinic:

→ “I am worried about you and think that you may be at risk of serious injury or death. Have you considered this may be a possibility before?”
→ “There are resources in _(name of city/town)_ to help people who are having similar experiences. Have you ever thought about leaving or what you would do if you wanted to leave?”

- Ask the patient what THEY want to do. OPTIONS:

a.

i. Adult (male or female), with or without children: Connect with __(local IPV/DV shelter)__ for shelter: 555.555.5555

ii. Children only: _(local children’s shelter): 555.555.5555

b. Ask if patient WANTS you to call police (for documentation [e.g. of injury(ies) or incident(s)]; legal and other options e.g. ex parte, restraining orders, arrest, escort, surveillance of house).

REMEMBER: Sometimes involving the police can make IPV/DV worse and lead to more significant injurious behavior by the abuser, up to homicide. The PATIENT knows what is safest for them! It is ALWAYS the patient’s choice!

c. Offer to create a Safety Plan.

d. Think critically about the situation and resources. What else can you offer if the patient declines the above? Look in the resources binder; or, what other clinic teams or community resources may be able to help in the short- or long-term?

2. Patient not in immediate danger at clinic, but **children or others in immediate danger at home or elsewhere (e.g. outside; in car; potential stalking)** OR **patient will be in danger upon leaving clinic:**

a. If CHILDREN are involved:

1. Call CYFD, if indicated. Mandatory reporting for child (and elder) abuse!

2. If ONLY CHILD(REN) need(s) shelter: Call _(local children’s shelter) 555.555.5555

b. Create a Safety Plan, if the patient chooses.

c. Follow-up plan created, if the patient chooses.

d. Ask if the patient wants to be escorted to their vehicle -- can call police for this, IF patient chooses.

FOR BOTH #1 and #2:

A. Discuss Lethality Factors

→ “I am worried about you and think that you may be at risk of serious injury or death. Have you considered this may be a possibility before?”

B. Discuss Safety:

→ “There are resources in _(name of town/city)_ to help people who are having similar experiences. Have you ever thought about leaving or what you would do if you wanted to leave?”

Remember **Options**: share information about resources, create follow up plan, safety plan!

Remember: It is the patient's choice! As the Chrysalis Center for Battered Women in Minneapolis conveys through their motto: "Every woman has her own answer. Every woman has her own timing. Every woman has her own path".

Please keep in mind that advocates are different from counselors and have a focus on education and safety rather than on treating any emotional, mental, or behavioral issues. We also can't give advice or tell people what to do because we respect the patient's right to make choices that work best for them. However, we do have many resources available, if they choose! Allow patients to pick the ones that feel right to them (patient-directed care)!