

SWOT Worksheet

Helpful

Internal
(attribute to organization)

S
Strengths

W
Weaknesses

O
Opportunities

T
Threats

External
(attribute outside)

Harmful

SMART Goals:
Specific, Measurable, Attainable, Relevant, Timely

Specific: What exactly will you accomplish?

Measurable: How will you know when you have reached your goal? Which metrics suggest success?

Attainable: What resources, including time, are needed to achieve your goal? Is this possible? Who needs to approve or help you with your goal? What are the logical steps that need to be taken?

Relevant: Is this in line with clinic goals? Is it worthwhile? Is it the right time?

Timely: When will this be accomplished?

Intimate Partner Abuse: Interviewing skills
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“The physician’s role in recognizing and responding to domestic violence is important because the health care community has a unique opportunity for action. Just as a physician would not treat a heart attack without proper follow- up and referrals, they should not treat injuries caused by domestic violence without following up and referring the individual to services that will help put an end to the tragedy.”

-Philip R. Lee, M.D., Former Assistant Secretary for Health, Department of Health and Human Services

Screening Questions:

- “Because violence in relationships is a common problem, I routinely ask my patients about it. Has your partner ever harmed or threatened you?”
- “All couples disagree at times. When you and your partner disagree, does it ever become violent?”
- “At any time in the past has your partner hit, kicked, threatened, or otherwise hurt or frightened you?”
- “Have you ever been forced to have sex when you didn’t want to?”
- “Many women experience some type of physical abuse in their lives. Has this ever happened to you?”

If abuse is denied...

- “If you were experiencing violence in your home, would you know where to get help?”
- “If you or anyone you know were ever in a situation where they didn’t feel safe at home, do you know about the resources that are available?”

If there is an injury...

- “When I see injuries like this it makes me concerned that someone might have done something to intentionally hurt you. I wanted to make sure that you were okay.”

Facilitate disclosure

- Assure confidentiality
- Acknowledge that it is difficult to talk about.
- Let patient know that it is okay to talk about family violence with you
- Express concern/ provide support

If she says “yes” (discloses abuse)

- Express concern /Validate patient
- Assess safety of patient and her children
- Involve law enforcement? Ex Parte?
- Develop safety plan
- Emergency Kit
- Review resources
- Assess and treat injury
- Schedule follow up
- Document injuries and history*

Intimate Partner Abuse: Interviewing Skills (page 2)

What are some important components of documentation in cases of suspected domestic violence?

Essential elements to be placed in the medical record include:

- History: Record a description of the abuse as it is described to you. Use statements such as “The patient states that she was beaten about the head by her husband using his fists.” If the patient gives the specific name of the assailant, include it in your record—“She says her boyfriend, John Smith, struck her with a baseball bat last night.”
- Record all pertinent physical findings. A body map can be used to supplement the written record. Document injuries that manifest as tenderness without visible bruising.
- Offer to photograph when the patient's injuries are visible. If patient agrees to have photo taken, it should be labeled well and attached to the chart along with a written description of the injuries .
- When serious injury or abuse is detected preserve all physical evidence. Torn or bloodstained clothing can be sealed in an envelope or bag.
- If patient does not confirm abuse but you are still suspicious be sure to document this in the record. For example, “the patient tells me that she fell down the stairs but her injuries are more consistent with a direct blow to the orbit, which raises concern about the possibility of non accidental injury.”

Supportive Messages

- “It is not okay for someone to hit you no matter what. You did not deserve to be hit”
- “It is not your fault.”
- “There are resources available that can help”
- “You are not alone in this. Many women have similar experiences”
- “I am glad that you confided in me about the cause of your injury. Violence in the home has an incredible impact on health. I am concerned about your safety and well being.”

HITS Screening tool

- How often does your partner physically Hurt you?
- How often does your partner Insult or talk down to you?
- How often does your partner Threaten you with physical harm?
- How often does your partner Scream or curse at you?

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Risk and lethality assessment questions include:

1. Have you ever been to the hospital for your injuries?
2. Are you currently being hurt?
3. Has the violence gotten worse recently?
4. Has this person attempted to strangle or suffocate you?
5. Is there a weapon in the house?

See more screening options at: <https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>