

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER  
4801 E. Linwood Boulevard  
Kansas City, Missouri 64128

November 19, 2015

MEDICAL CENTER POLICY 11-122-005

INTIMATE PARTNER VIOLENCE POLICY

1. **PURPOSE:** To ensure that patients who experience intimate partner violence receive appropriate social work intervention and coordination of care.
2. **POLICY:** Social Work staff will be available to assist patients and hospital staff in assessing and intervening in situations involving intimate partner violence.
3. **DEFINITION:** Intimate Partner Violence: The term intimate partner violence describes physical, sexual or psychological harm or stalking behavior by a current or former partner that occurs on a continuum of frequency and severity ranging from emotional abuse to chronic, severe battering or even death. It can occur in heterosexual or same-sex relationships and does not require sexual intimacy or cohabitation. Both men and women can experience intimate partner violence.
4. **RESPONSIBILITIES:**
  - a. All hospital staff who have clinical duties are responsible for responding appropriately and offering options to increase safety to patients experiencing intimate partner violence.
  - b. The Social Work Executive is responsible for ensuring that all facility Social Workers are adequately trained to provide clinically competent interventions to patients experiencing intimate partner violence.
  - c. The Intimate Partner Violence Program Coordinator is responsible for providing training for clinical staff on intimate partner violence, implementing a comprehensive facility process for screening/assessment/intervention/follow-up for victims of intimate partner violence, and fostering a culture of safety at the KCVA Medical Center.
5. **PROCEDURES:**
  - a. When intimate partner violence is suspected, hospital staff will discuss with the patient whether abuse has occurred, and consult the Intimate Partner Violence Program Coordinator or Social Worker assigned to the clinical area to assess and intervene in the situation.

- 1) Ask questions that will encourage the patient to talk about the abuse. For example, "Are you in a relationship in which you have been physically hurt or threatened?"
  - 2) Be non-judgmental when talking with the patient. For example, use empathetic statements such as, "It must be difficult being scared all the time", rather than saying, "You shouldn't stay in this relationship".
- b. With patient approval, staff will document the patient's report of intimate partner violence in the electronic medical record. In the absence of patient approval due to safety concerns, staff will document reports of intimate partner violence on VA Form 119 Report of Contact.
- c. Social work will assess the patient to determine:
- 1) Who is using violence and the current status of the relationship
  - 2) The type of violence and length of time the violence has been occurring
  - 3) Danger to the patient including, but not limited to:
    - a) Report of weapons in the home
    - b) Report of past use of weapon(s) or life threatening attack(s)
    - c) Report that patient fears for their life or the lives of their children
    - d) Report of assailant's aggressive behavior towards others
    - e) Chemical abuse in the suspected assailant
    - f) Current location of the individual alleged to be using violence
  - 4) Previous medical care received secondary to the violence
  - 5) Whether there are children in the home, and if they have witnessed or experienced violence
  - 6) Availability of a telephone to call for help if needed
- d. Determine if the violence meets criteria under Adult Abuse/Neglect and/or Child Abuse/Neglect laws, and, if so, additionally proceed with interventions as outlined in KCVVA Policies 00-122-003 (Adult Abuse/Neglect) and 00-122-004 (Child Abuse/Neglect).

- e. If desired by the patient, contact the VA police for law enforcement assistance with taking photographs of injuries to be retained as evidence.
- f. If the patient wants to report intimate partner violence to law enforcement, the VA police will be contacted to call the police department of the city or county in which the assault took place. Even when concerned for their safety, an adult victim with decisional capacity may choose to report or not report intimate partner violence. The patient can also make the report directly to law enforcement if desired.
- g. Social work will provide appropriate interventions that include, but are not limited to:
  - 1) Psychosocial assessment
  - 2) With the patient's consent, arrange for safe housing:
    - a) In a shelter
    - b) With friends or family
  - 3) Offer referrals and educational information regarding intimate partner violence, domestic violence hotline numbers, education on the patterns and dynamics of violent relationships, shelters and other community resources. Be aware that it may not be safe for the patient to have brochures about intimate partner violence and/or shelters in their possession. In those instances, provide the appropriate telephone numbers on a blank piece of paper or show the patient how to locate the telephone numbers if needed.
  - 4) Provide the patient with emotional support and encourage the patient to talk about her/his anxiety, fears, feelings and experiences surrounding the violence.
  - 5) If the patient is returning to the violent situation, encourage the patient to formulate a safety plan for what will happen the next time a violent incident occurs:
    - a) How will they escape, mode of transportation, destination.
    - b) Who will the patient take with them when they leave.
    - c) Removal of potential weapons or instruments from the home setting that could be harmful.
    - d) Stay out of "danger" rooms such as the kitchen/bathroom when escalation is occurring.

- e) Set up signals with neighbors and teach children how to dial 911.
- f) Encourage the patient to assemble an emergency escape kit and plan where it will be kept for easy access. It should contain:
  - 1. Any documents that could prove useful in court or in getting out of one's own home – i.e. driver's license, birth certificates, marriage license, insurance information, deeds, mortgage papers, tax returns, etc.
  - 2. Money (change and bills)
  - 3. Change of clothing for self and dependents
  - 4. Extra set of house/car keys
  - 5. List of necessary telephone numbers, including domestic violence hotline numbers
  - 6. Pre-arrangement of sanctuary with a friend or family member
- h. Social Work will provide feedback to the referring clinician and patient's treatment team regarding the disposition of the case, and arrange safe discharge transportation for the patient and dependents as needed.
- i. With patient approval, Social Work will document interventions, referrals and reports made related to the intimate partner violence in the electronic medical record. In the absence of patient approval due to safety concerns, Social Work will document on VA Form 119 Report of Contact. Social Work will educate patients regarding the option of modifying access to their My Healthy Vet account to ensure that perpetrators of intimate partner violence cannot gain access to their medical record.
- j. The Intimate Partner Violence Program Coordinator will maintain updated information on resources available for individuals that experience intimate partner violence. The Intimate Partner Violence Program Coordinator will provide training on intimate partner violence identification/assessment/ interventions at the request of healthcare professionals.

## 6. REFERENCES:

- a. VHA Intimate Partner Violence Assistance Program SharePoint website:  
<http://vaww.infoshare.va.gov/sites/cmsws/IPV/SitePages/Home.aspx>
- b. VHA Handbook 1110.02 Social Work Professional Practice January 15, 2014.

- c. 2015 Joint Commission Standards, Provision of Care, Treatment and Services, PC 01.02.09
- d. 2015 Joint Commission Standards, Rights and Responsibilities of the Individual, RI 01.06.03.
- e. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Injury Prevention and Control: Division of Violence Prevention website: <http://www.cdc.gov/violenceprevention/>

7. RESCISSION: None

8. RESPONSIBLE SERVICE LINE/COMMITTEE: Social Work Executive

9. CONCURRENCES: ECNS, ECMS

10. REVISION DATE: November 19, 2018

AHMAD BATRASH, MD, FACP  
Chief of Staff

KATHLEEN FOGARTY  
Medical Center Director