

**XX Hospital  
Department of XX**

**Policy and Procedure Manual**

<b>SUBJECT:</b>  <b>INTIMATE PARTNER VIOLENCE</b>	<b>File Section:</b>
	<b>Original Date:</b>
	<b>Review Date:</b>
	<b>Effective Date:</b>

**I. POLICY:**

At *(the name of your hospital)* we believe every patient should feel safe and free of harm. Because intimate partner violence (IPV) impacts the health and well being of our patients, health care providers must actively participate in the process of identifying, treating, and referring victims. Our facility actively supports standards set forth by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requiring accredited hospitals to implement policies and procedures to respond to victims of abuse<sup>1</sup>.

**II. DEFINITIONS:**

Intimate partner violence (IPV) is defined as a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over another.

**III. PROCEDURE:**

Clinical providers will utilize the RADAR methodology, detailed below, as the principle strategy for identifying and responding to IPV victims in healthcare settings.

**A. Routinely Assess for Violence**

Assessment for IPV in a clinical database/medical record will be integrated into routine health screens and/or anticipatory guidance practice utilizing standardized forms. Examples of forms may be found at [www.projectradarva.com](http://www.projectradarva.com).

**B. Ask Direct Questions**

Evidence-based questions will be used for integrating IPV assessment into regular health screens. These include:

- Have you ever been emotionally or physically abused by your partner or someone important to you?

---

<sup>1</sup> JCAHO Standard RI.2.10 – The hospital respects the rights of patients.

JCAHO Standard RI.2.140 – The hospital creates a supportive environment for all patients.

JCAHO Standard RI.2.150 – Patients have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

JCAHO Standard RI.2.170 – Patients have the right to access protective and advocacy services.

JCAHO Standard PC.3.10 – Criteria for identifying and assessing victims of abuse, neglect, or exploitation should be used throughout the hospital.

- Within the past year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Within the last year, has anyone forced you to have sexual activities?

**C. Document Findings**

In addition to established documentation procedures, when documenting IPV, providers will include patient's statements regarding the relationship, injuries, and violent event(s) as well as the results of any health and safety assessments, interventions, and referrals.

**Safety Note:** IPV should not be documented on any discharge forms or billing statements due to the increased risk of violence to the victim should the perpetrator acquire the information. Child and adolescent health providers should be mindful that any information included in a child's medical records is accessible by both parents and, therefore, any information pertaining to a parent's victimization should be documented in a separate record.

**D. Assess Safety**

Providers will assess whether the victim has any immediate safety concerns. Assessments will be based on the victim's perception of safety and should consider:

- Increasing frequency and/or severity of violent incidents
- Access to and prior use of weapons
- Threats of homicide or suicide
- Risk of violence to children in the home

As indicated, more comprehensive danger/lethality assessments may be completed. Standardized forms for completing these assessments may be found at [www.projectradarva.com](http://www.projectradarva.com).

Note: When a patient identifies himself or herself as a perpetrator of IPV, a healthcare provider has an ethical responsibility to determine if there is any risk of imminent harm to the patient or anyone else and report as mandated by law.

**E. Review options and referrals**

Where available, providers will contact hospital social workers to provide immediate assistance to victims of IPV. Providers should make referrals to local domestic violence and/or sexual assault advocacy programs. (*Information about facility or locality-specific resources should be inserted here.*)

In Virginia, the Virginia Sexual & Domestic Violence Action Alliance provides confidential, 24-hour support, advocacy, and resource information to victims of sexual and domestic violence and providers via their hotline, 1-800-838-8238.

**IV. LEGAL REPORTING REQUIREMENTS**

There is no federal or state statute that requires health care providers or institutions to report all incidents of intimate partner violence. Hospital personnel, however, are required to make a report to law enforcement when they believe that specific weapons such as firearms or knives have inflicted a wound. (Code of Virginia § 54.1-2967 & § 18.2-308)

If providers suspect that a child under the age of 18 has been abused or neglected, they must make an immediate report to Child Protective Services. (Code of Virginia § 63.2-1509)

When providers suspect abuse, neglect, or exploitation of an adult with a disability or who is over the age of 60, they are required to make a report to Adult Protective Services. (Code of Virginia § 63.2-1606)

If any sexual assault, including those perpetrated by a spouse or intimate partner, is suspected, refer to the Sexual Assault Protocol. When evidence is collected per the Sexual Assault Protocol, victims should be offered both domestic and sexual violence resource information.

**V. TRAINING & EDUCATION**

Providers must remain current in IPV knowledge by incorporating IPV training as part of their continuing education activities. *(Any training requirements specific to the facility should be detailed here.)*

**VI. SUPPORT FOR EMPLOYEE VICTIMS**

The Employee Assistance Program (EAP) in the Human Resources Department will develop policies and procedures that ensure that employees (and their families) affected by IPV are provided with necessary support. Policies will ensure that victims are: provided with resource information; assisted in safety planning; and that neither their ability to work or to maintain their professional position is negatively impacted by their victimization. *(Any relevant portions/content of the Human Resource Department's policy on IPV, violence, abuse, and the Employee Assistance Program should be inserted here.)*

APPROVED BY:

\_\_\_\_\_

Click **here** and type title

\_\_\_\_\_

Date

\_\_\_\_\_

Click **here** and type title

\_\_\_\_\_

Date

\_\_\_\_\_

Click **here** and type title

\_\_\_\_\_

Date

\_\_\_\_\_

Click **here** and type title

\_\_\_\_\_

Date

***Background of the Model Policy***

*In early 2006, the Division of Injury & Violence Prevention at the Virginia Department of Health convened a diverse group of healthcare providers, educators, advocates, and academics from throughout the state to sit as members of an advisory committee to develop a model hospital policy on intimate partner violence. With the goal of providing guidance to Virginia's hospitals in establishing procedures for the effective identification, management, and treatment of patients experiencing abuse, the group met a number of times over the course of six months and developed the policy which follows. The policy, reflective of both best-practice standards and those set forth by the Joint Commission on the Accreditation of Healthcare Organizations, is intended to be used as a template by hospitals and related healthcare institutions in developing their own policies on intimate partner violence.*

*The Division of Injury & Violence Prevention at the Virginia Department of Health acknowledges the following individuals for providing their professional expertise and participation on the advisory group:*

Anika A. H. Alvanzo, MD, MS  
VCU Medical Center  
Division of Quality Health Care  
Richmond, Virginia

Anna Bittner, MD  
Richmond, Virginia

Aimee Bower, MSW  
Director of Client Services  
Project Horizon  
Lexington, Virginia

Susan Carson, RN  
FNE Coordinator  
VCUMC/MCVH Forensic Nurse Examiners  
Richmond, Virginia

Laurie K. Crawford, MPA  
Medical Outreach Coordinator  
VDH, Division of Injury & Violence Prevention  
Richmond, Virginia

Janett Forte, MSW, LCSW  
Assistant Professor, Psychiatry Coordinator  
VCU Institute for Women's Health  
Richmond, Virginia

Kathryn Laughon, PhD, RN  
Assistant Professor  
University of Virginia School of Nursing  
Charlottesville, Virginia

Stacey B. Plichta, Sc.D.  
Associate Professor  
Old Dominion University  
Norfolk, Virginia

Michelle White, MSW  
Research & Data Coordinator  
VDH, Division of Injury & Violence Prevention  
Richmond, Virginia

Linda Winston  
Technical Assistance Coordinator  
VA Sexual & Domestic Violence Action  
Alliance  
Richmond, Virginia

*\*\*The Advisory Group would like to acknowledge and thank Patricia Bernal, MS, RN, CS and Chairperson of the VCU Health System's Policy & Procedure Committee, and Karen Fankhauser, PhD, RN and Organizational Development Consultant at the UVA Health System Human Resources Department, for their thoughtful reviews and feedback during the development of the model policy.*