

Mandatory Reporting of Domestic Violence by Health Care Providers

INTRODUCTION

Most states in the United States have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, suspected abuse or domestic violence for individuals being treated by a health care professional. Mandatory reporting laws are distinct from elder abuse or vulnerable adult abuse reporting laws, in that the individuals to be protected are not limited to a specific class, but pertain to all individuals whom the health care professional provides treatment or medical care, or who come before the health care facility.

The laws vary from state-to-state, but generally fall into four categories:

- i. states that require reporting of injuries caused by weapons;
- ii. states that mandate reporting for injuries caused in violation of criminal laws, as a result of violence, or through non-accidental means;
- iii. states that specifically address reporting in domestic violence cases; and
- iv. states that have no general mandatory reporting laws.

Reporting Abuse of Adults:

Health care providers should know their state's domestic violence reporting law, including who is required to report, and under what conditions (*Look at Table 1 for a list of state codes*). In order to maximize patient input regarding law enforcement action, providers should also familiarize themselves with how their local law enforcement agency responds to such reports. Becoming familiar with such procedures will allow the provider to better assist the patient in safety planning, and in knowing what to expect. Mandated reporting responsibilities should be discussed with teens seeking primary care prior to assessing for dating violence or domestic violence in their homes. Additionally, recent federal privacy regulations require providers to inform patients of health information use and disclosure practices in writing, and whenever a specific report has been made. Health care facilities should ensure that their domestic violence protocols and training materials address their state reporting laws and federal regulations.

In the majority of states, neither statutory nor case law specifies if a health care provider must report a parent's injuries if they are observed or discovered during a health care visit with that parent's child. Therefore, under a strict reading of most laws, if a child's health care provider is not providing treatment or medical care to the abused parent during the child's visit, the health care provider would not be required to make a report. In family practice situations where the child and parent are the provider's patients, and the current visit appointment is for the child, the same reasoning could be applied, although it is less clear-cut. That is, the health care provider would not be required to report since he or she is not treating the parent for the specified injuries during the appointment. This issue merits further discussion among health care providers, advocates, licensing authorities, and other professionals, as it is uncharted territory.

Reporting of Child Exposure to IPV /Child Abuse:

Whenever a child is abused, either intentionally or unintentionally, as a result of domestic violence, state laws require health care providers to report this abuse to child protective services (CPS). State laws are less clear about whether exposure to domestic violence in the absence of injury or serious risk of injury to the child would require a report to the CPS. Health care providers should also know their state or county's child abuse reporting laws and its specific policies on defining child exposure to intimate partner violence as child maltreatment.

In a state that requires mandated reporting in all cases of Intimate Partner Violence (IPV), the provider should inform the non-offending parent of the obligation to file a report to CPS, assess the safety needs of the victim, and inform CPS about the specifics of the perpetrator, his anticipated response and the potential for danger. In states where there is more discretion left to the provider, the provider should assess the specifics of each situation as a means of making a decision about whether it is necessary to make a report. The assessment should include inquiries about injury or abuse to children, the current safety of the homes, and whether the perpetrator has made threats to the children. Depending on the answers to these questions, the provider can make a decision about the imminent risk of harm to the child and victim. If the situation is not currently dangerous, the provider can refer the victim to voluntary services: battered women's services, counseling (preferably with a provider who had worked with victims of IPV), or child focused services. If the situation is currently dangerous to the child, a report needs to be filed. Consider involving the mother in filing the report and follow the recommendations above to maximize the protection afforded to the mother during the CPS investigation.