



Mandatory Reporting of Intimate Partner Violence

Position: AWHONN opposes mandatory reporting requirements to law enforcement by health care professionals caring for patients experiencing Intimate Partner Violence (IPV).

AWHONN advocates for the rights of women to choose whether or not to report IPV to law enforcement. Women in abusive relationships need to be empowered with information and support. Health care professionals can provide this information and support and act as trusted resources but only if women experiencing IPV do not have to seriously consider the consequences of sharing their thoughts, fears and problems.

Laws requiring health care professionals to be mandated reporters of IPV compromise a competent woman's right to make informed decisions. AWHONN maintains that mandatory reporting has not been found to increase a woman's safety and may place her and/or her children at increased risk for further violence and/or injury. Mandatory reporting requirements also threaten the confidentiality inherent in health care professionals' relationships with their patients and may deter women from seeking needed medical attention or discussing abuse. Mandatory reporting of IPV can potentially force a health care professional to make a decision whether to break patient confidentiality and report abuse or break the law.

Training and Implementation

All health care professionals should implement universal screening protocols, documentation procedures, and treatment/intervention protocols in their health care settings to help identify and care for abused women.¹ Training for health care professionals should include guidelines on how to screen for abuse and the importance of understanding the risks that abused women face when seeking help or leaving a relationship. Training should also detail the importance of timely, appropriate referrals to confidential social and victim support services and the importance of initiating safety plans. Ideally, all health care providers should be part of a coordinated community response to reduce domestic violence, a response in which shelters, hospitals, health care providers, legal advocates and law enforcement work together to improve safety and save lives. Comprehensive training of health care providers on identification and treatment of IPV will improve women's health and safety and the women they treat will be better able to make informed decisions about their futures and any personal and legal options they may wish to pursue.

State Laws

¹ Campbell, J., Furniss, K. Violence Against Women: Identification, Screening and Management of Intimate Partner Violence. The Association of Women's Health, Obstetric and Neonatal Nurses, Washington, DC, 2002.

Health care professionals should be familiar with laws on mandatory reporting of IPV, as requirements vary from state to state. Only two states currently mandate health care professionals to report all cases of IPV of a competent woman to law enforcement. AWHONN supports health care professionals reporting IPV with the informed consent of the abused woman. However, we also recognize that health care providers must abide by state law. AWHONN encourages state legislative bodies to rescind any mandatory reporting requirements.

Background

Intimate partner violence is a serious problem in the United States. It is estimated that more than one-third of adult women's emergency room visits annually are related to injuries caused by a current or former spouse or intimate partner.² According to the Centers for Disease Control and Prevention approximately 1.5 million women in the United States are raped and/or physically assaulted by an intimate partner annually.³ Women experiencing intimate partner violence have more physical problems and significantly higher rates of depression.^{4,5} Health care professionals under-screen and under-diagnose victims of IPV.⁶ Health care professionals, including nurses and physicians, have identified a number of barriers to screening for IPV.^{7,8} Some identified barriers are provider-related such as a lack of training, personal discomfort with the issue of IPV and a lack of legal information. Other barriers are related to the practice setting such as lack of time or privacy, need for resources and protocols, and language barriers.

Many mandatory reporting laws for IPV are modeled on child abuse laws that reasonably assume that the child is unable to make an informed decision about self-protection. Abused women, as competent adults, should have the opportunity to determine their risk of additional violence and make their own decisions about their future and their relationship with the abuser.

Proponents of mandatory reporting of IPV claim that these mandatory requirements would ensure a process that would hold offenders accountable, provide an improved tracking mechanism for IPV, and ultimately prevent the violence. However, there is evidence that the arrest of the abuser may increase the risk of violence for some women, and that existing restraint and prosecution laws are insufficient to guarantee an abused woman's safety.⁹ Evidence also shows that a woman who leaves her abuser has a significantly increased risk of IPV.¹⁰ Mandatory reporting can only be implemented safely if prompt criminal prosecution

² U.S. Department of Justice, Bureau of Justice Statistics (2005).

³ <http://www.cdc.gov/ncipc/dvp/vawguide.htm>, retrieved November 8, 2007.

⁴ Campbell J, Jones AS, Dienemann J et al. Intimate partner violence and physical health consequences. *Arch Intern Med.* 2002 May 27;162(10):1157-63.

⁵ Dienemann J, Boyle E, Baker D, et al. Intimate partner abuse among women diagnosed with depression. *Issues Ment Health Nurs.* 2000 Jul-Aug;21(5):499-513.

⁶ Elliott, L., Nerney, M., Jones, T., Friedmann, P. Barriers for screening for domestic violence *JGIM* 2002. 112-113.

⁷ Jaffee KD, Epling JW, Grant W, et al. Physician-identified barriers to intimate partner violence screening. *J Womens Health (Larchmt).* 2005 Oct;14(8):713-20.

⁸ Furniss K, McCaffrey M, Parnell V & Rovi S. Nurses and barriers to screening for intimate partner violence. *MCN Am J Matern Child Nurs.* 2007 Jul-Aug;32(4):238-43.

⁹ Rodriguez, M.A., Mandatory reporting of domestic violence to police, *JAMA*, 2001; 286(5):580-583.

¹⁰ Waltermaurer E, McNutt LA, & Mattingly MJ. Examining the effect of residential change on intimate partner violence risk. *J Epidemiol Community Health.* 2006 Nov;60(11):923-7.

of the offender and protection of the abused woman are guaranteed, which is currently impossible.

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