

What is Domestic Violence?

Domestic violence is sometimes called Intimate Partner Violence or domestic abuse. In Washington, the law defines Domestic Violence as physical harm or the infliction of fear of imminent harm between family or household members, sexual assault of one family or household member by another, or stalking as defined by law of one family or household member by another.¹ The term “family or household member” is defined in specific language in the Revised Code of Washington, and could include spouses, domestic partners, and adults who have a dating relationship or a child in common.²

Though domestic abuse can involve emotional or verbal abuse, it often escalates and involves physical violence which can result in trips to the doctor or emergency room. As many as half of female abuse victims reported visiting an emergency room due to an injury in the past year,³ but men are also victims of domestic abuse.⁴

What are physicians’ legal obligations when treating patients who may have been injured by a partner?

RCW §43.235.010-43.235.901. Washington has regional domestic violence review panels which DSHS can use to coordinate review of domestic violence fatalities. Medical personnel, coroners, or medical examiners and other with experience in forensic pathology are to work with local health department staff and other DV advocates to review suspected DV fatalities. Members of the panels are immune from civil liability for activities related to reviews.⁵

Health care providers are not subject to mandatory reporting laws here in Washington even when they reasonably suspect that an adult patient has been abused. Some physicians fear that mandatory reporting laws violate confidentiality and patient autonomy, and discourage victims from seeking medical care. Hospitals are required to report bullet, gunshot, or stab wounds to local law enforcement, as soon as is reasonably possible.⁶

RCW §43.70.610 mandates that the Department of Health establish an ongoing domestic violence education program as an integral part of its health professions regulation to educate healthcare professional to identify, treat, and refer victims of domestic violence.

Am I allowed to break patient-physician confidentiality if I am worried about my adult patient’s safety?

¹ RCW 26.50.010(1).

² RCW 26.50.010(2).

³ Bureau of Justice: [Intimate Partner Violence, 2005 report](#).

⁴ CDC National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention: National Intimate Partner and Sexual Violence Survey 2010 Summary Report.

⁵ RCW § 43.235.060

⁶ RCW § 70.41.440

Generally, no. There are some exceptions to the blanket prohibition on disclosing patient information.⁷ See **DISCLOSURE**. For example, Washington requires health care providers to report suspected cases of child abuse or vulnerable adult abuse. See **CHILD ABUSE**; and **VULNERABLE ADULT ABUSE**. Some states have mandatory reporting laws for physicians who suspect domestic abuse, but Washington does not.

What if my patient has been seriously injured?

Washington law does require hospitals to report injuries like gunshot wounds, stab wounds, and bullet wounds as soon as reasonably possible.⁸ See **REPORTING REQUIREMENTS**; and **GUNSHOT WOUNDS**. If a patient is seeking treatment for a gunshot or stab wound, the hospital will need to report this injury, regardless of whether or not you believe a partner or household member was involved. Your name may be part of the required report submitted to the Department of Health by the facility if you were the primary care provider.

Where can I find additional resources?

Many organizations have supplied materials to help inform and guide physicians.

- Department of Health: Physicians interested in learning more can browse the Washington Department of Health website, which has Domestic Violence information for healthcare providers available at <http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/ViolenceAgainstWomen.aspx>. The Department of Health has also published an Injury and Violence Prevention Guide, which covers myriad subjects including sexual and domestic violence. It is available at <http://www.doh.wa.gov/Portals/1/Documents/2900/InjuryReportFinal.pdf>
- American Medical Association: The AMA has also made its opinions on physician ethics available to physicians to use as guidance.⁹ The AMA's opinion piece, "Physicians' Obligations in Preventing, Identifying, and Treating Violence and Abuse," can provide helpful guidance to physicians, and is available on the AMA website (www.ama-assn.org).
- Blue Cross Blue Shield of Michigan and Blue Care Network: Those interested in a more comprehensive informational publication can read "Intervening in Domestic Violence and Abuse: The Health Care Provider's Reference Guide to Partner and Elder Abuse."¹⁰ This publication, which the authors call a tool kit, includes more in-depth information on domestic violence, helpful forms and paperwork for documenting abuse, and guidance for physicians working with abused patients, in

⁷ RCW § 70.02.050

⁸ RCW 70.41.440

⁹ Opinion 2.02. American Medical Association. Accessed on September 23, 2013, available at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion202.page>

¹⁰ "Intervening in Domestic Violence and Abuse: The Health Care Provider's Reference Guide to Partner & Elder Abuse," Blue Cross Blue Shield of Michigan and Blue Care Network. 2007.

order to formulate a safe discharge plan. The entire tool kit is available at http://www.bcbsm.com/pdf/DV_ReferenceGuide.pdf.