



The Joint Commission requires assessing all patients for intimate partner violence.

Screening identifies victims and provides education. Always:

- Ask direct questions
- Talk in private
- Be non-judgmental in words, manner and tone
- Use gender-neutral terms—such as “partner”

Documenting in the medical chart preserves a record of abuse.

Document:

- Screening results
- Indicators of abuse
- Injuries and marks
- Patient’s account—use direct quotes
- Don’t document specifics of a safety plan, such as location after discharge
- Don’t use judgmental terms—“states” and “declines” are better than “alleges” and “refuses”

Referring for domestic violence services can save lives. Connect your patient with:

National Hotline 1-800-799-SAFE (7233)
www.thehotline.org

Local Resources visit **www.HealthandDV.org** for DV Hotlines and service providers in Maryland



REPORTING AND CONFIDENTIALITY REQUIREMENTS IN MARYLAND

Always refer your patient for help with abuse issue.

Health care providers should report *only* when mandated.—or with the patient's permission.

MANDATED REPORTS

DO NOT REPORT unless patient requests*

Child Abuse and Neglect (current or past). Child < 18 and perpetrator is a family member/ custodian. Call CPS.

Domestic or Dating Violence involving competent adolescent and adult victims.

Human trafficking of minors. Call CPS

Sexual Assault involving competent adolescent and adult victims.

Vulnerable Adult Abuse. Call APS

Family violence or community violence involving adults.

** If not mandated, reporting without the victim's consent and knowledge is a HIPAA violation and may place the individual in increased DANGER.*

Dedicated to improving the health care response to domestic violence and improving survivors' wellbeing.



MARYLAND
HEALTH CARE
COALITION
Against Domestic Violence

www.HealthandDV.org