

## TIP SHEET FOR PROVIDERS WITH DUAL RELATIONSHIPS\*

It is an inherently complex situation when a health care provider treats or knows both partners in an abusive relationship. With proper training, it is appropriate to assess your patients' health and safety in their relationships, and to have an active management and referral plan based on what a patient shares, even when both partners in the abusive relationship are your patients. **Training in domestic violence is critical to learn how to keep victims as safe as possible by maintaining confidentiality and responding appropriately.**

**BMC's Domestic Violence Program provides training, consultation, direct services for victims, and information about programs and services for victims, perpetrators and their families. Visit <http://internal.bmc.org/domesticviolence> or call 617-414-7734 for more information.**

### CONFIDENTIALITY

- All patients should be asked their preferences for calling, leaving messages, sending appointment reminders and other communications of private information. If communications are automatic, let patients know what to expect so they can take necessary precautions, if needed. Never assume that patients who are partners know about- or want the other to know about- who their providers are, where they receive care, or what care they are receiving.
- Assessment for abuse and any follow-up conversations should be conducted in private with the patient alone. The needs of both patients should be addressed independently such that their rights to autonomy, confidentiality, and quality of care are maintained.
- Never reference your assessment or information shared by one partner in the medical record of the other partner, regardless of who discloses the abuse.
- Even if the patient requests it or gives permission, there should be no direct discussion with the other partner about anything that patient has disclosed regarding the abuse. In cases where you feel strongly that a victim will be helped and not harmed by what they are requesting, you and/or the victim (possibly together) should consult with a domestic violence expert to ensure all possible risks have been considered and steps for safety are being taken.

### RESPONDING TO AND MANAGING DISCLOSURES

- Your first step when a patient discloses abuse is to affirm that her/his health and safety (and that of their family, if appropriate) are important to you, and that all conversations are confidential unless disclosure of anything is required by law.
- Partner abuse perpetrated against an adult age 18-59 is not reportable in MA except where it overlaps with and fits the criteria for other reportable forms of abuse. (Refer to BMC's Mandated Reporting policy #3.16 for more information)
- Providing counseling related to the abuse for either patient is not recommended, and could be dangerous. Instead, offer appropriate and confidential referrals for services addressing what the patient has disclosed, explaining that this is not your area of expertise, but that you want to connect her/him with as much help as possible. This will allow you to focus on the care of your patient (consulting domestic violence experts as needed) and to assist her or him in getting additional help. Contact BMC's Domestic Violence Program 617-414-7734 for guidance and referral information.

**For 24-hour assistance (including consultation for providers) and referrals to local resources**

#### National

**National DV Hotline 1-800-799-7233** (TTY 1-800-787-3224, over 140 languages available)

[www.thehotline.org](http://www.thehotline.org)

**National Sexual Assault Hotline 1-800-656-4673**

#### MA

**SafeLink DV Hotline 1-877-785-2020** (TTY 1-877-521-2601, multiple languages available)

**Boston Area Rape Crisis Center 1-800-841-8371** (English and Spanish)

**Created by Boston Medical Center Domestic Violence Program, updated March 2016**

\* Ferris, et.al. Guidelines for managing domestic abuse when male and female partners are patients of the same physician. JAMA. 1997 Sep 10; 278(10): 851-7

Ganley. Health Care Responses to Perpetrators of Domestic Violence. Chapter 3 in *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*. 1996: Family Violence Prevention Fund