Domestic Violence Medical Reporting Options
Pre-Survey

• Click on link in chat box
• Answer to the best of your ability
• Your answers will help us develop future training
What is domestic violence?
A pattern of coercive behavior, rather than an isolated incident, used by one person to gain power and control over another in an intimate or formerly intimate relationship.
POWER AND CONTROL

USING COERCION AND THREATS
Making and/or carrying out threats to do something to hurt her/him, threatening to leave her/him, to commit suicide, to report her/him to welfare, making her/him drop charges, making her/him do illegal things.

USING ECONOMIC ABUSE
Preventing her/him from getting or keeping a job, making her/him ask for money, giving her/him an allowance, taking her/his money, not letting her/him know about or have access to family income.

USING MALE PRIVILEGE
Treating her/him like a servant, making all the big decisions, acting like the "master of the castle," being the one to define men's and women's roles.

USING CHILDREN
Making her/him feel guilty about the children, using the children to relay messages, using visitation to harass her/him, threatening to take the children away.

USING ISOLATION
Controlling what she/he does, who she/he see and talks to, what she/he reads, where she/he goes, limiting her/his outside involvement, using jealousy to justify actions.

USING MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her/his concerns about it seriously, saying the abuse didn't happen, shifting responsibility for abusive behavior, saying she/he caused it.

USING EMOTIONAL ABUSE
Putting her/him down, making her/him feel bad about herself/himself, calling her/him names, making her/him think she's/his crazy, playing mind games, humiliating her/him, making her/him feel guilty.

USING INTIMIDATION
Making her/him afraid by using looks, actions, gestures, smashing things, destroying her/his property, abusing pets, displaying weapons.
Why do we talk about domestic violence with health care providers?

• You’re already seeing survivors on a regular basis
• It makes a difference
Women who talk to their provider about abuse are 2.6x more likely to exit an abusive relationship.
How much does disclosure matter?

Evidenced-based interventions show that it is more important to give all patients information (universal education) about safety resources in your community than it is that the patient discloses to the provider the specifics of their situation.
What does domestic violence look like in a health care setting?
17% of abused women reported that a partner prevented them from accessing health care, compared to 2% of non-abused women.
Goals of HB17-1322:
Reporting by Licensed Medical Professionals

- Allow medical professionals to respect the patient’s wishes regarding contacting law enforcement
- Provide self autonomy and trauma-informed choices for survivors
- Restores professional discretion for licensed medical professionals “licensees”
This law does not change...

Mandatory reporting laws about:

- Suspected or known child abuse
- Sexual assault
- Serious bodily injury
- Gunshot wounds
- Vulnerable adult (18 years+) or elder (70 years+) abuse
- Injuries resulting from other crimes
Who is required to follow this law?

- A licensee is specifically defined in Colorado statute as a physician (MD/DO), physician assistant (PA), anesthesiologist, or anesthesiologist assistant.

- What about nurses and nurse practitioners (NP)?
  - Guidance from HIPAA unless they are acting as a designee for a licensee. HIPAA bends to state law, and HB 1322 outlines reporting requirements. Nurses and NPs should notify the physician they are operating under about adult disclosures of domestic violence and if they are choosing to report it to law enforcement.
Mandatory Reporting for Health Care Providers

• For adults who report experiencing domestic violence, medical providers have discretion about reporting the injuries or experiences of their patient to law enforcement.

• If medical providers choose to make a report, they must confidentially notify the patient beforehand and make a warm referral to a local domestic violence agency.

• If medical providers choose not to make a report, they must make warm referral to a local domestic violence agency.
If you choose to report...

• If you choose to report: You must **confidentially** notify the survivor of your intention to call law enforcement **before** you make the report/call.

• Whether there is a report made or not: Licensees or their designee must make a confidential referral to a confidential victims’ advocate.
If you choose **not** to report...

- At the request of the survivor: You can choose to not report to law enforcement, and still have professional and personal immunity.
- If there is a report made or not: Licensees or their designee must make a confidential referral to a confidential victims’ advocate.
Documentation

If you are not calling law enforcement:

– What you observed
– What you heard from the patient, specifically their request not to call law enforcement
– Confidential Advocate Referral made

If you are calling law enforcement:

– What you observed only
– Documentation that you confidentially informed the victim you have made the decision to call law enforcement
– Confidential Advocate Referral made
**Required Referral**

- If there is a law enforcement report made or not: You must make a confidential referral to a confidential victim advocate.
- Best practice is to allow/encourage the person to call confidential advocate from the privacy of the office/ER.
- While the referral is only mandated for domestic violence survivors, you may also want to also refer sex assault victims to the local program for free counseling and advocacy support.
- Medical licensee has no liability attached to the services rendered by the confidential advocate.
What does an advocate do?

• Confidentiality above most other social service professionals
• Safety planning
• Connecting with resources
• Emergency shelter
• 24-hour hotline
Refer
National Domestic Violence Hotline:
(800) 799-SAFE (7233)

Find a local program:
viocefreecolorado.org
Things to consider when deciding if you want to make a report...

• Evidence-based best practice is to let the survivor/patient choose if there is a report made
• Survivors know what is best for them
• Abusers can react strongly to law enforcement involvement
Review

• At the request of the survivor: Licensees can choose to not report to law enforcement, and still have professional and personal immunity

• If you choose to report: You must **confidentially** notify the survivor of your intention to call law enforcement before you make the report/call
What do survivors need from you?

1. Safe and non-judgmental listening

2. Resources
Tips

• Don’t set yourself up to fail by saying “I’m sorry, I have to ask this” or framing negatively “I know this doesn’t apply to you...”

• Talk to the person alone, if possible

• Don’t focus on disclosure, the goal is for you to share information, not get information from them

• Have a plan for dealing with difficult disclosures, who do you talk to? How do you cope?

• Watch for judgmental behavior and body language
Use supportive language

<table>
<thead>
<tr>
<th>Victim Blaming</th>
<th>Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “What did you do to make your partner so mad?”</td>
<td>• “The abuse is not your fault.”</td>
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<tr>
<td>• What could you have done to stop your partner from hitting you?”</td>
<td>• “It sounds like sometimes your partner’s behavior escalates.”</td>
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<tr>
<td>• “Why didn’t you just leave?”</td>
<td>• “I know there are many reasons why leaving isn’t an option.”</td>
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<tr>
<td>• “Why do you put up with the violence?”</td>
<td>• “There isn’t one right answer or one right thing to do in this situation.”</td>
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<tr>
<td>• “If you are concerned about your children, you shouldn’t return to your partner.”</td>
<td>• “Let’s talk about how to increase your and your children’s safety if you return to your partner.”</td>
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Use Supportive Language

• “Thank you so much for trusting me with your story.”
• “What can I do to support you?”
• “I believe you.”
Use Supportive Language

“I know feeling safe again can be complicated and we will not be able to solve everything for you today, but can we call a program together? We can get you connected with professionals that can help navigate the next steps. We can call together. All of their services are free and confidential.”
Post-Survey

- Click on link in chat box
- Answer to the best of your ability
- Your answers will help us develop future training
Review

• If you’re a medical licensee and an adult patient discloses that they have experienced domestic violence, you must do these things:
  – Make a warm referral to a confidential advocate
  – Document the information
  – Decide if you are going to report to law enforcement
  – If you are going to report to law enforcement you must notify the patient confidentiality of your intentions before the report is made
Questions?

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