



How State/Territory, Tribal, and Federal Health Policies Can Promote Survivor Health, Preserve Autonomy, and Protect Confidentiality

October 30, 2019

10:00-11:00am PST/ 11:00-12:00pm MST/
12:00-1:00pm CST/ 1:00-2:00pm EST



About this Zoom Webinar Platform

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- You may listen to audio through the phone or through the computer.
- Please be sure to mute your computer if you are using your phone, and vice versa.
- Please keep your phone/computer muted when you are not speaking to prevent background noise.
- You may use the chat box for comments.
- Slides and a link to the webinar recording will be emailed to all participants.



Learning Objectives

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1. Explain how health policies can support survivor health.
2. Identify the categories of mandatory reporting laws for health care providers.
3. Name two ways that insurance companies discriminate against domestic violence survivors.



Presenters


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- **Anisa Ali, MA**; Futures Without Violence
- **Nancy Durborow, MA**; Retired Health Projects Manager, Pennsylvania Coalition Against Domestic Violence
- **Terry Fromson, JD**; Managing Attorney, Women's Law Project
- **Graciela Olguín**; Futures Without Violence
- **Lydia Waligorski, MPA**; Director of Public Policy, Violence Free Colorado



Healthcare Providers Make a Difference

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**Women
Who Talked to
Their Health
Care Provider
About
Experiencing
Abuse Were:**

**FOUR TIMES
more likely**
to use an intervention
such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

N= 132

(McCloskey, 2006)



Survivor-Centered Care in Health Settings

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- ✓ Preserve Patient Autonomy
- ✓ Protect Patient Confidentiality
- ✓ Provide Informed Consent



Universal Education on Domestic Violence in Health Settings “CUES”

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- **C: Confidentiality**

Know your state/territory's reporting requirements and share any limits of confidentiality with your patients before discussing domestic and sexual violence. Always see patients alone for at least part of the visit. It is unsafe to discuss relationships if their partner, friend, or family member is with them.

- **UE: Universal Education and Empowerment**

Give each patient two Safety Cards to start the conversation about healthy relationships, those that are not healthy, and how they can affect their health. Normalizing this conversation as a health issue is crucial.

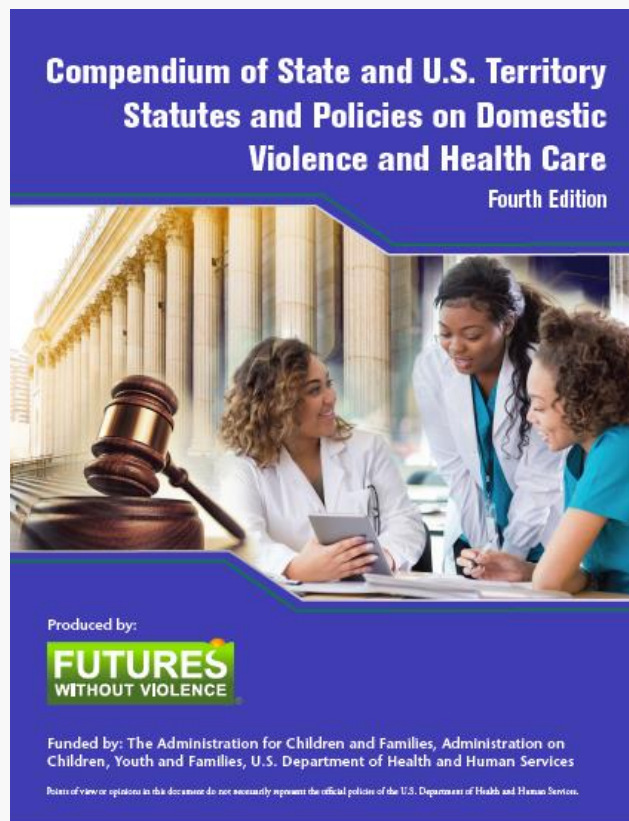
- **S: Support**

Though disclosure of violence is not the goal of CUES, it will happen. Know how to support someone who says “yes, this happened to me.” Make a warm referral to your local domestic violence partner agency or the National Domestic Violence Hotline (on the back of all Safety Cards) and document support provided in order to follow up the patient at their next visit. Offer health promotion strategies and a care plan that takes surviving abuse into consideration.



Fourth edition now available!

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[Download the Compendium](#)



[Building Partnerships](#)[Prep Your Practice](#)[Provider Training](#)[Health Administration](#)A photograph of a healthcare provider, a woman with dark hair tied back, wearing blue scrubs and a stethoscope. She is smiling warmly at a young child with curly hair. An adult with long blonde hair is partially visible in the background, looking towards the child. The scene is set in a bright, clinical environment.

Healthcare providers
can intervene and
prevent violence

www.ipvhealth.org

a website for providers and advocates

A photograph of a male healthcare provider with a beard and glasses, wearing a light blue shirt, examining the arm of a young girl with braided hair, wearing a pink jacket and denim overalls. The background is blurred, showing other people in a clinical setting.

Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

www.ipvhealthpartners.org

Online toolkit specifically developed for community health centers *by community health centers*

Nancy Durborow, MA

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Nancy Durborow, MA;
Retired Health Projects Manager, Pennsylvania
Coalition Against Domestic Violence



Mandatory Reporting Of DV to Law Enforcement by Health Care Providers

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- Most states require the reporting of specified injuries and wounds
- Very few have mandated reporting laws specific to suspected abuse or domestic violence for individuals being treated by a health care professional
- The laws pertain to all individuals to whom specific health care professionals provide treatment or medical care, or those who come before the health care facility



Categories of Mandatory Reporting Laws

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- States that require reporting of injuries caused by weapons
- States that mandate reporting for injuries caused in violation of criminal laws, as a result of violence, or through non-accidental means
- States that specifically address reporting in domestic violence cases
- States that have no general mandatory reporting laws – Kansas, New Mexico, Wyoming

Important: *Review the text of the entire law to understand specifically what health care providers are required to report, under what conditions, and definitions and penalties*



Mandatory Reporting Laws

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- Two states have laws that specifically require mandated reporting of DV specifically, not just injuries
 - California and North Dakota
- Five states have exceptions for reporting injuries due to DV
 - New Hampshire, Oklahoma, Pennsylvania, Tennessee, Colorado
- Three states require that victims of DV be given educational information related to support service
 - Kentucky, North Dakota, Washington



What You Can Do:

Health Care Providers & Advocates

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- Understand your state or territory's domestic violence reporting law
- Become familiar with how local law enforcement agency responds to such reports to better assist the patient in safety planning, and in knowing what to expect
- Always discuss mandated reporting responsibilities with patients seeking care prior to assessing for domestic violence
- Ensure that their domestic violence protocols and training materials address state reporting laws and federal regulations
- The Federal Health Insurance Portability and Accountability Act (HIPAA) privacy regulations require providers to inform patients of health information use and disclosure practices in writing, and whenever a specific report has been made



Mandatory Reporting of DV to Law Enforcement by Health Care Providers in Indian Country

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- Currently, tribal codes that mandate that health care providers working in Indian Country report domestic violence to law enforcement have not been identified, like most states.
- As with states, health care providers in Indian Country have the unique and critical opportunity to conduct early identification and primary prevention of abuse.
- Jurisdictional maze of tribal, federal, and state governments results in a confusion of how reports are made and who follows them.



Additional Resources for Tribal Codes and Domestic Violence

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- Tribal Law and Policy Institute
 - Training, technical assistance, and free publications for Native nations and tribal justice systems
 - <https://www.tribalresponse.org/>: Strengthening Tribal Responses to Violence against Native Women
- National Indigenous Women's Resource Center
- Alaska Native Women's Resource Center



Lydia Waligorski

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Lydia Waligorski, MPA;

Director of Public Policy, Violence Free Colorado



Listening to Survivors

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“I was punched in the mouth, fell, hurt my knee, ankle, and chipped my tooth. I knew I needed medical services right away but was in fear of medical professionals contacting the police... I could not take that chance so I went without treatment, wrapped my ankle myself and tried to not walk on it too much, I was never seen for my knee till this day.” –DV Survivor



Increasing Survivor Autonomy through Repealing a Mandatory Reporting Law: Colorado Case Study

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- Survivors often refused medical treatment even after strangulation. Why was this?
- Colorado was in the minority of states that mandated reporting with no exceptions
- Many physicians did not know about the law which created uneven implementation and unequal protections statewide



Rationale for Repealing the Law

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- Why we did it when we did it?
 - Mass deportation concerns
- Intention of reporting law was to provide immediate opportunity for physical safety
- What do we really know?
 - Survivor autonomy is paramount
- Other ways to provide interventions that may be more in line with survivor's self-identified needs



What is the current Colorado law?

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- Current Colorado law is a hybrid
- Increases both licensee discretion and survivor autonomy
- Requires a referral to confidential community-based advocates
- Requires documentation



Keeping a Promise Made to Legislators for Implementation

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More information can be found here:

<https://www.violencefreecolorado.org/medical-reporting-options/>

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Terry Fromson, JD

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Terry Fromson, JD;
Managing Attorney, Women's Law Project

<https://www.womenslawproject.org/>



Insurance Discrimination Against Victims of Domestic Violence

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1993: Learn insurers discriminate against domestic violence survivors

2019: Laws banning discrimination by 45 states and D.C. and federal law



Objectives

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- How we got from then to now
- What this discrimination looks like
- What the laws do
- How you can help



Insurer Justifications

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- A voluntary lifestyle choice, like skydiving
- Life insurance: An incentive to murder



Insurer Adverse Actions

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- Denial of policy
- Cancellation of policy
- Exclusion of certain health conditions/intentional acts
- Denial of claims
- Increase in rates



All Lines of Insurance

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- Health
- Life
- Disability/Accident
- Homeowners
- Rental
- Auto
- Mortgage



Range of Legal Protection

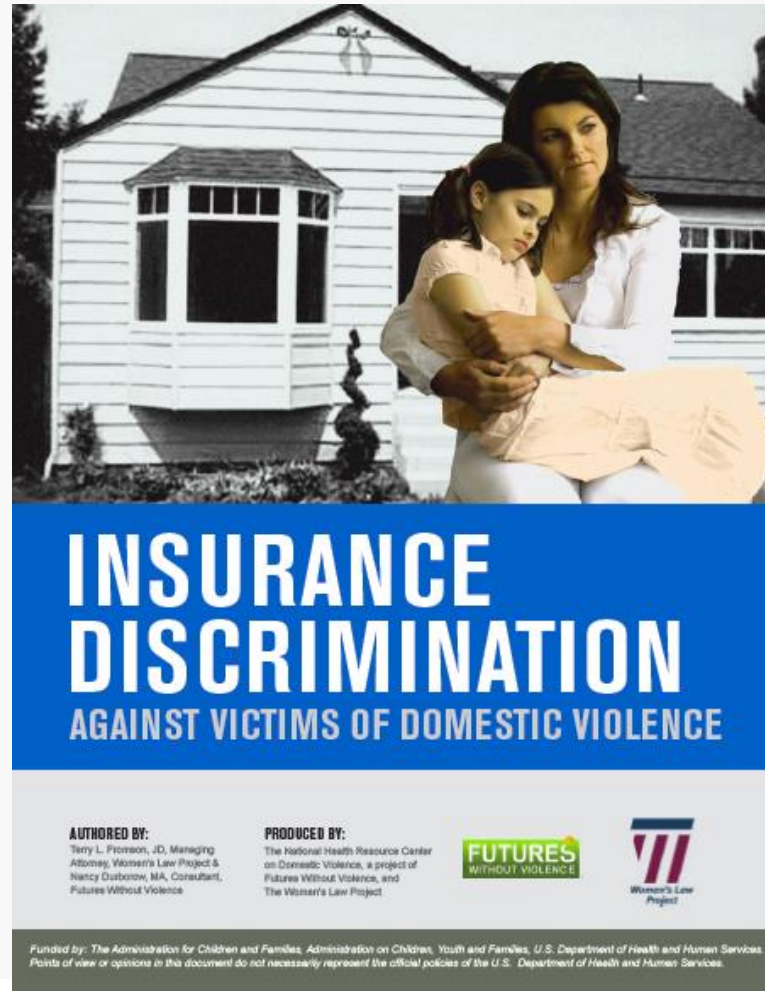
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- State laws vary
- Federal: ACA covers Health Insurance
- Need uniform federal law



Insurance Discrimination Against Victims of Domestic Violence

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What You Can Do

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- Screen for insurance problems caused by abuse.
- If no reason given for adverse action, help your client get one
- Use our publication to find out the law in your state
- Help your client bring the law to the attention of the insurer
- If no response, help your client file a complaint with the state insurance authorities

Reach out to Terry Fromson, 215-928-5771

tfromson@womenslawproject.org



National Health Resource Center on DV: Technical Assistance and Tools

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- Setting and pop-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting laws
- EHR and Documentation tools
- Posters
- Technical assistance

To order cards, or for more information, resources and support:

E-mail: health@futureswithoutviolence.org

www.futureswithoutviolence.org/health

Phone: 415-678-5500 TTY: (866) 678-8901



National Health Resource Center on DV: Setting/Population-specific Safety Cards

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Setting Specific and Topical

- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

Population Specific

- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Muslim youth
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Arabic, Farsi, Vietnamese, Korean, Armenian and French





April 28–30, 2020
Chicago, Illinois

NATIONAL CONFERENCE ON HEALTH AND DOMESTIC VIOLENCE

nchdv.org

Registration opens online: November, 2019



Questions?



Please type your questions in the chat box.



THANK YOU!



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Recording, Slides, and Resources will be posted here:

<https://www.futureswithoutviolence.org/how-health-policies-can-promote-survivor-health-webinar/>

