



Purpose of Today's Discussion

- Help primary care providers understand the intention behind <u>House Bill 17-1322 Domestic</u> <u>Violence Reports By Medical Professionals</u>.
- Clarify similarities and differences between community-based victim services programs and victim services units housed within law enforcement agencies.
- Provide contact information for community-based and law enforcement-based victim services.



Domestic Violence: Reporting Requirements for Medical Providers and Community Resources for Survivors

Today's Presenters:

Liz Stuewe, Training and Technical Assistance Manager Violence Free Colorado

Carole O'Shea, Program Supervisor Victim Services Unit, Aurora Police Department



Overview of Medical Reporting Requirements and Community Based Victims Services

Liz Stuewe, Training and Technical Assistance Manager
Violence Free Colorado



HOW WE WORK TO END RELATIONSHIP VIOLENCE

As Colorado's state domestic violence coalition, Violence Free Colorado works with hundreds of organizations and individuals in local communities across the state to prevent and end relationship violence, and support those affected by relationship abuse.

Tailored Support

State Coalition builds the capacity of local organizations to meet the needs of all survivors

Local Organizations provide survivor defined and culturally responsive advocacy to promote immediate safety and long-term independence

Advocacy & Policy

State Coalition educates policy leaders and advocates for state, local and federal policies that end relationship violence and support victims of relationship abuse

Local Organizations advocate on behalf of survivors and their children, and with local policy and community leaders

Collective Action

State Coalition advocates for survivors in legislative and other systems, and represents community-based organizations and survivors with funders, decision-makers, and the media

Local Organizations work in concert as a coalition to advance the movement to end relationship violence and linked

forms of oppression

Social Change

State Coalition mobilizes communities to take action and works to create conditions where freedom and peace are possible for all Coloradans

Local Organizations work in schools and communities to increase awareness and understanding about relationship violence and healthy relationships



What is domestic violence?



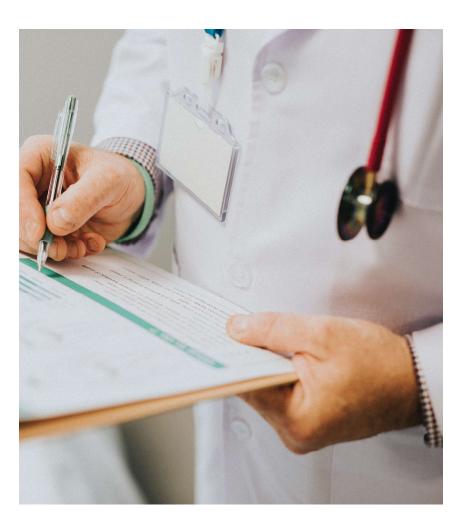
A pattern of coercive behavior, rather than an isolated incident, used by one person to gain power and control over another in an intimate or formerly intimate relationship.

Domestic Violence Medical Reporting Options





Why do we talk about domestic violence with health care providers?



- You're already seeing survivors on a regular basis
- It makes a difference







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 traumainformed 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.



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





If you choose to report...

- If you choose to report: You must <u>confidentially</u> notify the survivor of your intention to call law enforcement <u>before</u> 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 <u>not</u> to call law enforcement
- Confidential Advocate Referral made

If you are calling law enforcement:

- What you observed only
- Documentation that you <u>confidentially</u> 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.

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 <u>you</u> 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



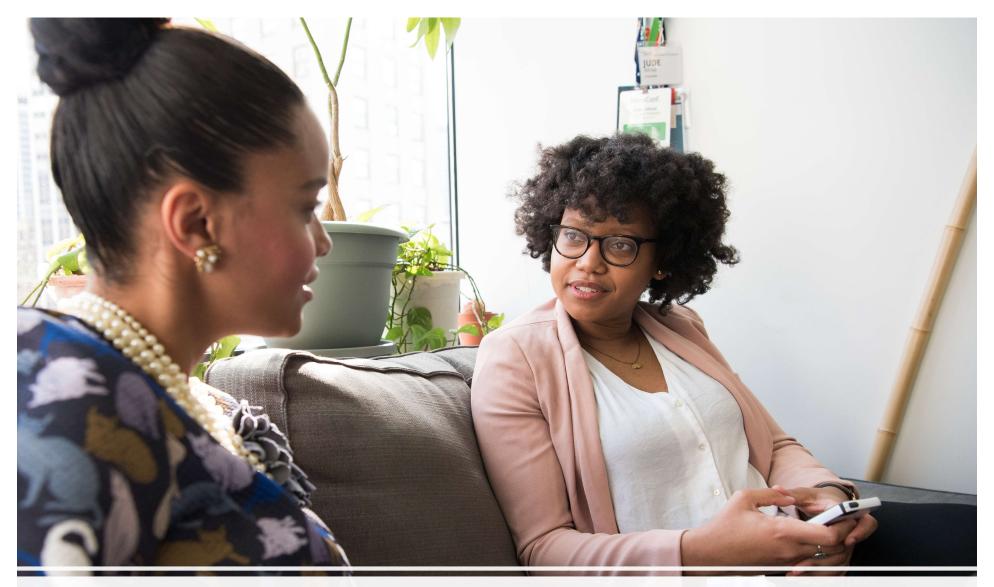


- "Thank you so much for trusting me with your story."
- "What can I do to support you?"
- "I believe you."

What does a community-based advocate do?

- Confidentiality above most other social service professionals
- Safety planning
- Connecting with resources
- Emergency shelter
- 24-hour hotline





What is the difference between systems-based advocates and community-based advocates?



Community-Based Advocacy

- Community-based advocates work for organizations that offer services and support for people who have experienced domestic violence, sexual assault, and stalking.
- They provide support, safety planning, information and referrals for survivors, and some also provide non-attorney civil legal advocacy.
- Some community-based advocates also participate in community collaborations with various systems.
- For community-based advocates who are not in a clinical/therapeutic role, they have statute mandated privilege and duty to maintain confidentiality unless a survivor authorizes the release of information, except regarding mandatory reporting of child abuse and neglect and some limited court orders.

System-Based Advocacy

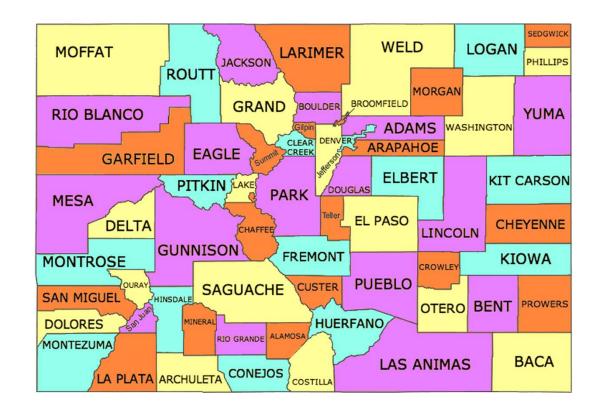
- System-based advocates work for law enforcement agencies,
 District or City Attorneys' Offices, probation, or parole.
- They provide advocacy within the context of the of the criminal legal system. Colorado law outlines the communications which survivors of certain crimes are entitled to and system-based advocates work to ensure those communications happen.
- Any information shared by a crime victim with a system-based advocate is subject to subpoena and can also be shared with other professionals working on a criminal case.



Refer

National Domestic Violence Hotline:

(800) 799-SAFE (7233)



Find a local program: violencefreecolorado.org



Adams County

Family Tree

Wheat Ridge, CO

Crisis: 303.420.6752

(TTY available)

Admin: 303.422.2133

Project Safeguard (legal

advocacy services)

Adams 303.637.7761 (not a Crisis: 303.953.5930

crisis line)

Arapahoe 303.799.3977 (not

a crisis line)

Broomfield 720.887.2179 (not

a crisis line)

Denver 720.865.9159 (not a

crisis line)

Latina SafeHouse

Phone 303.433.4470

Servicios De La Raza

Denver, CO – statewide

Admin: 303.458.5851



Arapahoe County

Gateway Domestic Violence Services

Aurora, CO

Crisis: 303.343.1851 Rape Crisis Hotline:

303.322.7273

Admin: 303.343.1856

Family Tree

Wheat Ridge, CO

Crisis: 303.420.6752

(TTY available)

Admin: 303.420.0412

Project Safeguard (legal

advocacy services)

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crisis line)

Arapahoe 303.799.3977 (not a

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Denver County

SafeHouse Denver, Inc.

Denver, CO

Crisis: 303.318.9989 Admin: 303.318.9959 Rose Andom Center

Denver, CO (Serving Denver County)

Crisis: 720-337-4400 Admin: Same as crisis

Family Tree

Wheat Ridge, CO Crisis: 303.420.6752

(TTY available)

Admin: 303.420.0412

<u>Project Safeguard</u> (legal advocacy

services)

Adams 303.637.7761 (not a crisis line) Arapahoe 303.799.3977 (not a crisis

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Broomfield 720-887-2179 (not a crisis

line)

Denver 720.865.9159 (not a crisis line)

Latina SafeHouse

Phone 303.433.4470

DOVE (Deaf Overcoming Violence

through Empowerment)

Crisis: 303.831.7874 (an advocate will respond to you within 15 minutes)

Admin: 303-831-7932

The Initiative (for persons with

disabilities) Denver, CO

Admin: 303-839-5510/877-839-5510

Text: 720-503-9580

Servicios De La Raza

Denver, CO

Crisis: 303.953.5930 Admin: 303.458.5851



Douglas County

The Crisis Center

Castle Rock, CO

Crisis: 303.688.8484

(TTY available)

Admin: 303.688.1094

Family Tree

Wheat Ridge, CO

Crisis: 303.420.6752

(TTY available)

Admin: 303.420.0412

Latina SafeHouse

Phone 303.433.4470

Servicios De La Raza

Denver, CO

Crisis: 303.953.5930

Admin: 303.458.5851



Elbert County

The Crisis Center

Castle Rock, CO

Crisis: 303.688.8484

(TTY available)

Admin: 303.688.1094

Servicios De La Raza

Denver, CO

Crisis: 303.953.5930

Admin: 303.458.5851



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Aurora Police Victim Services Unit

Carole O'Shea, Program Supervisor
Victim Services Unit, Aurora Police Department









Colorado State VRA(Victim Rights Act)

History

- National Crime Victim Rights movement 1981
- State Constitutional Amendment effective Jan 14, 1993 .
- APD PACT (Police and Citizens Together) late 1980's

Who Has Responsibilities Under the VRA?

- Law Enforcement Agencies
- District Attorney's Offices
- Judges and Magistrates
- Probation and Parole Officers
- Corrections Officials





Some crimes covered by the VRA

- Murder (1st & 2nd)
- Manslaughter
- Criminal Negligent Homicide
- Vehicular Homicide
- Assault (1, 2 and 3)
- Vehicular Assault
- Menacing
- Kidnapping (1 & 2)

- · Sexual Assault (all)
- Sex assault on a child
- Robbery & Aggravated Robbery
- Incest
- Child Abuse
- Any crime where the underlying factual basis is DV





Crisis Intervention/ On Scene Psychological First Aid

- Attention to the trauma: physical, emotional, mental and spiritual)
- SS (Safety and Security)
- VV (Ventilation and Validation)
- PP (Prepare and Predict)
- confidentiality





Case Management

- Safety and Needs Assessments (Listening)
- Safety Planning
- Information about case, process
- · Connection:
 - Referrals
 - Community Resources
 - to Culturally specific resources (language accommodation)
 - · Emergency financial assistance
- Supportive transition to Community Based Services and Criminal Justice System Victim/Witness Services





Victim Services may assist with:

- Referrals for medical and emergency services
- Referrals for mental health and social services
- Translation services
- Referrals for legal services
- Referrals for assistance with Protection Orders
- Address Confidentiality Program assistance
- Information about Victim Compensation
- Transportation
- Info on how to obtain police reports, etc.





Non-Criminal Cases

- Suicide
- Death Notifications
- DOA calls (Dead on Arrival)
- Traffic Incidents
- Other calls as needed example Domestic Violence strangulations at University of Colorado Health-UCH





Responding to DV Victims during this Pandemic

- Increase in reported cases,
 - Domestic Violence is not always the reason for the call, traffic accidents, fires, child abuse
 - DHS (Department of Human Services) reports 10,000 unaccounted for children in Colorado -not attending school, in person or remotely.
- Increase in severity of cases; strangulation, SWAT (Special Weapons and Tactics) calls, homicides/suicides
- Increased safety risks when contacting victims-- phone calls
- Increase in barriers: access to services, health risks, limited funds
 - Homelessness
 - · Self medicating
 - Mental health





Aurora Police Department Domestic Violence Unit

- New Specialized Domestic Violence Investigative Unit
- On-call 24/7
- Activation date November 7, 2020
 - Sergeant Todd Alscher
 - Three Detectives
 - Two Officer Investigators
 - Dedicated Advocate support
 - · Specialized trainings, collaborations
 - Lethality Assessment
 - DA-LE (District Attorney- Law Enforcement) Assessment Tool
 - Identified victims will be referred to APD victim advocates and Community Based Services
 - Collaborative Team will triage cases and ensure availability of long term follow up services.





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City/Town	Contact
Aurora	303-627-3100
Brighton	303-655-2308
Castle Pines	303-663-6110
Castle Rock	303-663-6110
Centennial	720-874-4038
Commerce City	303-289-8198
Denver	720-913-6035
Englewood	303-762-2452
Franktown	303-805-6601
Greenwood Village	303-239-5719
Highlands Ranch	303-660-7500
Kiowa	719-438-5411
Littleton	303-795-3703
Lone Tree	303-841-9800
Northglenn	303-450-8759
Parker	303-805-6601
Strasburg	303-659-7735
Thornton	303-239-5719
Westminster	303-658-4210





Victim Services Unit Metro Division, Investigations Program Supervisor Carole O'Shea 303-739-6086



Thank You!

Thank you for joining us today!

And thank you for all you are doing to keep our community healthy during this pandemic!!!

