

Health-Rule Change Could Jeopardize Safety of Domestic-Violence Victims

Experts and advocates argue that making health care providers report domestic violence will lead to victims not receiving care.



Erin Durkin

@ERINDURKIN2

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Advocates and experts fear that a little-noticed proposal in the White House's Title X changes would scare victims of domestic violence out of seeking health care and make them more vulnerable to further violence at home.

Title X, a federal grant program for family-planning services, has gotten a lot of attention lately because of President Trump's proposals to make providers that perform abortions ineligible to participate, threatening grant funds for programs like Planned Parenthood.

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But another tweak to the program garnered attention from anti-domestic-violence groups: requiring health care providers to report incidences of intimate-partner violence in accordance to state laws.

“While all Title X clinics provide intimate partner violence screening as part of preventative services, as well as services to assist with preventing or achieving pregnancy, mandating that providers report intimate partner violence can have a chilling effect on survivors’ access to care,” wrote the National Alliance to End Sexual Violence in July 25 comments on the proposed change.

Advocates and health experts told *National Journal* that requiring providers to report incidences of domestic violence would chip away at the autonomy of victims and make it less likely that they will seek care for their injuries.

“After talking to many abused women, thousands across the country, in a national random-sample survey, abused women said they would like to be able to consult with a health care provider and make a choice about this,” said Jacquelyn Campbell, professor at the Johns Hopkins University School of Nursing whose policy work and research focuses on domestic violence and violence against women.

State laws on requiring health care providers to report incidences of intimate-partner violence vary. In Colorado, for instance, state lawmakers last year changed the law to allow patients and providers to make the decision about reporting to law enforcement rather than automatically making physicians and nurses do so.

“We had several providers that were jeopardizing their license by working with their patient and not making the call,” said Lydia Waligorski, director of public policy at the Violence Free Colorado.

“Survivors were just not getting care,” she added. “They would not even go in for preventative care. They would just say, ‘I did that once; I will never go in again; I will treat my injuries at home, or I will go to the shelter.’ ... It wasn’t safe for them to engage with law enforcement for whatever reason, and they didn’t feel like that was going to be a good outcome for them.”

California, on the other hand, has more strict requirements for health practitioners, making them report to law enforcement if they suspect an injury is a “result of assaultive or abusive conduct.”

Most states have enacted mandatory-reporting laws, according to a 2013 compendium funded by the Health and Human Services Department and produced by Futures Without Violence. The report lays out four

different types of requirements in the states: reporting of injuries caused by weapons; reporting of injuries caused in violation of criminal laws due to violence or non-accidental means; reporting directly related to domestic-violence cases; and no mandatory reporting.

“Unfortunately, applying mandatory criminal injury reporting laws to domestic violence cases is most often not helpful to domestic violence victims,” the report says.

But even for states without mandatory-reporting requirements, advocates are concerned the new federal rule would push practitioners at Title X clinics to report.

“I think it could put clinics in a situation of acting above and beyond their own state-mandated reporting laws,” said Ebony Tucker, advocacy director at the National Alliance to End Sexual Violence.

The New York State Department of Health criticized the proposal for putting reporting laws ahead of “patients’ needs and confidentiality concerns,” which may lead patients not to disclose important information or seek care.

The department added that the language in the requirement is vague so that “it could be translated into requirements by HHS that could force Title X programs to take action violating established medical ethics. The language also requires that Title X grantee organizations demonstrate compliance in [a] way that could see HHS seeking individual patient medical records as a means of proving compliance, an action which would dramatically undermine Title X’s longstanding commitment to confidentiality.”

Pushing patients who may be suffering from domestic violence to report when they are not prepared could be dangerous, Tucker said.

“Usually when someone is just separated from an abuser or leaves a relationship, that’s the most dangerous time for them,” she said. “So you typically see a lot of people who have been abusive to their partners actually committing more significant abuse, sometimes fatal, in that period immediately after the person’s left them. The act of reporting to law enforcement when someone is not ready to do it, and when there are not other plans in place that advocates can provide, is a dangerous situation, and it’s definitely not something that anyone in the advocacy community that I know of would recommend.”



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