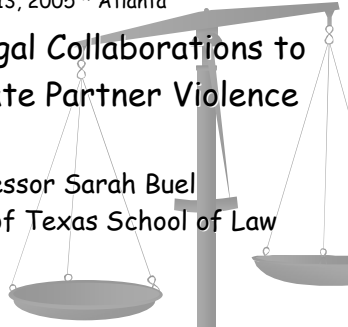


Centers for Disease Control
4th Annual Conference on
Public Health Law
June 13, 2005 * Atlanta

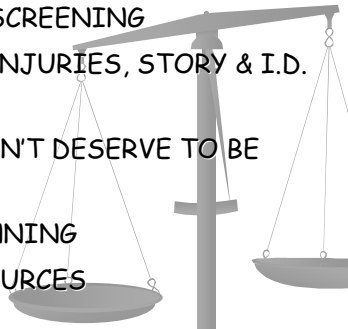
Medical-Legal Collaborations to End Intimate Partner Violence

Professor Sarah Buel
University of Texas School of Law



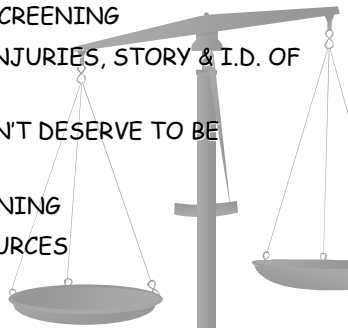
I. Medical Role

- A. UNIVERSAL SCREENING
- B. DOCUMENT INJURIES, STORY & I.D. OF ABUSER
- C. SAY "YOU DON'T DESERVE TO BE ABUSED!"
- D. SAFETY PLANNING
- E. INFO & RESOURCES



II. Lawyer's Role

- A. UNIVERSAL SCREENING
- B. DOCUMENT INJURIES, STORY & I.D. OF ABUSER
- C. SAY "YOU DON'T DESERVE TO BE ABUSED!"
- D. SAFETY PLANNING
- E. INFO & RESOURCES

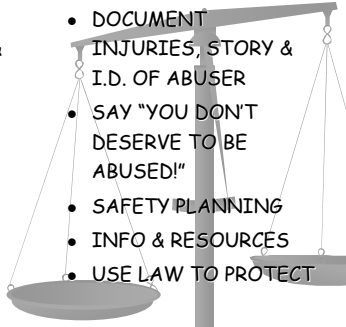


I. Doctor's Role:

- UNIVERSAL SCREENING
- DOCUMENT INJURIES, STORY & I.D. OF ABUSER
- SAY "YOU DON'T DESERVE TO BE ABUSED!"
- SAFETY PLANNING
- INFO & RESOURCES
- TREAT INJURIES

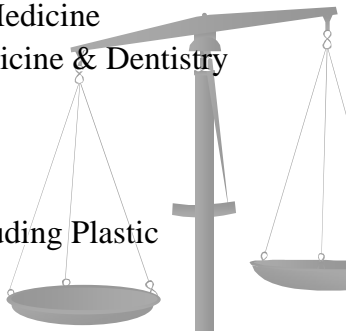
II. Lawyer's Role:

- UNIVERSAL SCREENING
- DOCUMENT INJURIES, STORY & I.D. OF ABUSER
- SAY "YOU DON'T DESERVE TO BE ABUSED!"
- SAFETY PLANNING
- INFO & RESOURCES
- USE LAW TO PROTECT



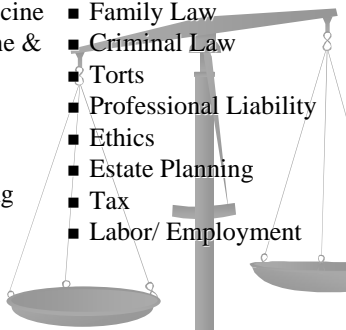
Relevance . . . For All Disciplines:

- Emergency Medicine
- Forensic Medicine & Dentistry
- Orthopedics
- Pediatrics
- Psychiatry
- Surgery, including Plastic



Relevance for All Med-Legal

- Emergency Medicine
- Forensic Medicine & Dentistry
- Orthopedics
- Pediatrics
- Psychiatry
- Surgery, including Plastic
- Family Law
- Criminal Law
- Torts
- Professional Liability
- Ethics
- Estate Planning
- Tax
- Labor/ Employment



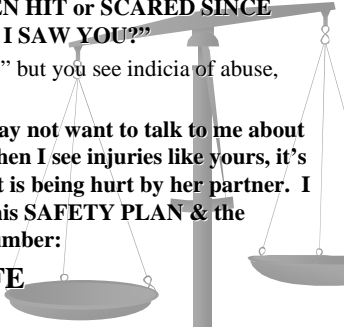
A. UNIVERSAL SCREENING

- **“HAVE YOU BEEN HIT or SCARED SINCE THE LAST TIME I SAW YOU?”**

- If patient says, “No,” but you see indicia of abuse, say:

“I understand you may not want to talk to me about this, but usually when I see injuries like yours, it’s because the patient is being hurt by her partner. I want to give you this SAFETY PLAN & the national hotline number:

1-800- 799 - SAFE



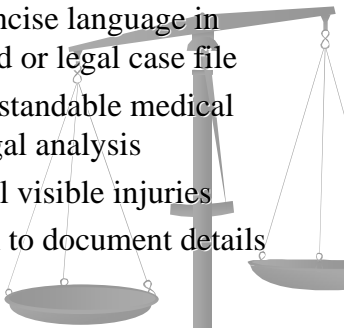
Dr. Richard Jones, Hartford Ob-Gyn; past pres ACOG



Says when he conducted universal screening, he identified several victims per week vs. per year!

B. Document Injuries, Story & I.D. of Abuser

- Objective, concise language in medical record or legal case file
- Include understandable medical diagnoses/ legal analysis
- Photograph all visible injuries
- Use IPV form to document details



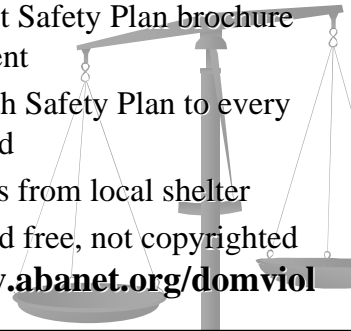
C. SAY "YOU DON'T DESERVE TO BE ABUSED!"



Batterers may convince us the abuse is our fault.

D. SAFETY PLANNING

- Provide Adult Safety Plan brochure to every patient
- Provide Youth Safety Plan to every parent & child
- Get brochures from local shelter
- Can download free, not copyrighted copy at www.abanet.org/domviol



III. Model Collaborations

- Many promising practices involving medical - legal collaborations
- Recognizing that mutual goal of victim safety can best be achieved **TOGETHER!**



A. Legal + Medical Aid for Victims

- www.noahproject.org
- RX PROJECT: Abilene Medical & Bar Associations pay for lawyer
- Helps with civil & criminal cases
- Office above Emergency Room at hospital
- Hours 2 – 10 p.m.



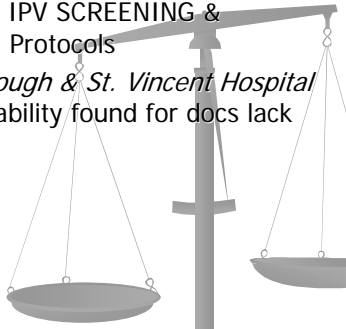
B. Benefits of a Domestic Violence Program

- Improved identification and quality of care
- Compliance with regulatory standards
- Increased patient and purchaser satisfaction
- Will likely decrease:
 - hospitalizations and high cost specialty care
 - misdiagnosis and unnecessary work-ups
 - workplace costs and liability
- Will likely improve care for chronic health problems



C. Std of Care for IPV Victims

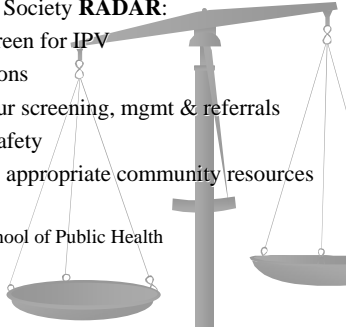
- Drs must follow IPV SCREENING & INTERVENTION Protocols
- *Kringen v. Boslough & St. Vincent Hospital* case in which liability found for docs lack of response



Std of Care = Referral of ALL IPV Victims to Community Resources

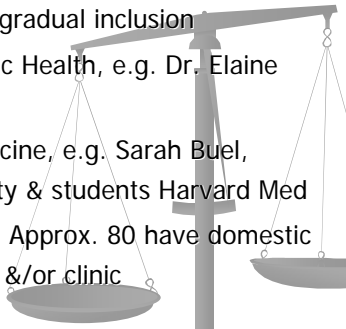
- Follow Mass Med Society **RADAR**:
 1. **ROUTINELY** screen for IPV
 2. **ASK** direct questions
 3. **DOCUMENT** your screening, mgmt & referrals
 4. **ASSESS** patient safety
 5. **REFER** patient to appropriate community resources

Dr. Elaine Alpert, BU School of Public Health



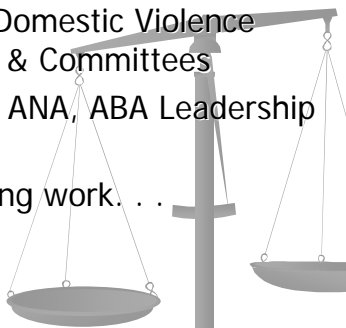
D. Integration into Education

- CME's & CLE's: gradual inclusion
- Schools of Public Health, e.g. Dr. Elaine Alpert
- Schools of Medicine, e.g. Sarah Buel, adjunct w faculty & students Harvard Med
- Schools of Law: Approx. 80 have domestic violence course &/or clinic

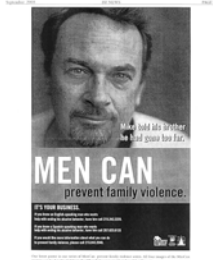


E. Med-Legal Partnerships

- AMA – ABA Domestic Violence Conferences & Committees
- AMA, ACOG, ANA, ABA Leadership Initiatives
- Much on-going work. . .



F. Community Education



“MEN CAN” billboard campaign. . .

www.instituteforsafefamilies.org

- Download FREE
- Billboards + posters throughout community
- Project w Philly Physicians for Social Responsibility

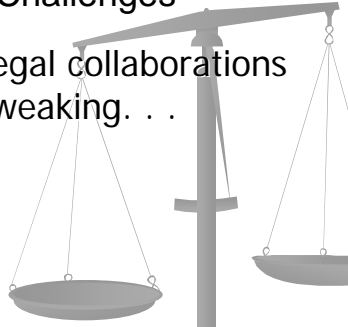


Billboard & Side Austin Buses

An advertisement for the 'MEN CAN' campaign. It features a black and white portrait of a man. The text reads: 'Juan and his brothers told their cousin that he was abusive and needed help.' Below this, it says 'MEN CAN prevent family violence.' At the bottom, there is a logo for 'Safe Place' and the text: 'For more information about what you can do to prevent family violence, call 267-SAFE. IT'S YOUR BUSINESS.'

IV. Challenges

- Medical – Legal collaborations may need tweaking. . .



A. Nine states mandate medical providers to report IPV to authorities.

e.g. Ky requires reporting to Dept. of Social Services vs. Calif report to police.

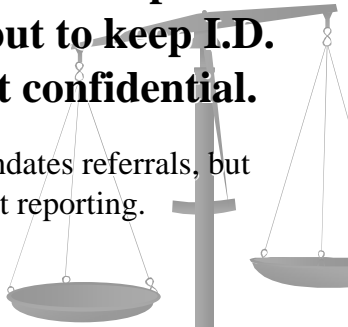


In mandatory reporting states, the traditional physician-patient privilege no longer applies: Dr MUST report the abuse *whether or not the patient wants* intervention.



TENN. encourages docs report IPV to Dept. of Health, but to keep I.D. of patient confidential.

Texas mandates referrals, but not reporting.



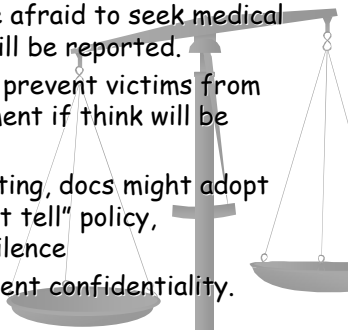
1. Much Controversy re: Mandatory Reporting

- Possible benefits include:
- Earlier intervention, thereby decreasing morbidity & mortality
- Protection of children at risk
- Augmentation of prosecutorial efforts & increase batterer accountability



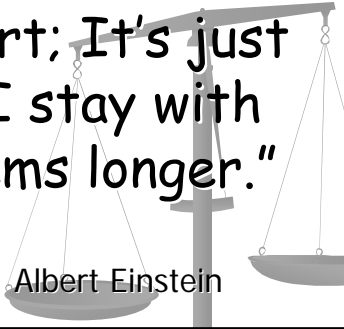
AMA, ACEP & ACOG oppose mandatory reporting due to risks:

- Victims may be afraid to seek medical care if think will be reported.
- Batterers may prevent victims from seeking treatment if think will be reported.
- To avoid reporting, docs might adopt "don't ask, don't tell" policy, perpetuating silence
- Breaks Dr-patient confidentiality.



"It's not that I'm
so smart; It's just
that I stay with
problems longer."

Albert Einstein



Thank you for being part
of the solution!

It truly takes all of us to best
protect victims & hold offenders
responsible.



sbuel@law.utexas.edu