Improving Kentucky's Domestic Violence Response Requirements

General Message

Medical professionals in Kentucky are required to make a report to the Cabinet for Health and Family Services (CHFS) if they know or suspect that a patient is a victim of domestic violence. This requirement, however, can be problematic, potentially leading to a violation of patient confidentiality and even dangerous consequences if an offender learns that a partner has reached out for help. The Kentucky Medical Association has joined victims' rights advocates in supporting common sense reforms that will reduce risks to victims and provide a more effective role for medical professionals.

The ISSUE – Health care provider action in the face of potential domestic violence is critically important to victims. The current reporting system, however, needs reforms as studies show it can unintentionally put victims in further danger.

Supporting Points:

- All Kentuckians are required to report suspicion of domestic violence to CHFS.
- Medical professionals such as physicians, nurses, psychologists and psychiatrists are often the first line of defense for victims looking to escape an abusive situation.
- Health care providers are uniquely positioned to assess the mental and physical health of their patients and are trained to detect signs of domestic violence, even if the patient doesn't disclose the abuse.

The PROBLEM – The existing reporting requirement has three major flaws that must be addressed. First, data from CHFS shows that mandatory reports of domestic violence rarely result in protective services being provided to a victim. Second, mandatory reporting laws can be a barrier for individuals who want to reach out for services. Finally, victims can face increase risk by reports of domestic violence being made.

Supporting Points:

- In 2012, CHFS received 40,000 reports, but only 40 domestic violence protective services cases were opened.
- Research (Jordan & Pritchard, 2015) conducted by the University of Kentucky with 400 women in domestic violence shelters found that if women know in advance that their case would be reported, they are significantly less likely to tell a health care provider or contact a domestic violence program.
- CHFS is required, upon being notified by a medical professional of potential abuse, to contact a victim. If she or he can't be immediately reached, CHFS may send an official letter to that individual. A University of Louisville study found that abusive partners intercepted CHFS' attempt to contact the victim 23 percent of the time.

The SOLUTION – Statutory revisions are needed to reduce risks to victims and provide a clear, simple, yet more effective role for medical professionals. Revisions should also allow protection for dating violence victims, not just domestic violence victims.

Supporting Points:

- The proposed legislation supported by the KMA and the Kentucky Coalition Against Domestic Violence (KCADV)
 would modify the role of the physician from completing the administrative task of reporting to a governmental
 agency that may or may not be able to contact the patient/victim to one of referral and education so that
 physicians are actively assisting their patients—whom they know and interact with regularly.
- The measure would require medical professionals to:
 - 1. Confidentially provide their patients with resources detailing how and where they can get help (regional domestic violence programs, rape crisis centers and protective orders). Information to assist physicians with this duty will be easily accessible on the KCADV and regional domestic violence programs' websites.
 - **2.** The legislation will allow physicians to report the abuse of their patient by a spouse or intimate partner if the victim requests or approves that report.
 - **3.** The legislation also stipulates three circumstances where mandatory reporting is still required under current state law: known or suspected child abuse, abuse of the elderly or individuals with disabilities or upon the death of a patient if the physician has reasonable cause to believe the death resulted from domestic violence.