



Health Education, Advocacy, Linkage
Because Human Trafficking is a Public Health Issue
HEALTrafficking.org

March 29, 2022

The Honorable Reginald Byron Jones-Sawyer Sr., Chairperson
Assembly Public Safety Committee
1020 N Street (LOB), Room 111
Sacramento, California 95814

Re: AB 2790 (Wicks) – Sponsor & Support

Dear Chairperson Jones-Sawyer Sr.,

On behalf of [HEAL Trafficking], I write today in support of Assembly Bill 2790 (Wicks), *Centering Survivor Safety and Health Act*, which would modernize California’s medical mandatory reporting statute in order to better protect survivors of domestic and sexual violence, and ensure their ability to access vital health care services.

HEAL Trafficking’s mission is to lead innovative health solutions to eradicate human trafficking in our communities worldwide. HEAL’s services - including education, training, customized materials, consultation, technical assistance, and advocacy work - are used the world over to not only shine a spotlight on the plight of those being trafficked, but also to put an end to the practice. HEAL Trafficking brings together physicians, advanced practice clinicians, nurses, dentists, emergency medical services (EMS) personnel, psychologists, counselors, public health workers, health educators, researchers, clinical social workers, administrators, and other health professionals who work with and advocate for the health of survivors of human trafficking. The settings we work in include hospitals, health centers and clinics, prehospital care, and all other physical and mental health-related venues where trafficked people receive medical and behavioral health care.

In HEAL Trafficking’s experience, California’s medical mandatory reporting law fails not only to protect survivors of intimate partner violence, but also survivors of labor and sex trafficking. We train thousands of health care providers around the U.S. about appropriate responses to human trafficking in clinical settings, and strongly recommend that for adult patients experiencing human trafficking, the decision of whether or not to report their abuse to law enforcement must remain in the patients’ hands. This is essential, given that survivors of trafficking have had all of their choices in life stripped from them, and allowing them to decide how, and to whom, to disclose their abuse is a key first step in helping them regain their autonomy.

California’s current mandatory reporting law requiring health care providers to report to law enforcement physical injuries resulting from “assaultive or abusive conduct” makes it impossible

for health care providers to provide optimal care for survivors of human trafficking. While many survivors will voluntarily disclose and discuss their experiences with law enforcement once they have developed a relationship with a service provider, the initial establishment of trust with these survivors is critical to supporting them on a path out of exploitation and toward independence and healing. Informing patients whom we are treating for injuries sustained in a violent relationship or situation that we have to report them to law enforcement often results in them becoming angry or upset and losing trust in the health care system, which would otherwise be able to serve as a bridge to essential supportive services.

Medical Mandated Reporting of Adult Violence Injuries in California

California law currently mandates that health professionals report to law enforcement when treating patients for physical injuries known or suspected to have been a result of firearm injuries or “assaultive or abusive conduct”, including domestic and sexual violence.ⁱ This law was passed in 1993, during a time when domestic violence was first starting to be recognized as a critical health issue. Although a well-intentioned attempt to ensure health care providers take domestic violence seriously and address it with their patients, mandatory reporting to law enforcement by health providers has no evidence of positive outcomes for survivors and research shows the vast majority of survivors have found this intervention to be harmful or not helpful.ⁱⁱ

Arguments in favor of medical mandated reporting for domestic and sexual violence suggest that it could help identify and treat survivors and increase patients’ safety through law enforcement intervention.^{iii,iv} The evidence suggests, however, that medical mandated reporting puts survivors in more danger, decreases survivor autonomy, and makes health providers reluctant to address domestic and sexual violence with their patients.^{v,vi}

While medical mandated reporting to law enforcement for firearm wounds is common in many states, **California is one of only three states that still have such broad and harmful requirements** to report for domestic and sexual violence-related injuries without patient consent.^{vii,viii} Around the time that the 1993 law was enacted, several other states had mandated reporting for domestic violence-related injuries.^{ix} Since that time, with the exception of California, Nebraska, and North Dakota, all have amended their laws to be safer for domestic and sexual violence survivors or have repealed all medical mandated reporting for adult violence.^x

Medical Mandated Reporting for Adult Violence Puts Survivors in Danger

Although the intent of the medical mandatory reporting law was to reduce domestic violence assaults and homicides, the last three decades since California’s medical mandatory reporting was passed have not yielded these results. In fact, survivors of domestic and sexual violence report that mandatory reporting has decreased their safety and self-determination. In a survey of over 2,400 survivors of domestic violence, when asked how mandatory reporting impacted them, **83.3% of survivors stated that mandatory reporting made their experience much worse, somewhat worse, or did nothing to improve the situation.**^{xi}

“It’s a life-and-death situation if going to the hospital. If asked how injured, I lied. Because of consequences if you tell the truth.”^{xii}

Domestic and sexual violence can have long term negative health outcomes,^{xiii,xiv,xv} so it is crucial that survivors are able to access health care. Fears of mandatory reporting limits trust between patients and providers and results in survivors not receiving referrals to supportive victim advocacy services. Mandatory reporting laws have been shown to keep survivors from seeking care,^{xvi,xvii} and when survivors *do* see a health provider, they often don’t feel comfortable

bringing up their experiences of violence.^{xviii, xix}

Medical mandated reporting laws for adult violent injuries “violate basic tenets of medical ethics,” according to the American Medical Association.^{xx}

Health providers have an important role in addressing violence, yet some actively avoid discussing domestic and sexual violence out of fear of having to make a report to law enforcement. In direct opposition of U.S. Department of Health and Human Services Trauma-Informed Care principles, the practice focuses provider attention on their own compliance and liability, rather than on providing evidence-based, survivor-centered health care.^{xxi} This may explain why **59% of emergency department-based providers in California reported that they may not comply with the law if their patient did not want them to make a report.**^{xxii}

“Things got bad when he found out police were involved”^{xxiii}

Fear of involving law enforcement is a main reason survivors decide not to tell their health provider about domestic violence, or even seek care in the first place.^{xxiv} According to a survey by the [National Domestic Violence Hotline](#) that documented survivors’ experiences with law enforcement, of survivors who chose to involve law enforcement by calling 911, only 20% said they felt safer - **80% said they had no change in safety or felt even less safe.**^{xxv} There are many reasons why survivors don’t want to involve police: fear of angering their partner and increasing severity of violence, not wanting their partner to be arrested, being arrested for defending themselves, exposing themselves and their families to involvement with child welfare systems, and more. Mandatory reporting laws also discourage immigrant survivors from seeking health care; research has shown that contact with law enforcement produces a chilling effect in asking for help or fear of reprisal from federal immigration authorities.^{xxvi} If a survivor or their family members lack protected status, mandatory reporting to law enforcement could lead to deportation or detention if ICE is notified.

Survivors Have Made Themselves Clear

Extensive research has been done on what survivors of domestic and sexual violence want from health care professionals: self-determination and autonomy, validation and compassion, confidentiality and trust, and informed providers who are able to offer resources and health promotion strategies.^{xxviii, xxix, xxx, xxxi, xxxii} Notably, **when providers are able to talk with survivors about domestic violence and available resources, survivors are four times more likely to use an intervention, such as seeking domestic violence advocacy services.**^{xxxiii}

California Survivors Deserve Safety, Health, and Self-Determination

AB 2790 will ensure that survivors can seek health care without fear of non-consensual law enforcement involvement and with the assurance that their health provider will be able to prioritize their wellness, healing, safety, and self-determination. Health providers will be able to address domestic and sexual violence in a confidential and trusting manner, and ensure access to advocacy services. This bill promotes **mandatory supporting, rather than mandatory reporting.** Survivors will be offered a warm connection to a trained, confidential advocate who will work with them to address their different safety needs such as emergency safety planning, housing, legal support, counseling, restraining orders, and safer access to the legal system.

HEAL Trafficking is committed to deepening partnerships between health care and survivor advocacy organizations and looks forward to supporting health care providers in California to address violence in a trauma-informed way.

For these reasons we are pleased to support AB2790 (Wicks) and respectfully urge your support.

Sincerely,



Hanni Stoklosa, MD, MPH
Executive Director and Co-Founder
HEAL Trafficking

CC: Office of Assembly Member Wicks, Author
Members of the California State Assembly Public Safety Committee

- ⁱhttps://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=PEN&division=&title=1.&part=4.&chapter=2.&article=2
- ⁱⁱ Donna Mooney and Michael Rodriguez M.D., California Healthcare Workers and Mandatory Reporting of Intimate Violence, 7 Hastings Women's L.J. 85 (1996). Available at: <https://repository.uchastings.edu/hwlj/vol7/iss1/2>
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- ^{iv} Roan, Shari. "Law Against Domestic Abuse May Be Backfiring." Los Angeles Times, Dec. 31, 1996.
- ^v Ibid.
- ^{vi} Glass N, Campbell JC. Mandatory reporting of intimate partner violence by health care professionals: a policy review. Nurs Outlook. 1998 Nov-Dec;46(6):279-83. doi: 10.1016/s0029-6554(98)90084-7. PMID: 9879086.
- ^{vii} Futures Without Violence, 2019. "Compendium of State and U.S. Territory Statutes and Policies on Domestic Violence and Health Care: Fourth Edition." <https://ipvhealth.org/wp-content/uploads/2019/09/Compendium-4th-Edition-2019-Final-small-file.pdf>
- ^{viii} Nebraska and North Dakota are the other states which have a similar mandated reporting law for physical injuries resulting from a criminal offense. See more here: <https://ipvhealth.org/wp-content/uploads/2019/09/Compendium-4th-Edition-2019-Final-small-file.pdf>
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- ^x <https://ipvhealth.org/wp-content/uploads/2019/09/Compendium-4th-Edition-2019-Final-small-file.pdf>
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