



Commission
to Prevent Violence
Against Women

Arizona Commission to Prevent Violence Against Women

May 17, 2022

10:00 a.m.

Arizona Prosecuting Attorneys' Advisory Council Conference Room

3838 North Central Avenue, Suite 850, Phoenix, AZ 85012

A general meeting of the Commission to Prevent Violence Against Women was convened on May 17, 2022, notice having been duly given.

Members Present (14)	Members Absent (4)
Elizabeth Ortiz, Co-Chair	Nicole Bidwill
Kate Brophy McGee, Co-Chair	Ed Mercurio-Sakwa
Kirstin Flores	Eve Scarff
Ana Tapia Proxy for Tene Marion	Jenna Panas
Theresa Barrett Proxy for Kay Radwanski	
Jon Smith	
Jon Eliason	
Richard Jessup	
Neil Websdale	
Monica Yelin	
Sheila Sjolander	
Besty Long	
Patricia Klahr	
Beth Hoel	
Staff and Guests Present (9)	
Ariana Abbarello	Carrie Collins
Emily Uline-Olmstead	Janice Podzimek
Kim Brooks	Dr. Dominique Roe-Sepowitz
Amy Peep	Jacque Ornelas
Sean Colella	

Call to Order

- **Elizabeth Ortiz, Co-Chair**, called the Commission to Prevent Violence Against Women meeting to order at 10:03 AM with 14 members present, and quorum met.

Welcome/Introductions

- **Kate Brophy McGee, Co-Chair**, welcomed everyone and congratulated **Elizabeth Ortiz, Co-Chair**, on being awarded the Michael C. Cudahy Criminal Justice Award. The award

recognizes criminal law prosecutors for their work in advancing principles of criminal justice by representing the public's interest with integrity, fairness, tenacity, creativity, brilliance, and above all, professionalism.

- **Elizabeth Ortiz, Co-Chair**, thanked the individuals who assisted with letters of support, including **Kate Brophy McGee, Co-Chair**.
- **Kate Brophy McGee, Co-Chair**, conducted the roll call.

Approval of Minutes

- **Elizabeth Ortiz, Co-Chair**, requested a review of the **February 15, 2022**, meeting minutes.
 - **Kirstin Flores** motioned to accept the **February 15, 2022** minutes as amended. **Jon Eliason** seconded the motion. The motion passed with no dissenting votes.

Brain Injury Alliance of Arizona: Interpersonal Violence Program

- **Kate Brophy McGee, Co-Chair**, introduced **Carrie Collins and Janice Podzimek** to present the Brain Injury Alliance of Arizona (BIAA) program on Interpersonal Violence Program.
- **Janice Podzimek** introduced the Brain Injury Alliance of Arizona and her unique interactions with individuals who have experienced labor trafficking and domestic violence. **Ms. Podzimek** explained that individuals with histories in these areas experience trauma that occurs on a continuum that may not be easily identifiable to professionals. This includes having brain injuries that can be misunderstood or present in a way that professionals might not quite understand.
- **Ms. Podzimek** explained that the individuals she works with have cognitive and physical impairments, and these individuals experience stigma, shame and distrust of working with professionals. **Ms. Podzimek** explained that these negative experiences could be instigated by an inability to prepare for escape and communicate what they need and require effectively.
- **Ms. Podzimek** addressed the importance of providing customized safety plans to meet their needs and environment working with individuals with brain injuries.
- **Ms. Podzimek** advised that the Brain Injury Alliance created her position through the opioid response grant. After the pandemic, there was an increase in domestic violence and trafficking, and with **Ms. Podzimek's** position, she can provide resources and work with this vulnerable population.
- **Ms. Podzimek** addressed the impacts of coronavirus-19 on survivors and the disease outcome of brain injury. Individuals with brain injury struggle to follow through due to brain fog and remembering when and where they are supposed to go, sharing that her role is to assist these individuals with court dates, medical appointments, and working with various professionals.
- **Carrie Collins** stated that individuals with brain injuries are at higher risk of trafficking due to missing social cues which would be more likely to keep them safe in trafficking situations. **Ms. Collins** explained that teens, after brain injury even if short-term impairment, often have to change their routines, find new friends, or have difficult times adapting. These factors lead individuals to face a higher risk of being trafficked or unsafe situations.

- **Carrie Collins** shared outcomes of a study from Ohio State University finding that teens understand they have brain injuries and delayed cognitive function resulting in actively take stimulants and narcotics to compensate and which can lead to addiction.
- **Kate Brophy McGee, Co-Chair**, thanked **Ms. Collins** and **Ms. Podzimek** for their presentation and thanked the Brain Injury Alliance of Arizona team for all their hard work with victims of interpersonal violence. **Ms. Brophy McGee** solicited questions from the Commissioners.
- **Kate Brophy McGee, Co-Chair**, reflected on prior conversations around domestic violence within the legislature that often addressed the symptoms of brain injury but not addressing the root cause of domestic violence. **Kate Brophy McGee, Co-Chair**, asked were the presenters on the awareness schedule with the state policymakers and if they are raising awareness amongst our state policymakers. **Ms. Collins** answered there is a lot of work to do in the state and nationally. The state does not collect information on non-traumatic brain injuries. Due to this, there is less awareness of these types of injuries. **Ms. Collins** continued that the BIAA is attempting to pilot a program in Mesa Schools to address brain injuries in youth and catch cognitive and learning challenges early. This early intervention can limit behavioral issues and reduce the likelihood of involvement with the criminal justice system due to these issues.
- **Kate Brophy McGee, Co-Chair** asked to address the policy pieces that help the Brain Injury Alliance the most and the policy pieces they believe are missing. **Ms. Collins** responded that one of the struggles is funding, the trust fund that the Brain Injury Alliance receives money from has been stagnant since 2008.
- **Carrie Collins** continued discussing data collection as an area of improvement. **Ms. Collins** explained that discharge data is released to the Brain Injury Alliance in other states, like Colorado. States like Minnesota received hospital data before individuals were unsuccessful in other systems such as the healthcare, judicial or school systems. **Ms. Collins** emphasized getting individuals sooner to help them understand and navigate brain injury.
- **Carrie Collins** added that the Brain Injury Alliance of Arizona has had wins, including being the only state in the country that has every congressional official as part of the congressional brain injury task force.
- **Monica Yelin** asked if they could elaborate on these cases to inform the public what the alliance does specifically regarding domestic survival. **Janice Podzimek** explained that individuals need assistance with attending court for divorce and have contacted the Alliance with needed aid for transportation.
- **Carrie Collins** noted that during COVID-19, individuals had to manage different meetings on different platforms and maintain their cell phones. **Ms. Collins** shared that one client did not have her own cell phone; a former abusive partner held her phone plan and needed a cell phone for Wi-Fi for telehealth. The Brain Injury Alliance of Arizona was able to pay for her phone to support her telehealth visits.
- **Neil Websdale** shared with the presenters examples of cases being discussed at the family advocacy center, which involve intimate partner homicide. In these cases, the victim or the perpetrator suffered from neurodegenerative diseases, such as one of the dementias. **Dr. Websdale** addressed that a history of domestic violence and head injury

can cause brain damage, which may be related to neurocognitive decline. **Dr. Websdale** then asked the presenters if they see dementia cases and clientele that are having challenges with their emotional regulation. **Dr. Websdale** also inquired if there was a way to collaborate or discuss the work they are each doing and the overlap on these topics. **Carrie Collins** agreed that she would like to collaborate and discuss studies and currently works at the Brain Injury Alliance of Arizona, including similarities in work.

- **Jon Eliason** asked if the Brain Injury Alliance of Arizona was familiar with the work of Dr. Hirsch Handmaker and Dr. Lifshitz at the CACTUS Foundation. **Carrie Collins** responded that she uses Dr. Lifshitz's work in her presentations and that Dr. Hirsch and Dr. Lifshitz are both longtime supporters of the alliance, assisting with translating research into practical applications for families.
- **Kate Brophy McGee, Co-Chair**, and **Elizabeth Ortiz, Co-Chair**, thanked **Ms. Podzimek** and **Ms. Collins** for their critical work.

STIR: Victims of Sex Trafficking

- **Dr. Dominique Roe-Sepowitz** was introduced by **Elizabeth Ortiz, Co-Chair**, to provide a study overview of non-fatal strangulation experiences among victims of sex trafficking in Las Vegas, Nevada. **Elizabeth Ortiz, Co-Chair**, advised the commission of Dr. Roe Sepowitz's broad knowledge and expertise within trafficking research, including teaching with prosecutors, for law enforcement, and working closely with community groups, the Catholic Charities Dignity program, Phoenix Police Department, and the Phoenix prosecutor's office.
- **Dr. Roe-Sepowitz** started the presentation by advising that Phoenix Starfish Place houses sex-trafficked women and their children. Starfish Place opened four and half years ago and shared that the program has learned about brain injuries and strangulation from the clients they are serving.
- **Dr. Dominique Roe-Sepowitz** explained the study on non-fatal strangulation among sex trafficking victims was completed in Las Vegas, Nevada, in partnership with Las Vegas Police Department to collect data. The study discovered when victims' initial contact was for domestic violence, protocols were initiated for screening for non-fatal strangulation, but when moved to a sex trafficking case, domestic violence protocols are dropped, explicitly peaking to the strangulation screen.
- **Dr. Roe Sepowitz** continued with the definition of non-fatal strangulation, which is the external compression of the neck in a way that obstructs or inhibits the airway and blood flow in and out of the head that does not result in the death of the victim. Non-fatal strangulation injuries can include stroke, cardiac arrest, aneurysm, and damage to the structures of the throat. These injuries are perpetrated by numerous means: hands, belts, cords, sitting or standing on someone. **Dr. Roe-Sepowitz** informed the commission that the methods of strangulation are a source of power and control when used in a relationship. Strangulation is a clear demonstration of power over a victim's life; traffickers use violence to keep their victim in the situation, noting that non-fatal strangulations do not often leave visible scars or injuries, and it is difficult to prosecute.

- **Dr. Dominique Roe-Sepowitz** continued with information about the study. The non-fatal strangulation study included 797 cases from 2011 to 2019, including police reports, interviews, evidence reports, and criminal records of the sex traffickers.
- **Dr. Roe-Sepowitz** reports that one out of 6 sex trafficking cases included non-fatal strangulation by the sex trafficker. At the average age of 24, victims of non-fatal strangulation show to be slightly older than those not reporting strangulation, with victims being 2.8 times more likely to be recruited by their trafficker using romance. The findings included that victims were 3.5 times more likely to be contacted by law enforcement during domestic violence calls than during a vice sting and 3.6 times more likely to report coercive control.
- **Dr. Roe-Sepowitz** provided recommendations based on the study to promote training with law enforcement, medical staff, and all social services. **Dr. Roe-Sepowitz** advised that continuing to ask victims about non-fatal strangulation is vital.
- **Dr. Dominique Roe-Sepowitz** recommended that the implementation of sex trafficking screening take place when responding to sexual and domestic violence calls and screening for non-fatal strangulation both with law enforcement and health professionals regardless of external physical evidence or not.
- **Dr. Roe-Sepowitz** concluded the presentation that often, in conversations, there are silos of services for sex trafficking victims and interpersonal, violent relationships, which 95% of the time trafficking victims are in. The goal is to bring together those silos of services for the support of sex trafficking survivors.
- **Neil Websdale** informed **Dr. Roe-Sepowitz** of his work on dementia datasets and homicides. He inquired about the history of non-fatal strangulation and the onset of various dementia, particularly vascular dementia. **Dr. Dominique Roe-Sepowitz** responded that at Starfish Place, changes in behavior are expected for those in a safe place. **Dr. Roe-Sepowitz** noted that the responses awakened the program, and long-term dementia from local brain injuries made sense. At Starfish Place, aging survivors face massive health challenges, including connective tissue and long-term dental and digestive system illnesses.
- **Dr. Dominique Roe-Sepowitz** invited individuals present to visit Starfish Place, where they offer holistic and diverse services.
- **Elizabeth Ortiz, Co-Chair**, thanked **Dr. Roe-Sepowitz** for the presentation and invitation.

Mt. Graham Safe House Program Update

- **Jacques Ornelas** was introduced by **Kate Brophy McGee, Co-Chair**, to provide a report on the Sexual Assault Services Program in Mt. Graham Safe House (MGSH).
- **Ms. Ornelas** provided an overview of the history of the Mt. Graham Safe House, sharing that it is a dual shelter for domestic violence and sexual assault. Mt. Graham Safe House serves Graham County, Greenlee County, the San Carlos Apache Nation, and Cochise and Gila County portions.
- **Ms. Ornelas** provided an overview of the advocacy work provided by Mt. Graham Safe House. MGSH screens victims with the philosophy of believing, respecting, and believing their truth; MGSH provides services to all domestic violence or sexual assault victims. **Ms. Ornelas** explained if individuals do not meet the requirements based on victimization, they are provided referrals to the appropriate services.

- **Ms. Ornelas** outlined a portion of the services provided by MGCS: safety planning for victims of domestic violence, sexual violence education, and community resources. **Ms. Ornelas** reported that all MGSB services are client-centered and trauma-informed, and designed to be delivered in the least restrictive environment possible.
- **Ms. Ornelas** advised that the program delivers sexual violence awareness brochures and shoe cards to the community, including local bars, motels, county courthouses, probation departments, restaurant bathrooms, hospitals, and medical clinics. **Ms. Ornelas** added that they also provide coasters to test for date rape drugs in drinks. **Ms. Ornelas** informed that the program had completed 150 adult targeted outreach presentations and 128 youth-targeted presentations.
- **Ms. Ornelas** provided highlights on Mt. Graham Safe House's work within the community, including October for Domestic Violence Awareness Month and April for Sexual Assault Awareness Month, and collaborated with the local community colleges to walk for awareness. Mount Graham Safe House maintains an awareness table in the local library all year.
- **Ms. Ornelas** advised that Mt. Graham Safe House has provided services to 6,444 victims since opening in 1995. In 2021, MGSB has served 258 individuals, including 71 children.
- **Elizabeth Ortiz, Co-Chair**, commended **Jacque Ornelas** on the work in rural areas and asked if Mt. Graham Safe House operated in Greenlee and Graham County. **Ms. Ornelas** shared that they collaborated with attorneys in Greenlee and Graham County collaborated last month on Sexual Assault Awareness events.
- **Kate Brophy McGee, Co-Chair**, followed up by encouraging **Ms. Ornelas** to reach out to **Elizabeth Ortiz, Co-Chair**, for any training or interface needed with those areas.
- **Theresa Barrett, a proxy for Kay Radwanski**, asked what was taking place through the interactions with the courts in the counties, as mentioned earlier. **Ms. Ornelas** responded that the MGSB does have connections with the lower courts where assistance is needed.
- **Kate Brophy McGee, Co-Chair**, advised **Ms. Ornelas** that if she needed anything, she could reach out to needed assistance from entities or agencies to assist with the work being completed.
- **Kate Brophy McGee, Co-Chair**, and **Elizabeth Ortiz, Co-Chair**, also thanked **Ms. Ornelas** and Mt. Graham Safe House.

STOP: Implementation Plan Announcement

- **Emily Uline-Olmstead** was introduced by **Elizabeth Ortiz, Co-Chair**, to provide an update on the STOP implementation plan.
- **Emily Uline-Olmstead** stated the STOP implementation plan will be submitted this year with the federal STOP application. **Ms. Uline-Olmstead** proceeded to advise that the implementation plan is an excellent way for programs working in areas of preventing violence to collaborate and work together.
- **Emily Uline-Olmstead** thanked everyone who participated in the implementation planning process, including the feedback survey and participating in stakeholder conversations surrounding STOP areas.

- **Emily Uline-Olmstead** informed the commission that the last implementation plan was completed in 2017 and if anyone has any questions about the plan for the next four years, reach out to her.
- **Elizabeth Ortiz, Co-Chair**, thanked **Ms. Uline-Olmstead** for her update on the STOP implementation plan. **Ms. Ortiz** solicited questions from the Commissioners.
- The commission asked no questions.
- **Kate Brophy McGee, Co-Chair**, also thanked **Ms. Uline-Olmstead**.

Request for Future Presentation Topic

- **Elizabeth Ortiz, Co-Chair**, asked the commissioners to provide feedback on future presentation topics. **Kirstin Flores** commented that the hearing from Mt. Graham Safe House was impactful and encouraged presentations from more GOYFF funded agencies.
- **Kate Brophy McGee, Co-Chair**, addressed the commission by setting an agenda that places the primary condition on domestic violence prevention throughout the state to include more rural representation in addition to inviting legislators to bring forth information to the committees and policymakers.
- **Monica Yelin** addressed the need to support Native American Communities and incidences of domestic violence where they do not have police. **Ms. Yelin** stated she believed it is important to bring organizations that can assist with issues in the community to get involved.
- **Kate Brophy McGee, Co-Chair**, asked a follow-up question of **Ms. Yelin**. She wondered if this topic and involvement would be related to the Missing and Murdered Indigenous Women legislative task force.
- **Elizabeth Ortiz, Co-Chair**, advised the commissioners to reach out to the GOYFF team for any future topic recommendations and encouraged commissioners to look at upcoming awareness months to determine future presentations. **Ms. Ortiz** advised that May is Maternal Mental Health Month, June is National PTSD Month, and July 30th, 2022, is World Day Against Trafficking in Persons.

Future Meeting Dates

- **Kate Brophy McGee, Co-Chair**, announced the following meeting dates:
 - Tuesday, August 16, 2022
 - Tuesday, November 15, 2022

Adjourn

- **Elizabeth Ortiz** called for adjournment at 11:12 AM.
 - **Kate Brophy McGee, Co-Chair**, motioned to adjourn. **Monic Yelin** seconded the motion. The motion to adjourn was approved unanimously.

Dated the 18th of May 2022
Commission to Prevent Violence Against Women
Respectfully Submitted By:
Ariana Abbarello
Program Administrator, GOYFF

