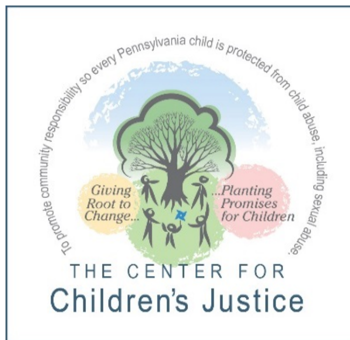

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Children's Justice & Advocacy Report

To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.

In the April 9th edition:

1. Pennsylvania Supreme Court will take up arguments about whether drug use during pregnancy can constitute child abuse
2. Opioid Crisis Response Act offers states support to design and implement CAPTA plans of safe care
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Pennsylvania Supreme Court will take up arguments about whether drug use during pregnancy can constitute child abuse

In December The Superior Court of Pennsylvania rendered an opinion related to a 2017 case from Clinton County involving a woman's illegal drug use during pregnancy and whether such drug use constituted child abuse.

In its December 27th opinion, three members of PA's Superior Court stipulated that a woman's "use of illegal drugs while pregnant may constitute child abuse" under Pennsylvania's Child Protective Services Law (CPSL).

The case and opinion are tied to the "use of illegal drugs while pregnant." The mother "tested positive for marijuana, opiates and benzodiazepines" at the time of the child's birth. She did not have a prescription for any of the medications.

The Superior Court's opinion was authored by Judge H. Geoffrey Moulton, Jr. Mouton was joined by Judge Victor P. Stabile and retired Senior Judge Eugene B. Strassburger, III.

Strassburger also authored a concurring opinion (supported as well by Judge Moulton).[1]

In this opinion, the senior judge questioned "whether treating as child abusers women who are addicted to drugs results in safer outcomes for children." He further wrote that there is "no doubt" that most pregnant women "who use illegal drugs during their pregnancies do so not because they wish to harm their child, but because they are addicted to drugs."

Citing the "substantial public importance" of the issue, the judge urged a review by the full PA Superior Court or Pennsylvania's Supreme Court.

[1]http://www.pacourts.us/assets/opinions/Superior/out/Concurring%20Opinion%20%20VacatedRemanded%20%2010336976031162359.pdf?cb=1

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By the end of January, the Clinton County woman had filed a petition for allowance of appeal with the Supreme Court of Pennsylvania (In the Interest of L.J.B., a minor). In addition to being represented by a Clinton County attorney, the mother is also being represented by the Women's Law Project (WLP).

In the petition two reasons were presented for why the allowance of appeal petition should be granted:

1. This case presents an issue of first impression because the court has never addressed the Child Protective Services Law's application to pregnant women who use drugs;
2. This case raises several issues of substantial public importance because punishing pregnant women for prenatal drug use is contrary to public health, touches upon important constitutional issues, and could have broad implications for all pregnant and child-bearing-aged women.

By way of some brief (earlier) background, the infant, L.B., was born at Williamsport Hospital in January 2017 and was "suffering from withdrawal symptoms."[2]

Based on these findings, the child welfare agency filed an Application for Emergency Protective Custody on February 7, 2017.
In February 2017, Clinton County Judge Michael Salisbury conducted a Shelter Care Hearing. By February 13th, the county child welfare agency had filed a Dependency Petition alleging the infant was without proper parental care or control and also that the infant was "a victim of child abuse" with the agency alleging that the mother "caused bodily injury to the child through a recent act or failure to act."

Bodily injury is defined in PA's CPSL as "Impairment of physical condition or substantial pain."[3]

Before the trial court, the child welfare agency noted that the infant had been in Williamsport Hospital for 19 days "suffering from drug dependence withdrawal due to the substances Mother ingested while Mother was pregnant with the child and that Mother tested positive for marijuana, opiates and benzodiazepines at the time of the child's birth." The agency also noted that the mother did not have prescriptions for any of the drugs.

The court declared the infant dependent on March 15, 2017, but deferred a decision about whether the infant was a victim of child abuse until a later Dispositional Hearing. This deferred action was agreed to by all parties.

Once arguments were heard in May 2017, the trial court decided that the child welfare agency "cannot establish child abuse" related to actions that the Mother committed "while the child was a fetus."

Within two days of the court's finding, the Clinton County child welfare agency filed an appeal asking the Superior Court to review:

"Whether the Trial Court erred by finding that [CYS] cannot establish child abuse in the matter of actions committed by Mother, reasoning that the child was a fetus and not considered a child pursuant to 23. Pa.C.S. § 6303[3]."

The child welfare agency argued that the mother's prenatal drug use was a "recent act or failure to act" that then "caused" or "created a reasonable likelihood of bodily injury." The argument was that the prenatal drug use caused the child to be born with withdrawal symptoms.

All of this then led to the December 2017 decision by the PA Superior Court and last week's decision by the Supreme Court of Pennsylvania to take up the case. The court set a deadline of May 3rd for the parties to file briefs.

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[2] IN THE INTEREST OF: L.B., A MINOR appeal of Clinton County Children and Youth Services opinion issued by the Superior Court of Pennsylvania on December 27, 2017 retrieved at http://www.pacourts.us/assets/opinions/Superior/out/opinion%20%20vacatedremanded%20%2010336976031162337.pdf#search=%22williamsport CPSL%22.

[3] http://www.legis.state.pa.us/WU01/LI/LI/CT/PDF/23/23.PDF

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Opioid Crisis Response Act offers states support to design and implement CAPTA plans of safe care

On Wednesday, the United States Senate Committee on Health, Education, Labor and Pensions (HELP) will convene to examine The Opioid Crisis Response Act of 2018.[4]

Last week, the HELP Committee unveiled a draft discussion document, following six hearings including a February hearing specific to the crisis' impact on children and families.[5]

The legislation would reauthorize and improve the State Targeted Response to the Opioid Crisis (Opioid STR) grants. These grants were foundational to the 21st Century CURES Act that became law (Public Law No: 114-255) in December 2016 authorizing up to $1 billion (over two years) "for the state response to the opioid crisis."[6] Pennsylvania's share of the State Targeted Response to the Opioid Crisis (Opioid STR) Grant funding is $53 million ($26.5 million over two years).[7]

The draft legislation also amends the federal Child Abuse Prevention and Treatment Act (CAPTA).

The legislation complements a $60 million increase for CAPTA Congress included in the Consolidated Appropriations Act of 2018 signed by President Trump on March 23rd. That funding is intended "to support the development and implementation of plans of infant safe care to improve and better-coordinate services for newborn children exposed to substances and their families or caregivers."

In July 2016, U.S. Senator Bob Casey, Jr. spearheaded an amendment of CAPTA that was woven into the Comprehensive Addiction and Recovery Act (CARA) toward strengthening provisions in federal law since 2003.

Today, CAPTA requires that states, who want to qualify for an extremely modest amount of CAPTA funding, have a policy in place whereby health care providers notify a child welfare agency when an infant was born affected by:

1. substance abuse; or
2. withdrawal symptoms resulting from prenatal drug exposure; or
3. or a Fetal Alcohol Spectrum Disorder

Prior to the 2016 CAPTA change, the word illegal appeared before substance abuse (in #1 above).

For over a decade, federal law has required the notice from health care providers to child welfare, but federal law has also been consistent that such notification "shall not be construed to" establish a definition (in federal law) about what constitutes child abuse or neglect or "require prosecution for an illegal action."

Instead Congress, led by retired Pennsylvania Congressman James Greenwood in the early 2000s, intended that such notification result in the assessment of the infant and his/her family and the development of a plan of safe care.

The 2016 CAPTA amendment underscored that the notification and plan of safe care provisions is linked to "addressing the health and substance disorder treatment needs of the infant and affected family or caregiver." It is the expectation of federal law that states have set forth a multidisciplinary effort, carried out in local communities across a variety of child and family serving agencies, so that infants and their families are connected to "referrals" and the "delivery of appropriate services for the infant and affected family or caregiver."

[4] https://www.help.senate.gov/hearings/the-opioid-crisis-response-act-of-2018
[5] https://www.help.senate.gov/hearings/the-opioid-crisis-impact-on-children-and-families
[6] https://www.congress.gov/bill/114th-congress/house-bill/34/actions
[7] https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf

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While the referral is made to child welfare, as a way of establishing a single point of entry (for better or worse), the federal law has never stipulated that the child welfare agency must be the party responsible for developing the plan of safe care and the provider of the pathway to “appropriate services.”

In recent months, Senator Casey has been crafting legislation to provide further guidance and support to the states as they work to meaningfully implement the CAPTA plan of safe care provisions.

Casey’s handiwork is what is seen within the draft Opioid Crisis Response Act of 2018 that will be considered by the U.S. Senate HELP Committee on Wednesday.

There is likely to be further fleshing out of the language (and implications), but among the concepts set forth by Casey:

- $60 million in federal funding annually beginning in federal fiscal year 2018 and continuing through FFY 2024.
- The grants are intended to assist states “to improve and coordinate their response to ensure the safety, permanency, and well-being of infants affected by substance use.
- States would be expected to promote the collaboration of “child welfare agencies, social service agencies, substance use disorder treatment agencies, public health agencies, and maternal and child health agencies” in the development and monitoring of plans of safe care.
- It is not required that the child welfare agency serve as the “lead agency”. Instead the state’s lead agency would have to “coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, and the public health agency, programs funded by the Residential Treatment for Pregnant and Postpartum Women grant program of the Substance Abuse and Mental Health Services Administration, the State Medicaid program, the maternal, infant, and early childhood home visiting program, the state judicial system and other agencies.”
- Grant funding could be used to develop policies and procedures related to the “administration of evidence-based and validated screening tools for infants,” or to improve “assessments” to determine the needs of the infant and family, or ongoing case management services or furthering a woman’s access to treatment.
- The legislation promotes training of health professionals, child welfare workers, substance use disorder treatment agencies and other professionals like home visitors in “relevant topics” including mandatory reporting laws, the co-occurrence of pregnancy and substance use disorder and the appropriate screening and intervention for infants.
- Also elevated is a focus on partnerships, agreements and memoranda of understandings, not just between the usual partners, but also “peer recovery specialists and housing agencies.”

The draft comprehensive opioid bill pending in the U.S. Senate also seeks to further data collection and research related to “prenatal smoking, alcohol and substance abuse and misuse” with that data then aiding fuller understanding of the:

- “long-term outcomes of children affected by neonatal abstinence syndrome;
- Health outcomes associated with prenatal smoking, alcohol, and substance abuse and misuse.”

Task Force on Trauma-Informed Care woven into Opioid Crisis Response Act

The proposed (draft) Opioid Crisis Response Act pending in the United States Senate would establish an Interagency Task Force on Trauma-Informed Care.

This Task force “shall identify, evaluate, and make recommendations regarding best practices with respect to children and youth, and their families as

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appropriate, who have experienced or are at risk of experiencing trauma."

Last year, legislation creating such a Task Force was introduced in both the United States Senate (S. 774) and U.S. House of Representatives (H.R.1757).

Leading the charge have been U.S. Senator Heidi Heitkamp (D-ND) and Congressman Danny Davis (D-IL).

The membership is still being discussed, but the Chairperson is likely to be the Assistant Secretary for Mental Health and Substance Use.

The Task Force would be charged with identifying, evaluating and making recommendations annually to the public and key federal departments specific to:

"A set of evidence-based, evidence-informed and promising practices with respect to –

(A) The identification of infants, children and youth, and their families as appropriate who have experienced or are at risk of experiencing trauma; and
(B) The expeditious referral to and implementation of trauma-informed practices and supports that prevent and mitigate the effects of trauma."

The Task Force is to design a "national strategy" in order to collaborate and prioritize a "coordinated approach" that could include "data sharing and the awarding of grants that support children and their families as appropriate, who have experienced or are at risk of experiencing trauma.

Also within the scope of the Task Force would be identification and evaluation of "best practices" including in how to have front-line service providers (e.g., school personnel, child welfare, behavioral health care providers, juvenile court judges, and mandatory reporters of child abuse or neglect) provided with tools in "understanding and identifying early signs and risk factors of trauma in children and youth, and their families, as appropriate, including through screening processes."

The "best practices" bucket would also be about promoting and supporting "multigenerational practices that assist parents, foster parents, and caregivers in accessing resources related to, and developing environments conducive to, the prevention and mitigation of trauma."

The Task Force would have 3 years to do its work and would sunset no later than September 30, 2022.

U.S. Senate approves Federal Task Force aimed at supporting grandparents raising grandchildren

On March 22nd, the United States Senate unanimously agreed to legislation championed by Pennsylvania U.S. Senator Bob Casey, Jr. to establish a Federal Task force to Support Grandparents Raising Grandchildren.[8]

S. 1091 , as amended by the U.S. Senate Committee on Health, Education, Labor, and Pensions (HELP), relies on the existing federal definition of "older relative caregiver".[9]

Reliance on this definition ensures that while the spotlight has been on grandparents, the Task Force will not exclude other (older) relatives that are serving as the primary caregiver of a child when the biological parent(s) "are unable or unwilling to serve as the primary caregivers of the child."

Older grandparents or other relatives would be those persons 55 years of age or older who have "a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally."

The Federal Task Force would be led by the Secretary for the Department of Health and Human Services (HHS) and requires insight from both a grandparent

[8] https://www.congress.gov/bill/115th-congress/senate-bill/1091/actions?q=%7B%22search%22%3A%5B%22s+1091 %22%5D%7D&r=1

[9] 42 U.S. Code § 3030s(a)(3)

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raising a grandchild as well as "another older relative caregiver of children" is required.

Additionally the Task Force would include the Attorney General, Administrator of the Administration for Community Living, the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental and Substance Use, the Assistant Secretary for the Administration for Children and Families, the Administrators of the Centers for Medicare and Medicaid Services. The HHS Secretary would also identify other federal agency representatives that have responsibility for programs "relating to the current health, educational, nutritional, and other needs and current issues affecting relative caregivers."

The Task Force would have to "identify, coordinate, and disseminate information publicly about Federal information, resources and best practices available" that can "help older relative caregivers, including grandparents" to meet the "health, educational, nutritional, and other needs of the children in their care."

The Task Force would also direct some attention to how the older caregivers can "maintain their own physical and mental health and emotional well-being."

Added emphasis is placed on those older relatives and grandparents raising children "as a result of the opioid crisis."

Dr. Sharon McDaniel, founder of the [Pennsylvania non-profit, A Second Chance, Inc. (ASCI)], praised the Senate's action saying, "Raising relative children later in life is not easy. Grandparents and other relative caregivers raising these children need information about all the resources available to them and this bill would help make things a little easier."[10]

The Task Force would have a year (after enactment of the legislation) to submit a report to Congress that outlines not just best practices and resources, but also identifies "gaps in needs of older relative caregivers, including grandparents, raising children in their care."

The Task Force would sunset five years, after enactment.

Prior to that sunset date, a final report would be issued to Congress.

S. 1091 stipulates that "no additional funds are authorized" and that the Task Force should be operationalized with "funds otherwise appropriated."

S. 1091 has now been referred to the U.S. House of Representatives Committees on Education and the Workforce and the Committee on Energy and Commerce.

Similar legislation (H.R.3105 - Supporting Grandparents Raising Grandchildren Act) is already pending in the U.S. House of Representatives.

Back in Pennsylvania, state Representative Eddie Day Pashinski (D-Luzerne) has introduced legislation directing the Joint State Government Commission (JSGC) "to study the trend of grandfamilies in Pennsylvania and report its findings and recommendations to the General Assembly."[11]

House Resolution 390 cites that "more than 195,000 children are living with their grandparents" and over 88,000 grandparents in the Commonwealth "are householders responsible for their grandchildren who live with them" and of these households "nearly 29,000 do not have the child's parents present in the home."

Paskinski's resolution seeks to have JSGC undertake research and issue a report, within a year of the resolution being adopted. JSGC would have to enlist the report and recommendations "in collaboration" with Pennsylvanians who have raised their

[10] https://www.collins.senate.gov/newsroom/bill-help-grandparents-raising-grandchildren-due-opioid-crisis-passes-senate

[11] http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syear=2017&sind=0&body=H&type=R&bn=390

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grandchildren "or other minor relatives," individuals who were raised by their grandparents, a family law expert and the Northeast Pennsylvania Intergenerational Coalition.

Specific areas of study would include:

- The number of children being raised in grandfamilies between 2011 and 2016 as compared to the "number of children being placed in foster care."
- The average length of time that children remain in the care of their grandfamilies.
- The reasons why grandchildren are living with grandparents and great-grandparents.
- The impact parental drug or alcohol abuse has on children being raised by grandfamilies.
- The "economic impact" on grandfamilies, including on the savings of the older relatives.
- The impact of grandfamilies on the Commonwealth's foster care system, including "how much grandfamilies save the Commonwealth in foster care costs."

Kinship Navigator Programs gaining momentum in DC and Harrisburg

In 2008, Congress enacted Fostering Connections to Success and Increasing Adoptions Act of 2008 authorizing the federal Department of Health and Human Services (HHS) Secretary to provide Family Connection Grants to states or non-profits with "experience in working with foster children or children in kinship care arrangements, for the purpose of helping children who are in, or at risk of entering, foster care reconnect with family members."[12]

These Family Connection grants could be utilized for a variety of initiatives, including the implementation of "a kinship navigator program to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served."

At that time, Congress also provided $5 million for these navigator programs.[13]

By September 2009, HHS had awarded funding to 6 grantees – 3 in California and one each in Minnesota, New Jersey and Ohio – solely focused on kinship navigator services.[14]

A Cross-Site Evaluation Report about the Family Connections grants awarded in 2009 underscored"

"While playing an important role in ensuring the safety and healthy development of children and youth, kinship caregivers often experience hardships and need services and supports. They face a variety of unnecessary barriers including difficulties enrolling children in school, accessing and authorizing medical treatment, maintaining public housing leases, obtaining affordable legal service, and accessing a variety of Federal benefits and services." Despite often having a greater need, kinship caregivers request fewer services, are offered fewer services, and receive fewer services than licensed foster parents."[15]

Evaluators wrote, "The most common key characteristics of successful kinship navigators involved knowledge of community resources and services, listening skills, compassion and empathy, knowledge and experience regarding the child welfare system, and case management skills."

Such navigator projects were also cited for yielding "impacts beyond the individuals served" with many of the grantees reporting that there had been an impact on helping local child welfare agencies "see

[12] https://www.congress.gov/110/plaws/publ351/PLAW-110publ351.pdf
[13] https://www.congress.gov/110/plaws/publ351/PLAW-110publ351.pdf
[14] http://www.nrcpfc.org/grantees_public/2009/Fam%20Conn%202009%20Cross-Site%20Final%20Report%206-17-13.pdf
[15] http://www.nrcpfc.org/grantees_public/2009/Fam%20Conn%202009%20Cross-Site%20Final%20Report%206-17-13.pdf

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the benefits of keeping children with families instead of placing them in foster homes."[16]

Fast forward to 2018 and kinship navigator programs are front-and-center in D.C. and Harrisburg.

A number of states (e.g., California, Georgia, New Jersey, New York, Washington) operate kinship navigator programs with each being unique in how it is operationalized (e.g., information and referral only or fuller supports and connections with navigators) and the outcomes achieved.

In February, President Trump signed the Bipartisan Budget Act of 2018 (H.R. 1892).

It is this legislation (inclusive of the Family First Prevention Services Act) that will shift the dynamic in states' ability to utilize federal child welfare funding for front-end prevention services that support families and work to keep children safe at home or connected to kin if placement is required. This contrasts with the historical focus of federal child welfare funding that generally can't be tapped until a child has been removed from home or is at imminent risk of removal.

Policymakers, researchers and advocates (for children and families) have long urged Congress to rethink the purpose of federal child welfare dollars.

The Bipartisan Budget Act took that important step forward as it included the Family First Prevention Services Act ensuring that states will now have the opportunity to receive federal funding for a variety of evidence-based up-front prevention services that can promote family stability and child safety.

Effective October 1st, states can, for instance, receive reimbursement for up to 50 percent of the amount the state spends to operate a kinship navigator program that is "operated in accordance with promising, supported, or well-supported practices."[17]

Building upon enactment of the Family First legislation, bipartisan lawmakers successfully included $20 million to provide grants to states "for developing, enhancing, or evaluating kinship navigator programs" within the Consolidated Appropriations Act of 2018 signed by President Trump on March 23rd. Eligible states would qualify for a minimum grant of $200,000.[18]

United States Senators Heidi Heitkamp (D-ND) and Todd Young (R-Indiana) have also introduced the Supporting Kinship Connections Act (S. 2543) citing that the "estimated annual cost of statewide kinship navigator programming ranges from $200,000 to $300,000."[19]

The Heitkamp and Young legislation is promoted, in part, as providing several years of funding to help support those states that already operate a kinship care program to improve or evaluate their efforts so that they might meet the required evidence threshold outlined in the Family First Act.

S. 2543 seeks $15 million for two federal fiscal years. Qualifying states or tribes would have to demonstrate how the grant will be used "to develop, enhance, or evaluate kinship navigator programs." Also successful grantees would provide "a description of how kinship caregivers and the children they care for will be identified and an initial projection of the number of children and kin caregivers that will be served" and how the state "intends to make its kinship navigator program available as broadly as possible, including on a Statewide basis whenever possible." Also to be explored and presented in seeking the funding authorized in S. 2543 would be how a state will

[16] http://www.nrcpfc.org/grantees_public/2009/Fam%20Conn%202009%20Cross-Site%20Final%20Report%206-17-13.pdf

[17] https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf

[18] https://www.congress.gov/115/bills/hr1625/BILLS-115hr1625enr.pdf

[19] https://www.heitkamp.senate.gov/public/_cache/files/43adbd4c-c702-4819-83e2-cac27a82d5df/supporting-kinship-connections-act-s.-2543-one-pager-final.pdf

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sustain the kinship navigator program beyond the grant funding.

Congress' focus on kinship navigators coincides with an expected vote this week in the Pennsylvania House of Representatives Children and Youth Committee on House Bill 2133.

Children and Youth Committee Chairwoman Kathy Watson (R-Bucks) introduced House Bill 2133 to further the Commonwealth's understanding of and support for "grandparents who are raising their grandchildren, but who are not involved with the formal child welfare system."[20]

Watson's legislation would create a Kinship Caregiver Navigator Program within the Pennsylvania Department of Human Services.

The legislation would authorize PA DHS to "develop a proposal and solicit a contractor to administer the program." The successful contractor would have to "create and maintain" a website, a toll-free hotline "to provide supportive listening and guidance to kinship caregivers or persons intend to become kinship caregivers", educate the public and provide training for those persons who want to serve as kinship caregivers.

PA senators seek to create criminal offense when domestic violence is witnessed by a child

Last October Cabrini College launched the Center for Children of Trauma and Domestic Violence Education.

In 2010, the college was the recipient of initial federal funding to advance the Children as Witness Project. Among the outcomes was the design and implementation of a web-based resource to help elementary school educators understand domestic violence and "to give teachers ways to help students living with Domestic Violence."[21] Through the years, the College's work has been recognized and further supported.

Senator Bob Mensch (R- Mongtomery, Berks) cited the work of Cabrini County as he invited his fellow state senators to sponsor legislation amending Pennsylvania's Crimes Code "to create an offense for an act of domestic violence in front of children."[22]

Mensch, whose legislation has been co-sponsored by state senators David Argall (R- Schuylkill, Berks), Jay Costa (D- Allegheny) and Judith Schwank (D – Berks), cited the "devastating impact on children who witness domestic violence." He continued, "When a perpetrator commits an act of violence in front of a child, there is more than one victim – the child suffers many of the same consequences as if he or she had been the direct victim."

Senate Bill 1092 seeks to expand the criminal offense of Endangering the Welfare of Children (EWOC) so that if a person "commits a personal injury crime" and knows that this crime "was witnessed, either through sight or sound, by another person who is less than 18 years of age and a member of his or the other person's family."

Mensch also cited the Pennsylvania District Attorneys Association (PDAA) as part of the "joint effort" behind the legislation.

Senate Bill 1092 refers to the definition of "personal injury crime" as already exists within Pennsylvania's Crime Victims Act.[23]

"Personal injury crime." An act, attempt or threat to commit an act which would constitute a misdemeanor or felony under the following:

18 Pa.C.S. Ch. 25 (relating to criminal homicide).
18 Pa.C.S. Ch. 27 (relating to assault).
18 Pa.C.S. Ch. 29 (relating to kidnapping).
18 Pa.C.S. Ch. 31 (relating to sexual offenses).
18 Pa.C.S. § 3301 (relating to arson and related offenses).

[20] http://www.legis.state.pa.us//cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20170&cosponId=25201
[21] http://web.cabrini.edu/domesticviolence/
[22] http://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=S&SPick=20170&cosponId=25445
[23] http://www.ova.pa.gov/AboutOVA/CrimeVictimsRights/Documents/crime_victims_act[1].pdf

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18 Pa.C.S. Ch. 37 (relating to robbery).

18 Pa.C.S. Ch. 49 Subch. B (relating to victim and witness intimidation).

30 Pa.C.S. § 5502.1 (relating to homicide by watercraft while operating under influence).

The former 75 Pa.C.S. § 3731 (relating to driving under influence of alcohol or controlled substance) in cases involving bodily injury.

75 Pa.C.S. § 3732 (relating to homicide by vehicle).

75 Pa.C.S. § 3735 (relating to homicide by vehicle while driving under influence).

75 Pa.C.S. § 3735.1 (relating to aggravated assault by vehicle while driving under the influence).

75 Pa.C.S. § 3742 (relating to accidents involving death or personal injury).

75 Pa.C.S. Ch. 38 (relating to driving after imbibing alcohol or utilizing drugs) in cases involving bodily injury.

The term includes violations of any protective order issued as a result of an act related to domestic violence.

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