



Legislation Text

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A Local Law to amend the administrative code of the city of New York, in relation to requiring a training program for first responders and a public awareness campaign regarding health effects of domestic violence-related traumatic brain injuries

Be it enacted by the Council as follows:

Section 1. Section 3-180 of the administrative code of the city of New York is amended by adding a new definition for “first responder” in alphabetical order to read as follows:

First responder. The term “first responder” means a person with specialized training who is among the first to arrive and provide assistance or incident resolution at the scene of an emergency who is a law enforcement officer, paramedic, emergency medical technician, or firefighter.

§ 2. Subchapter 8 of chapter 1 of title 3 of the administrative code of the city of New York is amended by adding a new section 3-189 to read as follows:

§ 3-189 Traumatic brain injury training program. a. Training program content. No later than September 1, 2026, the director, in consultation with the fire commissioner and the police commissioner, shall develop a training on the topic of traumatic brain injury to be provided to first responders likely to respond to incidents involving domestic violence. Such training shall promote awareness of the connection between domestic violence and traumatic brain injury, the symptoms of such injury, and effective methods of addressing the needs of individuals in an emergency who suffer from such injury. The director shall solicit input on such training from relevant stakeholders and subject matter experts, including doctors and clinicians. Training sessions may be designed to meet the specific needs of training participants, or address issues of specific relevance to such participants, and at minimum shall include instruction in relation to the following:

1. The prevalence of traumatic brain injury cases among domestic violence survivors;

2. Common causes of domestic violence-related traumatic brain injury, including, but not limited to, choking, strangulation, punching or slapping to the head or face, striking the head with objects, kicking the head, throwing an individual against walls or objects, shaking an individual, or pushing an individual;

3. How to identify symptoms of traumatic brain injury;

4. How to respond to suspected traumatic brain injury to support a person’s well-being; and

5. The long-term health effects associated with repeated occurrences of traumatic brain injury.

b. Training program delivery. The office shall provide the training created pursuant to subdivision a of this section to the fire department and police department to be included in such department’s respective e-learning courses and training series, to be delivered to first responders as follows:

1. New recruits. All fire department and police department new recruits shall receive such training in the academy.

2. Ongoing training. All uniformed members of the fire department and police department whose responsibilities include routinely interacting with victims of crime shall receive such training in-service at least once every 2 years.

c. Public awareness campaign. No later than June 1, 2026, the office shall conduct a public awareness campaign to destigmatize and increase understanding of the connection between domestic violence and traumatic brain injury. Such campaign shall be limited to creating physical and digital materials. Such materials shall be created in consultation with stakeholders and subject matter experts as the director deems relevant and shall be made available in the designated citywide languages as defined in section 23-1101, posted on the office's website, the police department website, the 311 citizen center website, and distributed at family justice centers. Such materials shall include, at minimum, the following information:

1. Common causes, symptoms, and after-effects of domestic violence-related traumatic brain injury;

2. Potential risks of not seeking medical attention or treatment for traumatic brain injury;

3. How to identify symptoms of traumatic brain injury; and

4. Where to find resources and treatment for suspected domestic violence-related traumatic brain injury.

d. Advisory panel. The director shall create and maintain an advisory panel on traumatic brain injury. Such panel shall convene at least once every 2 years to review the training developed pursuant to subdivision a of this section and the materials developed pursuant to subdivision c of this section, and to make recommendations related to their accuracy, currency, and any other purpose such panel deems necessary or relevant, including which agencies and agency departments shall be required to receive it. Such panel shall serve without compensation and shall include, at minimum, the following individuals or their designees:

1. The director;

2. The fire commissioner;

3. The police commissioner;

4. At least 3 subject matter experts in the areas of domestic and gender-based violence or traumatic brain injury, appointed by the director; and

5. Upon invitation by the director, a representative of the New York city health and hospitals corporation.

§ 3. Paragraph 1 of subdivision b of section 14-192, as added by local law number 49 for the year 2022, is amended to read as follows:

1. The department shall [develop and implement by September 30, 2022,] provide a victim-centered, trauma-informed questioning training program designed to develop skills for the response to and investigation of incidents involving domestic violence, sexual crimes, or human trafficking. The training program shall include but not be limited to the following components: the dynamics of domestic violence, sexual assault, and human trafficking, including abuser tactics of power and control; danger and lethality factors in domestic violence, sexual assault, and human trafficking cases; the criminal law provisions of the [Family Protection Domestic Violence Intervention Act] family protection domestic violence intervention act of 1994, [codified in] chapter 222 of the laws of 1994; how to determine the primary aggressor in a domestic violence incident; the family offenses; the offense of endangering the welfare of a child; the offenses of assault in the first degree, manslaughter in the first and second degrees, criminally negligent homicide, and murder in the second degree, together with the defense of justification and the role of trauma in victims' acts of self-defense; the importance of avoiding expressions of skepticism, victim-blaming, and minimizing of the offense in early communications with victims; how to recognize signs of drug-facilitated sexual assault and preserve crucial evidence thereof; the overlap among domestic violence, sexual assault and human trafficking; victim-centered, trauma-informed questioning in domestic violence, sexual assault, human trafficking, and related cases; the effects of trauma on victims; the long-term health implications of physical violence including, but not limited to, traumatic brain injury; techniques of trauma-informed policing; the resources available to victims of domestic violence, sexual assault, and human trafficking, including shelter and nonresidential services, locating hospital-based sexual assault forensic exams, and domestic violence, sexual assault, and human trafficking emergency resources; and any other training deemed relevant by the commissioner, except that the commissioner may eliminate a training

component or replace a training component with an alternative component in order to provide a comprehensive victim-centered, trauma-informed questioning training program.

§ 4. This local law takes effect immediately.

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