

**SACRAMENTO COUNTY
DOMESTIC VIOLENCE
PROTOCOL**

FOR

**HEALTHCARE
PROVIDERS**

Revised September 2000

Acknowledgments

ORIGINAL PROTOCOL

The original document created in April 1994 was the work of the Sacramento County Domestic Violence Coordinating Council based on materials completed by Dr. Maria D. Allo, M.D., and the Santa Clara County Domestic Violence Council Medical Protocol Committee. The substantive contribution their protocol made to this and other protocols developed in the State is greatly appreciated.

The work of the Sacramento County Domestic Violence Coordinating Council Medical Training and Protocol Committee is also appreciated. The members of this committee were:

Mary Campbell Bliss, RN, MS, CNS
Sutter Health

Judie Boehmer, Rn, MSN
University of California Davis Medical Center

Claudia Uts
Women Escaping a Violent Environment (WEAVE)

Debra Morrow, MSW, LCSW
Office of the Sacramento County District Attorney

Kate Killien, Esq.
Office of the Sacramento County District Attorney

Thanks are also due to the many health practitioners in the Sacramento region who reviewed the original draft.

REVISED PROTOCOL – September 2000

This second revised protocol is the work of the Health Care Providers Domestic Violence Network (HPDVN). Prime contributors to this revision were the current co-chairs of HPDVN: Mary Campbell Bliss, RN, MS, CNS, Perinatal Clinical Nurse Specialist, Sutter Health and Jayne Cohill, RN, BSN, Educator, Mercy Healthcare.

Shireen Miles, Community Outreach Manager, at Women Escaping a Violent Environment (WEAVE), contributed the updated community resource list. WEAVE has committed to keeping this page updated. Other important contributors included Sgt. Maureen O'Connor of Sacramento Sheriff's Department and Connie Mitchell, MD, of the Northern California Medical Training Center, UCDMC.

This is a community document and is meant to be shared. Reproduction and use is encouraged while acknowledgment is always appreciated.

**SACRAMENTO COUNTY
DOMESTIC VIOLENCE PROTOCOL
FOR HEALTH CARE PROVIDERS**

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**SACRAMENTO COUNTY
DOMESTIC VIOLENCE PROTOCOL
FOR HEALTH CARE PROVIDERS**

I. POLICY STATEMENT

All health care providers shall report acts of domestic violence pursuant to the laws of the state. All health care providers and support staff shall treat victims of domestic violence with respect and dignity, providing care, safety and referral information to victims in every health care setting.

II. GOALS AND OBJECTIVES

Health care providers caring for patients who may be victims of domestic violence shall:

- ◆ Recognize the widespread prevalence of domestic violence in Sacramento County and its long-term effects on abused persons, their families, and the community.
- ◆ Recognize that domestic violence occurs not only against women, but that men and individuals in gay/lesbian relationships may also be victims.
- ◆ Develop awareness and sensitivity to the barriers which inhibit effective interaction between battered persons and health care providers (see pages 4 and 5).
- ◆ Identify the physical and behavioral signs and symptoms of domestic violence (see pages 6 and 10).
- ◆ Use AB 890 screening techniques to detect abuse and incorporate them into all routine examinations (see page 7).
- ◆ Use appropriate interview and intervention techniques once abuse is suspected.
- ◆ Assess the patient's level of risk for future violence (see pages 8 and 9).
- ◆ Treat victims of domestic violence with respect and dignity so they are not further victimized by the system from which they are seeking help.
- ◆ Promote patient autonomy, confidentiality and self-determination to the extent permitted by law.
- ◆ Understand and implement the legal duties and responsibilities of health care providers, including, but not limited to, reporting and documentation requirements (see pages 11, 12, 17, 20, and 23).
- ◆ Use resources and referral options available to health care providers and their patients (see page 13).
- ◆ Encourage county-wide education and training for all health care providers in the identification, treatment, reporting, and support of patients who are victims of domestic violence.
- ◆ Make it know to the patient that the law mandates reporting situations of known or suspected violence.

III. DEFINITIONS

The following definitions should be understood and used consistently by all health care providers:

1. A **health care provider** is any person who provides medical services for a physical condition to any patient. This includes, but not limited to: physician, nurse, technician, nurse's aide, nurse practitioner, dentist, podiatrist, chiropractor, medical assistant, and physician's assistant.
2. **Domestic violence** is abuse committed against an adult or fully emancipated minor who is or has been a spouse, cohabitant, or person with whom the perpetrator has had a child, or with whom the perpetrator has had a dating or engagement relationship.
3. **Abuse** is the intentional or reckless infliction of, or attempt to inflict, bodily injury to another person.

IV. PROTOCOL STANDARDS

1. EDUCATION AND TRAINING

All health care providers shall regularly participate in education and training programs on domestic violence.

2. HISTORY

Health care providers are requested to routinely screen all patients for a history of domestic violence (see page 7). AB 890 codified screening in the Health and Safety Code Section 1257.9 (Barbara Friedman).

3. INTERVIEWING THE PATIENT

When domestic violence is suspected or reported (see page 6), the health care provider should interview the patient alone in a private setting. The health care provider should interview the patient in a nonjudgmental manner and avoid blaming the patient for what has happened. This process should incorporate a discussion of the patient's short-term options and plans, including whether the patient can safely return home.

4. PHYSICAL EXAMINATION

When injuries are reported by a patient, or observed by a provider, a physical examination and assessment for domestic violence must be done (see page 10).

5. CHARTING

When domestic violence is suspected, doctors or their designees should make a complete legible record of any acute finding (see page 11). Location of injuries should be drawn on a body map (see page 12). This map may be photocopied if needed.

This chart/record should include:

- a. The patient's own words, with the use of quotation marks, regarding the causes of the injuries or other important information.
- b. A description of patient injuries: type, extent, age, location.
- c. Any opinion by the health care provider as to whether the explanation offered for the injury adequately explains the injury.

- d. Photographs of the patient's injuries (obtain patient consent for photographs). Have police take pictures if possible; otherwise, any team member may do so. Label each picture with information: date, time, and name of photographer.
- e. Documentation regarding maintenance of physical evidence until it has been turned over to police.
- f. Past history of physical and sexual abuse.

6. IMPLEMENTATION OF A SAFETY PLAN

The Health Care Provider's interview process should incorporate a discussion of the patient's short-term options and plans, including whether the patient can safely return home (see page 24).

Health Care Providers who admit a battered patient should ensure that patient's confidentiality while in the hospital (e.g., remove the patient's name from the switchboard computer, remove the patient's name from outside the hospital room).

- ✓ **In all cases, the health care provider should refer the patient to local domestic violence agencies.** (See page 13: this referral list may be photocopied.)
- ✓ **When the patient is willing, the health care provider should also assist the patient in calling a domestic violence crisis line.** (See page 13).

7. REPORTING

If the patient is **suffering from a physical injury** caused by assaultive or abusive conduct or firearm, the health care professional must report to a local law enforcement agency (See page 17).

A telephone report shall be made immediately or as soon as practically possible, and **in all cases a written report must be made within two working days.** The Sacramento County report form is shown (see page 25). This report form may be photocopied as needed. Phone reports should be made to the police department in the **location where the battery occurred.** Written reports must be sent within two days to that jurisdiction (See page 20).

BARRIERS FACING PEOPLE WHO ARE BATTERED

This page contains a summary of the barriers to reporting domestic violence when battered persons meet with health care providers.

Battered persons usually do not initiate discussions concerning their abuse:

1. The patient may be fearful because of threats by the batterer;
2. The patient's cultural, ethnic and/or religious background may discourage revealing that there is domestic violence to persons outside of the family;
3. The patient's economic dependence upon the batterer may hinder revelation of the abuse;
4. The patient may believe that the children need two parents and that discussing the abuse will interfere with the abusive parent's role in the family.
5. The patient may fear living alone;
6. The patient may feel a loyalty to the abuser;
7. The patient may pity the abuser and believe that the abusive behavior can change without assistance;
8. The patient may fear the batterer may commit suicide;
9. The patient may feel guilty about the violence;
10. The patient may love the batterer;
11. The patient may believe the batterer's promises that the abuse will stop;
12. The patient may feel responsible for the battering;
13. The patient may deny that there has been abuse, or minimize the extent;
14. The patient may be embarrassed, humiliated and degraded about the abuse;
15. The patient may define abuse differently than the Health Care Provider and therefore not recognize an abusive situation;
16. The patient may lack awareness or insight that physical symptoms are related to the stress of the abusive situation;
17. The patient may believe the batterer's promises that the abuse will stop;
18. The patient may believe the injuries are not serious enough to matter; or
19. Gay men and lesbians may not wish to disclose their homosexuality.

BARRIERS FACING HEALTH CARE PROVIDERS

This page outlines the barriers facing health care professionals as they attempt to detect domestic violence and provide an appropriate response to their patients who are victims of domestic violence. Health Care Providers are reluctant to ask patients about possible domestic abuse suffered for a number of reasons:

1. There is a difficulty identifying domestic violence within the patient population. The assumption is that patients from middle to upper class backgrounds are not at risk of abuse. Further, there is an assumption that if the patient does not bring up the subject, there has been no abuse;
2. There is a fear of offending the patient;
3. There is a sense that it is not the role of a Health Care Provider to ask questions or intervene;
4. The Health Care Provider may believe that it is the patient's responsibility to raise the issue of abuse;
5. The Health Care Provider may believe there is not enough time to ask about possible abuse;
6. The Health Care Provider may fear becoming involved in a personal matter between intimates;
7. The Health Care Provider may feel helpless given the complexity of the issue;
8. The Health Care Provider may be completely unaware of, or uninformed about, the scope and dynamics of domestic violence;
9. The Health Care Provider may "blame the patient" and feel frustrated that the abused person does not leave the relationship;
10. The Health Care Provider may disbelieve the patient because the alleged assailant is present and seems to be very concerned and pleasant;
11. Ignorance of, discomfort with, or insensitivity to the possibility of same sex domestic violence; or
12. Ignorance of, discomfort with, or insensitivity to the possibility of violence of women vs. men.

CONSIDERATIONS FOR THE HEALTH CARE PROVIDER

During all patient contacts, Health Care Providers should be alert to the possibility that the patient has been the victim of domestic violence. The following factors and cues should be noted since they may indicate that the patient has been battered.

A. Behavioral Cues

1. Nervous or inappropriate laughter or smiling
2. Crying
3. Sighing
4. Anxiety
5. Defensiveness, anger
6. Lack of eye contact, or fearful eye contact
7. Minimizes seriousness of injuries
8. Overly attentive, aggressive or defensive partner

B. Verbal Cues

1. Talks about “a friend” who has been abused
2. Refers to a partner’s “anger” or “temper”
3. Responds affirmatively to any of the following questions:
 - Have you been hit or harmed at any time in the past year?
 - Are you in a relationship with someone who hurts or threatens you?
 - Has your partner ever destroyed things that you cared about?
 - Has your partner ever forced you to have sex when you did not want to?
 - Is your partner possessive about you?
 - Does she/he have to know where you are at all times? Is s/he overly jealous?

C. Uses health care services repeatedly, especially for psychosomatic complaints or for injury to the same site.

D. Psychosomatic/emotional complaints including: headaches, sleeping disorders, difficulty concentrating, anxiety, depression, fatigue, nightmares, suicide attempts or gestures, abdominal and gastrointestinal complaints, or marital problems.

E. Reluctance to speak in the presence of abuser.

F. Presence of child abuse within the family.

G. If a patient has been battered by a partner, the abuse is extremely likely to happen again. In almost all cases, there is nothing the patient can do within the relationship to stop the violence. In many cases, the batterer will apologize and swear to reform. Apologies, however, do not mean that the violence will stop.

SUGGESTED QUESTIONS FOR HEALTH CARE PROVIDERS

Health Care Providers should ask their patients some or all of the following questions to determine if they are the victims of domestic violence.

1. Do you ever feel afraid of, or threatened by, your partner?
2. Are you in a relationship in which you have been physically hurt or threatened by your partner?
3. Are you in a relationship in which you are treated badly?
4. Have you been hit or battered in the last six months or since I last saw you?
5. Has your partner ever destroyed things that you cared about?
6. Has your partner ever threatened or abused your children?
7. Does your partner ever force you to engage in sex that makes you feel uncomfortable?
8. We all fight at home. What happens when you and your partner fight or disagree?
9. Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing your education?
10. Does your partner watch your every move? Call home or work multiple times a day? Accuse you of having affairs with everyone?

It is important that any inquiry regarding a patient's exposure to domestic violence be done as a part of the interview process. Make sure that the interview is held in total privacy with no one else, including children, in the room.

QUESTIONS/ATTITUDES NOT TO ASK/EXPRESS

1. What keeps you with a person like that?
2. Do you get something out of violence?
3. What did you do that moment that caused him/her to hit you?
4. What could you have done to avoid or defuse the situation?

LEVEL OF RISK, DANGER, LIABILITY ASSESSMENT

Several risk factors have been associated with homicides (murder) of both batterers and battered women/men through research which has been conducted after the killings have taken place. We cannot predict what will happen

in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation. (The “s/he” in the questions refers to husband, wife, partner, ex-husband, ex-wife, ex-partner or whoever is currently physically hurting you.)

Please check YES or NO for each question below.

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | 1. Has the physical violence increased in frequency over the past year? |
| ___ | ___ | 2. Has the physical violence increased in severity over the past year and/or has a weapon or threat with a weapon been used? |
| ___ | ___ | 3. Has s/he ever tried to choke you? |
| ___ | ___ | 4. Is there a gun in the house? |
| ___ | ___ | 5. Has s/he ever forced you into sex when you did not wish to do so? |
| ___ | ___ | 6. Does s/he use drugs? By drugs I mean “uppers” or amphetamines, speed, angel dust, cocaine, “crack,” street drugs, heroin, or mixtures. |
| ___ | ___ | 7. Does s/he threaten to kill you and/or you believe s/he is capable of killing you? |
| ___ | ___ | 8. Is s/he drunk every day or almost every day? (In terms of quantity of alcohol.) |
| ___ | ___ | 9. Does s/he control most of your daily activities? For instance, does s/he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If s/he tries, but you do not let him/her, check here __.) |
| ___ | ___ | 10. Have you ever been beaten by him while you were pregnant? (If never pregnant by him, check here __.) |
| ___ | ___ | 11. Is s/he violently and constantly jealous of you? (For instance, does s/he say, “If I can’t have you, no one can.”) |
| ___ | ___ | 12. Have you ever threatened or tried to commit suicide? |
| ___ | ___ | 13. Has s/he ever threatened or tried to commit suicide? |
| ___ | ___ | 14. Is s/he violent outside of the home? |
| | | 15. Is s/he constantly possessive, fearing you are having affairs or other relationships? |

TOTAL YES ANSWERS: ___

Thank You. Please talk to your health professional, advocate or counselor about what the danger assessment means in terms of your situation.

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EVALUACION DE DANOS

Varios factores de riesgo han sido asociados con homicidios (asesinatos) en ambos el abusador o la mujer abusada en estudios realizados despues de haber ocurridas las muertes. No podemos predecir que sucederá en su casa, pero me gustariá advertirle del peligro de homicidio en situaciones de abuso severo y que usted se de cuenta de cuantos factores de riesgo se aplican en su situación. (En las siguientes preguntas cuando hablamos de “el” nos estamos refiriendo a su marido, companero, ex-marido, ex-companero o quien sea que la este actualmente danando físicamente).

Por favor marque **Si** o **No** a cada una de las siguientes preguntas.

- | Si | No | |
|-------|-------|--|
| _____ | _____ | 1. Ha aumentado la violencia física durante él año pasado? |
| _____ | _____ | 2. Ha aumentado en severidad la violencia física él año pasado y/o ha sido amenazada con un arma o ha sido un arma usada en usted? |
| _____ | _____ | 3. Ha tratado él de asfixiarla? |
| _____ | _____ | 4. Hay alguna arma de fuego en su casa? |
| _____ | _____ | 5. La ha forzado Él a tener relaciones sexuales contra de su voluntad? |
| _____ | _____ | 6. Usa él drogas? Por drogas me refiero a “exitantes” o afetaminas, “speed,” polvo de angel, cocaína, crack, drogas de las calle, heroína, o mezclas. |
| _____ | _____ | 7. La amenaza él con matarla o cree usted que él es capaz de matarla? |
| _____ | _____ | 8. Se emborracha él todos los días o casi todos los dias? (En relacion con él alcohol). |
| _____ | _____ | 9. Controla él la mayoría de sus actividades diarias? Por ejemplo, le dice él quienes pueden ser sus amigos, o cuanto dinero puedo llevar cuando va de compras, o cuando puede usar el coche? (Si el trata, pero usted no lo deja, marque aqui _____). |
| _____ | _____ | 10. Ha sido usted golpeada cuando estaba embarazada? |
| _____ | _____ | 11. Es él violento, o constantemente celoso de usted? Por ejemplo le dice él: “Si no eres mia no vas a ser de nadie.” |
| _____ | _____ | 12. Ha usted amenazado o ha usted tratado de suicidarse? |
| _____ | _____ | 13. Ha tratado o amenazado él con suicidarse? |
| _____ | _____ | 14. Es él violento fuera de la casa? |
| _____ | _____ | 15. Es el/ella constantemente poseciva, temperosa de que tu puedas tener una aventura u otras relaciones. |

TOTAL DE RESPUESTAS SI: _____

Gracias. Por favor hable con su enfermera, busque soporte o consejo sobre lo que la evaluacion de dano significa en su caso.

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PHYSICAL EXAMINATION

All Health Care Providers should implement routine physical exam techniques that ensure accurate medical diagnosis.

1. Central distribution of injury: face, neck, throat, chest, abdomen, genitals.
2. Bilateral distribution of injury to multiple areas;
3. Contusions, lacerations, abrasions, human bites, or no evidence of physical trauma despite subjective complaint by patient/victim.
4. Delay between onset of injury and presentation for treatment.
5. Multiple injuries in various stages of healing.
6. Extent or type of injury inconsistent with patient's explanation.
7. Evidence of alcohol or drug abuse.
8. Evidence of rape.
9. Repeated chronic injuries.
10. Chronic pain, psychogenic pain, or pain due to diffuse trauma without visible evidence.
11. Documentation of pertinent negative findings should address all subjective complaints for which there is not physical evidence.
12. With the patient's permission, photographs should be obtained of visible injuries.

In addition, Health Care Providers should be especially alert to injuries and indicators during pregnancy including:

1. Injuries, particularly to the breasts, abdomen, and genital area.
2. Substance abuse, poor nutrition, depression, and late or sporadic access to prenatal care.
3. "Spontaneous" abortions, miscarriages, and premature labor.

CHARTING

Health Care Providers should make a complete, legible record of their findings. This record/chart should include the following: (Remember that the reporting form is **no** substitute for complete documentation in the medical record.)

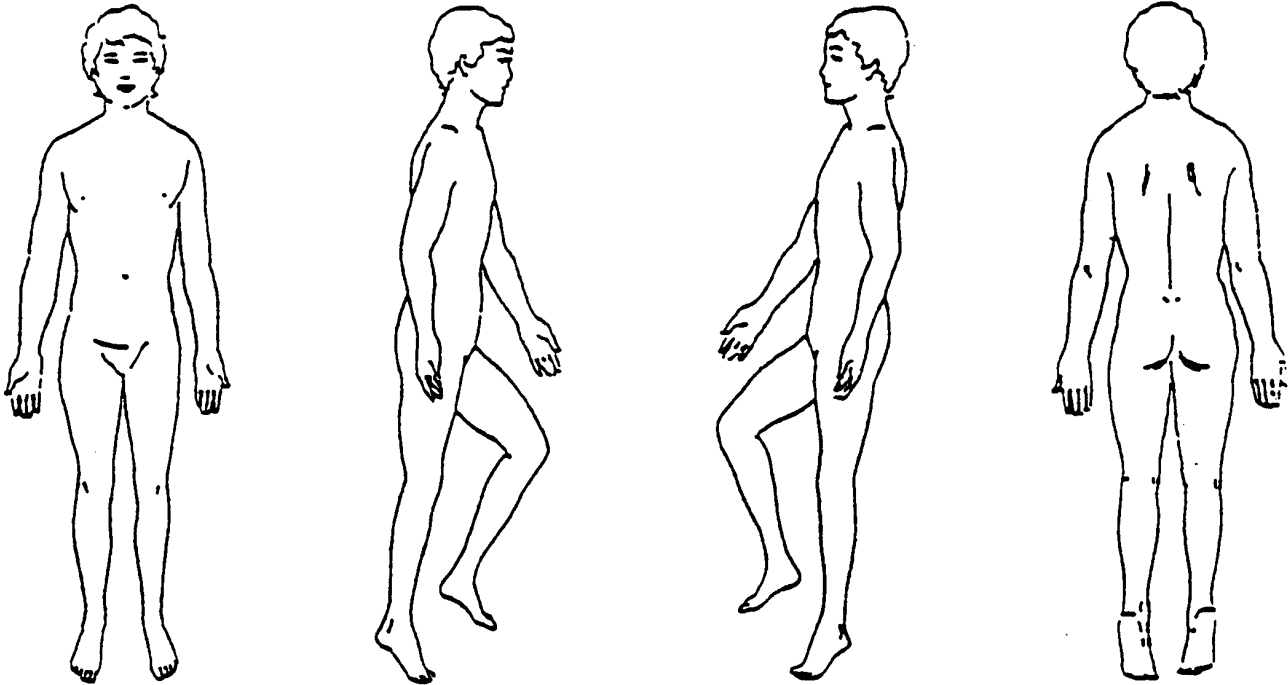
1. A detailed description of patient injuries: type, extent, age, location and the use of a body chart when applicable.
2. Photographs of patient injuries.
3. The maintenance of physical evidence.
4. The inclusion of relevant:
 - a. Past Medical History: history of falls, “accident prone” injuries;
 - b. Social History: overly-concerned partner; history of substance abuse (including alcohol) by patient or partner;
 - c. Sexual History: history of Sexually Transmitted Diseases, rape.
5. All charts should include comments by the Health Care Providers as to whether the explanation offered for the injury adequately explains the injury.
6. The patient’s own words, with the use of quotation marks, should be entered into the chart in the chief complaint and history of present illness section(s) describing the abusive event.
7. Name of investigating officer and any action taken if the police were called.
8. Document every detail, even seemingly trivial ones, such as torn clothing, smeared make-up, broken fingernails, scratches, and bruises.
9. Include names of all personnel who examined or talked with the patient about the injuries or abuse in the record.

NOTE THAT RECORDS ARE ADMISSIBLE AS EVIDENCE IF:

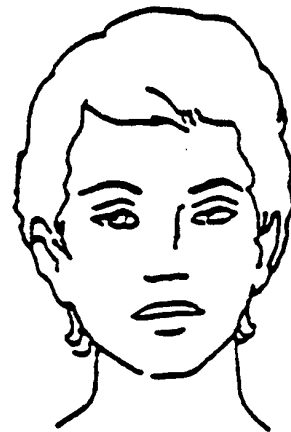
1. They were made during the “regular course of business;”
2. They were made in accordance with routinely followed procedures;
3. They were stored properly and access to them is limited to staff only.

Even if a patient later decides that s/he does not want to pursue legal remedies, a case can still be proven by introducing the statements s/he made to people in the past about what happened. Include anything that might allow you to remember the patient’s attitude, face, and experience at a later date.

Body Map



1. **Abrasion** – scraping away of a portion of skin or mucous membrane
2. **Amputation** – removal of a limb, part of or an organ
3. **Avulsion** – tearing away forcibly of a part or structure
4. **Burn** – tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents
5. **Contusion** – an injury in which the skin is not broken; a bruise
6. **Crepitus** – crackling; having or making a crackling sound
7. **Deformity** – an alteration in the natural form of a part or organ
8. **Distended** – to stretch out; to become inflated
9. **Ecchymosis** – a form of macula appearing in large irregularly formed hemorrhagic areas of the skin
10. **Edema** – a local or generalized condition in which the body tissues contain an excessive amount of tissue fluid
11. **Gunshot Wound (GSW)** – penetrating or perforating wound that may contain a foreign body, as a bullet
12. **Hematoma** – a swelling or mass of blood (usually clotted) confined to an organ, tissue, or space and caused by a break in a blood vessel
13. **Laceration** – a wound or irregular tear of the flesh _____ cm**
14. **Stab Wound** – a wound produced by piercing with a knife or pointed instrument
15. **Other** –



Photos taken: YES _____ NO _____ by _____

**COMMUNITY RESOURCES FOR MEDICAL PROVIDERS
WORKING WITH VICTIMS OF DOMESTIC VIOLENCE
IN SACRAMENTO COUNTY**

EMERGENCY AND REPORTING INFORMATION:

Emergency

911

Phone 911 for reporting when life or safety is in immediate danger. Otherwise phone the designated non-emergency number of the police agency covering the location where the injury occurred.

Non-emergency

Sacramento City Police Department 900 8 th Street Sacramento, CA 95814	(916) 264-5471
Sacramento County Sheriff's Department 711 G Street Sacramento, CA 95814	(916) 874-5115
Citrus Heights Police Department 6237 Fountain Square Drive Citrus Heights, CA 95621	(916) 568-5115
Folsom Police Department 46 Natoma Street Folsom, CA 95630	(916) 355-7230
Galt Police Department 380 Civic Drive Galt, CA 95632	(209) 745-1535
Isleton Police Department P.O. Box 716 Isleton, CA 95641-0716	(916) 777-7774
Sacramento County Jail Victim Information Hotline (Inmate release and custody information)	(916) 874-6752 (800) 491-3064
Child Protective Services	(916) 875-5437
Adult Protective Services	(916) 874-9471

DOMESTIC VIOLENCE RESOURCES:

WEAVE

Crisis counseling, shelter, legal assistance, local referrals, as well as referrals to domestic violence programs in surrounding counties.

Business Line: (916) 448-2321

Crisis Line: (916) 920-2952
(24-hour hotline)

Healthcare Providers Domestic Violence Network

(916) 734-4143

Meets 8-10 AM on the 2nd Thursday of each month at the Sierra Sacramento Valley Medical Society, 5380 Elvas Avenue, Sacramento, CA. Provides domestic violence training and resources for healthcare providers.

**COMMUNITY RESOURCES FOR VICTIMS OF
DOMESTIC VIOLENCE IN SACRAMENTO COUNTY**

(continued)

HOUSING AND SURVIVAL NEEDS:

Homeless Shelters

St. John's	(916) 448-0701
For women and children	
Sacramento Area Emergency Housing	(916) 455-2160
Assistance for men, women, and couples with children	
Salvation Army	(916) 442-0331
For single men and women; guaranteed space if sober	

Food

Loaves and Fishes	(916) 446-0874
Daily mid-day meal	
Salvation Army	(916) 442-0331
Sacramento Food Bank	(916) 456-1980

Clothes

WEAVE Works	(916) 554-2412
Lutheran Social Services	(916) 453-2980
Sacramento Clothing Outlet	(916) 456-1980
Need proof of income	

SEXUAL ASSAULT:

WEAVE	Business Line:	(916) 448-2321
Group and individual counseling;	Crisis Line:	(916) 920-2952
counseling for teens and significant others.	(24-hour hotline)	

YOUTH SERVICES:

Diogenes	(916) 363-0063
Group and individual counseling	(800) 339-7177
Runaway Crisis Line	(800) 231-6946
24-hour crisis line, intervention, referrals	
California Youth Crisis Hotline	(800) 843-5200

Child Abuse/Parenting

Child Protective Services	(916) 875-5437
24-hour hotline to report abuse	
Sacramento Crisis Nursery	(916) 394-2000
24-hour hotline and shelter for children at risk of abuse	
Child and Family Institute	(916) 736-1720
For victims of incest, child sexual abuse, referrals	

**COMMUNITY RESOURCES FOR VICTIMS OF
DOMESTIC VIOLENCE IN SACRAMENTO COUNTY
(continued)**

SUICIDE INTERVENTION:

Suicide Prevention (916) 368-3111
24-hour hotline

LEGAL SERVICES:

Domestic Violence Legal Assistance

WEAVE
Court prep. class, court accompaniment
assistance with child custody and divorce
for domestic violence clients, private
consultations. Business Line: (916) 448-2321
Crisis Line: (916) 920-2952
(24-hour hotline)

Victim/Witness (916) 874-5701
Temporary Restraining Order Workshops are held
Monday – Friday at 9 AM at Family Law Courthouse
3341 Power Inn Road, Family Court Services, Room 104.
Childcare available.

Child Abduction Office (916) 874-5750
Sacramento District Attorney
To file Good Cause notification form to relocate with children

Other Legal Services

Legal Services of Northern California (916) 551-2150

Limited family law and divorce

Superior Legal Clinics (916) 972-1188

Divorce, custody, family law

Victims of Crime Resource Center 1-800-VICTIMS

Referrals

Self Help Center for Family Law

3341 Power Inn Road, Room 113

8:30 am - 4:30 pm

Assistance in family matters for parties who share children with abuser

DOMESTIC VIOLENCE SERVICES IN ADJACENT COUNTIES

EL DORADO COUNTY

El Dorado Women's Center
3133 Gilmore Street
Placerville, CA 95667

Hotline: (530) 626-1131
Business:(530) 626-1450

NEVADA COUNTY

Domestic Violence and Sexual Assault Coalition
P.O. Box 484
Grass Valley, CA 95945

Hotline: (530) 272-3467
Business:(530) 272-2046

PLACER COUNTY

Placer County Women's Center
P.O. Box 5462
Auburn, CA 95604

24-hour Hotline: (800) 575-5352
Business:(530) 885-0443

SAN JOAQUIN COUNTY

Women's Center of San Joaquin
620 N. San Joaquin
Stockton, CA 95202

24-hour Hotline: (209) 465-4878
Business:(209) 941-2611

YOLO COUNTY

Sexual Assault and Domestic Violence Center
927 Main Street, Suite A
Woodland, CA 95695

24-hour Hotline: (530) 662-1133
Business:(530) 661-6336

YUBA/SUTTER/COLUSA COUNTIES

Casa de Esperanza
P.O. Box 56
Yuba City, CA 95992

24-hour Hotline: (530) 674-2040
Business:(530) 674-5400

Updated 6/00

Subsequent updates may be obtained by calling WEAVE at (916) 448-2321

EXCERPTS FROM REPORTING LAWS

As it applies to reporting cases of domestic violence, Penal Code §§ 11160 et seq. state:

- A. Any health practitioner employed in a health facility, clinic, or physician's office who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (B):
1. Any person suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.
 2. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.
- B. Any health practitioner employed in a health facility, clinic, or physician's office shall make a report regarding persons described in subdivision (A) to a local law enforcement agency as follows:
1. A report by telephone shall be made immediately or as soon as practically possible.
 2. A written report shall be prepared and sent to a local law enforcement agency within two working days for receiving the information regarding the person. Always keep the reporting form confidential. Family, friends, and other third parties should not have access without patient's consent.
 3. A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.
 4. The report shall include, but shall not be limited to, the following:
 - a. The name of the injured person, if known. Include any special needs, (i.e., language needs).
 - b. The injured person's whereabouts. Include information about address or phone number where patient may be SAFELY located.
 - c. The character and extent of the person's injuries.
 - d. The identify of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.
- C. For the purpose of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.
- D. For the purpose of this section, "assaultive or abusive conduct" shall include any of the following offenses. Four of the most concerned Penal Codes are:
- (8) Battery (any offensive touching resulting in physical injury), in violation of § 242.

- (15) Spousal rape, in violation of § 262.
- (18) Abuse of spouse or cohabitant, in violation of § 273.5.
- (24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.
- E. Where two or more required reports are present during the examination and have joint knowledge of known or suspected violence which is required to be reported, they may report as a “team” and one person can be designated to do the reporting. P.C. § 11161(a).
- F. Furthermore, the law “recommends” that the medical records for such person include the following: P.C. § 11161(b):
1. Any comments by the injured person regarding past domestic violence, as defined in § 13700, or regarding the name of any person suspected of inflicting the wound, other physical injury, or assaultive or abusive conduct upon the person.
 2. A map of the injured person’s body showing and identifying injuries and bruises at the time of the health care.
 3. A copy of the law enforcement reporting form.
- G. It is recommended that the physician or surgeon refer the person to local domestic violence services if the person is suffering or suspected of suffering from domestic violence, as defined in § 13700.
- H. P.C. § 11162.5 defines various terms used in P.C. § 11160 et seq.:
1. § 11165.8. **“Health Practitioner” Defined:** AS used in this article, “health practitioner” means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; a marriage, family and child counselor; any emergency medical technician I and II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code; a marriage, family and child counselor trainee, as defined in subdivision 8 of Section 4980.03 of the Business and Professions Code; an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code; a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a medical examiner, or any other person who performs autopsies; or a religious practitioner who diagnoses, examines, or treats children. **Leg. H.** 1987 ch. 1459, 1988 ch. 1580.
 2. P.C. § 11160: Limits “**health practitioners**” definition to only those who provide medical services for a physical condition.
 3. P.C. § 11162.5(b): A “**clinic**” is the same as provided in § 1204 and 124.3 of the Health and Safety Code.
 4. P.C. § 11162.5 (c): A “**health facility**” is the same as provided in the Health and Safety Code 1250.
 5. P.C. § 11162.5(d): states: “**Reasonably suspects**” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect.

Liability

Any required reporter is granted immunity from liability for reporting as well as reimbursement for expenses associated with defending a suit based upon the required reporting. P.C. § 11163.

Privileges/Confidentiality

The information recorded by a required reporter is not covered by the physician or psychotherapist-patient in any court proceeding or administrative hearing. The reports are to be kept confidential except as needed for investigation or prosecution of the batterer. P.C. § 11163.2

Failure to Report

Failure to report where required is a misdemeanor, punishable by a fine of \$1,000 and/or a jail term of six months. P.C. § 11162.

DIRECTORY OF LOCAL LAW ENFORCEMENT AGENCIES

Phone 911 ONLY for reporting life or safety is in immediate jeopardy. Otherwise phone the designated 24-hour non-emergency phone number of the police agency covering the location where the injury occurred. The written report should be sent to the address listed for the specific agency.

SACRAMENTO COUNTY

Sacramento Police Department
Attn: Family and Youth Services Division
900 8th Street
Sacramento, CA 95814
Telephone: (916) 264-5334

Citrus Heights Police Department
6237 Fountain Square Drive
Citrus Heights, CA 95621
Telephone: (916) 568-5115

Sacramento County Sheriff's Department
711 G Street
Sacramento, CA 95814
Telephone: (916) 874-5115

Galt Police Department
P.O. Box 97
Galt, CA 95632
Telephone: (209) 745-1535

California State University Police
6000 J Street
Sacramento, CA 95819
Telephone: (916) 278-6851

Isleton Police Department
P.O. Box 716
Isleton, CA 95641-0716
Telephone: (916) 777-7774

Folsom Police Department
46 Natoma Street
Folsom, CA 95630
Telephone: (916) 355-7231

YOLO COUNTY

Yolo County Sheriff's Department
41793 Gibson Road
Woodland, CA 95776
Telephone: (530) 666-8282

Davis Police Department
226 F Street
Davis, CA 95616
Telephone: (530) 756-3740

West Sacramento Police Department
550 Jefferson Blvd.
West Sacramento, CA 95605
Telephone: (916) 375-6474

U.C. Davis Police Department
Fire/Police Building
Davis, CA 95616
Telephone: (530) 752-1230
Med. Center Line: (916) 734-2555

Woodland Police Department
520 Court Street
Woodland, CA 95695
Telephone: (530) 666-2411

Winters Police Department
318A First Street
Winters, CA 95694
Telephone: (530) 795-4561

EL DORADO COUNTY

El Dorado County Sheriff
300 Fair Lane
Placerville, CA 95667
Telephone: (530) 621-6600

Placerville Police Department
730 Main Street
Placerville, CA 95667
Telephone: (530) 642-5280

NEVADA COUNTY

Nevada County Sheriff's Department
950 Maidu Avenue
Nevada City, CA 95959
Telephone: (530) 265-7880

Grass Valley Police Department
129 S. Auburn Street
Grass Valley, CA 95945
Telephone: (530) 477-4600

Nevada City Police Department
317 Broad Street
Nevada City, CA 95959
Telephone: (530) 265-2626

PLACER COUNTY

Placer County Sheriff's Department
P.O. Box 6990
Auburn, CA 95604
Telephone: (530) 889-7870

Auburn Police Department
1215 Lincoln Way
Auburn, CA 95603
Telephone: (530) 823-4237

Lincoln Police Department
770 7th Street
Lincoln, CA 95648
Telephone: (916) 645-4040

Roseville Police Department
1051 Junction Blvd.
Roseville, CA 95678
Telephone: (916) 774-5100

Rocklin Police Department
4060 Rocklin Road
Rocklin, CA 95677
Telephone: (916) 632-4060

SAN JOAQUIN COUNTY

San Joaquin County Sheriff's Department
7000 Michael Canlis Blvd.
French Camp, CA 95231
Telephone: (209) 468-4400

Escalon Police Department
1855 Covey Avenue
Escalon, CA 95320
Telephone: (209) 838-7093

Stockton Police Department
22 East Market Street
Stockton, CA 95202
Telephone: (209) 937-8686

Lodi Police Department
230 W. Elm Street
Lodi, CA 95240
Telephone: (209) 333-6727

**DIRECTORY OF LOCAL LAW ENFORCEMENT AGENCIES
(continued)**

SAN JOAQUIN COUNTY (continued)

Manteca Police Department

Ripon Police Department

1001 W. Center Street
Manteca, CA 95336
Telephone: (209) 239-8401

259 N. Wilma Avenue
Ripon, CA 95366
Telephone: (209) 599-2102
(Push "0" for dispatch)

Tracy Police Department
1000 Civic Center Drive
Tracy, CA 95376
Telephone: (209) 831-4550

SUTTER COUNTY

Sutter County Sheriff's Department
P.O. Box 1555
Yuba City, CA 95993
Telephone: (530) 822-7307

Yuba City Police Department
P.O. Box 3447
Yuba City, CA 95992
Telephone: (530) 822-4661

COMMONLY ASKED QUESTIONS & ANSWERS ABOUT REPORTING LAWS

- Do I need to report where the patient describes receiving injuries in the past which were the result of assaultive or abusive conduct but is not currently presenting with such a wound or injury? *No, health practitioners need only report when the patient is suffering from any wound or other physical injury.*
- Do I need to report mental suffering from abusive conduct? *No, only physical wounds or injuries need to be reported.*
- Do I need to report if the patient says the injury was the result of an accident? *If you reasonably suspect the injury is from assaultive or abusive conduct, or if it was inflicted by means of a firearm, it must be reported. “Reasonably suspects” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate on his or her training and experience, to suspect.*
- Are self-inflicted injuries reportable? *Yes, if they were inflicted by a firearm.*
- Do I need to report an injury suffered by a fellow employee? *The mandatory duty to report is applicable only if the fellow employee is a patient.*
- Where do I report the injury? *You should notify the law enforcement agency that has jurisdiction over where the injurious act or conduct took place. (See page 20)*
- If I make a house call or am otherwise outside my regular workstation, do I have to report? *You must make a report if you observe the injury in the scope of your employment or within your professional capacity.*
- What if my patient is a child and her mother is present with injuries? *The mandatory duty to report does not apply unless the injured party is your patient.*
- Does the physician-patient privileges apply to information required to be reported? **No. (Penal Code Section 1163.2; also see Evidence Code 998)**
- How soon must I report? *You must report by phone immediately or as soon as practically possible. You must send a written report within two days to law enforcement.*
- Is there a uniform reporting form for statewide use? *No, however the attached reporting form is a standard report form for all Sacramento County healthcare providers. (See page 25)*
- What can I tell a patient about what response or action to expect from law enforcement? *Law enforcement response may vary with each jurisdiction and may depend on the seriousness of injury, the whereabouts of the abuser and of the victim and the ability to collect evidence.*
- If I want to read the full text of the reporting laws for violent injuries, where do I look? *Penal Code Sections 11160, 11161, 11161.9, 11162, 11162.5, 11162.7, 11163, and 11163.2.*

SAFETY/ESCAPE PLANS

Planning for your safety ahead of time may help protect you and your children should you need to leave quickly to avoid another violent phase of your partner's anger. Suggestions to consider:

1. Observe the danger signs present when your partner's rage begins to build. Pay particular attention to his demeanor, habits, behavior; clues that may assist you in recognizing his pattern of escalation. Your own gut feeling is probably the best indicator of impending danger.
2. Decide the best place to go should you need to leave in a hurry. A close friend or relative's house where you are welcome and will not hesitate to ask for help is a good choice. A hotel or motel that you are familiar enough with to get to in a high stress situation is also a good alternative.
3. Decide what arrangements you will need to ensure the safety of your children. Keep extra copies of birth certificates, immunization records, medical insurance cards, and social security numbers in a separate place away from your residence. Making your escape with children is more complicated than making it alone, but it can also be prepared for. Have discussions with your older children about the importance of their safety. Encourage them to call for help if they see or sense danger. Who can they run to for help if you are unable to? What excuses can you make to your partner to leave the residence with your children to get to a safe place? If you have to leave without your children, arrange to go back for them as soon as possible. (You'll need to ensure the children's physical safety, let them know you haven't abandoned them and protect your right to custody.)
4. What are the best escape routes from your residence?
5. Consider the purchase of a portable phone which you keep handy for your use in emergencies.
6. Put aside extra money in a safe place, (at a friend or neighbor's house?), should you need emergency cash for transportation and/or room or board. Extra clothing for yourself and your children, as well as medications, important papers and extra keys, will also assist you in keeping yourself safe and being more comfortable in your decision to leave.
7. Make a list of emergency phone numbers.
8. Pack all medications you need.
9. Your fear can easily paralyze you. Planning for safety ahead of time, including practicing escape and travel routes will assist you in carrying out your safety plan with more ease and familiarity.
10. Rehearsing your departure, including reasons for leaving, day or night, may help you escape unharmed if you sense your partner's rage building. Do not tell your partner you're leaving to protect yourself. This will only enrage him further and prompt him to exhibit even more control.
11. Consider the use of a domestic violence restraining order or other legal remedies such as formal separation or divorce should you decide to leave on a permanent basis.

SUSPECTED VIOLENT INJURY/SUSPECTED DOMESTIC VIOLENCE INJURY REPORT

<ul style="list-style-type: none"> Note to Law Enforcement: Patient's whereabouts and place of contact must be deleted from any report required to be disclosed to suspect or suspect's attorney. To Be Completed by Reporting Party Pursuant to Penal Code Section 11160-11163 Type or print legibly 	Case Identification or Addressograph	Victim Name: _____ Medical Record # or PCR: _____							
Reported to	Police/Sheriff (circle one) Department Name: _____		Crime Report # _____						
	Mailing Address: _____								
	Name of Official Contacted	ID #	Phone ()	Date/Time Verbal Contact	Date/Time Written Copy Sent				
Reporting Party	Name of Facility			Name of Reporting Party (print)					
	Facility Address			Title of Reporting Party					
	Phone ()	Date/Time of Observation		Signature of Reporting Party					
Involved Parties	Victim	Name (Last, First, Middle)		DOB	Sex	Race	SS# or DL#	Marital Status	
		Address				Ages of Children Living With Victim			
		Location of victim after evaluation				Home phone () Message phone ()			
	Suspect	Name (Last, First, Middle)		DOB	Sex	Race		Relationship to victim	
		Address							
		Location of suspect				Home phone () Message phone ()			
Incident Information	If Necessary, Attach Extra Sheet or Other Form and Check This Box <input type="checkbox"/>								
	Date/Time of Incident				Place of Incident				
	Narrative description of Incident using victim's own words when possible								
	Type of Injuries: (Check one or more) <input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Other _____ <input type="checkbox"/> Lacerations <input type="checkbox"/> Strangulation <input type="checkbox"/> Stab Wound <input type="checkbox"/> Sexual Assault								
	Location of Injuries: (Check one or more) <input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Ribs <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Neck <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Extremities <input type="checkbox"/> Other _____								
	Narrative description of injuries <input type="checkbox"/> photos taken <input type="checkbox"/> x-rays <input type="checkbox"/> dental models available								
	Is victim willing to talk to law enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Primary language of the victim: _____ Describe a safe way to contact the victim: (contact person and contact phone number, time of day to call)								

INSTRUCTIONS

1. This is not a substitute for complete documentation in the medical record.
2. The police crime report is not a substitute for this report.
3. Report by phone to the jurisdiction where the injury occurred.
4. Prepare this report and send to the contacted law enforcement agency within two days of receiving information about the injury.
5. Retain a copy of this report
6. Sexual Assault, Child Abuse and Elder Abuse are reported on separate forms.

Original – Law Enforcement

Copy – Medical Records