County of Santa Cruz

MEDICAL PROTOCOL
FOR VICTIMS
OF
DOMESTIC VIOLENCE

September 10, 2008
The Domestic Violence Commission would like to thank and acknowledge the members of the DV Medical Protocol Task Force for their commitment and dedication in the development of the 2008 Domestic Violence Medical Protocols:

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**Medical Protocol for Victims of Domestic Violence**

**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.

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

**RATIONALE:** Domestic violence is pervasive in our society:
- Every year, almost 6% of California’s women suffer physical injuries from domestic violence
- 169 murders were the result of intimate partner violence in California in 2004
- In 2004, 138 women in California were killed by their husbands, ex-husbands, boyfriends or ex-boyfriends and 26 men were killed by their wives, ex-wives, girlfriends, or ex-girlfriends
- California law enforcement received 186,439 domestic violence calls in 2004

**Santa Cruz County Statistics** – In 2006, all law enforcement jurisdictions within Santa Cruz County received 939 domestic violence call outs. There were 327 felony arrests and 337 misdemeanor arrests for domestic violence. These numbers are universally recognized as underreported. Various agencies provided DV support to approximately 3000 clients.

1) The Joint Commission for the Accreditation of Health Care Organizations has mandated compliance of the standard relating to the care of victims of spousal and domestic violence victims.

2) Recognize that domestic violence occurs in heterosexual and gay/lesbian relationships.

3) California law requires that injuries resulting from reasonably suspected domestic violence be reported to law enforcement.

**CALIFORNIA LAW:**

1) Domestic Violence is recognized by the State of California as an important legal issue.

2) It is the responsibility of any Health Care Provider to report all injuries believed to have been intentionally inflicted, immediately or as soon as possible, by phone to law enforcement. A written report is to be submitted by hospitals within 36 hours; clinics, physician’s offices, and Health Departments within 2 working days.

3) The law provides the Health Care Provider immunity for good faith reporting.
“IMMUNITY” - 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. (Penal Code Section 11161.9)

4) 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. (Penal Code Section 11162)

**RISK INDICATORS:**

1) Overly protective or controlling perpetrator (refuses to leave room during exam or treatment).

2) Emotional abuse or marital discord observed by staff.

3) Repeated use of medical services, especially the emergency room.

4) Divorce or separation, especially during pregnancy.

5) Drug or alcohol abuse by victim or perpetrator.

6) Victim or perpetrator physically abused as a child.

7) Suicide attempts by victim or perpetrator.

8) Mental illness of victim or perpetrator.

9) Pregnancy --- It is estimated that one in five women will be abused during pregnancy. As homicide during pregnancy now surpasses the previous leading causes of death (automobile accidents and falls) screening is critical.

**Homicidal Risk:** Presence of weapon in home, threatened to kill victim or victim believes partner may kill her/him, overly jealous perpetrator, violent behavior by perpetrator towards non-family members, use of alcohol or drugs by perpetrator, increasing severity of injuries, perpetrator has killed pets, threats of suicide.

**EXAMINATION:**

1) Screening for domestic violence is ROUTINE and is conducted with all patients.

2) Never screen or assess a patient for domestic violence in the presence of her/his partner. This can put the patient at extreme risk.

3) When alone, ask the patient in a non-judgmental way if the injuries are a result of being battered.

4) Evidence collection for the purpose of prosecution (such as photos), where indicated, will be performed by the Law Enforcement Response Agency.

5) All medical records may be subject to subpoena and/or patient release.
REPORTING:

1) The Health Care Provider should discuss reporting requirements and solicit the cooperation of the patient, however, reporting is mandatory even when the patient doesn't consent to make the report. Patient safety must be considered at all times.

2) Unless the victim is in immediate danger (in which the use of 9-1-1 would be appropriate), call the business number of the desired law enforcement agency and be prepared to provide the dispatcher with the following information:
   • Your name, the facility address and a telephone number at which you can be contacted
   • The name, age, gender, and address of the victim
   • The address or location that the suspected abuse occurred
   • A brief summary of the circumstances of the suspected abuse
   • The name, relationship and current location (if known) of the suspected perpetrator

3) In most cases, a uniformed officer or deputy will be assigned to respond to your facility to conduct a preliminary investigation.

4) See Appendix N “Law Enforcement Response to Reports of Suspected Domestic Violence”

5) Where two or more required reporters are present during the exam 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 (Penal Code Section 11160).

6) Penal Code Section 11161 makes it clear that physicians and surgeons have independent reporting obligations when caring for a person as defined in Penal Code Section 11161. M.D. must report even if previous report of same incident has been made.

DOCUMENTATION:

1) Although not required under the law, when documenting the suspected abuse, the following SOAP format is one form that may be used to record information from the patient and examination.

   SUBJECTIVE: Quote the patient as much as possible. Record patient's description of the incident.

   OBJECTIVE: Record objective findings, information must be accurate. In a court of law, the medical records are presumed to be correct when there is a discrepancy between the chart and the patient's testimony.

   Complete Injury Report and Body Map, see Appendix for master copy.
ASSESSMENT: Assess the situation for immediate safety of the patient and the lethality of the situation.

- **Positive Indicators** – Patient states the injuries were inflicted by partner.
- **Probable Indicators** – Injuries consistent with being inflicted by someone else, however, patient denies this.
- **Suggestive Indicators** – The explanation given by the patient does not fit the injuries, suspicious for abuse. Sense of apprehension or hopelessness, depression by victim (laughing inappropriately, crying, no eye contact, angry, defensive).
- **Negative Indicators** - The pattern of injuries does fit with patient explanation (including muggings or rape by a stranger), no evidence of domestic violence.
- **Signs of Physical Abuse:**
  ~ Self-induced or attempted abortions, multiple therapeutic abortions, miscarriages.
  ~ Abdominal or pelvic injuries, back or spine injuries (no fall or MVA).
  ~ Injuries to face, neck, throat, chest, breasts.
  ~ Increased drug/alcohol abuse during pregnancy.
  ~ Multiple injuries in various stages of healing.
  ~ Injury inconsistent with history.
  ~ Delay between injury and medical treatment.
  ~ Patient minimizes frequency or seriousness of injuries.
  ~ Repeated medical visits with multiple somatic complaints, or injuries of increasing severity.
  ~ Sexual assault by partner.
  ~ Suicide attempt.
  ~ Fractures in various stages of healing.
  ~ Burns (cigarette, friction, splash, chemical).
  ~ Head injuries.

PLAN:

- Provide immediate medical treatment.
- Discuss reporting process with patient
- Make required report.
- Provide community resources.
- After Care Instructions (see below).

1) Document law enforcement including the following:
2) Document law enforcement involvement including the following:
   A. Law enforcement called/responded.
   B. Name of officer to whom information was given.
   C. Obtain agency case number from law enforcement officer.
   D. If applicable, follow the chain of evidence in accordance with hospital policy/procedure for materials of evidence.
3) Document information given for referrals to counseling, crisis centers, safe houses, etc.

TREATMENT:

1) Treatment medical injuries as indicated or refer for treatment as necessary.
AFTERCARE:

1) Assess the immediate safety of the patient and any children, respecting the victim’s evaluation of the situation. Determine if victim feels safe.

2) Inform the patient that her/his situation is potentially lethal. Remind her/him that battering is a crime and that she/he is protected by law. Ask her/him what help she/he would like. Assess lethality.

3) Provide her/him with a list of area shelters and crisis lines

4) Explore available options with the patient and for the children.
   A) Can the patient and children stay with family or friends?
   B) Does the patient need or want immediate access to a shelter?
   C) Contact Child Protective Services for child safety issues at 454-4222.

OTHER CONSIDERATIONS:

1) Make efforts to provide information on domestic violence and domestic violence services to all patients. If possible, display such information in your waiting room, exam room, rest rooms, etc., in the facility.

2) Train all appropriate staff to the recognition and management of patients with domestic violence issues.

3) All Health Care Providers must plan ahead for their own safety.

4) Home Health Providers will have special safety considerations.
APPENDICES

★ Appendix A: California Penal Code SECTION 11160, 11160.1-11161.2, 11161.8-11163.2
★ Appendix B: Suspect Violence Injury Form and Body Maps
★ Appendix C: Physical Examination
★ Appendix D: Charting
★ Appendix E: Quick References
★ Appendix F: Dispelling the myths: Domestic Violence Fact Sheet
★ Appendix G: Cycle of Violence
★ Appendix H: The Power and Control Wheel
★ Appendix I: What we all deserve in a relationship
★ Appendix J: Ciclo de Violencia (Cycle of Violence)
★ Appendix K: La Rueda de Poder y Control (The Power and Control Wheel)
★ Appendix L: La Rueda de la Libertad y la Igualdad (What we all deserve in a relationship)
★ Appendix M: Barriers to leaving an abusive relationship
★ Appendix N: Law Enforcement Response to Reports of Suspected Domestic Violence
★ Appendix O: Am I in an unhealthy relationship?
★ Appendix P: ¿Estoy en una mala relación?
★ Appendix Q: Screening question for possible victims of domestic violence
★ Appendix R: Sample safety guidelines for offices and clinics
★ Appendix S: Safety for the health professional in the community
Appendix A

CALIFORNIA CODES

PENAL CODE
SECTION 11160, 11160.1-11161.2, 11161.8-11163.2

11160. (a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department 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 physical 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, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department 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 on the standard form developed in compliance with paragraph (4) of this subdivision, and Section 11160.2, and adopted by the agency or agencies designated by the Director of Finance pursuant to Section 13820, or on a form developed and adopted by another state agency that otherwise fulfills the requirements of the standard form. The completed form shall be sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(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.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes 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 purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

(1) Murder, in violation of Section 187.
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(2) Manslaughter, in violation of Section 192 or 192.5.
(3) Mayhem, in violation of Section 203.
(4) Aggravated mayhem, in violation of Section 205.
(5) Torture, in violation of Section 206.
(6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.
(7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.
(8) Battery, in violation of Section 242.
(9) Sexual battery, in violation of Section 243.4.
(10) Incest, in violation of Section 285.
(11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.
(12) Assault with a stun gun or taser, in violation of Section 244.5.
(13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245.
(14) Rape, in violation of Section 261.
(15) Spousal rape, in violation of Section 262.
(16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.
(17) Child abuse or endangerment, in violation of Section 273a or 273d.
(18) Abuse of spouse or cohabitant, in violation of Section 273.5.
(19) Sodomy, in violation of Section 286.
(20) Lewd and lascivious acts with a child, in violation of Section 288.
(21) Oral copulation, in violation of Section 288a.
(22) Sexual penetration, in violation of Section 289.
(23) Elder abuse, in violation of Section 368.
(24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.
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(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

11160.1. (a) Any health practitioner employed in any health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, performs a forensic medical examination on any person in the custody of law enforcement from whom evidence is sought in connection with the commission or investigation of a crime of sexual assault, as described in subdivision (d) of Section 11160, shall prepare a written report. The report shall be on a standard form developed by, or at the direction of, the Office of Emergency Services or an agency designated by the Director of Finance pursuant to Section 13820, and shall be immediately provided to the law enforcement agency who has custody of the individual examined.

(b) The examination and report is subject to the confidentiality requirements of the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code), the physician-patient privilege pursuant to Article 6 (commencing with Section 990) of Chapter 4 of Division 8 of the Evidence Code, and the privilege of official information pursuant to Article 9 (commencing with Section 1040) of Chapter 4 of Division 8 of the Evidence Code.

(c) The report shall be released upon request, oral or written, to any person or agency involved in any related investigation or prosecution of a criminal case including, but not limited to, a law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, or coroner. The report may be released to defense counsel or another third party only through discovery of documents in the possession of a prosecuting agency or following the issuance of a lawful court order authorizing the release of the report.

(d) A health practitioner who makes a report in accordance with this section shall not incur civil or criminal liability. No person, agency, or their designee required or authorized to report pursuant to this section who takes photographs of a person suspected of being a person subject to a forensic medical examination as described in this section shall incur any civil or criminal liability for taking the photographs, causing the photographs to be taken, or disseminating the photographs to a law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, or coroner with the reports required in accordance with this section. However, this subdivision shall not be deemed to grant immunity from civil or criminal liability with respect to any other use of the photographs.

(e) Section 11162 does not apply to this section.

(f) With the exception of any health practitioner who has entered into a contractual agreement to perform forensic medical examinations, no health practitioner shall be required to perform a forensic medical examination as part of his or her duties as a health practitioner.

11161. Notwithstanding Section 11160, the following shall apply to every physician or surgeon who has under his or her charge or care any person described in subdivision (a) of Section 11160:

(a) The physician or surgeon shall make a report in accordance with subdivision (b) of Section 11160 to a local law enforcement agency.

(b) It is recommended that any medical records of a person about whom the physician or surgeon is required to report pursuant to subdivision (a) include the following:
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(1) Any comments by the injured person regarding past domestic violence, as defined in Section 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.

(c) 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 Section 13700.

11161.2. (a) The Legislature finds and declares that adequate protection of victims of domestic violence and elder and dependent adult abuse has been hampered by lack of consistent and comprehensive medical examinations. Enhancing examination procedures, documentation, and evidence collection will improve investigation and prosecution efforts.

(b) The agency or agencies designated by the Director of Finance pursuant to Section 13820 shall, in cooperation with the State Department of Health Services, the Department of Aging and the ombudsman program, the State Department of Social Services, law enforcement agencies, the Department of Justice, the California Association of Crime Lab Directors, the California District Attorneys Association, the California State Sheriff's Association, the California Medical Association, the California Police Chiefs' Association, domestic violence advocates, the California Medical Training Center, adult protective services, and other appropriate experts:

(1) Establish medical forensic forms, instructions, and examination protocol for victims of domestic violence and elder and dependent adult abuse and neglect using as a model the form and guidelines developed pursuant to Section 13823.5. The form should include, but not be limited to, a place for a notation concerning each of the following:

(A) Notification of injuries and a report of suspected domestic violence or elder or dependent adult abuse and neglect to law enforcement authorities, Adult Protective Services, or the State Long-Term Care Ombudsmen, in accordance with existing reporting procedures.

(B) Obtaining consent for the examination, treatment of injuries, collection of evidence, and photographing of injuries. Consent to treatment shall be obtained in accordance with the usual hospital policy. A victim shall be informed that he or she may refuse to consent to an examination for evidence of domestic violence and elder and dependent adult abuse and neglect, including the collection of physical evidence, but that refusal is not a ground for denial of treatment of injuries and disease, if the person wishes to obtain treatment and consents thereto.

(C) Taking a patient history of domestic violence or elder or dependent adult abuse and neglect and other relevant medical history.

(D) Performance of the physical examination for evidence of domestic violence or elder or dependent adult abuse and neglect.

(E) Collection of physical evidence of domestic violence or elder or dependent adult abuse.

(F) Collection of other medical and forensic specimens, as indicated.
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(G) Procedures for the preservation and disposition of evidence.
(H) Complete documentation of medical forensic exam findings.

(2) Determine whether it is appropriate and forensically sound to develop separate or joint forms for documentation of medical forensic findings for victims of domestic violence and elder and dependent adult abuse and neglect.

(3) The forms shall become part of the patient's medical record pursuant to guidelines established by the agency or agencies designated by the Director of Finance pursuant to Section 13820 advisory committee and subject to the confidentiality laws pertaining to release of medical forensic examination records.

(c) The forms shall be made accessible for use on the Internet.

11161.8. Every person, firm, or corporation conducting any hospital in the state, or the managing agent thereof, or the person managing or in charge of such hospital, or in charge of any ward or part of such hospital, who receives a patient transferred from a health facility, as defined in Section 1250 of the Health and Safety Code or from a community care facility, as defined in Section 1502 of the Health and Safety Code, who exhibits a physical injury or condition which, in the opinion of the admitting physician, reasonably appears to be the result of neglect or abuse, shall report such fact by telephone and in writing, within 36 hours, to both the local police authority having jurisdiction and the county health department.

Any registered nurse, licensed vocational nurse, or licensed clinical social worker employed at such hospital may also make a report under this section, if, in the opinion of such person, a patient exhibits a physical injury or condition which reasonably appears to be the result of neglect or abuse.

Every physician and surgeon who has under his charge or care any such patient who exhibits a physical injury or condition which reasonably appears to be the result of neglect or abuse, shall make such report.

The report shall state the character and extent of the physical injury or condition.

No employee shall be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.

No person shall incur any civil or criminal liability as a result of making any report authorized by this section.

11161.9. (a) A health practitioner who makes a report in accordance with this article shall not incur civil or criminal liability as a result of any report required or authorized by this article.

(b) (1) No person required or authorized to report pursuant to this article, or designated by a person required or authorized to report pursuant to this article, who takes photographs of a person suspected of being a person described in this article about whom a report is required or authorized shall incur any civil or criminal liability for taking the photographs, causing the photographs to be taken, or disseminating the photographs to local law enforcement with the reports required by this article in accordance with this article. However, this subdivision shall not be deemed to grant immunity from civil or criminal liability with respect to any other use of the photographs.

(2) A court may award attorney's fees to a commercial film and photographic print processor when a suit is brought against the processor because of a disclosure mandated by this article and the court finds that the suit is frivolous.
Appendix A

(c) A health practitioner who, pursuant to a request from an adult protective services agency or a local law enforcement agency, provides the requesting agency with access to the victim of a known or suspected instance of abuse shall not incur civil or criminal liability as a result of providing that access.

(d) No employee shall be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.

(e) This section does not apply to mandated reporting of child abuse, as provided for in Article 2.5 (commencing with Section 11164).

11162. A violation of this article is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months, or by a fine not exceeding one thousand dollars ($1,000), or by both that fine and imprisonment.

11162.5. As used in this article, the following definitions shall apply:

(a) "Health practitioner" has the same meaning as provided in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7.

(b) "Clinic" is limited to include any clinic specified in Sections 1204 and 1204.3 of the Health and Safety Code.

(c) "Health facility" has the same meaning as provided in Section 1250 of the Health and Safety Code.

(d) "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.

11162.7. This article shall not apply when a report is required to be made pursuant to the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164)), and Chapter 11 (commencing with Section 15600) of Part 3 of Division 9 of the Welfare and Institutions Code.

11163. (a) The Legislature finds and declares that even though the Legislature has provided for immunity from liability, pursuant to Section 11161.9, for persons required or authorized to report pursuant to this article, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required reports of abuse pursuant to other laws.

In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibility, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions.

(b) (1) Therefore, a health practitioner may present a claim to the California Victim Compensation and Government Claims Board for reasonable attorney's fees incurred in any action against that person on the basis of that person reporting in accordance with this article if the court dismisses the action upon a demurrer or motion for summary judgment made by that person or if that person prevails in the action.

(2) The California Victim Compensation and Government Claims Board shall allow the claim pursuant to paragraph (1) if the requirements of paragraph (1) are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorney's fees awarded pursuant to this section shall not exceed an hourly rate
Appendix A

greater than the rate charged by the Attorney General at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars ($50,000).

(3) This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

11163.2. (a) In any court proceeding or administrative hearing, neither the physician-patient privilege nor the psychotherapist privilege applies to the information required to be reported pursuant to this article.

(b) The reports required by this article shall be kept confidential by the health facility, clinic, or physician's office that submitted the report, and by local law enforcement agencies, and shall only be disclosed by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by a report. In no case shall the person suspected or accused of inflicting the wound, other injury, or assaultive or abusive conduct upon the injured person or his or her attorney be allowed access to the injured person's whereabouts.

(c) For the purposes of this article, reports of suspected child abuse and information contained therein may be disclosed only to persons or agencies with whom investigations of child abuse are coordinated under the regulations promulgated under Section 11174.

(d) The Board of Prison Terms may subpoena reports that are not unfounded and reports that concern only the current incidents upon which parole revocation proceedings are pending against a parolee.
SUSPECTED VIOLENCE INJURY REPORT
County of Santa Cruz

To be completed by Investigating Agency

Appendix B

To be completed by reporting party
Pursuant to Penal Code Section 11160-11163
Use 911 only if there is immediate danger.
Send completed report to the contacted police agency, Hospitals, Clinics, Physician’s Offices & Health Department within 2 working days of receiving the information.

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<th>A) Case ID</th>
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<tr>
<td>Report No./Case Name</td>
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<td>Date of Report:</td>
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**B) Reporting Party**

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<th>Name of Agency/Facility</th>
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<tr>
<td>Address</td>
<td>Signature or Reporting Party</td>
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<tr>
<td>Phone</td>
<td>Date/Time of Verbal Report</td>
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- Police Department
- Sheriff’s Office

**C) Report Sent To**

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<td>Race/Ethnicity</td>
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<td></td>
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<tr>
<td>Present Location of Victim</td>
<td>Phone</td>
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**D) Involved Parties**

**Victim**

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<th>Relationship to victim</th>
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<tr>
<td>Home Phone</td>
<td>Business Phone</td>
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</tr>
</tbody>
</table>

1. Date/Time of incident | Date/Time of exam

2. Place of incident

3. Type of injury (check all that apply)
- Bruises
- Fractures
- Internal Injuries
- Gunshot Wound
- Lacerations
- Choking
- Stab Wound
- Sexual Assault
- Other

4. Location of injury (check all that apply)
- Face
- Extremities
- Eyes
- Ribs
- Abdomen
- Pelvis
- Neck
- Head
- Chest
- Upper Back
- Lower Back
- Other

5. Narrative Report
- Body Map Attached
- Additional Pages
- Photos

6. Summarize what the victim or person accompanying the victim said happened

7. Explain known history of similar incident(s) for this victim

**E) Incident Information**

<table>
<thead>
<tr>
<th>Language preferred for:</th>
<th>Victim:</th>
<th>Suspect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Plan Discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency referred to:</td>
<td>Women’s Crisis Support / Defensa de Mujeres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SANE/SART</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**F) After Care Plan**


Using the appropriate set of anatomical drawings, mark and describe all bruises, scratches, lacerations, bite marks, etc.

Signature: ____________________________________  Date: ____________
Using the appropriate set of anatomical drawings, mark and describe all bruises, scratches, lacerations, bite marks, etc.

Signature: ________________________________ Date: ____________
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, and/or 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 no physical evidence.

12) With the patient's permission, photographs should be obtained of visible injuries. The officer/deputy assigned to the call may do this.

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.
Appendix D

CHARTING

Health Care Providers should make a complete, legible record of their findings. This record/chart should include the following:

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 (see Appendix V-C).
   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.
QUICK REFERENCES

* EMERGENCY
  911

* HOSPITALS
  - Dominican Hospital- Emergency Department 462-7710
  - Watsonville Hospital 724-4741

* DOMESTIC VIOLENCE
  - Women’s Crisis Support / Defensa de Mujeres (24 hour) 722-4532 or 425-4030
    Support services to domestic violence and sexual assault survivors. 24 hr hotline 685-3737
    Shelter, counseling, legal assistance and advocacy.
  - Walnut Avenue Women’s Center 426-3062; 1-866-269-2559 (I-866-2myally)
    Support services to domestic violence survivors. Shelter, counseling, legal assistance and advocacy.
  - Battered Women’s Task Force 429-0145
    Support groups for survivors of domestic violence.

* CHILDREN AND YOUNG PEOPLE
  - Children’s Protective Services 454-4222
    Investigates cases of abuse and neglect of minors.
  - Youth Services (24-hour) 425-0771
    Services focused on 12 to 17 year olds. Provides emergency counseling, crisis intervention and limited emergency shelter for minors.

* COUNSELING
  - County Mental Health Hotline 454-4022
    Provides crisis intervention, group and individual therapy, psychiatric services and assessment.
    761-4000
  - Family Services Association 724-7123
    Provides general counseling for individuals, couples, and families. Domestic violence/anger management group counseling for batters.
  - Fenix Family Services 722-5914
    Outpatient drug and alcohol treatment/counseling for individuals, couples, and families. Domestic violence/anger management group counseling for batterers.
  - Pacific Treatment 423-3303
    Domestic violence/anger management group counseling for batterers.

* DEPENDENT ADULT AND THE DISABLED
  - Adult Protective Services 454-4101
    Investigates cases of abuse and neglect of the elderly and dependent adults.
Appendix E

- Crisis Line for the Handicapped  
  (800) 772-3140
- Direct Link for the Disabled  
  (805) 688-1603

* VICTIM CRIME ASSISTANCE
  - Victim Witness  
    Assists victims of violent crimes through the criminal case process. 
    Can help survivors apply for monies available to reimburse medical 
    expenses related to crime and to pay for professional counseling.  
    454-2010

* SUICIDE
  - Suicide Prevention (24-hour)  
    458-5300

* SERVICES FOR THE LESBIAN, GAY, BISEXUAL COMMUNITY
  - Lesbian Battering Resource Network  
    Meeting space for a number of organizations. Information and 
    referral.  
    425-5422
Appendix F

DISPELLING THE MYTHS:
DOMESTIC VIOLENCE FACT SHEET

WHAT IS DOMESTIC VIOLENCE?
According to the American Medical Association's Diagnostic and Treatment Guidelines, domestic violence is a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, progressive social isolation, deprivation and intimidation.

Domestic violence looks different in every situation; however, what is consistent in relationships where there is domestic violence is the cycle of violence.

THE CYCLE OF VIOLENCE

- **Tension Building:** The aggressor creates an atmosphere of pressure and edginess by expressing anger over little things, or a level of upset inappropriate to the situation. The victim senses the impending explosion and tries to smooth things over and stay out of the way.

- **Explosion:** Because the aggressor wants to "teach the victim a lesson" or for some other reason, s/he explodes into violence.

- **Honeymoon:** The aggressor is sorry for his/her actions and fears that the victim will leave. Therefore, s/he promises to never do it again which the victim believes. In time, the tension begins to build again, and the cycle repeats. And as this cycle continues to repeat, the Honeymoon stage progressively shortens.

- **Victims of domestic violence must enjoy being abused or else they wouldn't keep going back.** No! People do not like being battered. Studies show the national average for women leaving a battering situation is nine attempts before they are successful. This means that while some victims leave successfully on the first attempt, others must try fifteen or sixteen times before they can make a permanent escape.

WHY DOES THE VICTIM STAY?
Asking this question automatically places the blame on the victim. Society needs to shift its perspective and ask instead, "Why does the perpetrator beat the victim?"

For many victims, escaping domestic violence is not as easy as just making a choice, and there are many reasons that "they stay."

In order to leave, many victims must choose between living with the violence and/or being homeless. As a way of controlling the victim, the batterer may have isolated him/her from friends and family. The choices of where to flee are limited.

I KNOW MEN WHO ARE BEaten BY THEIR WIVES.
It is true that some women beat their husbands; however, 95% of all domestic violence assaults are committed by men. In addition, many women who "beat" their husbands or are arrested for domestic violence have, themselves, been victims of domestic violence.

DOMESTIC VIOLENCE OCCURS IN POOR AND MINORITY FAMILIES.
Domestic violence crosses all race, class, age and gender lines. No group has a monopoly on violence. It does, however, look different for different groups. An immigrant woman may be threatened by her batterer to have her immigrant status jeopardized. An elderly person may have the batterer threaten to kill his/her pet, which is dear to them and may be their only source of companionship.
THE CHILDREN ARE TOO YOUNG TO KNOW WHAT'S GOING ON.
Children know more than we think and they are greatly impacted by domestic violence; they are aware of the violence directed at their mother and are often present when police intervene in domestic violence calls.

The effects of domestic violence on children are long lasting. An overwhelming percentage of batterers watched domestic violence occur in their own homes or experienced child abuse themselves.

ALL COUPLES ARGUE – IT’S NO BIG DEAL.
It is a big deal when children get caught in the violence and get hurt themselves, either directly or by trying to protect their parent.

DOMESTIC VIOLENCE IS A BEDROOM SECRET AND SHOULD STAY THERE.
Domestic violence is a community problem. We complain when neighbors turn their stereos too loud or when dogs bark too much, but we "mind our own business" when we hear spouses fighting. When domestic violence occurs, it jeopardizes the safety of our community.
The cycle of violence identifies a common pattern of behavior that occurs in most abusive relationships.

**CYCLE OF VIOLENCE**

**Tension building:** During this stage, batterers often look for an excuse to be violent. They may blame their partner for their problems and threaten to use physical abuse in order to gain a sense of control over them. The victim is likely to repress her own anger, and feel like she is walking on eggshells in order to avoid the violence.

**Violence:** Batterers experience extreme rage during this stage and verbally, physically and/or sexually abuse their partner. The victim feels terrified and may even fight back in order to defend herself, or attempt to calm abuser down.

**Calm:** The third stage is a period of relative calm and making up. The batterer may feel guilty and promise never to do it again, yet is likely to place the blame for the violent event on others: "Why did you make me do this?" They may even be loving and kind, and give flowers and gifts during this stage. It is common for either one or both of the people involved to deny or minimize the events and the extent of the victim’s injuries. The survivor feels hopeful that the promises will be true and that the abuse will never happen again.

*The cycle gets faster and more violent over time.*
THE POWER AND CONTROL WHEEL

Do any of these sound familiar to you?
These are some of the ways batterers try to control their partners.

Physical violence is only one of the tactics abusers use to gain POWER and CONTROL over their partners. A person can be controlling in an abusive way without using physical violence.

If you're experiencing ANY of this, you deserve better.
THE FREEDOM AND EQUALITY WHEEL
What we all deserve in a relationship.

In every relationship we should be able to have FREEDOM & EQUALITY.
You deserve respect, and feel appreciated.
Ciclo de Violencia

El ciclo de violencia identifica el patrón común de comportamiento que ocurre en la mayoría de las relaciones abusivas.

El ciclo de violencia sucede con parejas homosexuales, heterosexuales, hombre a mujer y mujer a hombre. No distingue género, raza, edad y sucede en todas las nacionalidades.

**Aumento de tensión:** durante esta etapa los abusadores generalmente tratan de encontrar alguna excusa para ser violentos. Frecuentemente culpan a su pareja de crearle problemas y usan amenazas de abuso físico para poder controlar. La víctima reacciona reprimiendo el enojo que siente y se comporta con mucho cuidado para así evitar la violencia.

**Violencia:** los abusadores se encuentran sumamente violentos durante esta etapa y abusan a su pareja de modo físico, verbal y/o sexual. La víctima se siente con temor y en algunas veces también pudiera atacar para defenderse.

**Luna de miel:** la tercera etapa es un periodo de relativa calma y arreglo de la situación. El abusador puede sentirse culpable y promete no repetir el abuso al mismo tiempo que culpa a otros por su comportamiento violento: "¿Por qué me obligas a hacer esto?" Quizás se comportan de manera cariñosa y den flores y regalos durante esta etapa. Es común que una ó ambos personas nieguen ó minoricen los hechos y las heridas de la víctima. La víctima se siente animada por las promesas hechas por el abusador y cree que es verdad que el abuso no se va a repetirse.
La violencia física es solo una de las tácticas usadas por los abusadores para tener poder y control sobre su pareja. Una persona pude abusar de otra sin usar la violencia física.

Si vive CUALQUIERA de estas situaciones, usted merece algo mejor.
LA RUEDA DE LA LIBERTAD Y LA IGUALDAD

Lo que toda persona merece en una relación.

En cualquier relación deberíamos de tener LIBERTAD E IGUALDAD.

Usted merece respeto, y sentirse apreciada.
Appendix M

BARRIERS TO LEAVING AN ABUSIVE RELATIONSHIP

- **Economic Dependence:** Who will support the victim and the children?

- **Fear for Her Survival:** The batterer has threatened the victim that h/she will kill the victim or the victim's children, and/or family. Seventy-five (75) percent of all domestic violence murders occur soon after the victim leaves.

- **Parenting:** Desire for a two-parent family.

- **Love:** The victim loves the aggressor who is often loving and lovable when not being abusive.

- **Shame, Embarrassment and Humiliation:** The victim doesn't want anyone to know that s/he is emotionally or physically battered.

- **Low Self-Esteem:** The batterer has convinced the victim that the situation was the fault of the victim; s/he deserves the abuse; s/he will never find anyone better; a little love is better than no love at all.

- **Religious and/or Extended Family Pressure:** To keep the family together.

- **Fear of Being Alone:** Fear that s/he can't cope with the home, the children, or life, by him/herself.

- **Chemical Dependency:** If the victim uses alcohol or other drugs as a means of coping with the abuse, it will be harder to gather the clarity and strength to leave.

- **Pity:** The batterer is much worse off than the victim; the victim feels sorry for the batterer.

- **Rescue Complex:** If the victim stays, s/he can "save" the batterer who will change for the better.

- **Fear of Batterer Suicide:** Frequently threatens to kill him/herself, which makes the victim responsible for batterer's life.

- **Denial:** It is not really so bad.

- **Loyalty:** The marriage vows said, "'til death do us part."

- **Guilt:** The victim is told by the batterer that the problems are the fault of the victim.

- **Responsibility:** It is up to the victim to work things out and save the relationship.

- **Identity:** Many people feel they need a romantic partner in order to be complete.

- **Optimism:** Things will get better.

- **Gender/Sexuality Role Conditioning:** This is just the way people are; this is what to expect from a gay/lesbian relationship.
LAW ENFORCEMENT RESPONSE TO REPORTS OF SUSPECTED DOMESTIC VIOLENCE

The following is a general outline of the response that should be expected from law enforcement in those cases in which a health care practitioner makes a report of suspected domestic violence.

Each case will be different and the actual response may vary slightly depending on the circumstances of the incident and the law enforcement agency involved. This outline can be shared with the suspected victim of domestic violence.

Domestic violence incidents are most often a single component of an ongoing cycle of abuse that will not stop without intervention. The timely reporting of suspected abuse cases by health care practitioners may make the difference in whether this cycle of abuse continues or is stopped.

1) The safety of the victim is the primary concern! Once it is determined that a victim of a suspected domestic violence incident has sought treatment at your facility --place the victim in a secure location and notify the law enforcement agency with jurisdiction over the place that the incident occurred as soon as possible.
   Should the victim attempt to leave prior to the arrival of law enforcement, make all reasonable efforts to persuade him/her to remain at the facility.

2) Unless the victim is in immediate danger (in which case the use of 9-1-1 would be appropriate), call the business number of the desired law enforcement agency and be prepared to provide the dispatcher with the following information:
   - Your name, the facility address, and a telephone number that you can be contacted at
   - The name, age, gender, and address of the victim
   - The address or location that the suspected abuse occurred
   - A brief summary of the circumstances of the suspected abuse
   - The name, relationship, and current location (if known) of the suspected abuser.

3) In most cases, a uniformed officer or deputy will be assigned to respond to your facility to conduct a preliminary investigation.

4) The officer/deputy will ask some identifying questions of the person reporting the suspected abuse -- home addresses and telephone numbers may be withheld from the law enforcement report upon request.

5) The officer/deputy may ask for a summary of any statements that the victim has made and may ask the nature and location of any injuries the victim has received.

6) The officer/deputy will interview the victim and any other available witnesses about the abuse incident. He/she may take photographs of any visible injuries.

7) The officer/deputy will furnish the person making the report with a case number (e.g., 95-1234, 95-SC-1234, 95-C-1234, etc.) for the law enforcement report that will be prepared.

8) After medical treatment has been completed and the victim is discharged, the officer/deputy will assume responsibility for the continuing assistance to the victim, to possibly include transportation, referrals, the obtaining of court protective orders, etc.

9) If the written report from the health care practitioner reporting the incident has been completed, give the officer/deputy the "law enforcement" copy.
   If the report has not been completed, mail it to that law enforcement agency within two working days of the initial telephone report.
Santa Cruz County Sheriff's Office: Responsible for unincorporated areas of the county, including Freedom, Aptos, Soquel, Live Oak, North Coast, San Lorenzo Valley, and Summit areas.

- **Business #:** 471-1121
- **Address:** 701 Ocean St. #340
  Santa Cruz, CA 95060

Santa Cruz Police Department: Responsible for the area within the Santa Cruz city limits.

- **Business #:** 471-1131
- **Address:** 809 Center St.
  Santa Cruz, CA 95060

Capitola Police Department: Responsible for the area within Capitola city limits.

- **Business #:** 471-1141
- **Address:** 422 Capitola Ave.
  Capitola, CA 95010

Watsonville Police Department: Responsible for the area within the Watsonville city limits.

- **Business #:** 471-1151
- **Address:** 215 Union St.
  Watsonville, CA 95076

Scotts Valley Police Department: Responsible for the area within the Scotts Valley city limits.

- **Business #:** 438-2326
- **Address:** 1 Civic Center Dr.
  Scotts Valley, CA 95066

University of California, Santa Cruz Police: Responsible for the area within the UCSC campus.

- **Business #:** 459-2237
- **Address:** 1156 High St.
  Santa Cruz, CA 95064
Am I in an unhealthy relationship?
Take this quiz to see if your relationship is as healthy as you deserve it to be.

Does the person I am with: (If the answer is yes, check the box.)

- Get extremely jealous or possessive?
- Accuse me of flirting or cheating?
- Constantly check up on me or make me check in?
- Tell me how to dress or how much makeup to wear?
- Try to control what I do and who I see?
- Try to keep me from seeing or talking to my family and friends?
- Have big mood swings - being angry and yelling at me one minute, and the next minute being sweet and apologetic?
- Make me feel nervous or like I’m "walking on eggshells"?
- Put me down or criticize me and make me feel like I can’t do anything right or that no one else would want me?
- Threaten to hurt me?
- Threaten to hurt my friends or family?
- Threaten to commit suicide or hurt himself because of me?
- Threaten to hurt my pets or destroy my things?
- Yell, grab, push, shove, shake, punch, slap, hold me down, throw things or hurt me in any way?
- Break things or throw things when we argue?
- Pressure or force me into having sex or going farther than I want to?

If you were abused, who would you feel safe in telling? ____________________________________________

If you checked any of the boxes (yes) to any of these questions, you may be in an abusive relationship. You deserve better. Break the Cycle can help you evaluate your relationship and learn about what options you have.

http://www.breakthecycle.org/HTML%20files/I_2b_AbusiveRel.htm
¿Estoy en una mala relación?
Toma esta encuesta para saber si estas en una relación saludable como te mereces.

Mi pareja es conmigo: (Si la respuesta es si, marca la caja)

☐ ¿Extremadamente celoso, o posesivo?
☐ ¿Me acusa de ser infiel o de coquetear?
☐ ¿Constantemente me está revisando o me hace que yo me reporte con él?
☐ ¿Me dice como me debo de vestir o cuanto maquillaje me debo de poner?
☐ ¿Trata de controlar lo que ago y/o a quien veo?
☐ ¿Trata de mantenerme apartada de mi familia y amigos?

Mi pareja es de humor variable, puede estar enojado y gritándome un rato, pero al poco rato sé esta disculpando y es dulce conmigo.

☐ ¿Me hace sentir nerviosa, como que tengo que cuidar donde piso?
☐ ¿Me insulta, me critica, y me hace sentir que no puedo hacer nada bien y que nadie me podrá querer?
☐ ¿Me amenaza con lastimarme?
☐ ¿Me amenaza con lastimar a mis amigos y/o familia?
☐ ¿Me amenaza con que el cometerá suicidio y/o que se va a lastimar a si mismo por mi culpa?
☐ ¿Me amenaza con lastimar a mis mascotas y/o destruir mis cosas?
☐ ¿Me grita, me empuja, me sacude, me da puñalazos, me da cachetadas, me sujeta fuerte, tira cosas, y/o me lastima en cualquier otra manera?
☐ ¿Quebrará cosas o tira cosas cuando discutimos?
☐ ¿Me presiona o hace a la fuerza que tenga relaciones sexuales con él, o que haga cosas que no quiero hacer?

¿Si fuiste abusada, con quien te sintieras segura diciéndole? ____________________________

Si tu marcaste alguna de las cajas (si) a cualquier de estas preguntas, puedes estar en una relación abusiva. Tu te mereces alguien mejor. “Rompiendo El Ciclo” puede ayudarte a evaluar tu relación y aprender sobre que opciones tienes.
SCREENING QUESTIONS FOR POSSIBLE VICTIMS OF DOMESTIC VIOLENCE

While inquiring about abuse may seem difficult at first, recognizing that it is important, legitimate and potentially lifesaving to address this issue can help clinicians overcome their initial hesitations. Studies have shown that doctors are afraid of offending their patients by asking about domestic violence. "Women are not offended, in fact they see it as a sign of concern." (San Jose Mercury 1111 5/95, "Study: 1 in 3 Women Suffer Domestic Abuse"). Clinicians can reduce personal discomfort and/or discomfort on the part of the patient by framing questions in a calm, serious and respectful way. The patient should feel that they are not alone in their situation, that the provider is supportive and understanding, and that help is available when they are ready to reach out. With practice, each clinician will develop his or her own style of asking questions about abuse.

Clinicians must pay specific attention to issues of cultural diversity when addressing domestic violence. Although awareness of cultural values and norms will assist a clinician while working with a patient, the attitude that certain cultures or socioeconomic groups are inherently more violent than others is uniformed. This attitude helps to perpetuate a climate in which violence toward women is considered "normal" or minor, and hence unimportant and invisible. Domestic violence happens equally across all class, religious, racial and ethnic groups, including rich, white, educated, professional and respectable families. There are doctors, ministers, psychologists, judges, police officers and attorneys who abuse their partners. About half of the couples in this country experience violence at some time in their relationship. (Specialized Training on Preventing Domestic Violence, Santa Cruz Police Department Training, December 1995). Providers have the responsibility to offer people of all races, classes, ethnicities, ages, religions, sexual orientations and physical abilities access to information and services that can help ensure their safety.

1) FRAMING QUESTIONS - The following are examples of ways to introduce the issue.
   • Violence is common in our society. Women are nine times more likely to be assaulted in their home than anywhere else. I now ask everyone in my practice about domestic violence.
   • We have seen that it is hard for lesbians and gay men to talk about abuse in their intimate relationships. Domestic violence is as common in same sex relationships as in opposite sex relationships.
   • I ask all my patients if they are in a relationship with someone who may be hurting them or controlling them.

2) DIRECT QUESTIONS - If there are signs of abuse.
   • I am concerned that your symptoms may have been caused by someone hurting you. Is anyone hurting you?
   • Was this done by someone you are in or have been in a relationship with?
   • So you ever feel afraid of your partner? Do you feel in danger? Is it safe for you to go home?
3) **INDIRECT QUESTIONS** - General.

- We all fight at home. What happens when you and your partner fight or disagree?
- Have you been under stress lately? Are you having any problems with your partner? Do you ever argue or fight? Do the fights ever become physical? Are you ever afraid? Have you ever gotten hurt?
- You seem to be concerned about your partner. Can you tell me more about that? Does s/he ever act in ways that frighten you?
- You mentioned that your partner loses his temper with the children. Has s/he ever threatened to hurt you or the children? Has s/he ever physically harmed you or the children?
- You mentioned that your partner uses alcohol/drugs. How does s/he act when s/he is intoxicated? Does his behavior ever frighten you? Does s/he ever become violent? Has s/he ever broken or destroyed things?

4) **IF A PATIENT DOES NOT ACKNOWLEDGE ABUSE.**

If a patient says that abuse is not occurring, but the clinician is still concerned about abuse, there remains a variety of issues which may be discussed. Let him/her know your concerns. Sometimes a patient may listen silently, without overly acknowledging what is being said. Try to respect that your patient may be struggling with powerful internal conflicts around shame, guilt and fears for the safety of herself, himself, and her/his children. In this case, it is still helpful to offer some information about abuse. Make sure to provide the patient with a referral sheet or phone numbers. Encourage him/her to return if s/he has any problems in the future and/or to contact any of the resources that have been provided.
SAMPLE SAFETY GUIDELINES FOR OFFICES AND CLINICS

1) Remove clutter, obstructions and signs from windows so that an unobstructed view of the front desk exists to the degree possible.

2) Keep the office and the parking lot as brightly lit as law allows.

3) Keep an eye out on the activities outside your office as well as inside and report any suspicious acts or persons to your supervisor and/or the authorities.

4) Post emergency numbers of police, sheriff, and fire (911) and the Office's Address by each phone. Use a code name to alert staff to an incidence of violence within the office and to signal an alarm. Use personal alarms if available.

5) Let it be known that your office does not keep large quantities of cash or narcotics, especially injectables, in the office.

6) If you are confronted, stay calm and speak in as cooperative tone as possible. Of course, each incident should be handled individually and these are only guidelines.

7) Always move slowly and explain what you are doing before you make fast movements.

8) Never, ever pull a weapon. It only increases your chance of being hurt.

9) Stay where you are until you are certain the perpetrator has left the immediate area; then lock the door of the office and call 911 immediately.

10) If the perpetrator leaves the building, make no attempt to follow or chase them.

11) Try and record everything you remember about the attacker and the incident while you wait for police to arrive.

12) Do not open the door until the law arrives.
1) Know the area and situation if possible.

2) Keep your office informed of where you will be and call in at specified times.

3) Keep your self phone charged.

4) Dress for function/mobility.

5) Wear a name tag.

6) Keep your keys in your hand going to and from the car.

7) Park in well-lighted areas, preferable in front of the home.

8) Listen for sounds of fighting or disturbance before knocking.

9) LEAVE if a disturbance is in progress.

10) **DO NOT ENTER** if you suspect an unsafe situation - ask the client to step outside.

11) Be alert to the exits in the home, be prepared to leave quickly.

12) Sit between the client and the door if possible.

13) Don't try to handle violent individuals - leave **and** call 911.