# SAN DIEGO COUNTY HEALTHCARE STANDARDS FOR INTIMATE PARTNER VIOLENCE

Evidence-informed guidelines for healthcare personnel on intimate partner violence and abuse screening and response practices

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## INTRODUCTION

Domestic violence, also known as intimate partner violence (IPV), is a serious, preventable public health problem. IPV involves abuse towards a current or former partner. Female, male, and non-binary adults, teens, and elders may all experience IPV. Approximately 17,000 domestic violence incidents are reported to law enforcement in San Diego County each year.[i]

San Diego County healthcare providers have an important duty to identify and respond to the needs of patients experiencing intimate partner abuse. These standards are intended to be used as a guideline to assist healthcare providers in the care of these patients.

The Healthcare Committee of the San Diego Domestic Violence Council (SDDVC), made of staff representatives from major healthcare organizations throughout the county, developed and thoroughly reviewed these Standards. The San Diego County District Attorney's Office, County of San Diego Emergency Medical Services (EMS), and the County of San Diego Health and Human Services Agency (HHSA) Department of Public Health Services have reviewed and approved these Standards for healthcare personnel's use across our county.

## BACKGROUND

In February 2017, San Diego County's first Strangulation Protocol for criminal justice was approved by the Chiefs of Police, San Diego County Sheriff, San Diego County District Attorney and San Diego City Attorney. Training for all sworn personnel and prosecutors followed. The first domestic assault forensic exam (DAFE) program was also launched with Palomar Health Forensic Health Services that year. These efforts increased the local identification of IPV-related injuries and strangulation, highlighting the need to bring best practices and training on these subjects to healthcare settings throughout the county.

In October 2019, the San Diego County District Attorney's Office, County of San Diego Health and Human Services Agency (HHSA) Department of Public Health Services and Emergency Medical Services,* and Palomar Health Forensic Health Services launched the Health CARES Initiative in San Diego County. This initiative includes toolkits and training for healthcare staff and awareness materials to be shared with patients. As a next step, the San Diego Domestic Violence Council Healthcare Committee developed these Healthcare Standards.

*In July 2021, approved by the County Board of Supervisors, Emergency Medical Services changed designation to Emergency Medical Services Office and realigned to Public Safety Group under San Diego County Fire.*

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## I. OVERVIEW

Intimate partner violence (IPV) can result in short- and long-term adverse health consequences including those related to physical, psychological, and overall wellbeing.[ii] Victims of domestic violence have elevated risks for a wide range of adverse health outcomes such as asthma, hypertension, cardiovascular disease, miscarriage, substance use disorders, and mental health issues.[iii] [iv]

Healthcare personnel in a wide variety of settings are in a unique position to identify IPV and provide support to these victims. Providing patients an opportunity to speak with a healthcare provider about domestic violence has been found to be highly related to the victim accessing services, as well as reduced future exposure to violence and better health.[v]

Early intervention helps decrease repeat utilization which, in turn, reduces burdens on the healthcare system and assists patients experiencing abuse to access resources sooner. Your efforts can also help hold offenders accountable through appropriate documentation, reporting, and connections to forensic medical exams.

IPV is major public health problem and carries with it the potential for generational cycles of abuse. The medical cost burden within the year following victimization ranges nationally from $2 to $7 billion.[vi]

Healthcare personnel have the duty to provide victims and their children a short-term "safe haven" where they can be free from fear of their abuser. Furthermore, compassionate, trauma-informed care for victims of IPV should be the expectation in all health settings.

The Joint Commission (TJC) mandates "hospitals to have policies for the identification, evaluation, management, and referral of adult victims of domestic violence."[vii] See Attachment 1 for these TJC standards for victims of abuse.

## II. GOALS AND OBJECTIVES

GOAL: Ensure all healthcare professionals in San Diego County provide quality care for patients who have experienced intimate partner violence (IPV).

OBJECTIVES:

- Ensure healthcare personnel have access to evidence- and trauma-informed information, tools, education, and resources for serving victims of IPV.
- Improve recognition by healthcare personnel of the risks for serious injury and lethality including non-fatal strangulation.
- Increase patient awareness of IPV and develop a safe, comfortable environment where patients can discuss abuse and violence.
- Encourage the implementation of universal screening for IPV and strangulation across healthcare settings.
- Improve understanding of mandated reporting requirements.
- Use forensic examiners and other Qualified Healthcare Professionals to document IPV injury and strangulation.

Definitions:

Intimate partner abuse or violence, also known as domestic violence, has many forms including physical aggression, sexual abuse, emotional or psychological abuse, stalking, or financial abuse. This includes any behaviors which intimidate, manipulate, hurt, humiliate, blame, frighten, terrorize, injure, or wound someone.

California law refers to *domestic violence* as abuse committed against an adult or minor who is a spouse, former spouse, cohabitant or former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship (PC 13700 (b)). “Cohabitant” means two *unrelated* adult persons living together for a substantial period, resulting in some permanency of relationship. "Abuse" means intentionally or recklessly causing or attempting to cause bodily injury or placing another person in reasonable apprehension of imminent serious bodily injury to himself or herself, or another.

Violence, including strangulation, perpetrated against a minor under the age of 18 by a person not meeting the definition of domestic violence above, such as a parent/legal guardian or family member or other person of authority in their life (e.g., teacher) *is not IPV*; this constitutes Child Physical Abuse. These minors should be referred for evaluation by Child Abuse Pediatricians. Refer to the San Diego County Child Victim-Witness Protocol for the management of child abuse in San Diego County. For IPV involving a minor (i.e., teen dating violence), refer to sections C and D of these Standards.

Trauma-informed care is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, which emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.[viii]

## III. TERM

These standards will be reviewed every three years by the SDDVC Healthcare Committee.

## IV. STANDARDS

The first section of these Standards is modeled after the Health CARES initiative. Note that the order of the standards differs from the acronym for context.

- **C**onduct screening for current and former intimate partner abuse
- **A**ssess for signs and symptoms of strangulation
- **R**eport suspicious injuries to law enforcement
- **E**valuate patient (evidence collection by a Qualified Healthcare Professional)
- **S**afety plan and connect patient to resources

Steps

1. Review your requirements for reporting suspected suspicious injuries, child,

and elder abuse/dependent adult abuse. How these requirements are conveyed matters; the patient should understand that the provider partners with the patient in this process. See sections E and F on mandated reporting requirements for healthcare personnel.

2. Screen patients and conduct education for IPV across all healthcare settings. Best practices on screening for abuse are included below.
3. If a patient chooses to disclose:
    a. Conduct a patient-centered care plan which encourages harm reduction safety planning and discuss available resources with the patient; warm connection to qualified service providers is most ideal – see section B which addresses making referrals for resources and safety planning.
    b. Assess for strangulation – See sections C and D below.
4. If the patient has suspicious injuries follow the steps in section C and D for further assessment, documentation, and evaluation.

**A. Conducting screening for current and former intimate partner abuse**

Screening for abuse should include the use of brief, research-based, validated, screening questions which fit the needs of your patient population. See Attachments 2 to 5 for sample screening tools.

Screening practices send the message to patients that you care about their safety and wellness and you are a safe person to whom they may discuss abuse. Disclosure is not the goal but, rather, to establish rapport so patients know they can talk with you now or in the future if they are experiencing abuse.

<u>Screening Practices</u>

i. Staff who conduct screenings should be trained on intimate partner abuse, dynamics, safety, and connections to resources.
    a. Engaging staff in training builds comfort around IPV and, in turn, improves patient engagement
ii. Prior to screening, inform the patient of any limits to confidentiality and mandated reporting requirements such as Suspicious Injury Reporting for healthcare providers and Suspected Child Abuse for children exposed to domestic violence.
iii. Screening and education on IPV for patients should be conducted:
    a. Universally – across healthcare sites, clinics, home visits.
    b. Routinely, regardless of any indicators of abuse present.
    c. Utilizing a private, safe, and comfortable environment.
    d. Face-to-face and verbally; this is preferable over a written questionnaire or computer-based screening.
    e. Using trauma-Informed practices.
        - Consider patients may have experienced many different types of trauma in their lives.
        - In a direct, nonjudgmental manner.
        - Using empathy; listen to the patient.

- Using language which is culturally and linguistically appropriate.
- Being clear and transparent.

f. In the language the patient is most comfortable.
   - Utilize interpreters in the office or through a language line. Interpreters should not know the patient or patient's partner personally/socially.

iv. Screen patients away from their partners, family members, friends, children, others.
v. Consider the patient may be experiencing abuse from a current *or* former partner; the period during and after leaving the abusive relationship can be the riskiest.
vi. Be aware of the different types of intimate partner violence - physical, financial, psychological, verbal, sexual, stalking.
vii. Be aware of how the diversity of your patients impacts their experiences as an IPV survivor -- consider culture; LGBTQ; gender; age; tribal affiliation; developmental, physical, and mental health; and substance use challenges, etc.
viii. Include the question whenever screening, "has anything or any pressure come across your neck?"
ix. Inquire whether the patient has been sexually assaulted by their partner. If yes, take the steps included in San Diego County's Reporting Requirements for Sexual Assault Victims.

**B. Safety planning and connecting patient to resources**

When a patient discloses that they are experiencing abuse from a current or former partner, conducting safety planning prior to the patient leaving the healthcare site is critical. In addition, provide a warm connection with the patient to resources applicable to their situation. Take time to familiarize yourself with local resources and safety planning, so when the time comes to support a patient experiencing IPV, you are prepared.

Visit SD County Health CARES (www.sdcountyhealthcares.org) and San Diego Domestic Violence Council (www.sddvc.org) for sample safety planning information, domestic violence brochures with local resources, and training links to help prepare you for these conversations with patients.

Use a Trauma-informed Approach

"Trauma-informed care is a strengths-based framework which is grounded in an understanding of and responsiveness to the impact of trauma, which emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment." [ix]

When Talking with Patients:

- Listen, avoid judgement, be supportive.
- Provide a safe, private, comfortable environment to talk.
- Make caring/supportive statements such as:
  - "You are not alone. Help is available."

    - "You don't deserve to be abused."
    - "I am concerned for your safety (and your children's safety)."
- Offer for them to call domestic violence resources and/or the appropriate law enforcement authorities from a private office before leaving. Provide support to them during the call if they want it.
- Be transparent about the mandated reporting and criminal justice process, while providing support and reminding them the abuse is not their fault.
- Employ empowerment and choice in decision-making approach with the patient; many victims of abuse are controlled by their abusers, so ensuring they feel a sense of say over their situation is critical.

Resources

- Local Resource Guide is included in Attachment 6 and current versions may be found at www.sddvc.org in English and Spanish.
- National Domestic Violence Hotline 1-800-799-7233/TTY 1-800-787-3224 24/ Hours, Confidential, Multiple Languages Available
  Chat online at www.thehotline.org.
- National Consensus Guidelines: On Identifying and Responding to Domestic Violence Victimization in Healthcare Settings.
  https://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf
- Futures Without Violence: *Prevent, Assess, and Respond: A Domestic Violence Toolkit for Health Centers & Domestic Violence Programs*. IPV Health Partners website:
  http://ipvhealthpartners.org/wp-content/uploads/2018/08/IPV-Health-Partners-Toolkit-8.18.pdf
- San Diego County Sexual Assault Guidelines, created in collaboration with healthcare professionals, forensic specialists, and law enforcement, through a consensus iterative review process, including a SAFET-I Tool for use by frontline providers.

Training

Visit the San Diego Domestic Violence Council website (www.sddvc.org) to learn about training opportunities on domestic violence screening and response practices.[ix]

- DV Essentials: One-day basic training (no cost).
- E-Learning: Online interactive training (no cost, 45 mins).
- DV and Sexual Assault 40-66 hour Training – See posted list of providers and costs.
- Health CARES curriculum training for healthcare staff.

**C. Assessing for signs and symptoms of strangulation**

Non-fatal strangulation by an intimate partner has been associated with a seven-fold increased risk of future completed homicide.[x] Often there are no external visible signs of strangulation. However, there may be internal injuries which could be life threatening. Recognizing a strangulation event has occurred can help improve health outcomes and save lives.

As described in section A, ask about strangulation when screening for intimate partner abuse. For example, “Has anything or any pressure come across your neck?” If the patient provides a positive response, follow with a more thorough assessment.

Become familiar with the signs and symptoms of strangulation. See Attachment 8.

Steps Healthcare Staff Should Take When Strangulation is Suspected/Disclosed

1. Inquire about when the event occurred:
    - If within one year, take the steps below.
    - If more than one year ago, complete a history and conduct safety planning and resource connections as described above in section B. Document in the medical record. See also below for Anoxic Brain Injury (ABI), Traumatic Brain Injury (TBI), and stroke risk follow-up.
2. Use the tools for assessment of strangulation developed by the Training Institute on Strangulation Prevention included in Attachments 8 and 9.

    Tools for assessment of strangulation
    - Signs and Symptoms of Strangulation
    - Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation.
    - Recommendations for the Medical/Radiographic Evaluation of the Pregnant Adult Patient with Non-Fatal Strangulation.

3. For **Pediatric Strangulation** or injury of a minor (under 18) by an intimate partner, follow these guidelines:
    - Complete an immediate telephone and written mandated report to law enforcement and cross-report to Child Welfare Services.
    - If a minor is being evaluated in an emergency department or outpatient clinic and strangulation has occurred, consult with a Child Abuse Pediatrician at Rady Chadwick Center for Families for imaging recommendations:
        - **(858) 966-8951 (M-F Business Hours, 8:00am to 5:00pm)**
        - **After hours, call Rady Children’s Hospital Operator at (858) 576-1700 and request the Child Abuse Pediatrician on-call**
    - Perform minimal screening practices – refer to San Diego County Child Victim-Witness Protocol for these Standards.
    - Depending on the age of the child and type of abuse situation, the child will be evaluated at one of the two San Diego County Child Advocacy Centers (CACs) for the medical evidentiary exam: either the Rady Chadwick Center or Palomar Health Forensic Health Services.
    - The Child Advocacy Center (CAC) Child Abuse Pediatrician or CAC Forensic Nurse Examiner will complete a full assessment and strangulation addendum.

4. For adult patients (18 and older):
    - Follow the CARES algorithm in the healthcare setting for screening and complete assessment.
    - Emergency Department-
        - Follow the Radiographic Guidelines for Computer Tomography Angiography (CTA) or other imaging modality if determined necessary based on the results of your Medical/Radiographic Evaluation. CTAs are the imaging study of choice for strangulation in adults.
    - Outpatient Clinic and Primary Provider:
        - When a strangulation is identified in a healthcare facility that is unable to order imaging, consult/refer the patient to their primary provider.
        - Primary provider or ordering providers-
            - If the patient is not symptomatic, consider outpatient imaging.
            - If the patient is symptomatic use best method to refer to an emergency treatment center for evaluation regarding the need for a CTA or other imaging modality if determined necessary based on the results of your Medical/Radiographic Evaluation.
    - Complete all immediate telephone and written mandated reports to the law enforcement jurisdiction where the crime occurred.
        - Cross-report to Child Welfare Services when applicable.
    - Discuss with the patient the value of having a no-cost Domestic Assault Forensic Exam (DAFE) medical evaluation from a trained forensic examiner.
        - If the patient consents or has questions, contact Palomar Health Forensic Health Services – see section D for more details on this program.
        - The patient may self-refer and does not require law enforcement authorization to receive these medical evidentiary services; however, this is a mandated report for suspicions injury to law enforcement.
    - Conduct Suspicious Injury Reporting steps – See section E.
    - Ensure patient receives safety planning and resource connections before leaving your site – See section B above.
    - Forensic medical examination follow-up with patient on IPV strangulation should ideally be scheduled to occur within 48-72 hours.
    - Educate patient on stroke risk – Post-strangulation internal arterial injury places the patient at a higher risk for stroke. Consider adding the strangulation question to your organization's stroke protocol and intake, particularly for cases of cryptogenic stroke.
    - If Traumatic Brain Injury (TBI)/Anoxic Brain Injury (ABI) is suspected, refer patient to a program specializing in evaluation and care of the domestic violence patient with a suspected brain injury.

    - In addition, this will be assessed for referral after a DAFE.
- Document objective findings in medical record, note resources provided and include a copy of the Suspicious Injury Report submitted to law enforcement.

The assessment of a patient who has experienced strangulation is not always straightforward. Patients may experience memory loss due to the strangulation, head injury, and/or emotional trauma leading to difficulties for them to describe the event. Patients minimizing or denying that the strangulation occurred is common. For patients under 18, please refer to the San Diego County Child Victim-Witness Protocol and refrain from asking leading questions.

For adult patients, assessment questions should be open-ended, nonjudgmental, and not rushed. Use statements such as, "What I heard you say was…" or, "Tell me about that." The patient may present with a non-linear history or delayed recall of events; assessors should note this is a common symptom, especially if a patient has experienced multiple strangulation incidents and/or repeated head traumas.

In Attachment 7, you will find a list of Terminology and Definitions.

Resources

- Understanding the Need for Computed Tomography Angiography (CTA) with Survivors of Strangulation https://www.familyjusticecenter.org/resources/understanding-the-need-for-computed-tomography-angiography-cta-with-survivors-of-strangulation/
- Strangulation and Domestic Violence: The Edge of Homicide https://www.familyjusticecenter.org/wp-content/uploads/2019/05/DV-Report-8.2014.pdf
- Medical Radiographic Imaging Recommendation https://www.strangulationtraininginstitute.com/medical-radiographic-imaging-recommendations/

**D. Evaluation and evidence collection**

Documentation of domestic violence by a Qualified Healthcare Professional can help ensure the victim receives justice and the offender is held accountable.

Penal Code Section 11161.2. The Legislature declares:

- Adequate protection of victims of domestic violence and elder and dependent adult abuse and neglect has been hampered by the lack of consistent and comprehensive medical examinations; and
- Enhancing examination procedures, documentation, and evidence collection relating to these crimes will improve investigation and prosecution efforts.

Per these Standards, a Qualified Healthcare Professional is a Forensic Nurse Examiner that is part of a local County-approved Sexual Assault Response Team (SART) or, in the case of minor who has experienced IPV-related injury, a Child Abuse Pediatrician

through a Child Advocacy Center. These examiners have received the proper education and training to conduct specialized evidentiary examinations, document the IPV injury including any strangulation, testify about the case, and educate the court.

These medical evidentiary exams should be offered at no cost to the victim.

A "qualified healthcare professional" is defined pursuant to CA Penal Code Section 13823.5 and training, expertise, and experience referenced in PC 13823.93. Included for your reference is a further list of the qualifications of evidentiary medical examiners – see Attachment 10.

Currently, Palomar Health Forensic Health Services (PHFHS) is the only program for adults which is available with trained forensic nurse examiners to complete this documentation. This service is available for IPV injury and/or suspected strangulation. The services provided have no cost to the patient or your healthcare organization. With the patient's consent, you can contact an on-call forensic nurse 24/7 to provide you guidance on next steps. The exams may be conducted at a Palomar Health-designated location or, when needed, at offsite locations. Trained forensic nurse examiners collect a full forensic medical history, assess and document the injuries, and provide follow-up to the patient. They will document the injuries using the standard IPV forms, collect forensic photography and, if applicable, complete a strangulation documentation form. In addition, medical evidentiary nurses collect forensic evidence based on the patient's history. The medical evaluation and all evidence will be provided to investigators involved in the case.

<u>PHFHS forensic services are offered 24/7 & 365 days a year</u>

- Exams are activated by calling:
  - **(760) 739-2150 during business hours Monday-Friday 8:00am to 5:00pm**
  - **(888) 211-6347 if after hours, on a weekend, or on a holiday**
- Exams can be performed in any healthcare setting, law enforcement setting, or safe location within San Diego County.
- Domestic Assault Forensic Exams: IPV injuries and suspected strangulation for teens ages 12 to 17 years and adults, elder or dependent abuse or neglect, human trafficking, gang violence victims, other strangulation victims, as well as adult SART exams.
- Child/adolescent forensic medical exams and interviews for sexual abuse, forensic interviews for children/adolescents or adults with developmental delays for sexual abuse, physical abuse, and neglect.

<u>Chadwick Center for Children and Families, Rady Children's Hospital Services forensic services are offered 24/7 & 365 days a year</u>

- Exams and interviews are activated by calling:
  - **(858) 966-8951 during business hours Monday-Friday 8:00am to 5:00pm.**

    - After hours, exams can be coordinated by the Child Abuse Pediatrician on call. They can be reached via the Rady Children's Hospital Operator at (**858) 576-1700,** request the Child Abuse Pediatrician.
- Children up to age 18:
    - Child/adolescent forensic medical exams and interviews for sexual abuse, forensic interviews for children/adolescents or adults with developmental delays for sexual abuse, physical abuse, and neglect.
    - Sexual abuse/sexual assault, physical abuse/physical assault (to include strangulation injury), neglect, medical child abuse, exploitation, and drug endangerment.

For children under the age of 18 who are suspected victims of strangulation injury or Commercial Sexual Exploitation (trafficking), medical clearance should be obtained prior to a forensic examination. You may review the San Diego County Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol. For all cases for patients under the age of 18, follow the "Under 18" strangulation guidelines above and consult the Child Abuse Pediatrician.

Both PHFHS and Chadwick offer trauma treatment and other supportive services in addition to the above listed forensic service, to which patients may be referred as well.

**E. Reporting suspicious injuries to law enforcement**

Call Law Enforcement (911) immediately if the patient, you, or others are in imminent danger. Healthcare providers are **mandated** to report suspicious injuries under the following conditions:

- Any health care 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 (PC 11160) or any physician or surgeon (PC 11161):
    - Who provides medical services, within the scope of their employment, to a patient for a physical condition that he/she reasonably suspects:
        - Is suffering from a firearm wound (inflicted to self or by another), or
        - Is suffering from any wound or other physical injury where the injury was the result of assaultive or abusive conduct.

Reporting Steps

- Inform the patient you are making the report. Conduct safety planning.
- Call the law enforcement jurisdiction where the incident occurred, immediately or as soon as practically possible.
- Complete entire Cal OES 2-920 Suspicious Injury Report and transmit the form within two working days to the law enforcement jurisdiction. See Attachment 11 for the current state form.

Reporting is NOT a substitute for thorough documentation in the medical record.
Visit www.sdcountyhealthcares.org for links to these documents:

- California Office of Emergency Services (Cal OES) 2-920 Suspicious Injury Report

- Cal OES 2-920 Mandated Suspicious Injury Report Instructions
- Suspicious Injury Reporting brochure for staff

**F. Other mandated reporting guidelines**

Inquire about the victim's dependents. Dependents may be children, dependent adults, and/or elders. Individuals exposed to domestic violence may experience direct physical harm or indirect exposure through hearing, seeing, or witnessing the aftermath of the abuse. Approximately 26% of children/youth have experienced exposure to family violence involving an adult during their lifetime.[xi] Explain the mandated reporting process to the patient and discuss steps they are taking to act in protection of their dependents such as seeking safe shelter, obtaining a restraining order, safety planning, and/or seeking services and support. Include the dependents in the safety plans you develop with the victim.

Children Exposed to Domestic Violence & Child Abuse

Healthcare staff must make a report to Child Welfare Services when staff believe suspected child abuse has or is occurring including when children have been exposed to domestic violence. Child abuse includes physical, sexual or emotional abuse, sexual exploitation, or commercial sexual exploitation, or neglect.

Child Abuse and Neglect Reporting (Penal Code sections 11164-11174.31)

Reporting Steps:

- Immediately, or as soon as practically possible, call the Child Abuse Hotline at (800) 344-6000 / (858) 560-2191 and local law enforcement.
- Follow within 36 hours by submitting form 8572 by fax to: (858) 467-0412 or mail to: County of San Diego, Child Welfare Services/Hotline, HHSA, 8911 Balboa Ave, San Diego CA 92123 or you can receive a web-based system link through the MRA (Mandated Reporter Application) after making your phone report to the Child Abuse Hotline.

Review the San Diego County Child Victim-Witness Protocol for procedures to minimize further trauma to child victims/witnesses. This protocol emphasizes limiting the number of times children are interviewed through collaboration, treating children with dignity and respect, increasing the effectiveness of the investigative and protective process, preventing abuse to other children, and facilitating the child's access to needed services such as medical treatment and trauma counseling.

Resources:
Visit https://www.sdcda.org/helping/mandated-reporting for links to the following:

- Suspected Child Abuse Report SS8572
- Online training links
- Brochure on mandated reporting for staff

Elder & Dependent Adult Abuse

Healthcare staff must cross-report suspected elder and dependent adult abuse to Adult Protective Services, HHSA. The suspected abuse may include physical, financial, and sexual abuse, abandonment, isolation, mental suffering, and neglect. Abuse or neglect of

an elder (65 years and older) or dependent adult is a crime.

Elder Abuse and Dependent Adult Civil Protection Act: Welfare and Institutions Code sections 15630-15632.

Reporting Steps:

- Call the Adult Protective Services Hotline at (800) 339-4661 and local law enforcement immediately or as soon as practically possible.
- Submit Form SOC 341 within 2 working days. Mandated reporters may use the Web Referral tool for submitting APS reports: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/ais-online-referrals.html. It is available 24 hours/7 days a week and allows you to bypass making a hotline call and submission of the reporting form.

Resources:

- Visit https://www.sdcda.org/helping/mandated-reporting for links to the following:
    - Form SOC 341
    - Online training links
    - Brochure on mandated reporting for staff
- San Diego Elder and Dependent Adult Blueprint for coordinated county response practices for elder and dependent adult abuse: https://www.sdcda.org/content/helping/elder-abuse-blueprint.pdf

## ATTACHMENT 1

### The Joint Commission's Standard and Intent Related to IPV Assessment with Patients

STANDARD PE.1.8 Possible victims of abuse are identified using criteria developed by the hospital.

INTENT OF PE.1.8 Victims of abuse or neglect may come to a hospital through a variety of channels. The patient may be unable or reluctant to speak of the abuse and may not be obvious to the casual observer. Nevertheless, hospital staff members need to know if a patient has been abused, as well as the extent and circumstances of the abuse, in order to give the patient appropriate care. The hospital has objective criteria for identifying and assessing possible victims of abuse and neglect, and the criteria are used throughout the organization. Staff are to be trained in the use of these criteria.

THE JOINT COMMISSION'S STANDARD AND INTENT RELATED TO IPV DOCUMENTATION IS:

STANDARD PE.8 Patients who are possible victims of alleged or suspected abuse or neglect have special needs relative to the assessment process.

INTENT PE.8 As part of the initial screening and assessment process, information and evidentiary material(s) may be collected which could be used in future actions as part of the legal process. The hospital has specific and unique responsibilities for safeguarding such material(s). Policies and procedures define the hospital's responsibility for collecting, retaining, and safeguarding information and evidentiary material(s). Hospital policy defines these activities and specifies who is responsible for carrying them out.

STANDARD PC.12 Criteria are used to identify possible victims of abuse or neglect.
PC.12.1 Victims of alleged or suspected abuse or neglect are assessed with the consent of the patient, parent, or legal guardian, or as otherwise provided by law.
PC.12.2 Notification and release of information are provided to the proper authorities, as required by law.
PC.12.3 Victims of abuse are referred to private or public agencies that provide or arrange for evaluation and care.

INTENT OF PC.12 AND PC.12.1 THROUGH PC.12.3 Unless possible victims of abuse are identified and assessed, victims cannot receive appropriate care. Such patients have special assessment and care needs. Objective criteria are used to identify and assess possible victims of abuse and neglect, and staff are trained to apply the criteria. The practice has a procedure for collecting, retaining, and safeguarding information and evidentiary material(s). The practice maintains a current list of private and public community agencies who provide or arrange for care of abuse victims and makes appropriate referrals.

**ATTACHMENT 2**

**Abuse Assessment Screen (AAS)**

If any questions on the tool are answered affirmatively, the AAS is considered positive for abuse. This is a reseach-based, validated screening tool.

1) Have you ever been emotionally or physically abused by your partner or someone important to you?
   Yes ☐ No ☐
   If yes by whom? _____
   Total number of times _____

2) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
   Yes ☐ No ☐
   If yes by whom? _____
   Total number of times _____

3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
   Yes ☐ No ☐
   If yes by whom? _____
   Total number of times _____

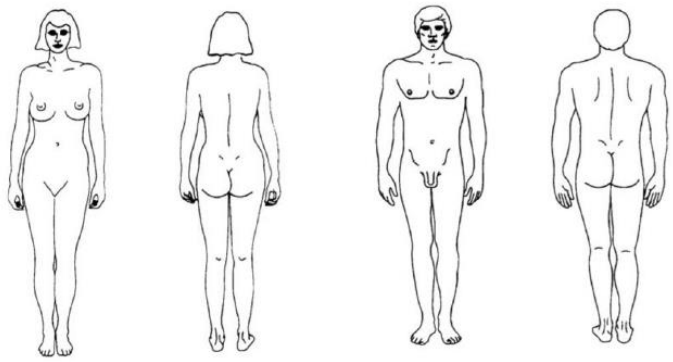
4. Within the last year, has anyone forced you to have sexual activities?
   Yes ☐ No ☐
   If yes by whom? _____
   Total number of times _____

5. Are you afraid of your partner or anyone you listed above?
   Yes ☐ No ☐

MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

**If any of the descriptions for the higher number apply, use the higher number.**

1 = Threats of abuse including use of a weapon
2 = Slapping, pushing; no injuries and/or lasting pain
3 = Punching, kicking, bruises, cuts, and/or continuing pain
4 = Beating up, severe contusions, burns, broken bones
5 = Head injury, internal injury, permanent injury
6 = Use of weapon; wound from weapon



**Source**: Parker, B, McFarlane, J, Soeken, K, Torres S, Campbell, D. Physical and emotional abuse in pregnancy: A comparison of Adult and Teenage women. Nursing Research; 42:173-177.

## ATTACHMENT 3

### Danger Assessment 5 (DA-5) www.dangerassessment.org

**Note: Dr. Campbell's research has validated this tool based on female homicide. This is a brief adaptation of the full Danger Assessment. The assessment was designed for use by healthcare providers following a positive screen for intimate partner abuse. The full Danger Assessment with weighted scoring provides the most accurate assessment of risk.*

Mark **Yes** or **No** for each of the following questions.

____ 1. Has the physical violence increased in frequency or severity over the past year?

____ 2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?

____ 3. Do you believe your partner (or ex) is capable of killing you?

____ 4. Has your partner or ex ever tried to choke (strangle) you?
   a. If yes, did he ever choke you? _____
   b. About how long ago? _____
   c. Did it happen more than once? _____
   d. Did you ever lose consciousness or think you may have? _____

____ 5. Is your partner or ex violently and constantly jealous of you?

**Scoring:** If 4 or 5 yes responses, tell the victim they are in danger, allow the victim to choose reporting to the police &/or to domestic violence advocacy program &/or confidential hotline (e.g., National DV Hotline 800-799-7233). Follow through by calling with the victim &/or with an in-person hand-off to a knowledgeable advocate. • If 3 yes responses, do the full Danger Assessment (DA) with the calendar and weighted scoring if the victim is female; inform the victim of level of danger and do safety planning based on the DA or refer and hand-off to someone certified in administrating the DA and proceed based on results and best practice. An in-person or voice-to-voice hand-off on the phone (e.g., 3-way-call or speaker phone) is preferable. • If 2 yes responses, tell the victim there are 2 risk factors for serious injury/assault/homicide present and recommend further advocacy. If the victim agrees, follow through with a referral and hand-off to a knowledgeable advocate. An in-person or voice-to-voice hand-off on the phone (e.g., 3-way-call or speaker phone) is preferable. • If 0-1 yes responses, proceed with normal referral/procedural processes for domestic violence.

**Source:** Messing, J., Campbell, J., Snider, C. Validation and adaptation of the danger assessment-5: A brief intimate partner violence risk assessment. Journal of Advanced Nursing: 73:3220–3230.

**ATTACHMENT 4**

**HITS Screening Tool**

Hurt, Insult, Threaten, and Scream

- How often does your partner physically Hurt you?
- How often does your partner Insult or talk down to you?
- How often does your partner Threaten you with physical harm?
- How often does you partner Scream or curse at you?

Administration method: Self-report or clinician administered.
Scoring procedures: Each question is answered on a 5-point scale:
1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, 5 = frequently
The scores range from 4 to a maximum of 20. For female patients, a HITS cut off score 10 or greater was used to classify participants as victimized; for male patients, a HITS cut off score of 11 or greater was used to classify participants as victimized (Sherin et al 1998; Shakil et al. 2005).

**Sources:**

Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. (1998). HITS: A short domestic violence screening tool for use in a family practice setting. Family Medicine, 30, 508-12.

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Shakil A, Donald S, Sinacore JM, Krepcho M. (2005). Validation of the HITS domestic violence screening tool with males. Family Medicine, 37, 193-98.

Chen PH, Rovi S, Vega M, Jacobs A, Johnson MS. (2005). Screening for domestic violence in predominantly Hispanic clinical settings, Family Practice, 22, 617-23.

**ATTACHMENT 5**

**Ongoing Violence Assessment Tool (OVAT)**

1. At the present time does your partner threaten you with a weapon? (Yes/No)
2. At the present time does your partner beat you up so badly that you must seek medical help? (Yes/No)
3. At the present time does your partner act like he/she would like to kill you? (Yes/No)
4. My partner has no respect for my feelings. (Never, Rarely, Occasionally, Often, Always)

Scoring procedures: This information is not available. Administration method: Self-report.

Reprinted with permission from Medical Science Monitor. Developer: Steve Weiss, Amy Ernst, Elaine Cham, and Todd Nick. Publication year: 2003

Weiss SJ, Ernst AA, Cham E, Nick TG. (2003). Development of a screen for ongoing intimate partner violence. Violence and Victims, 18, 131-41.

Ernst AA, Weiss SJ, Cham E, Hall L, Nick TG. (2004). Detecting ongoing intimate partner violence in the emergency department using a simple 4-question screen: the OVAT. Violence and Victims, 19, 375-84.

**ATTACHMENT 6**

**SD County DV Resource Guide (for staff use)**
**Visit [www.sddvc.org](http://www.sddvc.org) for current versions**

# SAN DIEGO REGIONAL GUIDE
# DOMESTIC VIOLENCE RESOURCES

SAN DIEGO DOMESTIC VIOLENCE COUNCIL

## National Domestic Violence Hotline 1-800-799-SAFE (7233)

## DOMESTIC VIOLENCE SERVICES WITH SHELTERS

| | |
|---|---|
| YWCA of San Diego County (Central) 24/7 | 619/234-3164 |
| Center for Community Solutions (East County, North County, Coastal) 24/7 | 888/385-4657 |
| Community Resource Center (North County) 24/7 | 877/633-1112 |
| Women's Resource Center (North County) 24/7 | 760/757-3500 |
| SBCS (South County) 24/7 | 800/640-2933 |
| Interfaith Shelter Network – El Nido (Central) | 619/563-9878 |
| Crisis House (East County) | 619/444-1194 |

## DOMESTIC VIOLENCE SERVICES & RESOURCES *(Partial list)*

| | |
|---|---|
| San Diego Family Justice Center (Central) | 866/933-4673 |
| Palomar Health Forensic Health Services – DV Assault Forensic Exam Program | 760/739-2150 |
| Jewish Family Services – Project Sarah | 858/637-3210 |
| Southern Indian Health Council (East County) | 619/445-1188 |
| Indian Health Council (North County) | 760/749-1410 |
| License to Freedom (East County) | 619/401-2800 |
| Strong Hearted Native Women's Coalition (North County) | 760/650-6849 |
| CA Indian Legal Services (North County) | 760/746-8941 |
| San Diego Volunteer Lawyers (North, Central, East) | 619/235-5656 |
| Rancho Coastal Humane Society - Animal Safehouse Program (North County) | 760/753-6413 |
| San Diego LGBT Community Center (Central) | 619/692-2077 |
| North County LGBTQ Resource Center (North County) | 760/994-1690 |
| Leap to Success | 760/710-9510 |
| San Diego City Attorney's Office, Victim Services Coordinators | 619/533-5544 |
| SD District Attorney's Office, Victim Assistance Program: Central: 619/531-4041, East: 619/441-4538, Juvenile: 858/694-4254, South: 619/498-5650, North: 760/806-4079 | |

Learn more about DV and local resources www.preventdv1.org (English, Spanish, Arabic)

## OTHER HOTLINES *(Partial list)*

| | |
|---|---|
| For emergencies you can call or text | 911 |
| Access & Crisis Line (24 Hour) | 888/724-7240 |
| Children Welfare Services & the Child Abuse Hotline (24 Hour) | 800/344-6000 |
| Aging and Independence Services & Adult Protective Services (24 Hour) | 800/339-4661 |
| Center for Community Solutions - Sexual Assault Crisis Line (24 Hour) | 888/385-4657 |
| National Human Trafficking Hotline (24 Hour) | 800/373-7888 |
| Rape, Abuse, Incest National Network (RAINN) Hotline (24 Hour) | 800/656- 4673 |
| 211 (24 Hour) | 211 (cell 800/227-0997) |
| Meth Hotline | 877-662-6384 |
| North County Lifeline | 760/726-4900 |

## MILITARY RESOURCES *(Partial list)*

For referrals for family service and advocacy centers serving Camp Pendleton, MCAS Miramar, MCRD, Naval Base San Diego, NAS North Island, & Sub Base Fleet: Call Military OneSource at 800/342-9647 (24-hour hotline, not confidential) You may call the Family Justice Center Military Liaison 619/533-3592 (confidential).

## CHILDREN'S RESOURCES *(Partial list)*

| | |
|---|---|
| Child Welfare Services & the Child Abuse Hotline | 800/344-6000 |
| District Attorney's Office Child Abduction Unit | 619/531-4345 |
| Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (Main Center) | 858/966-5803 |
| Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (South) | 619/420-5611 |
| Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (North) | 760/967-7082, opt 3 |
| Department of Child Support Services | 866/901-3212 |

www.sddvc.org *Updated 2/26/21*

## SAFETY PLANNING



Taking time to think about steps to increase your safety and the safety of your children is important, whether you have left, are considering leaving, or are currently in an abusive relationship.

Call (800) 799-SAFE (800-799-7233) to speak with a confidential advocate or to be referred to an agency that specializes in domestic violence or call one of the Domestic Violence Service hotlines listed. The National DV Hotline's website for safety planning ideas and steps for internet safety: http://www.thehotline.org/help/path-to-safety/

## JAIL & PRISON NOTIFICATION

Inmates may be released at any time of the day. You may register an email address and/or telephone number(s) with VINE ("Victim Information and Notification Everyday") in order to be notified when an inmate is to be released, is pending release, or when they are to be transferred to a facility in another county or state prison. Call VINE toll-free at (877) 411-5588 or use VINE Link https://vinelink.com/classic/#/home to register online for this notification.

You may also visit "Who's in Jail" to see current custody status http://apps.sdsheriff.net/wij/wij.aspx.

The San Diego County District Attorney's Office offers an online resource providing information about a defendant's pending court appearance: https://www.sdcda.org/case/

## DOMESTIC VIOLENCE SHELTERS

There are shelters in San Diego County specifically geared to assisting domestic violence victims. In addition to safe, confidential housing accommodations, most provide such services as case management, support, legal assistance, and counseling. To contact Domestic Violence Services and Shelters, see that section of this Guide for current shelter hotline numbers.

## ORDERING POLICE REPORT(S)

Domestic Violence victims have a right to one free copy of their police report. Contact the responding law enforcement agency in the jurisdiction in which the incident occurred. Requests for reports can be made to most jurisdictions through the mail or in-person. The following information is necessary to request a report copy: name of the parties involved, date and location of incident, and the report number if available. Bring identification if you go in-person to pick up your report.

## SAFE AT HOME – CONFIDENTIAL MAILING ADDRESS

Program participants are provided a confidential mailing address, at no cost, so that may use this instead of their home address. This *mail forwarding program* allows participants to safeguard their address when receiving first-class mail, opening a bank account, completing a confidential name change, filling out government documents, registering to vote, getting a driver's license, enrolling a child in school, and more. You may call toll-free at (877) 322-5227 or visit http://www.sos.ca.gov/safeathome/applicants-participants.htm for information and a local enrolling agency.

## RESTRAINING ORDERS

You can file for a restraining order at no cost. There are also no cost domestic violence clinics available to assist you in the application process. Due to COVID the services may be offered virtually. For a list of updated TRO Clinics and Family Law Facilitators visit: www.sdcourt.ca.gov and select the "Family" tab and then select "Domestic Violence." You may also visit www.sdsheriff.net/DV for more information on seeking a restraining order.

Items to have available: Address of the person you would like restrained; date of birth for the person you would like restrained; physical description of the person you would like restrained; photographs of any injuries (if applicable); and a copy of the police report(s) if any.

**ATTACHMENT 7**

**Strangulation Definitions and Terminology**

Important Terminology:

**Choking** – Obstruction of air passages when a foreign object, such as a piece of food, gets lodged internally, blocking air flow

*Note “choking” is the most common form of terminology used by patients to describe strangulation

**Strangulation** – External pressure to the neck which causes restriction or complete closure of blood vessels (blood flow) and/or airway, resulting in asphyxia

- Manual strangulation - External pressure to the neck using hands, forearm, foot, or other limb
- Ligature strangulation - External pressure using an object such as a belt, cord, or twine
- Incomplete Hanging - Involves an object such as a rope and the feet are partially suspended off the ground
- Complete Hanging - Involves an object such as a rope and the feet are completely suspended off the ground

**Mechanical Asphyxia** – When weight is placed on torso or chest area, restricting breathing (e.g., knee, sitting on the person, a heavy object)

**Suffocation** – Lack of oxygen and excess of carbon dioxide in the blood, produced by interference with respiration by covering the nose and mouth

**Trachea** – A large membranous tube reinforced by rings of cartilage, extending from the larynx to the bronchial tubes and conveying air to and from the lungs. Trachea is known as the windpipe.

**Carotid** – The two main arteries which carry oxygen rich blood to the head, brain and neck, two main branches in the neck.

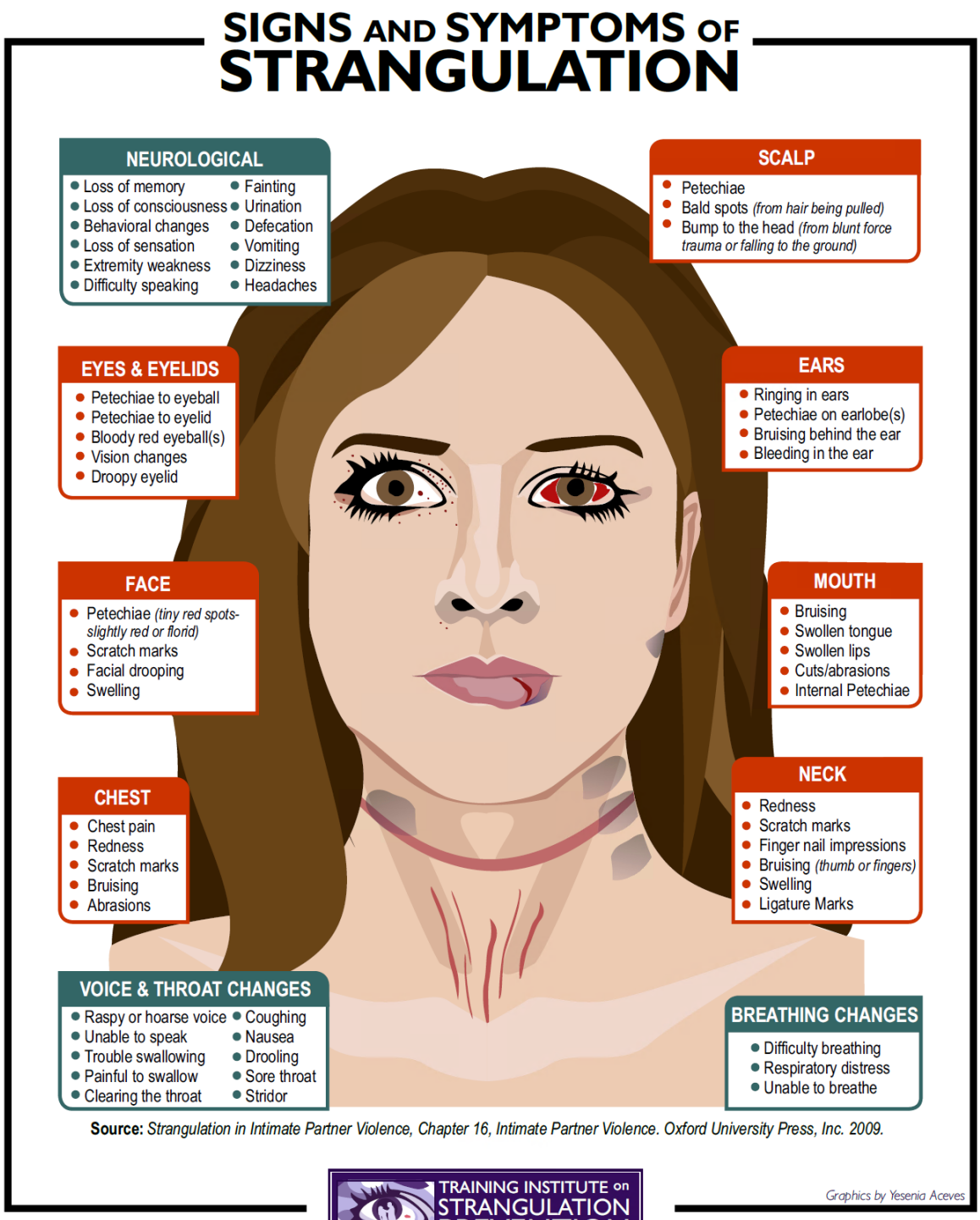
**Jugular Vein** – Large veins in the neck, carrying deoxygenated blood down from the head

**Petechiae** – **Pinpoint, flat, round red spots under the skin or mucous membranes (conjunctive or oral mucosal) caused by hemorrhage** (bleeding into the skin). Petechiae are red because they contain red blood which has leaked from the capillaries into the skin.

| System | Signs and Symptoms (During and After Assault) | Trauma Informed Questions Suggestions |
|---|---|---|
| Respiratory | Assess for **airway** changes:<br><br>Raspy or hoarse voice<br>Sore throat<br>Unable to speak<br>Difficulty speaking<br>Trouble swallowing<br>Painful to swallow<br>Clearing the throat<br>Coughing<br>Nausea<br>Drooling<br>Stridor<br><br>Assess for **breathing** changes:<br>Dyspnea<br>Hyperventilation<br>Difficulty breathing<br>Respiratory distress<br>Unable to breathe<br>Difficulty Talking | Does your voice sound any different since the incident?<br>How does your throat feel?<br>Can you tell me if you had or are having any difficulty speaking?<br>How does it feel to swallow?<br>Are you having any drooling problems?<br>Was there any coughing after the incident? Is the coughing still occurring?<br>Do you have any Nausea?<br><br>Can you describe any changes or difficulty with your breathing?<br>Are you having any trouble breathing now?<br>Is your breathing any different than before the incident? |
| Neurological | **Assess for Neurological changes:**<br>Near-Unconsciousness<br>Loss of Consciousness<br>Loss of memory<br>Behavioral changes<br>Restlessness/combativeness<br><br>**Changes in Vision (Ex: blurred/Tunnel):**<br>Loss of sensation<br>Extremity weakness<br>Extremity numbness/tingling<br>*Incontinence: Urination/Defecation<br>Nausea/Vomiting<br>Dizziness<br>Headaches | Did you lose consciousness?<br>Can you tell me why you believe you were unconscious? (Gap in time, waking up on the floor, bump on head from unknown cause, etc.)<br><br>Did you experience any visual changes?<br>If so, what did you see?<br><br>Did you experience any numbness or tingling in your arms, legs, face or anywhere else?<br>Did you lose control of any bodily functions? Urination or defecation?<br>Do you remember waking up with wet underwear?<br>Did you remember losing control or your bowel or bladder?<br>Did you feel nauseated or vomit?<br>Did you feel any dizziness? |

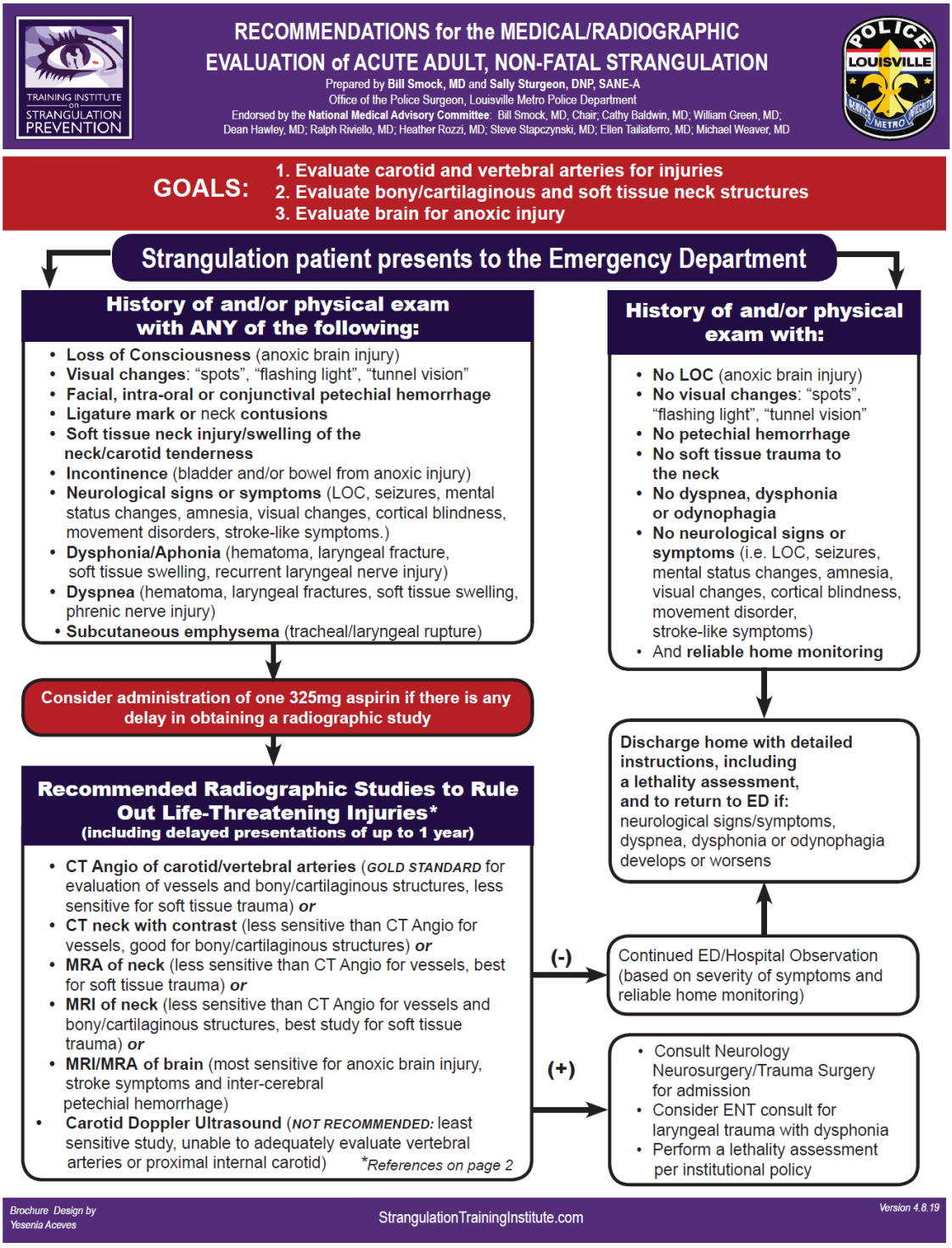
**ATTACHMENT 8**

**Signs and Symptoms of Strangulation**

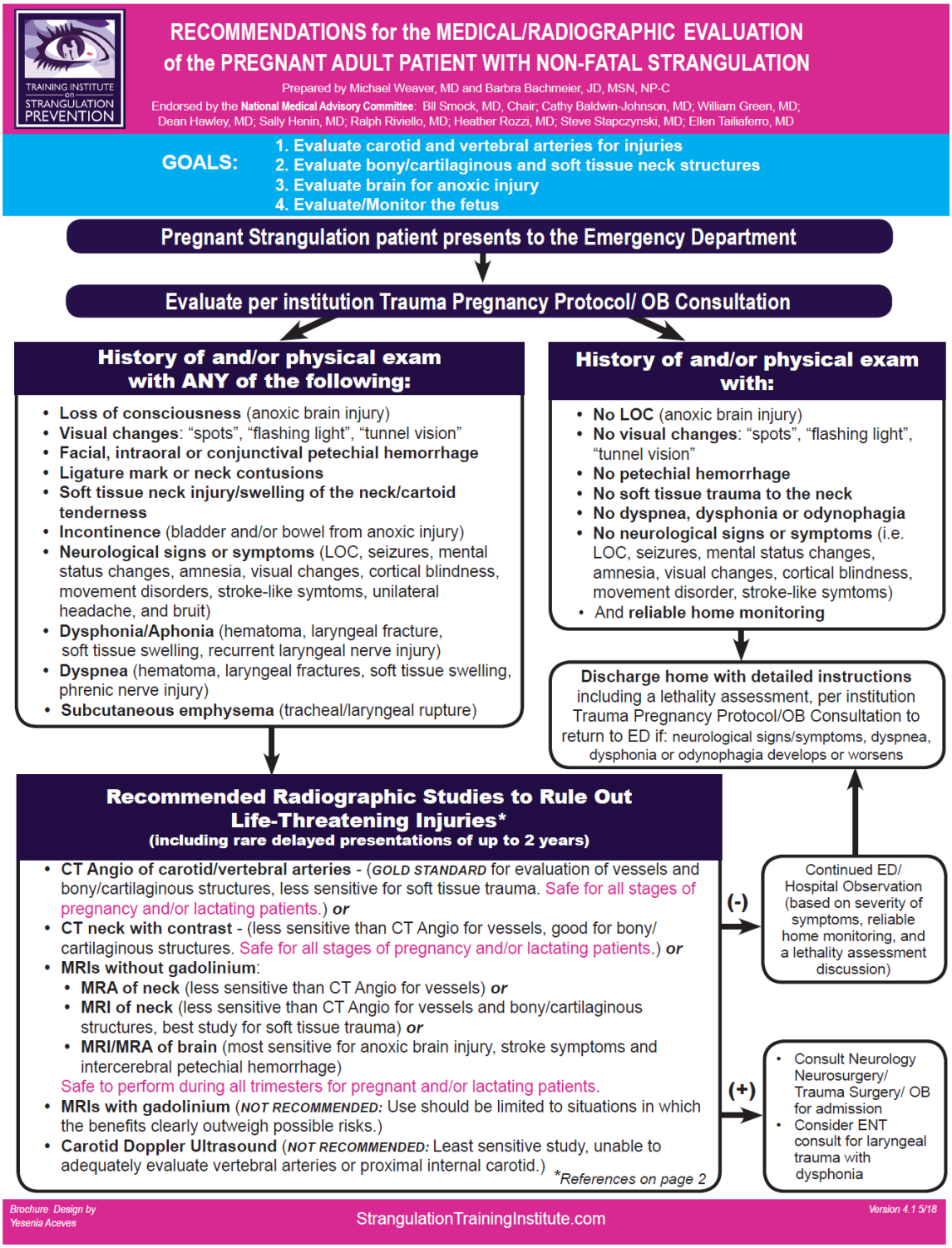


## ATTACHMENT 9

## Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation



## Recommendations for the Medical/Radiographic Evaluation of the Pregnant Adult Patient with Non-Fatal Strangulation



**ATTACHMENT 10**

**Medical Personnel Performing Evidentiary Examinations for Domestic Violence**

**Qualifications:**

- County-approved site for both domestic violence and Sexual Assault exams
- Must be a "qualified healthcare professional" as defined in Penal Code section 13823.5 and have received training, expertise, and experience pursuant to PC 13823.93.
- Must have received recent training in the following:
    - Trauma-informed approaches;
    - Interpersonal dynamics of domestic violence and the outcomes of victimization;
    - How domestic violence may affect the patient's behavior;
    - How domestic violence may affect the patient's response to the examination;
    - Clinical approaches which may diminish patient's fears or concerns about the examination and may reduce the patient's risk of further victimization;
    - Types of domestic violence and abuse and the potential health consequences;
    - State laws regarding the reporting of suspected violence or abuse related injuries;
    - State and federal laws regarding protections for domestic violence victims who are immigrants or undocumented immigrants;
    - Roles of law enforcement, domestic violence advocates, medical examiners, forensic scientists (criminalists), deputy district attorneys, and medical examiner;
    - Ethical and legal tenets of informed consent;
    - Cross-cultural considerations;
    - Basic pathophysiology of injury and wound healing;
    - Proper procedures for the collection and preservation of evidence;
    - Samples needed for toxicological analysis;
    - Importance of reference samples;
    - Proper evidence collection and preservation to prevent loss, degradation, deterioration, and contamination of evidence;
    - Limitations of the examination process and interpretation of findings; and
    - Safety planning and services available from advocacy, social services, counseling centers, shelters, county victim/witness assistance centers, and the California Victim Compensation Program (VCP).

**Reference:** Cal OES Protocol: California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect

## ATTACHMENT 11
## Cal OES 2-920 Suspicious Injury Report

**SUSPICIOUS INJURY REPORT**

**STATE OF CALIFORNIA**
**California Office of Emergency Services**

# Cal OES 2-920

**Confidential Document**

**Penal Code Section 11160 requires that if any health practitioner, within their scope of their employment, provides medical services for a wound or physical injury inflicted as a result of assaultive or abusive conduct, or by means of a firearm, shall make a telephone report immediately or as soon as possible. They shall also prepare and submit a written report within 2 working days of receiving the information to a local law enforcement agency. This is the official form (Cal OES 2-920) for submitting the written report.**

**This form is used by law enforcement only and is confidential in accordance with Section 11163.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.**

| **Part A: PATIENT WITH SUSPICIOUS INJURY** | | | |
|---|---|---|---|
| 1. Name of Patient (Last, First, Middle) | 2. Birth Date | 3. Gender ☐ M ☐ F | 4. SAFE Telephone Number ( ) |
| 5. Patient Address (Number and Street / Apt – **No P.O. Box**) | City | State | Zip |
| 6. Patient Speaks English ☐ Yes ☐ No If No, identify language spoken:_____ | 7. Date and Time of Injury Date: Time: ☐ am ☐ pm ☐ unknown | | |
| 8. Location / Address Where Injury Occurred, if Available. Check here if unknown: ☐ | | | |
| 9. Patient description of the incident. Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident. ☐ Additional Pages Attached | | | |
| 10. Name of Suspect, if Identified by the Patient | 11. Relationship to Patient. ☐ No Relationship | | |
| 12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. ☐ Additional Pages | | | |

| **Part B: REQUIRED – AGENCIES RECEIVING PHONE AND WRITTEN REPORTS** | | |
|---|---|---|
| 13. Law Enforcement Agency Notified By Phone (Mandated by PC 11160) | 14. Date and Time Reported Date: Time: am pm | |
| 15. Name of Person Receiving Phone Report (First and Last) | 16. Title | 17. Phone Number ( ) |
| 18. Law Enforcement Agency Receiving Written Report (Mandated by PC 11160) | 19. Agency Incident Number | |

| **Part C: PERSON FILING REPORT** | | | |
|---|---|---|---|
| 20. Name of Health Practitioner (First and Last) | Title | Telephone | |
| 21. Employer's Name | | Phone Number | |
| 22. Employer's Address (Number and Street) | City | State | Zip |
| 23. HEALTH PRACTITIONER'S SIGNATURE: | | 26. Date Signed: | |

Cal OES 2-920 (2001) **Prepare and submit a written report within 2 working days of receiving the information to the local law enforcement agency where the crime was committed.**

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**The Term of Agreement**

The parties evidenced by their signatures hereto, agree that these Standards shall be effective upon approval and shall remain in full force and effect until any party withdraws from participation or revised version is established.

Summer Stephan

**Summer Stephan**
San Diego County District Attorney

08/11/2021
**DATE**

Wilma J. Wooten, MD

**Wilma J. Wooten, MD, MPH**
Public Health Officer
Public Health Services
County of San Diego Health & Human Services Agency

9/23/21
**DATE**

Eric C McDonald

**Eric C. McDonald, MD, MPH, FACEP**
Chief Medical Officer
County of San Diego Health & Human Services Agency

10/4/2021
**DATE**

Kristi Koenig

**Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS**
Medical Director
Emergency Medical Services
County of San Diego Public Safety Group

10/5/2021
**DATE**

Claudia G. Grasso

**Claudia G. Grasso**
President
San Diego Domestic Violence Council

10/5/2021
**DATE**