



Rancho Los Amigos National Rehabilitation Center

OUTPATIENT SERVICES: MOBILE CLINIC

POLICY AND PROCEDURE

SUBJECT: Domestic/Intimate Partner Violence & Sexual Assault Policy

Policy No.: 106
Supersedes: NEW
Revision Date: February 3, 2022
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PURPOSE

To provide guidelines and procedure for Mobile Clinics Workforce members to promote an effective system of identifying, assessment and reporting of adult victims of domestic violence and sexual assault.

POLICY

- This policy provides guidance to workforce member on reporting and managing domestic violence, sexual assault, and human trafficking.
- This policy should be followed in accordance with DHS county policy: Child Abuse, Elder/Dependent Abuse, Domestic/Intimate Partner Violence, Suspicious Injury Reporting, DHS Policy 321.001 and Rancho Administrative Policy B710.
- These policies should be reference for further direction and guidance.
- All staff should be familiar with criteria for the identification, assessment, and reporting of possible victims of domestic violence and sexual assault.
- All known or suspected abuse shall be reported to the proper authorities in accordance with reportable injury and mandated reporting responsibilities.
- All victims of domestic violence/sexual assault will be treated with dignity and respect, with the patient's safety and privacy being the primary focus. Consent from the patient or the patient's legal guardian is required for assessment and/or treatment related to abuse or sexual assault.

DEFINITIONS OF TERMS:

Domestic and Intimate Partner violence is defined by Title 5, Section 13700 of the California Penal Code as follows:

Abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement 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.

Physical and sexual assault may be accompanied by psychological abuse, verbal intimidation, destruction of property, threat to significant others, stalking, and control over the victim's access to money, personal items, or friends and family members.

EFFECTIVE DATE:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

3/1/22

Ben Davis

Physical Abuse means all of the following as defined in Penal Code (Welfare and Institutions Code Section 15610.63):

1. Assault
2. Battery
3. Assault with a deadly weapon or force likely to produce great bodily injury or harm
4. Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
5. Sexual assault, which means any of the following:
 - Sexual battery
 - Rape
 - Rape in concert
 - Spousal rape
 - Incest
 - Sodomy
 - Oral copulation
 - Sexual penetration
 - Lewd or lascivious act
6. Use of physical or chemical restraint or psychotropic medication under any of the following conditions:
 - For punishment
 - For a period significantly beyond that for which the restraint or medication is authorized by physician.
 - For any purpose not authorized by the physician.

Reportable Injury-Any person injured by a knife, firearm, or other deadly weapon, and any person suffering from a physical injury in which there is reasonable suspicion that the injury is the result of assaultive or abuse conduct must be reported by all health care practitioners.

Mandated Reporter-Health practitioners (Physicians and/or nurses) who provide medical services to treat the physical injury are legally mandated reporters for Intimate Partner Violence (IPV) and must contact local law enforcement officials immediately and file a report.

Procedure:

Any Mobile clinic workforce member who observes or suspects abuse or is informed by patient or family of patient's experience or reasonably suspects abuse will follow these guidelines:

1. Confirm patient is safe and not in immediate danger
2. Create a safe and confidential space to provide and or collect additional info as needed
3. Consult with Sr. CSW or Clinical SW Supervisor for guidance if Sr CSW not available
4. for immediate referral.
5. If mandated reporter, notify Law enforcement and file a report.

- a. The person making the report must complete the “Domestic Violence and Violent Injury Report” form and forward the report to the law enforcement agency within two working days.
6. If Sr. CSW not available, discuss with victim safety options
 - a. Provide support and resource to empower informed decision making
 - b. Respect boundaries
7. Notify medical team/providers
8. Obtain consent to provide appropriate medical evaluation
9. Document in ORCHID actions taken within 24 hrs.
10. Referral to Sr CSW, if available for immediate intervention, or for follow up with patient for resources and continued support:
 - a. Upon Referral, the Sr CSW will conduct a full assessment and provide support and resources to the patient, including making appropriate referrals to community agencies, shelters, counseling services, and/or psychiatry as appropriate
 - b. If it is determined that during the patient’s assessment that children are at risk for abuse, or have been abused, or has witnessed the abuse in the home, then the social work will report this to Child Abuse Registry per legal mandate
 - c. When a clinical social worker assesses a patient and suspects injuries to be the result of domestic violence or receives a referral from a provider who suspects injuries to be a result of domestic violence, then the social should inform the MD/RN (healthcare practitioner) treating the injury of his/her need to report to Law Enforcement.
 - d. The social worker can also make the report to the local law enforcement officials but only with verbal/written consent of the patient
 - e. Regardless of the willingness of the patient to report, the social worker will document comments made by the injured person regarding past domestic violence and the name of any person suspected of inflicting the wound, other physical injuries or assaultive conduct in the medical record if the patient was assessed by the clinical social worker

SEXUAL ASSAULT:

Definitions:

The term sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim.

What is rape?

Rape is a form of sexual assault, but not all sexual assault is rape. The term rape is often used as a legal definition to specifically include sexual penetration without consent. For its Uniform Crime Reports, the FBI defines rape as “penetration, no matter how slight, of the vagina or anus with anybody part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”

What is force?

Force doesn’t always refer to physical pressure. Perpetrators may use emotional coercion, psychological force, or manipulation to coerce a victim into non-consensual

sex. Some perpetrators will use threats to force a victim to comply, such as threatening to hurt the victim or their family or other intimidation tactics.

Procedure:

Any Mobile clinic workforce member who encounters a sexual assault victim will:

1. Provide support and education to our patients who disclose sexual assault
2. Assess situation, remove the patient and the team to a safe location, if needed
3. Immediately notify MD and medical team.
 - a. Assess for immediate and urgent medical needs
 - b. Medical team should contact SART team and follow guidance as directed by Rancho Los Amigos County Policy B-710 and in accordance with the county policy (Child Abuse, Elder/Dependent Abuse, Domestic/Intimate Partner Violence, Suspicious Injury Reporting, Policy 321.001)
 - c. The patient should be informed that Medical team is obligated to report the victim's name and the occurrence of the assault to local law enforcement agency
 - d. Verbal notification is sufficient. A report must be made even if the patient objects. (Reporting of sexual assault to local law enforcement authorities is required by Penal Code Section 1160)
4. Consult with the Sr. CSW and make a referral for follow up assessment and provision of resources.
 - a. Respect the comfort and privacy of the patient.
 - b. Provide support and resource to empower informed decision making
 - c. Discuss the process in an open, honest and supportive manner.
5. Provide emotional support and resources if Sr CSW not available.
6. Contact National Sexual Assault Hotline **1-877-656-4673**

HUMAN SEX TRAFFICKING:

Definition:

Sex Trafficking is the exploitation of an adult or a child who engages in commercial sexual activity for financial gain. Sex trafficking charges may be brought in cases where adult victims are deprived of their liberty. Victims of sex trafficking often are forced to engage in prostitution, exotic dancing or pornography. Any sexually exploited child may be a sex trafficking victim even where there is no force or coercion. Any minor who is induced, caused or persuaded to engage commercial sexual activity is a victim of human sex trafficking.

Procedures:

Any Mobile clinic workforce member who suspects human sex trafficking will:

1. Make sure that the patient/victim is safe
2. Provide a safe and confidential space to conduct assessment
3. Consult with Sr. CSW and or Clinical SW Supervisor if Sr. CSW is not available, and make referral to Sr CSW if appropriate
4. Depending on the case call one of the following:

- a. National Human Trafficking Resource Center (NHTRC)
1-888-373-7888
 - b. LA County Sheriff's Department Human Trafficking Task Force
(323)526-5156
 - c. LA Police Department Human Trafficking Unit
(213) 486-0919
5. Discuss with Clinical SW Supervisor.