



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE)

POLICY NO. 332C

CATEGORY: Provision of Care	EFFECTIVE DATE: 3/99
POLICY CONTACT: Jennifer Murray	UPDATE/REVISION DATE: 3/23
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide guidelines for mandated reporting of intimate partner/domestic violence.

DEFINITION:

Intimate Partner Violence (IPV): The infliction, or the threat of infliction, of physical harm (including sexual assault) against an intimate partner. IPV may occur in heterosexual, gay or lesbian relationships and intimate partners are defined as individuals participating in any of the following relationships:

- Dating
- Cohabiting
- Married, separated or divorced
- Having a child together

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.

Intimate Partner Violence must be suspected in the presence of certain behavioral, verbal, or physical clues (see **Appendix A**).

POLICY:

At Harbor-UCLA Medical Center, all health care practitioners will fulfill the requirements of California law to report incidents of alleged or suspected Intimate Partner Violence (IPV) when an injury has occurred as a result of the IPV (penal code 11160, see **Appendix C**). Victims of abuse will be identified, their cases reported as required by law, and referrals will be provided as appropriate (see The Joint Commission Standard PC 01.02.09).

REVISED: 1/02, 8/04, 3/06, 5/06, 1/08, 2/12, 12/15, 9/19, 12/19, 3/23

REVIEWED: 1/02, 2/12, 12/15, 9/19, 12/19, 3/23

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PROCEDURE:

A. Screening Program

All female patients 14 years of age and older entering the Medical Center through the following areas will be routinely screened using the Domestic Violence Screening Form (HH889):

- Pediatric Emergency Department (PED)
- Adult Emergency Department (AED)
- Psychiatric ED
- Labor and Delivery
- OB/GYN Clinic/Urgent Care

B. Evaluation and Treatment

Patients must be interviewed in a private setting that is conducive to both confidentiality and safety. The lethality of the victim's current situation, along with possible suicide risk, should be evaluated (see **Appendix B**) to determine the urgency of intervention and the most appropriate disposition for the patient upon discharge. The Clinical Social Work Department can assist with the lethality and suicide risk assessments (see Section D for contact information).

C. Reporting Guidelines

All patients receiving treatment for injuries resulting from IPV must be reported to the local law enforcement agency. Patient consent is not required to file a report when injuries being treated are reasonably suspected to be the result of IPV.

Victims of previous or ongoing abuse who are identified during the screening process, but who are not presenting with injuries or complaints that are directly related to such abuse, must be offered the opportunity to file a report with law enforcement, but are not required to do so.

When filing a report, the Treating Physician must do the following:

1. Complete a "Suspicious Injury Report" form (OES 2-920, see **Appendix C**). Make a report by phone to the police in the area where the incident occurred immediately, or as soon as possible, and send a written report within two working days. A copy of the report must be filed in the medical record.
2. If there are minor children living in the home where the abuse has occurred/is occurring, contact the Department of Children and Family Services (DCFS) hotline immediately, or as soon as possible, and submit a written child abuse report within 36 hours either online or by mail (see Hospital Policy #332B).

The DCFS contact information is as follows:

DCFS Los Angeles County
1933 South Broadway, 5th Floor
Los Angeles, California 90007
Hotline: (800) 540-4000

Instruct the Unit Clerk to notify the hospital-based Los Angeles County Sheriff's Department (LASD) at (424) 306-4450. LASD will notify the appropriate law enforcement agency to come take a report. The local law enforcement agency involved will fill out the "Injury Report" (OPS-P-260) as needed.

Completion of any of the above reports shall be documented in the patient's electronic medical record by using the "Domestic Violence Screen" powerform, found in AdHoc forms. Choose the "All Items" folder and then "Abuse Reports" section to locate the "Domestic Violence Screen" powerform. If a Suspected Child



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Abuse Report is also filed, the provider shall also complete the “Child Abuse Screening” powerform also located in the “Abuse Reports” section of AdHoc forms.

D. Referrals

Provide the patient with appropriate referrals. At a minimum, the patient must receive the number to the LA County Domestic Violence 24-hour Hotline -- (800) 978-3600. Other helpful referrals include:

- The Rainbow Services Hotline number -- (310) 547-9343– which has Domestic Violence Advocates available round the clock to provide referrals and assist with placement in a shelter for battered women/men.
- **Domestic Violence Referral Sheet (Appendix D)**, which is a referral list of appropriate community resources for use at a future time.

It is strongly recommended to contact the Clinical Social Work Department (through the Electronic Health Record under “Orders” or verbally at (424) 306-4420) to assist with the provision of appropriate referrals to the patient. If the patient is in the Emergency Department or it is after hours, page the Emergency Department Clinical Social Worker at (310) 501-1735.

E. Training

Education will be provided to staff who work in areas that screen for IPV. Components of the training will include, but are not limited to: defining IPV, the prevalence and dynamics of IPV (including the cycle of violence and the types of violence), legal requirements, screening procedures and the screening tool, documentation and protection of evidence, referrals and services provided to victims.

F. Data Collection

Copies of the screening forms will be collected and the data aggregated. The data will be given to the Clinical Monitoring Review Panel.



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Appendix A
Indications of Abuse

Physical Clues

Bite-marks
Burns (cigarette, immersion)
Bruises
Contusions
Fractures
Lacerations
Injuries in various stages of healing
Strangulation marks on neck
Miscarriage from trauma
Poor personal hygiene
Ruptured eardrums

Behavioral/Psychological Clues – Victim

Complaints with negative findings
Concern inconsistent with injury severity
Diffuse or nonspecific complaints
Excessively passive or withdrawn
Inappropriate affect, paranoia or anger
Hospital hopping
Doctor hopping
Delay in treatment
Self-mutilation
Substance abusing
Reluctance to speak or disagree with partner
Suicide gestures/attempts
Sleep disorders
Anxiety
Hyperventilation
Depression
Hyper-alertness

Behavioral Clues – Significant Other

Overprotective
Substance abusing
Shows little concern
Evasive or contradictory responses
Avoids isolation from patient
Concern inconsistent with injury

Verbal Clues

Refers to partner's anger, temper or violence
Refers to herself as "accident prone"
Talks about a "Friend" who is being abused
Explanation inconsistent with type/extent injury

Other forms of Abuse

Blunt abdominal or chest trauma
Miscarriage or premature deliver
Social isolation
Economic deprivation
Verbal harassment
Forced sexual intercourse/acts



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Appendix B
Lethality Assessment

The following factors have been associated with lethality:

1. Children in the home
2. Batterer threatens to kill
3. Presence of a weapon
4. Threats of retaliation
5. Isolation of victim
6. Pathological jealousy of partner
7. Use of alcohol/drugs
8. Escalation of violence
9. Failure of multiple support systems

The following questions can assist in assessing lethality of the situation for victims of violence (The more items checked, the greater the risk of homicide):

1. Has the physical violence increased in frequency over the past year?
2. Has the physical violence increased in severity over the past year and/or has a weapon, or threat with a weapon been used?
3. Does s/he ever try to choke you?
4. Is there a gun in the house?
5. Has s/he ever forced you into sex when you did not wish to do so?
6. Does s/he use drugs? By drugs I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs, alcohol, heroin, or mixtures?
7. Does s/he threaten to kill you and/or do you believe s/he is capable of killing you?
8. Is s/he drunk every day or almost every day?
9. Does s/he control most, or all of your daily activities? For instance, does s/he tell you whom you can be friends with, how much money you can take with you shopping, or when you can take the car?
10. Is s/he violently and constantly jealous of you? (For instance, does s/he say, "If I can't have you, no one can").
11. Have you ever threatened or tried to commit suicide?
12. Is s/he ever violent toward your children?
13. Is s/he ever violent outside of the home?

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Appendix C

State of California
Office of Emergency Services
(www.oes.ca.gov)

MANDATED SUSPICIOUS INJURY REPORT

CAL OES 2-920



For copies of this form or assistance in completing the Cal OES 2-920, please contact the
California Clinical Forensic Medical Training Center:
(916) 930-3080 or
Contact Us @ www.ccfmtc.org



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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 <input type="checkbox"/> M <input type="checkbox"/> F	4. SAFE Telephone Number
5. Patient Address (Number and Street / Apt – No P.O. Box)		City	State Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify language spoken: _____		7. Date and Time of Injury Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> unknown	
8. Location / Address Where Injury Occurred, if Available. Check here if unknown: <input type="checkbox"/>			
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.			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient		11. Relationship to Patient. <input type="checkbox"/> No Relationship	
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. <input type="checkbox"/> 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)

Reset Form



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Appendix D

DOMESTIC VIOLENCE REFERRAL SHEET
List of Community Resources

DOMESTIC VIOLENCE AGENCIES AND SHELTERS

1736 FAMILY CRISIS CENTER Women and children. Maximum stay 90 days, transitional housing	(310) 370-5902
ANGEL STEP INN Women, men, and children.	(323) 780-4357
CENTER FOR PACIFIC ASIAN FAMILY Women and children. Maximum stay 6 months, transitional housing, multi-lingual (30 API languages), supportive services	(800) 339-3940
DOMESTIC VIOLENCE PROJECT, INC. Women, men, non-binary, elderly, and families. Maximum stay 90 days, transitional housing, supportive services	(330) 453-7233
GOOD SHEPHERD SHELTER Women and children. Long-term treatment and education-base shelter.	(323) 737-6111
HAVEN HILLS, INC. Women, men, and children.	(818) 887-6589
HOUSE OF RUTH, INC. Women, men, and children. Transitional housing and supportive services,	(877) 988-5559
JENESSE CENTER INC Women, men, and children. Maximum stay 30 days, transitional housing, and supportive services.	(800) 479-7328
JEWISH FAMILY SERVICE OF LOS ANGELES Women and children. Transitional housing and supportive services.	(818) 505-0900
RAINBOW SERVICES, LTD. Women, men, and children. Transitional housing and supportive services.	(310) 547-9343
SAHARA Transitional housing for survivors of gender-based violence within the South Asian community. Culturally specific accommodations and supportive services.	(888) 724-2722
SU CASA – ENDING DOMESTIC VIOLENCE Women, men, children, and LGBTQ. Maximum stay 30 days, transitional housing, and supportive services.	(562) 402-4888
THE PEOPLE CONCERN – SOJOURN Women, men, and children. Supportive services.	(310) 264-6644
VALLEY OASIS DOMESTIC VIOLENCE SHELTER Women, men, children, and LGBTQ.	(661) 945-6736
Women’s and Children’s Crisis Center Women and children. Maximum stay 45 days, transitional housing, and supportive services.	(562) 945-3939
Women Shelter of Long Beach Women, men, children, and LGBTQ.	(562) 437-4663



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SEXUAL ASSAULT HOTLINES

RAINN – National Sexual Assault Hotline (800) 656-4673
Rape, Abuse, & Incest National Network; anti-sexual violence organization
LA Rape and Battering Hotline (310) 392-8381
StrongHearts Native Helpline (844) 762-8483
Domestic and sexual violence helpline for Native Americans and Alaska Natives

CHILD/ELDER ABUSE HOTLINES

Los Angeles County Child Abuse Hotline (800) 540-4000
Harbor-UCLA KIDs Hub Clinic – Child Sexual Abuse Crisis Center (424) 306-7270
Los Angeles County Elder Abuse Hotline (877) 477-3646
California Youth Crisis Line (ages 12-24) (800) 843-5200

SUICIDE PREVENTION HOTLINES

988 Suicide and Crisis Lifeline 988
Crisis Text Line Text HOME to 741741
The Trevor Project (LGBTQ+ youth) (866) 488-7386
Teen Line (800) 852-8336

LEGAL ASSISTANCE

New Life Advocacy (certified court advocates) (310) 391-1253
Legal Aid Foundation of Los Angeles (562) 435-3501
State Board of Control for Victim Compensation Program (800) 777-9229
Victim Witness Assistance (800) 773-7574

TEMPORARY RESTRAINING ORDERS

Note: Peace Officers have access to a judge and can obtain a restraining order. (310) 787-3697
Domestic Violence Clinic, Torrance Courthouse
825 Maple Avenue, 4th floor, Torrance, CA 90503
Monday – Thursdays: 8:30 a.m. and 1:30 p.m. intake
Fridays: 8:30 a.m. intake only

GENERAL INFORMATION

211 L.A. County (Nonprofit guide to services and information) 211
Los Angeles LGBTQ Center – STOP Violence Program (323) 860-5806
Los Angeles Commission on Assault against Women (310) 392-8381
Los Angeles Domestic Violence Hotline (800) 978-3600
National Domestic Violence Hotline (800) 799-7233