



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: ADULT VICTIMS OF DOMESTIC
VIOLENCE AND SEXUAL ASSAULT**

Policy No.: B710
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PURPOSE:

To promote an effective system of identification, assessment, and reporting of adult victims of domestic violence and sexual assault.

POLICY:

All direct patient care staff should be familiar with Rancho's 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.

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.

PROCEDURES:

DOMESTIC VIOLENCE:

Title 5, Section 13700 of the California Penal Code defines "abuse" and "domestic violence" as follows:

Domestic Violence or Intimate Partner Violence ---means 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 Abuse-means all of the following as defined in Penal Code (Welfare and Institutions Code Section 15610.63):

1. Assault
2. Battery

EFFECTIVE DATE:

COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

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:
 - a. Sexual battery
 - b. Rape
 - c. Rape in concert
 - d. Spousal rape
 - e. Incest
 - f. Sodomy
 - g. Oral copulation
 - h. Sexual penetration
 - i. Lewd or lascivious act

6. Use of physical or chemical restraint or psychotropic medication under any of the following conditions:
 - a. For punishment
 - b. For a period significantly beyond that for which the restraint or medication is authorized by physician.
 - c. For any purpose not authorized by the physician.

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.

Who Should Report:

All workforce members are mandated reporters of patient abuse, domestic violence, and sexual assault.

The following is a guideline of actions by workforce member for any suspected abuse or sexual assault:

1. Notify local law enforcement agency.
2. Notify patient's physician
3. Notify immediate supervisor
4. Enter an online event report
5. Determine location of abuse and report accordingly
6. Contact the Psychology Department and/or Clinical Social Work for counseling and resources.
7. Obtain consent to provide appropriate medical evaluation and treatment and document in the patient's medical record.

NOTE: Medical Alert Center (MAC) should be contacted for transport of sexual assault/abuse victims to a Sexual Assault Response Team (SART) center where healthcare practitioners have special training in treating victims of sexual assault/abuse and in the collection of evidence.

Medical Record Documentation ¹

Records should be kept in a precise, professional manner and should include the following:

1. Chief complaint and description of the abusive event, using the patient's own words whenever possible rather than the physician's assessment.
2. Complete medical history.
3. Relevant social history.
4. A detailed description of the injuries, including type, number, size, location, resolution, possible causes, and explanations given. Where applicable, the location and nature of the injuries should be recorded on a body map (See Attachment B).
5. Copies of screening tools.
6. An opinion on whether the injuries were adequately explained.
7. Results of all pertinent laboratory and other diagnostic procedures.

Saving Evidence

1. Obtain permission from the patient to obtain personal items and explain the need for collection of evidence.
2. Explain to the patient that the collection of evidence (e.g. torn clothing or jewelry) does not obligate the patient to prosecute the abuser.
3. Label the paper collection bag with the patient's name, date, hospital number, and name of the person placing items in the bag.
4. One individual should be responsible for the collection of evidence and transfer to the police.

Medical Photography

1. When appropriate, take photographs before medical treatment is given.
2. Use color film, along with a color standard.
3. Photograph from different angles, full-body and close-up.
4. Hold up a coin, ruler, or other object to illustrate the size of an injury.
5. Include the patient's face in at least one picture.
6. Take at least two picture of every major trauma area.
7. Mark photographs precisely as soon as possible with the patient's name, location of injury, and names of the photographer and others present.

SEXUAL ASSAULT:

Since Rancho does not operate an emergency room, law enforcement officials or paramedics will not bring a sexual assault victim to our facility. However, in the event that a Rancho patient, or any other person from the community, presents in our outpatient clinic alleging they are a victim of a recent sexual assault, the following action should be taken:

Excerpted from: Flitcraft, AH, et al. American Medical Association Diagnostic and Treatment Guidelines on Domestic Violence. Archives of Family Medicine; Sept. 1992.

1. The patient should be immediately taken to a private examination room. They should not be kept waiting in a public area.
2. The patient should not be left alone while arrangements are made with Medical Alert Center (MAC) for patient transfer to Sexual Assault Response Team (SART) Center where examination and evidence collection will be conducted.
3. Contact the social worker or psychologist on call as needed to provide emotional support to the patient during this time.
4. The patient must be promptly informed that a report has been or will be made unless:
 - a. The healthcare provider believes, in the exercise of professional judgment, that informing the patient would place him or her at risk of serious harm.
 - b. The healthcare provider would be informing a personal representative (surrogate decision maker), and the provider believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interest of the patient as determined by the provider in the exercise of professional judgment [45 C.F. R. Section 164.512c]
5. The patient is informed that the Medical Center is obligated to report the victim's name and the occurrence of the assault to local law enforcement agency..
6. 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.
7. Documentation of action taken should be placed in the patient's medical record if they are a Rancho patient.

REFERENCE: Health and Safety Code, Section 1281
Penal Code, Section 13823.9

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