



# Policy and Procedure

Policy Name:	Personnel Training: Domestic Violence Reporting		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review Penal Code Section 11160 et. seq		

**Policy:**

Health care providers who provide medical services for a physical condition to a patient whom he or she knows or reasonably suspects of suffering from injuries resulting from a firearm or assaultive or abusive conduct, are required to make a report (Penal Code Section 11160 et. seq.).

**Procedure:**

**I. Reporting**

A. Reports must be made both by telephone and in writing to a local law enforcement agency

1. A telephone report must be made immediately or as soon as practically possible
2. A written report is to be made within two working days of receiving the Information using OCJP 920: Suspicious Injury Report Form (see attachment)
3. The report must include the following:
  - Name of the injured person, if known
  - The injured person's whereabouts
  - Character and extent of the person's injuries
  - The identity of the person who allegedly inflicted the injury

4. Failure to make a mandated report is a misdemeanor, punishable by imprisonment in the county jail for up to six months, or a fine of up to \$1,000 or both
5. Check with the local law enforcement agency of where to report if the patient was injured in another county
6. If the battered patient is a minor then the Child Abuse and Neglect Reporting Act applies. (See Child Abuse Reporting policy and procedure)

## II. Medical Record

A. The law (P.C. §11161 [b]) recommends that the medical record include the following:

- Any comments by the injured person regarding past domestic violence or regarding the name of any person suspected of inflicting the injury
- A map of the injured person's body showing and identifying injuries and bruises
- A copy of the reporting form

## III. Important Considerations

A. Sensitivity and awareness

- Reassure patient he/she is not alone and does not deserve to be treated this way
- Be careful not to imply patient is to blame
- Patients may be scared of seeking care because they do not want police involvement
- Some patients may fear reporting for other reasons (i.e. immigration status)
- There are many barriers to leaving an abusive situation (i.e. threats from the batterer, fear of financial instability, failure of police and others to effectively intervene, hope the relationship can work, feel responsible for the battering, may be embarrassed, humiliated and degraded about the abuse)

B. Patient Safety

- Address directly the risk of retaliation by the batterer and discuss how the patient might protect her/himself from further abuse
- Discuss the patient's short-term option and plan, including whether the patient can safely return home
- Indicate on the reporting form any special concerns regarding how the report should be handled to maximize patient safety

C. Referral

- Provide. Patient with referrals to domestic violence services
- Assist the patient in calling a domestic crisis line if willing

D. Special Considerations

- Patients who plan to leave with their children (applies to children for whom the abusive partner is the biological or adoptive parent) should call one of the shelter lines to learn how to file a "Good Cause Report" which can protect them from kidnapping charges

#### IV. Definitions

A. Assaultive or abusive conduct is defined to include a list of 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, abuse of spouse or cohabitant, sodomy, oral copulation and an attempt to commit any of these crimes

_____	_____
First Name Last Name – Title	Date
_____	_____
First Name Last Name – Title	Date

**Resource 1:** State of California – Cal OES 2-90: Suspicious Injury Report

<https://sfgov.org/dosw/sites/default/files/OES%20-920%20and%20SF%20Supplemental%20%20Health%20Care%20Provider%20DV%20Report%20Form.pdf>

**Resource 2:** Health Care Provider Mandatory Reporting of Domestic Violence to Law Enforcement in San Francisco

<https://sfgov.org/dosw/health-care-provider-mandatory-reporting-domestic-violence-law-enforcement-san-francisco>

**Resource 3:** Health Care Provider Mandatory Reporting in San Mateo County

[https://www.smchealth.org/sites/main/files/file-attachments/956108127domestic\\_violence\\_assault\\_form\\_21.pdf?1468762380](https://www.smchealth.org/sites/main/files/file-attachments/956108127domestic_violence_assault_form_21.pdf?1468762380)

\*If unable to access site, also available in FSR library

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