

**CALIFORNIA MEDICAL PROTOCOL  
FOR EXAMINATION OF  
DOMESTIC VIOLENCE  
AND  
ELDER AND DEPENDENT ADULT  
ABUSE AND NEGLECT**



**CALIFORNIA EMERGENCY  
MANAGEMENT AGENCY**

## PREFACE

Forensic medicine has emerged as an important partner with victim services and the criminal justice system. Issuance of the CalEMA 2-502 Forensic Medical Report: Domestic Violence Examination and CalEMA 2-602 Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination forms take the fields of forensic medicine and victim services to a new level.

Many deserve recognition for the vision and expertise captured in these documents. The Domestic Violence Medical Forensic Advisory Committee and the Elder and Dependent Adult Abuse and Neglect Medical Forensic Advisory Committee contributed wisdom, experience, consultation, and guidance. The California Clinical Forensic Medical Training Center at the University of California, Davis is commended for excellent work, expertise, and dedication to the production of the form and protocol. This collective effort moves the field forward on behalf of victims of these crimes.

**California is the first state in the nation to establish standardized medical/evidentiary examination report forms for these purposes.** As a result, new benchmarks for improvements in victim services and for improving the health care response to victims of interpersonal violence have been established.

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## CHAPTER I

### INTRODUCTION

In 2001, the California Legislature and Governor declared that 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. By standardizing medical examination procedures, documentation, and evidence collection through the issuance of these forms, investigation and prosecution efforts will be improved. The Legislature enacted and the Governor signed SB 502, Statutes of 2001(Ortiz) into law to address this need by establishing these standardized medical/evidentiary exam report forms and protocol. See **Appendix A** for a copy of this code section.

The California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect Victims provides:

- a framework and a context for developing policies, procedures, specialized examination teams, and trainings;
- basic knowledge about the emerging field of forensic medicine and forensic nursing;
- recommended methods for meeting the minimum legal standards established by Penal Code Section 11161.2 for performing these medical/evidentiary examinations;
- information about forming specialized medical examination teams;
- expanded information and resources on topics relevant to performing examinations; and
- basic knowledge about participating in multi-disciplinary inter-agency teams devoted to preventing and effectively intervening in these forms of interpersonal violence.

The protocol includes:

- standardized medical report form (CalEMA 2-502) for documentation of findings from domestic violence examinations;
- standardized medical report form (CalEMA 2-602) for documentation of findings from elder and dependent adult abuse and neglect examinations; and
- step-by-step procedures for conducting examinations opposite each page of the standard forms.

These forms build upon a standardization model that began in California in 1987 for the performance of sexual assault and child sexual abuse medical/evidentiary examinations. This model facilitates the development of forensic medicine and forensic nursing as a subspecialty in medical science and achieves many important goals:

- standardized examination procedures;
- consistency of evidence collection and preservation;
- documentation of examination findings;
- sound quality of interpretation of findings;
- increased competency of health care providers;
- increased access by victims to qualified health care providers; and
- facilitation of a multi-disciplinary team approach to victim services.

## CHAPTER II

### USE OF STANDARDIZED FORMS AND TRAINING

In 2001, the California Legislature enacted and the Governor signed SB 502 Statutes of 2001 (Ortiz) into law to amend the penal code pertaining to the performance of medical evidentiary examinations for victims of domestic violence and elder and dependent adult abuse and neglect. See **Appendix A** for a copy of Penal Code Section 11161.2. The Legislature declared that:

- 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.

#### A. DOMESTIC VIOLENCE EXAMINATION FORM

The California Emergency Management Agency issued effective January 1, 2004, the CalEMA 2-502 Forensic Medical Report: Domestic Violence Examination.

<b>CalEMA 2-502 nation</b>	<b>Forensic Medical Report: Domestic Violence Examination</b> <ul style="list-style-type: none"><li>• Examination of persons involved in intimate partner violence including dating relationships</li></ul>
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#### B. ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT EXAMINATION FORM

The California Emergency Management Agency issued effective January 1, 2004, the CalEMA 2-602 Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination.

<b>CalEMA 2-602</b>	<b>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</b> <ul style="list-style-type: none"><li>• Examination of persons age 65 and above</li><li>• Examination of dependent adults ages 18 to 64</li></ul>
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The California Emergency Management Agency (CalEMA) is responsible for the issuance of other medical/evidentiary examination forms and has inherited a legacy of successful endeavors in the field of forensic medicine started in 1987 by the Office of Criminal Justice Planning, now CalEMA. Additional medical forensic forms for other purposes are described on the next page.

**C. SEXUAL ASSAULT EXAMINATION FORMS**

In 1984, the California Legislature enacted legislation to establish standardized procedures for the performance of sexual assault medical evidentiary examinations. California Penal Code Section 13823.5 requires the use of these standard forms for the examination of victims of sexual assault.

**Key terms for Sexual Assault or Child Sexual Abuse Examinations**

These terms are used to describe time frames. They are not intended to suggest that, after 72 hours, a complete examination should not be done. It is not uncommon to detect physical findings after 72 hours.

<b>Acute</b>	<b>Less than 72 hours have passed since the incident (&lt;72 hours)</b>
<b>Nonacute</b>	<b>More than 72 hours have passed since the incident (&gt;72 hours)</b>

<b>CaIEMA 2-923</b>	<p><b>Forensic Medical Report: Acute (&lt;72 hours) Adult/ Adolescent Sexual Assault Examination</b></p> <ul style="list-style-type: none"> <li>• History of <b>acute sexual assault</b> (&lt;72 hours)</li> <li>• Examination of adults (age 18 and over) and adolescents (ages 12-17)</li> </ul>
<b>CaIEMA 2-950</b>	<p><b>Forensic Medical Report: Sexual Assault Suspect Examination</b></p> <ul style="list-style-type: none"> <li>• Examination of person(s) suspected of sexual assault or child sexual abuse</li> </ul>

**D. CHILD SEXUAL ABUSE EXAMINATION FORMS**

California Penal Code Section 13823.5, enacted in 1984, requires the use of standardized forms for the examination of victims of child sexual abuse.

<b>CaIEMA 2-925 Child/ Examination</b>	<p><b>Forensic Medical Report: Nonacute (&gt;72 hours) Adolescent Sexual Abuse</b></p> <ul style="list-style-type: none"> <li>• History of <b>nonacute sexual assault</b> (&gt;72 hours)</li> <li>• Examination of children and adolescents under age 18</li> </ul>
<b>CaIEMA 2-930</b>	<p><b>Forensic Medical Report: Acute (&lt;72 hours) Child/ Adolescent Sexual Abuse Examination</b></p> <ul style="list-style-type: none"> <li>• History of <b>chronic sexual abuse (incest) and recent incident</b></li> <li>• Examination of children and adolescents under age 18</li> </ul>

**E. CHILD PHYSICAL ABUSE AND NEGLECT EXAMINATIONS**

The California Emergency Management Agency issued effective January 1, 2004 the CalEMA 2-900 Medical Report: Suspected Child Physical Abuse and Neglect Examination for recording the results of these examinations pursuant to California Penal Code 11171.

<b>CalEMA 2-900</b>	<b>Medical Report: Suspected Child Physical Abuse and Neglect Examination</b> <ul style="list-style-type: none"><li>• Examination of children and adolescents under the age of 18</li></ul>
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**F. TRAINING**

The California Clinical Forensic Medical Training Center (CCFMTC) was established by Penal Code Section 13823.93 and is grant funded to provide training for physicians and nurses on how to perform medical/evidentiary examinations for victims of:

- Domestic violence;
- Elder and dependent adult abuse and neglect;
- Child physical abuse and neglect;
- Child sexual abuse; and
- Sexual assault.

Training is also provided to criminal justice and investigative social services personnel on the interpretation of medical findings for use in case investigations, prosecution, and for others involved in the evaluation of medical evidence. See **Appendix B** for information on how to contact the California Clinical Forensic Medical Training Center at the University of California, Davis.

The California Clinical Forensic Medical Training Center at the University of California, Davis developed the CalEMA 2-502 and 602 forms, instructions and protocol under an additional grant from the California Emergency Management Agency (CalEMA).

## CHAPTER III

### DOMESTIC VIOLENCE: KNOWLEDGE AND SKILLS NEEDED BY HEALTH CARE PRACTITIONERS TO PERFORM MEDICAL/EVIDENTIARY EXAMINATIONS

#### A. KNOWLEDGE

**Medical personnel performing evidentiary examinations must be knowledgeable about:**

- 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 that 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 aliens;
- Roles of law enforcement, domestic violence advocates, medical examiners, forensic scientists (criminalists), deputy district attorneys, and coroners;
- 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;
- Services available from battered women counseling centers, shelters, county victim/witness assistance centers, and the California Victim Compensation Program (VCP).

#### B. SKILLS

**Medical personnel performing evidentiary examinations must be able to:**

- Perform a medical screening examination to assess the patient's clinical condition and to make appropriate and timely triage, consultation and referral decisions regarding medical care;
- Address any immediate safety needs of the patient;
- Obtain informed consent for the medical/evidentiary examination;

- Perform a medical evidentiary examination with a language interpreter, when indicated, while preserving patient modesty, privacy, and dignity;
- Provide needed accommodations for victims with disabilities;
- Ease patient's fears or apprehensions about the examination process and aftermath;
- Sensitively interview the patient to obtain a complete domestic violence history;
- Document the medical history, domestic violence history and assault history of the patient according to the format of the state standardized medical examination form;
- Complete a general physical examination for the detection of physical findings;
- Document and describe injuries and other physical findings using narrative, diagrams and photography;
- Use appropriate terminology to record findings on the medical/evidentiary medical report form;
- Collect, label, document and preserve physical evidence and photographs;
- Perform venipuncture for the collection of toxicologic and reference samples;
- Establish and participate in a quality assurance program to monitor the quality and consistency of medical/evidentiary examinations;
- Discuss findings with law enforcement officers and attorneys;
- Obtain crisis intervention services;
- Facilitate referrals to community domestic violence agencies, shelter services, mental health counseling, and social services;
- Arrange follow-up care for medical, forensic (e.g., injury healing, bruise and bite mark documentation and photographs) and psychological needs;
- Coordinate care with CPS (Child Protective Services) or APS (Adult Protective Services) when necessary;
- Provide patient with information regarding the California Victim Compensation Program (VCP) and how the patient may obtain assistance in the application process; and
- Testify as an expert witness regarding the examination procedures and documentation.

## CHAPTER IV

### ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT: KNOWLEDGE AND SKILLS NEEDED BY HEALTH CARE PRACTITIONERS TO PERFORM MEDICAL/EVIDENTIARY EXAMINATIONS

#### A. KNOWLEDGE

##### **Medical personnel performing medical/evidentiary examinations must be knowledgeable about:**

- Interpersonal dynamics of elder and dependent adult abuse and neglect and the outcomes of victimization;
- How elder and dependent adult abuse and neglect may affect the patient's behavior;
- How elder and dependent adult abuse and neglect may affect the patient's response to the examination;
- Clinical approaches that may diminish the patient's fears and concerns about the examination, and may reduce the patient's risk of further victimization;
- Public health issues attendant to abuse and neglect;
- Types of abuse and neglect and common overlap syndromes;
- State laws regarding the reporting of suspected elder and dependent adult abuse and neglect;
- Roles of law enforcement, Adult Protective Services, Ombudsman, deputy district attorneys, Bureau of Medi-Cal Fraud, health care providers, coroners, forensic scientists (criminalists), financial investigation specialists, and multidisciplinary teams;
- Ethical and legal tenets of informed consent;
- Cross cultural considerations;
- Basic pathophysiology of injury and wound healing;
- Basic pathophysiology of malnutrition, dehydration, and pressure ulcers;
- Prevention and staging of pressure ulcers;
- Proper procedures for the collection and preservation of evidence;
- Samples needed for toxicological analysis and drug levels;
- 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;
- Services available through county victim/witness assistance centers;
- Services available through Adult Protective Services;
- Services available through the California Long-Term Care Ombudsman Program and local Ombudsman Program coordinators; and
- Information about the California Victim Compensation Program (VCP).

## **B. SKILLS**

### **Medical personnel performing evidentiary examinations must be able to:**

- Determine the patient's acuity status and institute any urgent medical needs;
- Address any immediate safety needs of the patient;
- Obtain informed consent for the medical/evidentiary examination;
- Appropriately identify a surrogate decision maker if the patient dCalEMA not have the capacity to give his or her own consent;
- Assess functional status;
- Screen for cognitive deficits, depression, and suicidality;
- Perform medical/evidentiary examination with a language interpreter, when indicated, while preserving patient modesty, privacy, and dignity;
- Provide needed accommodation for patients with disabilities;
- Ease the patient's fears about the examination process and aftermath;
- Sensitively interview the patient to obtain a complete elder/dependent adult abuse history;
- Document the medical history, elder and dependent adult abuse and neglect history utilizing the state standardized forensic medical examination form;
- Complete a general physical examination for the detection of physical findings;
- Document and describe injuries and other physical findings utilizing narrative, diagrams, photography and video;
- Use appropriate terminology to record findings on the medical/evidentiary exam report form;
- Collect, label, document, and preserve physical evidence and photographs;
- Perform venipuncture for the collection of toxicology samples and reference samples;
- Perform venipuncture for the collection of laboratory specimens to document malnutrition (albumin, prealbumin, complete blood count, cholesterol) and dehydration (electrolytes, blood urea nitrogen, and creatinine);
- Perform venipuncture for drug levels of prescription drugs to document failure to give patient medication or to over-medicate patient;
- Establish and participate in a quality assurance program to monitor the quality and consistency of medical/evidentiary examinations;
- Discuss findings with the law enforcement officers, attorneys, ombudsman, and Adult Protective Services (APS) social workers;
- Obtain crisis intervention services;
- Facilitate referral to community social services and elder/dependent adult support organizations;
- Arrange follow-up care for medical, forensic (e.g., injury healing, bruise and bite mark documentation and photographs) and psychological needs;
- Provide patient with information regarding the California Victim Compensation Program (VCP) and how the patient may obtain assistance in the application process; and
- Testify as an expert witness regarding the examination and documentation procedures.

### **C. ADDITIONAL SKILLS: ESTABLISHING PARAMETERS OF THE ELDER AND DEPENDENT ADULT VICTIM'S FUNCTIONAL AND COGNITIVE STATUS**

The complexity of crimes against elders and persons with disabilities is heightened by the large spectrum of physical and psychological conditions suffered by a significant proportion of the victims. Documentation of these conditions and their effect on the victim is critical in elder abuse cases. This is most efficiently accomplished by screening for functional, cognitive and emotional status. A careful description of a victim's limitations helps define their vulnerability, and the risk for abuse and neglect.

#### **Functional Status**

Functional status is defined as a person's ability to perform tasks that enable the patient to live independently. The most common approach to functional assessment is to perform an assessment of a person's ability to perform Activities of Daily Living (ADL's). These are determined by establishing whether or not the person can walk, bathe and eat by themselves. Because these criteria are so basic, a second level of assessment of activities of daily living is important. This second level is referred to as Instrumental Activities of Daily Living (IADL's). In cases of suspected financial abuse, establishing a victim's IADL level identifies areas of vulnerability, which are pertinent, (e.g., managing finances and shopping).

#### **Cognition and Dementia**

Screening the victim for cognitive status provides a key piece of evidence for potential prosecution. The Mini-Mental State Examination (MMSE) is currently the most widely used to evaluate cognitive function and to screen for dementia. It was originally developed by Dr. Marshall Folstein and his colleagues in Baltimore in 1975. Although a myriad of cognitive tests exist today, the MMSE is considered to be the gold standard by professionals in the field. It should be emphasized that it is intended to be a screening test and not a diagnostic examination.

The MMSE has specific limitations that are important to the forensic examiner. Education and age must be factored into the test score, as shown in the CalEMA 2-602 instructions.

Issues that impact a victim's participation must be noted, such as hearing loss, visual impairment, paralysis or English language limitation.

#### **Mental Health Screen**

Depression is closely linked to elder abuse. Briefly screening for depression identifies an area where health care providers can focus post-trauma treatment for victims. Suicide risk in the United States is greatest for elderly males.

## CHAPTER V

### MANDATORY REPORTING AND SCREENING LAWS: DOMESTIC VIOLENCE

#### A. MANDATED REPORTING LAWS

##### 1. Mandatory reporting laws pertaining to health care providers

Penal Code Section 11160 requires any health care practitioner who, in the course of providing medical services to a patient, identifies physical injuries that he or she suspects may be a result of assaultive or abusive conduct, to notify a local law enforcement agency. Notification procedures, by statute, require an immediate telephone report and submission of a written report within two working days using the CalEMA 920 SIR (Suspected Injury Report) Form. See **Appendix C** for a copy of Penal Code Section 11160. See **Appendix D** for a copy of the CalEMA S-920 SIR (Suspected Injury Report) Form.

##### 2. Criminal penalties for failure to report injuries to authorities

The failure of a hospital or health practitioner to report cases where injuries have been inflicted in violation of a state penal law is punishable by a fine not to exceed \$1000, by imprisonment in the county jail for a period not to exceed six months, or both (Penal Code Section 11162).

##### 3. Assaultive or abusive conduct listed in Penal Code Section 11160

Assaultive or abusive conduct listed in this Penal Code Section includes the following list of offenses:

Types of Offenses	Penal Code Sections
Abuse of spouse or cohabitant	273.5
Murder	187
Manslaughter	192 or 192.5
Mayhem	203
Aggravated mayhem	205
Assault with intent to commit mayhem, rape, sodomy, or oral copulation	220
Torture	206
Administering controlled substances or anesthetic to aid in the commission of a felony	222
Battery	242
Sexual Battery	243.4
Assault with a stun gun or taser	244.5
Assault with a deadly weapon or by means likely to produce great bodily injury	245
Rape	261
Spousal Rape	262

<b>Types of Offenses</b>	<b>Penal Code Sections</b>
Procuring any female to have sex with another man	266, 266a, 266b, or 266c
Oral copulation	288a
Sodomy	286
Sexual penetration	289

The child abuse and elder abuse offenses listed in Penal Code Section 11160 are to be reported on the forms established by separate statutes. These fields of victim services have a well-known and established history of using these forms.

<b>Child Abuse Code Sections Listed in Penal Code Section 11160</b>	
Child abuse or endangerment	273a
Incest	285
Lewd and lascivious acts with a child	288
<b>To report suspected child abuse and neglect, use the form printed and distributed by the Department of Justice (DOJ) SS8572.</b>	

<b>Elder Abuse Code Section Listed in Penal Code Section 11160</b>	
Elder Abuse	368
<b>To report suspected elder abuse and neglect, use the form printed and distributed by the California Department of Social Services (SOC) 341.</b>	

## **B. PENAL CODE DEFINITIONS SPECIFIC TO DOMESTIC VIOLENCE**

### **1. Abuse of a spouse or cohabitant**

This means that any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a traumatic condition, is guilty of a felony. Traumatic condition means a condition of the body, such as a wound or external or internal injury, whether of a minor or serious nature caused by a physical force (Penal Code Section 273.5).

## **C. MANDATORY DOMESTIC VIOLENCE SCREENING LAW FOR HOSPITALS**

### **1. Domestic violence definition now includes a dating or engagement relationship**

Penal Code Section 13700 states:

- “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.
- “Domestic violence” means abuse committed against an adult or a minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child **or is having or has had a dating or**

**engagement relationship.** For purposes of this subdivision, “cohabitant” means two unrelated adult persons living together for a substantial period of time, resulting in some permanency of relationship. Factors that may determine whether persons are cohabiting include, but are not limited to: sexual relations between the parties while sharing the same living quarters; sharing of income or expenses; joint use or ownership of property; whether the parties hold themselves out as husband and wife; the continuity of the relationship; and, the length of the relationship.

## 2. Definition of consent relevant to spousal and date rape

According to Penal Code Section 261.6, in prosecutions in which consent is at issue, “consent” shall be defined to mean positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved. **A current or previous dating or marital relationship shall not be sufficient to constitute consent where consent is at issue** in a prosecution under Section 261, 262, 286, 288a, or 289. Nothing in this section shall affect the admissibility of evidence or the burden of proof on the issue of consent.

## 3. Spousal rape definition

Penal Code Section 262 states:

Rape of a person who is the spouse of the perpetrator is an act of sexual intercourse accomplished under any of the following circumstances:

- Where it is accomplished against a person’s will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another.
- Where a person is prevented from resisting by any intoxicating or anesthetic substance, or any controlled substance, and this condition was known, or reasonably should have been known, by the accused.
- Where a person is at the time unconscious of the nature of the act, and this is known to the accused. The term “unconscious of the nature of the act” means incapable of resisting because the victim meets one of the following conditions:
  - Was unconscious or asleep;
  - Was not aware, knowing, perceiving, or cognizant that the act occurred; and
  - Was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator’s fraud in fact.
- Where the act is accomplished against the victim’s will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat. As used in this paragraph, “threatening to retaliate” means a threat to kidnap or falsely imprison, or to inflict extreme pain, serious bodily injury, or death.
- Where the act is accomplished against the victim’s will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or

another, and the victim has a reasonable belief that the perpetrator is a public official. As used in this paragraph, “public official” means a person employed by a governmental agency who has the authority, as part of that position, to incarcerate, arrest, or deport another. The perpetrator dCaEMA not actually have to be a public official.

- No prosecution shall be commenced under this section unless the violation was reported to medical personnel, a member of the clergy, an attorney, a shelter representative, a counselor, a judicial officer, a rape crisis agency, a prosecuting agency, a law enforcement officer, or a firefighter within one year after the date of the violation. This reporting requirement shall not apply if the victim’s allegation of the offense is corroborated by independent evidence that would otherwise be admissible during trial.
- As used in this section, “duress” means a direct or implied threat of force, violence, danger, or retribution sufficient to coerce a reasonable person of ordinary susceptibilities to perform an act which otherwise would not have been performed, or acquiesce in an act to which one otherwise would not have submitted. The total circumstances, including the age of the victim, and his or her relationship to the defendant, are factors to consider in apprising the existence of duress.
- As used in this section, “menace” means any threat, declaration, or act that shows an intention to inflict an injury upon another.

## **C. MANDATORY DOMESTIC VIOLENCE SCREENING LAW FOR HOSPITALS AND CLINICS**

### **1. Health and Safety Code Section 1259.5**

Every general acute care hospital, acute psychiatric hospital, special hospital, psychiatric health facility, and chemical dependency recovery hospital shall establish written policies and procedures to screen patients routinely for the purpose of detecting spousal or partner abuse by January 1, 1995. The policies shall include guidelines on all of the following:

- Identifying, through routine screening, spousal or partner abuse among patients.
- Documenting patient injuries or illnesses attributable to spousal or partner abuse.
- Educating appropriate hospital staff about the criteria for identifying, and the procedures for handling patients whose injuries or illnesses are attributable to spousal or partner abuse.
- Advising patients exhibiting signs of spousal or partner abuse of crisis intervention services that are available either through the hospital facility or through community-based crisis intervention and counseling services.
- Providing to patients who exhibit signs of spousal or partner abuse a current referral list of private and public community agencies that provide, or arrange for, the evaluation, counseling, and care of persons experiencing spousal or partner

abuse, including, but not limited to, hot lines, local battered women's shelters, legal services, and information about temporary restraining orders.

## **2. Health and Safety Code Section 1233.5**

A licensed clinic board of directors and its medical director shall establish and adopt written policies and procedures to screen patients for purposes of detecting spousal or partner abuse by June 30, 1995. The policies shall include procedures to accomplish all of the following:

- Identifying, as part of its medical screening, spousal or partner abuse among patients.
- Documenting in the medical record patient injuries or illnesses attributable to spousal or partner abuse.
- Providing to patients who exhibit signs of spousal or partner abuse a current referral list of private and public community agencies that provide, or arrange for, the evaluation, counseling, and care of persons experiencing spousal or partner abuse, including, but not limited to, hot lines, local battered women's shelters, legal services, and information about temporary restraining orders.
- Designating licensed clinical staff to be responsible for the implementation of these guidelines.

It is the intent of the Legislature that clinics, for purposes of satisfying the requirements of this section, adopt guidelines similar to those developed by the American Medical Association regarding domestic violence detection and referral. The Legislature recognizes that while guidelines evolve and change, the American Medical Association's guidelines may serve, at this time, as a model for clinics to follow.

## **D. CO-OCCURRENCE OF DOMESTIC VIOLENCE WITH OTHER FORMS OF INTERPERSONAL VIOLENCE**

### **1. Co-occurrence of domestic violence and child abuse**

The Legislature declared with the enactment of Penal Code Section 13732 that a substantial body of research demonstrates a strong connection between domestic violence and child abuse. Despite this connection, however, child abuse and domestic violence services and agencies often fail to coordinate appropriately at the local level. As a result, the Legislature enacted this section to improve preventative and supportive services to families experiencing violence in order to prevent further abuse of children and the victims of domestic violence. The statute requires that child protective service agencies develop a protocol that sets forth the criteria for a child protective services response to a domestic violence related incident in a home in which a child resides.

Beginning January 1, 2003, child protective services agencies, law enforcement, prosecution, child abuse and domestic violence experts, and community-based organizations serving abused children and victims of domestic violence shall develop, in collaboration with one another, protocols as to how law enforcement and child welfare agencies will cooperate in their response to incidents of domestic violence in homes in which a child resides. The requirements of this section do not apply to counties where protocols consistent with this section have already been developed.

**2. Co-occurrence of domestic violence in teenage dating relationships**

Dating violence is defined as a threat or act of violence between unmarried persons within the context of a dating or courtship. Dating violence crosses all economic, racial, and social lines. Most victims are all young women between the ages of 16 and 24. (Bureau of Justice Statistics Special Report: Intimate Partner Violence, May, 2001). These relationships may also include sexual assault.

**3. Co-occurrence of domestic violence and elder abuse**

Domestic violence is a pattern of violence or intimidation by an intimate partner. Several categories of domestic violence against the elderly have been identified:

- Domestic violence started early in the history of the relationship and persists into old age.
- Domestic violence begins in old age. There may have been a strained relationship or emotional abuse earlier that became worse as the partners age. This may be due to a variety of factors, (e.g., retirement, dementia, disability, health problems, caretaker role, or sexual changes).
- Some older people may enter into an abusive relationship late in life, or one that becomes abusive.

## CHAPTER VI

### MANDATORY REPORTING LAWS: ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT

#### A. DEFINITIONS OF ELDER AND DEPENDENT ADULT

##### 1. Elder

An elder means a person, 65 years of age or older (Welfare and Institutions Code Section 15610.27).

##### 2. Dependent adult

Dependent Adult means a person between the ages of 18 and 64 years who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age (Welfare and institutions Code Section 15610.27). Dependent adult also includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Section 1250, 1250.2, and 1250.3 of the Health and Safety Code.

#### B. MANDATORY REPORTING LAWS (WELFARE AND INSTITUTIONS CODE SECTION 15630)

##### 1. Responsibilities of mandated reporters

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or, reasonably suspects abuse or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days. The written report is State of California (SOC) 341 published by the California Department of Social Services. See **Appendix E** for a copy of this form. No supervisor or administrator shall impede or inhibit these reporting duties.

- **Reasonable suspicion**

Reasonable suspicion means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse (Welfare and Institutions Code 15610.65).

**2. Health practitioners listed as mandated reporters**

Health practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner (Welfare and Institutions Code section 15610.37).

**3. All other mandated reporters**

Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter (Welfare and Institutions Code Section 15630).

**4. Reporting law requirements pertaining to location of abuse or neglect**

<b>Location Where Suspected Abuse and Neglect Occurred:</b>	<b>Report to:</b>
Private residence, hotel or homeless shelter	Law enforcement agency or Adult Protective Services (APS)
Long-term care facility (e.g., nursing home, community care facility (e.g., nursing home, community care facility, residential care facility, elderly or adult day health center)	Law enforcement agency or ombudsman program
State mental hospital	Law enforcement agency or the State Department of Mental Health
State developmental center	Law enforcement agency or the State Department of Developmental Services
Statewide toll free number for making elder and dependent adult abuse and neglect telephone reports: 1-888-436-3600	

**5. Make an immediate telephone report**

A telephone report of a known or suspected instance of elder or dependent adult abuse shall include the information listed below. Telephone reports can also be made to the statewide toll free number: 1-888-436-3600.

- Name of the person making the report;
- Name and age of the elder or dependent adult;
- Present location of the elder or dependent adult;
- Names and addresses of family members or another person responsible for the elder or dependent adult's care;
- Nature and extent of the elder or dependent adult's condition;
- Date of the incident; and
- Any other information, including information that led the person to suspect elder or dependent adult abuse, as requested by the agency receiving the report;

**6. Submit the required written report within 48 hours to the agency receiving the telephone report.**

**See Appendix E** for a copy of SOC (State of California) 341, the mandated reporting form for Elder and Dependent Adult Abuse and Neglect.

**7. Failure to comply with mandatory reporting law**

Failure to report physical abuse, abandonment, abduction, isolation, financial abuse or neglect is a misdemeanor, punishable by not more than six months in county jail, by a fine of not more than \$1,000, or both. If the aforementioned causes of victimization result in death or great bodily injury, failure to report is punishable by not more than a year in county jail or by a fine of not more than \$5,000.

**8. Immunity from civil or criminal liability for compliance with the mandatory reporting law and for providing access to the victim.**

- No care custodian, clergy member, health practitioner, employee of adult protective service agency or a law enforcement agency who reports a known or suspected instance of elder or dependent adult abuse shall be civilly or criminally liable for making a report (Welfare and Institutions Code 15634 (a)).
- No person required to make a report or any person taking photographs at his or her discretion shall incur any civil or criminal liability for taking photographs of a suspected victim of elder or dependent adult abuse or causing photographs to be taken of such a suspected victim or for disseminating the reports required by the mandatory reporting law (Welfare and Institutions Code section 15634 (b)).

## **C. DEFINITIONS OF TYPES OF ABUSE AND NEGLECT IN THE WELFARE AND INSTITUTIONS CODE**

### **1. Abuse of an elder or a dependent adult**

Abuse of an elder or a dependent adult means either of the following:

- Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering (Welfare and Institutions Code 15610.07).

### **2. Physical abuse**

Physical abuse as defined in the Welfare and Institutions Code Section 15610.63 means any of the following:

- Assault, as defined in Section 240 of the Penal Code;
- Battery, as defined in Section 242 of the Penal Code;
- Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code;
- Unreasonable physical constraint, or prolonged or continual deprivation of food or water;
- Sexual assault, that means any of the following:
  - Sexual battery, as defined in Section 243.4 of the Penal Code;
  - Rape, as defined in Section 261 of the Penal Code;
  - Rape in concert, as described in Section 264.1 of the Penal Code;
  - Spousal rape, as defined in Section 262 of the Penal Code;
  - Incest, as defined in Section 285 of the Penal Code;
  - Sodomy, as defined in Section 286 of the Penal Code;
  - Oral copulation, as defined in Section 288a of the Penal Code; and
  - Sexual penetration, as defined in Section 289 of the Penal Code.
- Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
  - For punishment;
  - For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given; and
  - For any purpose not authorized by the physician and surgeon (Welfare and Institutions Code Section 15610.63).

### **3. Neglect**

Neglect means either of the following pursuant to Welfare and Institutions Code Section 15610.57:

- The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise the degree of care that a reasonable person in a like position would exercise.
- The negligent failure of an elder or dependent adult to exercise the degree of self care that a reasonable person in a like position would exercise.
- Neglect includes, but is not limited to, all of the following:
  - Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter;
  - Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment;
  - Failure to protect from health and safety hazards;
  - Failure to prevent malnutrition or dehydration; and
  - Failure of an elder or dependent adult to satisfy the needs specified for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health (Welfare and Institutions Code Section Section 15610.57).

### **4. Isolation**

Isolation means any of the following pursuant to Welfare and Institutions Code Section 15610.43.

- Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
- Telling a caller or prospective visitor that an elder or dependent adult is not present, or dCalEMA not wish to talk with the caller, or dCalEMA not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
- False imprisonment, as defined in Section 236 of the Penal Code.
- Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.
- The acts set forth in this subdivision shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.

## **5. Mental suffering**

Mental suffering means fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult (Welfare and Institutions Code Section 15610.53).

## **6. Goods or services necessary to avoid physical harm or mental suffering**

The necessary provision of goods or services according to the Welfare and Institutions Code Section 15610.35 includes the following:

- Provision of medical care for physical and mental health needs;
- Assistance in personal hygiene;
- Adequate clothing;
- Protection from health and safety hazards;
- Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment; and
- Transportation and assistance necessary to secure any of the needs set forth above.

## **7. Financial abuse**

Financial abuse of an elder or dependent adult as defined by Welfare and Institutions Code Section 15610.30 occurs when a person or entity engages in any of the following:

- Takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both; and/or
- Assists in taking, secreting, appropriating, or retaining real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.

A person or entity shall be deemed to have taken, secreted, appropriated, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates or retains possession of property in bad faith.

A person or entity shall be deemed to have acted in bad faith if the person or entity knew or should have known that the elder or dependent adult had the right to have the property transferred or made readily available to the elder or dependent adult or to his or her representative.

For purposes of this section, “representative” means a person or entity that is either of the following:

- A conservator, trustee, or other representative of the estate of an elder or dependent adult.

- An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney (Welfare and Institutions Code 15610.30).

### **8. Imminent danger**

Imminent danger is defined by the Welfare and Institutions Code as meaning a substantial probability that an elder or dependent adult is in imminent or immediate risk of death or serious physical harm, through either his or her own action or inaction, or as a result of the action or inaction of another person. Welfare and Institutions Code Section 15610.39.

## **D. DEFINITIONS OF ABUSE AND NEGLECT IN PENAL CODE SECTION 368**

The penal code guides the criminal justice system in determining the severity of the crime against elders and persons with disabilities.

### **1. Great bodily harm or death**

- Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult, with knowledge that he or she is an elder or a dependent adult, to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars (\$6,000), or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.
- If in the commission of these offenses, the victim suffers great bodily injury, as defined in Section 12022.7, the defendant shall receive an additional term in the state prison as follows:
  - Three years if the victim is under 70 years of age.
  - Five years if the victim is 70 years of age or older.
- If in the commission of these offenses, the defendant proximately causes the death of the victim, the defendant shall receive an additional term in the state prison as follows:
  - Five years if the victim is under 70 years of age.
  - Seven years if the victim is 70 years of age or older.

### **2. Physical pain or suffering**

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult, with knowledge that he or she is an elder or a dependent adult, to

suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.

**3. Financial abuse by a non-caretaker**

Any person who is not a caretaker who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years, when the money, labor, goods services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400); and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the money, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).

**4. Financial abuse by a caretaker**

Any caretaker of an elder or a dependent adult who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of that elder or dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years when the money, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400), and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the money, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).

**5. False imprisonment**

Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment in the state prison for two, three, or four years.

**6. Penal code definitions of elder, dependent adult, and caretaker**

- Elder means any person who is 65 years of age or older.
- Dependent adult means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
- Dependent adult also includes any person between the ages of 18 and 64, who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- Caretaker means any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or dependent adult.

**E. ROLE OF COUNTY ADULT PROTECTIVE SERVICES**

Welfare and Institutions Code Section 15751 established California Adult Protective Services (APS) in every county to support a system of protective services to elderly and dependent adults who are subjected to neglect, abuse, or exploitation, or who are unable to protect their interests. Adult Protective Services operations include:

- Investigations;
- Needs assessments;
- Remedial and preventive social work activities;
- Ensuring the provision of necessary tangible resources such as food, transportation, emergency shelter, and in-home protective care;
- Use of multi-disciplinary teams; and
- A system in which reporting of abuse can occur on a 24-hour basis.

**F. ROLE OF THE LONG TERM CARE OMBUDSMAN PROGRAM**

The California State Long-Term Care Ombudsman Program is authorized by the Federal Older Americans Act and its state companion, the Older Californians Act. The primary responsibility of the program is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities. These facilities include nursing homes, residential care facilities for the elderly, and assisted living facilities. The Long-Term Care Ombudsman Program investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly.

The Office of the State Long-Term Care Ombudsman (OSLTCO) develops policy and provides oversight to the local Long-Term care Ombudsman Programs. OSLTCO staff confer with State licensing agencies regarding difficult cases, meet with the California Department of Aging Staff Councils to clarify laws and develop plans for implementing them, define program roles, and provide ongoing statewide Ombudsman training.

The goal of the State Long-Term Care Ombudsman Program is to advocate for the rights of all residents of long-term care facilities. The Ombudsman's advocacy role takes two forms: 1) to receive and resolve individual complaints and issues by, or on behalf of, these residents; and 2) to pursue resident advocacy in the long-term care system, its laws, policies, regulations, and administration through public education and consensus building. Residents or their family members can file a complaint directly to the local Long-Term Care Ombudsman or by calling the CRISISline. All long-term care facilities are required to post, in a conspicuous location, the phone number for the local Ombudsman office and the State CRISISline number 1-800-231-4024. This CRISISline is available 24 hours a day, 7 days a week to receive complaints from residents.

The Long-Term Care Ombudsman Program is a community-supported program. Volunteers are an integral part of this program. The OSLTCO and its 35 local Ombudsman Program Coordinators are responsible for recruiting, training, and supervising the volunteer Ombudsmen. Refer to the website for further information and links to local Ombudsman Program Coordinators at **<<http://www.aging.state.ca.us/html/programs/ombudsman.html>>**.

Ombudsman services are free and confidential and include the following services:

- Questions or concerns about quality of care;
- Questions or concerns about financial abuse;
- Suspected physical, mental or emotional abuse of residents;
- Witnessing services for advanced directives;
- Requesting an Ombudsman to attend a resident care plan meeting; and
- Requesting an Ombudsman to attend a resident or family council meeting.

## CHAPTER VII

### CONSENT ISSUES

*Informed Consent is the process by which a fully informed patient can participate in choices about her/his health care. It originates from the legal and ethical right the patient has to direct what happens to her/his body and from the ethical duty of the physician to involve the patient in her health care.*

*Ethics in Medicine, University of Washington School Medicine*

#### **A. PATIENT RIGHTS**

Patients have the right to refuse an examination for the purpose of collecting evidence. Consent for evidence collection, once given, can be withdrawn at any time during the examination. Patients have the right to refuse the collection of reference specimens such as hair; blood and/or saliva for typing; and blood and/or urine for toxicology.

#### **B. CONSENT FOR PATIENTS WITH COGNITIVE AND COMMUNICATION DISABILITIES**

Consent for a medical examination or procedure depends upon the patient's ability to understand:

- What is to be done;
- Why it is to be done; and
- The potential benefits, risks and uncertainties involved.

Because some patients, particularly elder and dependent adult abuse and neglect victims suffer from limitations in cognition and communication, these guidelines are provided to help the health care provider determine whether or not the patient may provide consent for the medical/evidentiary exam. Consultation with hospital or facility counsel is recommended.

#### **C. COGNITIVE AND COMMUNICATION DISABILITIES**

##### **Dementia**

Dementia is the most commonly encountered intellectual limitation encountered in elder abuse victims. Common causes of dementia include Alzheimer's Disease, Multi-infarct Dementia, Alcoholic Dementia, and Lewy-Body Dementia. The primary intellectual deficits in mild to moderate dementia are loss of recent memory and loss of judgment. It is important to note that most of these diseases are progressive and a victim who may be able to provide information at the time of the crime may not be able to do so in the future.

### **Neurological diseases**

Strokes and diseases such as Parkinson's Disease may pose limitations in multiple different areas of intellectual functioning. In addition to potential memory and judgment impairment, victims may have speech and visual limitations. Because the impairments are so variable, the health care provider must specify what areas are affected. For example, a person who has had a stroke may have speech limitations and impairment of intellectual functioning; or, on the other hand be entirely able to provide informed consent.

### **Communication disabilities**

Patients may have communication limitations for many reasons. The health care provider is encouraged to consider whether the patient has limited ability to hear and see as well as speech impairments. The health care provider should consider such strategies as hearing amplification, written questions (in large print), or interpretation by an interpreter who is a usual care-provider for the patient.

## **D. INCOMPETENCY VERSUS LACK OF CAPACITY TO GIVE CONSENT**

The National Committee for the Prevention of Elder Abuse <[www.preventelderabuse.org](http://www.preventelderabuse.org)> is an important resource for information on this subject.

### **1. Incompetency**

Historically, the term "incompetent" has been used to describe persons with diminished mental abilities. The term is now used only when lack of competency has been determined by the court. As more is learned about mental function and greater attention is paid to preserving individuals' rights, greater emphasis is placed on identifying, in functional terms, specific mental tasks and skills people retain and lose. Describing a person's ability or "capacity" to perform particular tasks, or to give informed consent, is a more useful and meaningful way of looking at mental disability. It enables professionals to assess vulnerability more effectively and to develop effective service plans.

Understanding a patient's mental capacity can help determine how to meet the vulnerable person's needs while avoiding unnecessary, restrictive, or intrusive interventions.

### **2. Mental capacity**

Mental capacity is the term used to describe the cluster of mental skills that people use in their everyday lives to make appropriate decisions. Capacity assessment is always equivalent to mental status assessment. Simple tests, such as the Mini Mental Status Exam, are commonly used in a variety of settings to provide professionals with a general impression of the scope and extent of a person's cognitive deficits.

Mental capacity is affected by many factors. As people age, they may experience some natural decline in certain mental functions, particularly memory. Pronounced decline, however, signals illness or disease. A variety of factors, some of which are treatable, may contribute to mental decline. These include poor nutrition, depression, and interactions between medications. Time of day may also be a factor as some people are more alert at certain times of day than at others.

### **3. Consent**

Fundamentally, consent is when someone accepts or agrees to an act, action, or cause of action proposed by another person. For consent to be considered legal and proper, the person consenting must have sufficient mental capacity to understand the implications and ramifications of his or her actions.

### **4. Undue Influence**

In recent years, the subject of undue influence has received increasing attention in the field of elder abuse. Undue influence occurs when an individual who is physically or interpersonally stronger or more powerful, or who is in a position of authority or in a position to control resources, induces a weaker or vulnerable individual to do something that the vulnerable person would not have done otherwise. The stronger person uses various techniques or manipulations over time to gain power and compliance. They may isolate the weaker or vulnerable person, promote dependency, or induce fear and distrust of others. Because undue influence, like mental capacity, raises the question of whether an individual is acting freely, the two concepts are often confused. Although diminished mental capacity may contribute to a person's vulnerability to undue influence, the two are distinct. A cognitive assessment cannot identify the presence of undue influence. It is typically through legal proceedings that determinations of whether or not undue influence are made. In doing so, a variety of factors are taken into consideration, (e.g., whether the transaction took place at an appropriate time and in an appropriate setting and/or whether the older person was pressured into acting quickly or discouraged from seeking advice from others). These proceedings also consider the relationship between the parties, and the "fairness" of the transaction. The question of undue influence could arise in a domestic violence victim who is making decisions under threat of retaliation by an abusive partner.

### **5. Resources for information on capacity, consent, and undue influence**

Consult hospital or facility policy, Adult Protective Services (APS), the Ombudsman, local law enforcement agencies and the District Attorney's Office. Various Internet search engines access a range of resources on this and related topics.

## **E. INCAPACITY TO GIVE CONSENT FOR A MEDICAL/EVIDENTIARY EXAMINATION**

Patients may be considered temporarily incompetent for giving consent because of incapacitating injuries, sedation, alcohol or drug intoxication, hallucinations, delusions, mental retardation, acute organic brain syndrome from any cause, cognitive or communi-disabilities, or permanently incompetent because of irreversible dementia.

- For purposes of consent for medical treatment, competency is defined as the ability to understand the nature and consequences of the illness, the proposed treatment, alternatives to treatment, and the ability to make a reasoned decision in this regard.
- For medical purposes, decisional capacity is required at the time consent is given. If consent or refusal was given by the patient during a period of capacity, then that consent or refusal remains valid even if the patient later lapses into incapacity. If a patient lacks capacity, the basis for this assessment must be documented in the patient's chart. If the patient is not capable of giving informed consent, then another authorized party must approve the proposed treatment on the patient's behalf. See suggested policy on the next page.
- In the case of domestic violence or elder abuse and dependent adult abuse and neglect victims, in the absence of state law on this subject, it is recommended that specific procedures be developed in conjunction with law enforcement agencies, the District Attorney's Office, and hospital or facility counsel regarding incapacity to give consent. Without a protocol, obtaining forensic medical evidence without appropriate consent procedures could subject a health care provider or a facility to legal liability. Refer to the suggested procedures on the next page.

## **F. DETERMINING CAPACITY TO GIVE INFORMED CONSENT**

1. Give the patient a clear, concise explanation of the need for the medical/evidentiary examination.
2. Explain to the patient that they need to give permission for the examination.
3. If the patient understands the benefits and risks of what is to take place, have the patient sign the form.
4. If the patient dCalEMA not have the capacity to give informed consent, a surrogate decision maker can give consent. A surrogate decision-maker can be identified verbally by a patient in discussion with their health care provider, by familial relationship, or by legal documentation (Durable Power of Attorney for Health Care, conservatorship, etc.). If the patient has a valid Durable Power of Attorney for Health Care designating an agent to make decisions for him or her, the agent can sign the consent for the examination. Refer to the discussion on the next page regarding incapacity to give consent.
5. If the patient is conserved for the person, the conservator may give informed consent for the patient.
6. If no appropriate surrogate decision maker is identified, the physician is expected to act in the best interest of the patient until a decision maker is available or identified by the court.

## G. SUGGESTED POLICY IN CASES OF INCAPACITY TO GIVE INFORMED CONSENT

### Definitions:

**Non-Emergent Medical Care:** A non-emergent condition means that the patient is medically stable.

**Emergent Medical Care:** Emergency medical care or a medical emergency means that prompt treatment appears to be necessary to prevent deterioration or aggravation of the patients' condition

### Suggested Procedures: Non-emergent Care

When *non-emergent* medical examination and treatment is required for adults lacking capacity, informed consent should be obtained from the following individuals in this order:

#### 1. A Legal Representative:

- An agent as designated by a Durable Power of Attorney for Health Care.
- A conservator of the patient's "person" authorized to consent to care on behalf of the patient. The conservatorship papers must expressly grant this authority.

#### 2. Family members:

If a patient has neither a duly authorized conservator or agent, consent for treatment may be obtained by the patient's closest available relative in the following order of priority and limited to spouse, adult child, parents, adult brothers/sisters, and adult grandchildren. Such consent may be accepted under the following conditions based upon the information available to the treating clinician:

- There is no substantial question as to whether the patient, if competent, would object to the treatment or procedure.
- The competence or motive of the closest available relative is not suspect or questionable.
- No other close relative of equal rank objects to the treatment or procedure.

#### 3. Family member declines to participate in the process:

If the closest available relative declines to participate in the consent process or arrives at a decision that is not apparently in the best interests of the patient, a judicial authorization can be sought.

**4. Judicial option:**

When a patient requiring non-emergent medical treatment is determined to lack capacity to give informed consent and there is no legal representative or a close available relative, a Declaration in Support of a Petition for Judicial Authorization should be requested. If approved, this order grants the petitioner the right to consent to treatment on behalf of the patient. The petition should outline the anticipated course of medical treatment contemplated by the attending physician or health care provider. If additional therapeutic, diagnostic, or surgical procedures requiring informed consent are advisable, and judicial authorization has not been granted a new petition must be completed.

**Suggested procedures: Emergent care**

**When *emergent* medical examination and treatment is required for adults lacking capacity, these procedures are recommended:**

In a medical emergency, treatment may be provided even if the patient or his/her legal guardian or conservator is unable to give consent. However, the nature of the emergency and the need for treatment must be clearly documented in the medical progress note. Only the emergency condition may be treated. Once the patient's condition has been stabilized, informed consent or a court order for additional treatment must be obtained. Some institutions require signatures of two physicians or health care providers attesting to this circumstance. While a medical forensic examination is not a medical emergency, emergency consent procedures may apply for the collection and documentation of evidence that will deteriorate unless it is collected immediately.

## CHAPTER VIII

### REIMBURSEMENT RESOURCES FOR MEDICAL/EVIDENTIARY EXAMINATIONS

#### A. PAYMENT MECHANISMS

The payment mechanism for medical/evidentiary examinations is not specified in the enabling legislation that created the examination forms. As a result, payment structures vary throughout the State. In the majority of California counties, charges for these examinations are billed to the patient's private insurance or Medi-Cal. Standard diagnostic and procedural coding manuals are used to generate charges. For patients without insurance, or who are under-insured, reimbursement of charges may be obtained through the California Victim Compensation Program (VCP). See Chapter IX Crime Victim Compensation and Victim Assistance Programs.

Some counties have contracts with private hospitals for various medical and forensic services and include a provision for payment of these examinations, if there is no public or private insurance reimbursement. Other counties support medical/evidentiary exam teams and forensic evaluation centers using a combination of public and private funds. A direction for the future is to develop forensic medical services with specialized teams at local hospitals or facilities with a negotiated fee structure with law enforcement agencies and/or the District Attorney's Office. Another possibility to support the development of local medical forensic experts is to develop a fee structure for care consultation.

#### B. REIMBURSEMENT RESOURCES

Multiple payment strategies to explore include, but are not limited to:

- Medicare
- HMO/Medicare
- Medicare Hospice Benefit
- Medi-Cal
- County Health Funds
- Privately or Publicly Funded Forensic Centers
- Private Pay
- California Victim Compensation Program
- Veterans may have their medical/evidentiary examination performed at a Veteran's Administration medical center, if they have physicians familiar with medical/evidentiary examinations.
- Law enforcement agencies
- County support
- Possible State and Federal resources for grants
  - > Governor's California Emergency Management Agency ([www.CalEMA.ca.gov](http://www.CalEMA.ca.gov))
  - > Office for Victims of Crime (OVC) ([www.ojp.usdoj.gov.ovc](http://www.ojp.usdoj.gov.ovc))
  - > Office on Violence Against Women (OAVAW) ([www.ojp.usdoj.gov.vawo](http://www.ojp.usdoj.gov.vawo))

### **C. FORENSIC EXAMINATION CHARGE PROFILE**

Most California health care facilities have the capability to bill Medicare, Medi-Cal, and the patient's insurance. For many seniors, health care costs are covered by a HMO Medicare plan.

Much of the medical/evidentiary or forensic examination is a medical examination. The aspects of the examination that should be billed separately as a forensic evaluation are listed below. Provision of expert testimony in court should be billed separately.

- Injury and neglect documentation, including photo or video documentation;
- Evidence collection and preservation;
- Evidence management (i.e., documentation, labeling, packaging, and forwarding to a criminalistics laboratory);
- Completion of the standardized medical/evidentiary examination form;
- Interpretation of findings and diagnostic studies;
- Case consultation with investigative agencies; and
- Case management in coordination with investigative agencies.

### **D. DIAGNOSTIC CODING FOR DOMESTIC VIOLENCE AND ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT**

#### **1. ICD-9 Codes (International Classification of Disease)**

ICD-9 coding manuals can be obtained from various publishers specializing in this field. Coding is subject to annual change and modification. Accurate use of diagnostic codes is essential for reimbursement for medical services, allocation of resources, and data collection to document the frequency and extent of the problem.

**ICD-9 codes are categorized into three groups:**

- Diagnostic codes: describes primary or secondary diagnosis
- E codes: describe circumstances of the injury
- V codes: describe historical issues or counseling needs

**General diagnostic codes under Adult Maltreatment and Abuse (995.8\_) include:**

- 995.80: adult maltreatment, unspecified
- 995.81: physically abused adult, battered adult, spouse, or woman
- 995.82: adult emotional/psychological abuse

- 995.83: adult sexual abuse
- 995.84: adult neglect (nutritional)
- 995.85: other adult abuse and neglect (multiple forms)

### **Diagnostic coding**

The primary diagnosis defines the condition chiefly responsible for admission of the patient to the hospital or examination and treatment at an outpatient clinic.

The primary diagnosis is weighted and determines the reimbursement level of the treatment. The secondary diagnosis refers to all conditions that co-exist at the time that affect treatment of the patient for the current episode. Health care providers should always use the most specific of these codes.

## **2. Current Procedural Terminology (CPT) Codes**

Current Procedural Terminology (CPT) codes describe procedures and services provided by the physician primarily for outpatient services. Each procedure within the CPT lexicon is identified with a 5-digit code. These codes reflect services rendered during that episode of care. CPT codes are approved by the American Medical Association (AMA). Coding manuals can be obtained from various companies. Since CPT coding is a changing field, consultation with medical billing professionals is recommended to stay current.

CPT codes can be subdivided into:

- Evaluation and Management Services;
- Surgical Services;
- Diagnostic Services; and
- Therapeutic Services.

Since there are no CPT codes specific for the diagnosis, evaluation, management, or therapeutic intervention in domestic violence or elder and dependent adult abuse and neglect cases, consultation with a billing specialist is recommended.

Emergency Departments, hospitals, outpatient clinics, and long-term care facilities each have distinct and separate coding.

Domestic violence and elder and dependent adult abuse and neglect cases tend to be complex and require comprehensive interventions. Complete documentation in the medical record is essential to obtain appropriate reimbursement for the types of services provided and the time that the patients require.

## CHAPTER IX

### CRIME VICTIM COMPENSATION AND VICTIM ASSISTANCE PROGRAMS

#### A. VICTIM COMPENSATION PROGRAM (VCP)

The Victim Compensation Program (VCP) can help victims of violent crime and their families deal with the emotional, physical, and financial aftermath of crime. Victims can apply for compensation by filing an application with the California Victim Compensation and Government Claims Board, which administers VCP.

##### 1. Eligibility

- A California resident or out-of-state resident injured in California who suffers physical injury and/or threat of physical injury, or death. Victims of sexual assault and child sexual abuse are presumed to have suffered physical injury.
- An eligible family member or other specified persons who were legally dependent on the victim.
- A parent, sibling, spouse, or child of the victim.
- The fiancé(e) of the victim at the time of the crime or another family member of the victim who witnessed the crime.
- A grandparent or grandchild of the victim at the time of the crime, or a person living with the victim at the time of crime, or who had previously lived with the victim for at least two years in a relationship similar to a parent, grandparent, spouse, sibling, child, or grandchild of the victim.
- A minor who witnesses a crime of domestic violence or who resides in a home where domestic violence occurs.
- Anyone who pays or assumes legal liability for a deceased victim's medical, funeral, or burial expenses, or anyone who pays for the costs of crime scene clean-up for a homicide that occurred in a residence.
- A person who is the primary caretaker of a minor victim when treatment is rendered.

##### 2. Eligible expenses for reimbursement

- Medical and medical-related expenses for the victim, including dental expenses;
- Outpatient mental health treatment or counseling;
- Funeral and burial expenses;
- Wage or income loss;
- Loss of financial support for legal dependents of a deceased or injured victim;
- Job retraining expenses;
- Medically necessary renovation or retrofitting of a home or vehicle for a person permanently disabled as a result of the crime;
- Relocation expenses up to \$2,000 per household;
- Home security installation or improvements up to \$1,000, if the crime occurred in the victim's home;

- In-patient psychiatric hospitalization costs under dire or exceptional circumstances; and
- Crime scene clean-up up to \$1,000, if victim dies as a result of a crime in a residence.

### **3. Eligibility benefits**

For crimes that occurred prior to January 1, 2001, the maximum amount that can be reimbursed is \$46,000. For crimes that occurred after January 1, 2001, the maximum amount that can be reimbursed is \$70,000. Expenses for psychological counseling are reimbursable, but are generally limited to 40 sessions. Additional sessions may be authorized upon request.

### **4. Examples of eligible victims**

- Domestic violence victims (e.g. spouses, cohabitants) including children in domestic violence households
- Stalking victims
- Elder and dependent adult abuse victims
- Child physical abuse victims
- Child sexual abuse victims
- Child endangerment or abandonment
- Sexual assault victims
- Murder victims
- Assault and battery victims
- Robbery victims
- Hit and run victims
- Victims of acts of terrorism
- Victims of drivers under the influence of drugs and/or alcohol

### **5. Definition of a victim, injury, and derivative victims**

- A victim is defined as a person who suffers injury or death as a direct result of a crime.
- An injury means either a physical injury or an emotional injury if the victim also suffered physical injury or threat of physical injury. Specified victims, including child victims of neglect and of most sex crimes, are presumed to have sustained physical injury.
- A derivative victim is defined as a person who has any of the following characteristics:

- At the time of the crime was the parent, grandparent, sibling, spouse, or child/grandchild of the victim;
- At the time of the crime was living in the household of the victim;
- A person who has previously lived in the household of the victim for a period of not less than two years in a relationship substantially similar to that of a parent, sibling, spouse, or child of the victim; or,
- A family member of the victim, including the victim's fiancé(e) and who witnessed the crime.

## 6. Requirements

- The crime must be reported to a law enforcement agency or to Child or Adult Protective Services. In some domestic violence cases, a restraining order may suffice.
- The victim must cooperate with law enforcement in the investigation and prosecution of any known suspect(s). If the victim is a child who has been confirmed as abused, the child may qualify with or without the child's legal guardian's cooperation with the authorities, or the identification or prosecution of any known suspects.
- The victim must not have knowingly and willingly participated in the commission of the crime or engaged in conduct that causes or leads to the crime. This provision dCalEMA not apply to children.
- Victims (18 years or older at the time of the crime) must file an application with the California Victim Compensation Program (VCP) within one year from the date of the crime. Victims (under 18 years of age at the time of the crime) must file the application before their 19th birthday. Late claims may be accepted if "good cause" is provided.
- Eligibility for program benefits will be limited if the victim/claimant was convicted of a felony committed on or after January 1, 1989, and has not been discharged from probation, parole, or released from a correctional institution at the time of the incident (Government Code Section 13956 (d)).

## 7. Hospital's responsibilities

- **Display posters in the emergency room**  
Licensed hospitals in the state of California must prominently display posters in the Emergency Department notifying crime victims of the availability of crime victim compensation and the existence and location of the local county victim/witness assistance center (Government Code Section 13962).
- **Provision of crime victim compensation claim forms**  
County hospitals must provide Application for Crime Victim Compensation forms to sexual assault victims (Health and Safety Code Section 1492).

## 8. Assistance in filing claims

Additional information on crime victim compensation may be obtained by contacting local county victim/witness assistance centers or the California Victim Compensation Program administered by the Victim Compensation and Government Claims Board ([www.boc.ca.gov/victims.htm](http://www.boc.ca.gov/victims.htm)). Local county victim/witness assistance centers provide assistance to victims in the preparation and submission of these applications for compensation.

Claims can also be submitted directly to the State by completing an application form and mailing it to:

Victim Compensation Program  
P.O. Box 3036  
Sacramento, CA 95812

The application can be completed online at [www.boc.ca.gov/victims.htm](http://www.boc.ca.gov/victims.htm). Directions and frequently asked questions and answers are provided on the website.

Victims may also be assisted by a private attorney in filing claims. California Government Code Section 13957.7(g) provides that the Board shall pay private attorney fees of 10 percent of the approved award up to a maximum of \$500, and these fees are not deducted from the applicant's award.

## 9. Limitations

The Victims of Crime Program is the "payer of last resort." Other sources of reimbursement such as health or disability insurance must be used first.

## B. VICTIM ASSISTANCE PROGRAMS

County victim/witness assistance centers, domestic violence shelters, and special crime victim counseling centers exist in California to provide counseling and other forms of assistance to crime victims. Contact the county victim/witness assistance center for further information on local resources or call the State Victim Compensation Program at 1-800-777-9229 or 1-800-735-2929 for the hearing impaired.

The Appendices contains lists of resources in California.

- **Appendix F:** California Victim/Witness Assistance Centers
- **Appendix G:** California Domestic Violence Shelters
- **Appendix H:** California Adult Protective Services Agencies
- **Appendix I:** California Ombudsman Programs
- **Appendix J:** California Regional Centers

## CHAPTER X

### IMPORTANT CONSIDERATIONS IN THE COLLECTION AND PRESERVATION OF EVIDENCE

#### A. CRIME LABORATORIES

Crime laboratories analyze and interpret evidence collected during the medical evidentiary examination. There are 31 public crime laboratories in California: 19 city and county laboratories and 12 California Department of Justice laboratories. There are also a number of privately operated crime laboratories. Crime laboratories have slightly different requirements for the collection and disposition of some types of evidence.

#### B. ENSURING EVIDENCE INTEGRITY

##### 1. Key components of proper evidence handling are:

- Placing items in appropriate evidence containers;
- Labeling the evidence containers;
- Sealing the evidence containers;
- Storing evidence in a secure area; and
- Maintaining the chain of custody.

##### 2. Use appropriate evidence containers to ensure that evidence cannot leak through the container, be lost, or deteriorate.

• Slide mailers	To protect slides
• Bindles and other small containers	To protect items that can be easily lost such as crusted materials, soil, and small fibers. Bindles and other small protective containers are then placed into the evidence collection envelopes or boxes described below.
• Envelopes or boxes	To protect evidence such as swabs, reference hair samples, and foreign materials, and to hold the small containers listed above.
• Evidence kit container	A larger envelope or box to hold the individual evidence collection envelopes, small boxes, and slide mailers. The outside of the evidence kit container must have a chain of custody form printed on it or securely attached.
• Paper bags	To hold clothing.

The following chart, not meant to be all-inclusive, is a list of suggested containers for different types of evidence:

Items	Suggested Containers
<ul style="list-style-type: none"> <li>• Swabs (dried)</li> </ul>	<ul style="list-style-type: none"> <li>• Envelopes</li> <li>• Boxes</li> </ul>
<ul style="list-style-type: none"> <li>• Slides (dried)</li> </ul>	<ul style="list-style-type: none"> <li>• Slide mailers</li> </ul>
<ul style="list-style-type: none"> <li>• Large foreign materials (e.g., hairs, grass)</li> </ul>	<ul style="list-style-type: none"> <li>• Envelopes</li> </ul>
<ul style="list-style-type: none"> <li>• Small or loose foreign materials (e.g., soil, paint, splinters, glass, fibers)</li> </ul>	<ul style="list-style-type: none"> <li>• Bindles placed into envelopes</li> <li>• Tapelifts in clear plastic containers</li> </ul>
<ul style="list-style-type: none"> <li>• Matted hair bearing crusted material</li> </ul>	<ul style="list-style-type: none"> <li>• Bindles placed into envelopes</li> </ul>
<ul style="list-style-type: none"> <li>• Fingernail scrapings or cuttings</li> </ul>	<ul style="list-style-type: none"> <li>• Paper bindles placed into envelopes</li> <li>• Sealable boxes</li> </ul>
<ul style="list-style-type: none"> <li>• Reference blood samples, liquid</li> </ul>	<ul style="list-style-type: none"> <li>• Lavender and/or yellow stoppered evacuated blood collection vials (according to local policy) placed in envelopes</li> </ul>
<ul style="list-style-type: none"> <li>• Saliva reference sample (dried)</li> </ul>	<ul style="list-style-type: none"> <li>• Envelopes</li> </ul>
<ul style="list-style-type: none"> <li>• Clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Paper bags (not plastic)</li> </ul>
<ul style="list-style-type: none"> <li>• Toxicology samples Blood alcohol/toxicology Urine toxicology</li> </ul>	<ul style="list-style-type: none"> <li>• Gray stoppered evacuated blood collection vials</li> <li>• Tightly sealed clean plastic or glass container for urine samples</li> </ul>

## 2. Label evidence containers

Clearly label evidence to enable the person collecting it to later identify it in court and to ensure that the chain of custody is maintained. Many emergency departments use addressograph machines or computerized label generators to expedite labeling of evidence. Label envelopes or boxes with the following information:

- Full name of patient;
- Date of collection;
- Description of the evidence including the location from which it was collected; and
- Signature or initials of the person who collected the evidence and placed it in the container.

## 3. Seal evidence containers

Properly seal evidence containers to ensure that contents cannot escape and that nothing can be added or altered by:

- Securely taping the container (do not lick the adhesive seal); and
- Initialing and dating the seal by writing over the tape onto the evidence container.
- **Note:** Stapling is not considered a secure seal.
- See **Appendix K: Sealed Evidence Envelope** for an example of proper sealing.

## 4. Store evidence in a secure area

Evidence must be kept in a secure area when not directly in the possession of a person listed in the chain of custody.

## 5. Maintain the chain of custody

The chain of custody documents the handling, transfer, and storage of evidence beginning with the collection of the evidence at the medical facility. It continues with each transfer of the evidence to law enforcement, the crime laboratory, and others. Complete documentation of the chain of custody information ensures there has been no loss or alteration of evidence prior to trial.

- **Document all transfers of evidence with the following information:**
  - Name of person transferring custody;
  - Name of person receiving custody; and
  - Date of transfer
  - **Note:** Some jurisdictions also require documentation of time of evidence transfer. Consult your local crime laboratory for their requirements.

- **Chain of custody information can be:**
  - Printed by hand on an evidence envelope or box;
  - Securely attached to an evidence envelope or box; or
  - Preprinted on special envelopes, boxes and/or forms.
  - See **Appendix L** for a sample of the Chain of Custody Form

## **C. COLLECTION OF CLOTHING**

### **1. Collect clothing worn by the patient upon arrival at the hospital, if indicated.**

### **2. Types of evidence on clothing**

Clothing worn at the time of the assault may contain useful evidence:

- Rips, tears or other damage sustained as a result of the assault;
- Blood and other body fluids from the patient; and
- Foreign materials such as fibers, grass, soil, and other debris.

### **3. Collection procedures**

- **Have patients remove their shCaIEMA first, then disrobe on two sheets of paper placed on top of one another on the floor.**

The purpose of the bottom sheet is to protect the top sheet from dirt and debris on the floor. The purpose of the top sheet is to collect loose trace evidence which may fall from the clothing during disrobing. The disposable paper used on examination tables is acceptable for this purpose.

- **ShCaIEMA**  
The shCaIEMA may be collected and packaged separately, if requested by the investigating agency or if indicated by the assault history.
- **Hairs, fibers, and debris**  
Collect loose hairs, fibers, and debris (which fall from the clothing) in the top sheet of paper placed on the floor for this purpose. After the clothing has been collected, fold the top sheet of paper (from the two sheets on the floor) into a large bundle to ensure that all foreign materials are contained inside. Label and seal to ensure that the contents cannot escape. Place into a large paper bag. The bottom sheet should be discarded.
- **Folding garments**  
Fold each garment as it is removed to prevent body fluid stains or foreign materials from being lost or transferred from one garment to another. Avoid folding the clothing across possible body fluid stains.

- **Wet clothing**

It is preferable to dry clothing before packaging. If drying is not possible, wet clothing can be folded sandwiched between sheets of paper. After placing the item in a paper bag, clearly label the bag as containing a wet item and notify the law enforcement officer. Consult your local crime laboratory for additional recommendations.

- **Containers for clothing**

Package each item of clothing in an individual paper bag. **Do not use plastic bags.** Plastic retains moisture which can result in mold and deterioration of biological evidence.

**4. Securely seal and label each clothing bag with the following information:**

- Full name of patient;
- Date of collection;
- Brief description of item; and
- Signature or initials of the person who collected the evidence and placed it in the container.

**5. Place small bags of clothing and the large paper bindle (from the floor) into large bag(s)**

Place all bags (except those containing wet evidence) and the bindle made from the top sheet of paper into a large paper bag that has a chain of custody form printed on it or firmly attached. Multiple large bags may be used, if necessary.

**D. PROCEDURES FOR BITE MARKS**

**1. Photographing bite marks**

Individuals can be identified by the size and shape of their bite marks. Properly taken photographs of bite marks and bruises can assist in the identification of the person who inflicted the injury. See Chapter XI on Photography.

**2. Collecting saliva from bite marks after photodocumentation**

This sample can be examined by the crime laboratory for the presence of saliva and can be genetically typed and compared to potential suspects. Follow these procedures:

- Swab the general area of trauma with a swab moistened with distilled, deionized or sterile water.
- **Note:** If the patient history indicates a bite and there are no visible findings, swab the indicated area.

- Collect a control swab from an unbiten atraumatic area adjacent to the suspected saliva stain.
- Label, air dry, and package the evidence and control swabs separately.

### **3. Casting bite marks**

- If the bite has perforated, broken, or left indentations in the skin, a cast of the mark may be indicated. The impressions left in the skin from a bite mark fade very quickly. If casting is indicated, it must be performed expeditiously.
- A forensic dentist should be consulted in these cases. The procedure for consulting such experts varies among jurisdictions. Consult with the law enforcement agency having jurisdiction over the case.
- Bite marks may not be obvious immediately following an assault, but may become more apparent with time. A recommendation should be made to the law enforcement agency to arrange for follow-up inspection within one to two days and to have additional photographs taken.

## **E. BRUISING AND AGING OF INJURIES**

Bruises evolve and change color in an unpredictable sequence. Determination of the age of bruising can only be done in the broadest of time frames. Use caution in the identification of bruises of different ages.

- Photograph bruises to document injuries and to assist in the identification of the object that inflicted the injury.
- Deep tissue injuries may not be seen or felt initially
- Arrange or recommend to the law enforcement agency to have follow-up photographs taken in one to two days after the bruising develops more fully.

## **F. TOXICOLOGY**

In addition to clinical implications, the presence of drugs in the patient's blood or urine may have legal significance.

### **1. Collect toxicology samples if the patient:**

- Is unconscious;
- Exhibits abnormal vital signs;
- Reports ingestion of drugs or alcohol;
- Exhibits signs of memory loss, dizziness, confusion, drowsiness, impaired judgment;
- Shows signs of impaired motor skills;
- Describes loss of consciousness, memory impairment or memory loss; and/or
- Reports nausea.

**2. Use these containers for toxicology samples:**

Blood samples	Gray stoppered evacuated blood collection vials
Urine Samples	Tightly sealed clean plastic or glass container
<b>Note:</b> Refrigeration of toxicology samples is recommended.	

**3. Collect toxicology samples as soon as possible**

Alcohol metabolizes rapidly. Many drugs are also quickly eliminated from the body.

**For alcohol analysis, collect a blood sample (5cc).**

- Some drugs may also be detected in this sample if it is collected within 24 hours of ingestion. If this is a consideration, collect 30cc of blood for drug analysis.
- Be sure to cleanse the arm with a non-alcoholic solution.

**If ingestion of drugs is suspected within 96 hours of the examination, collect the first available urine specimen (100cc).**

- If the patient must urinate prior to the medical examination, the urine specimen for toxicology should be collected at that time.
- “Clean catch” or “mid-stream” sampling methods are unsuitable for urine toxicology specimens.
- Consult your local crime laboratory for recommended collection methods.

## CHAPTER XI

### PHOTOGRAPHY

#### A. POLICIES AND CONSIDERATIONS

Photographs are recommended to supplement documentation of history and physical findings. They may be the only way to adequately document findings such as bite marks, bruises, or massive injuries.

- Photograph every potentially significant injury or finding.
- Photographs may be taken by trained medical/evidentiary examination team members or be arranged with the local law enforcement agency.
- Patients may be concerned about privacy and modesty during photography. Sensitivity to these concerns should be exercised when deciding whether hospital personnel, a male or female law enforcement officer, or crime scene investigator takes the photographs.

#### B. PHOTOGRAPHIC PROCEDURES

Any good quality camera may be used as long as it can be focused for undistorted, close-up photographs and provides an accurate color rendition.

- Use a 35mm camera with a macro lens and appropriate flash attachment to adequately record small or subtle injuries.
- Digital imaging is gaining acceptance in some jurisdictions as long as certain safeguards are in place. Consult the local District Attorney's Office.
- Use adequate lighting whether the source is natural, flood, or flash.
- Take close-up photographs of bite marks and other wounds with the film plane as parallel to the subject area as possible. Minimize tilting of the camera to avoid distortion of the pictures.
- Include an accurate ruler or scale for size reference in the photograph. The scale should be in close proximity to and in the same plane as the injury or item being photographed. (A right-angle ruler, available commercially from law enforcement supply companies, is recommended. Consult your crime laboratory for vendors).
- Include a color bar in the photograph in the first image of the roll or series to ensure accurate color reproduction.

- Link the patient’s identity and the examination date to the photographs of injuries and/or findings. This can be accomplished by:
  - including a picture of the patient’s identification card on the roll; or
  - using a camera databack that can be programmed with the patient’s medical record number or another non-duplicative numbering system.
- Avoid obscuring the injury with the ruler, identification label, or color bar. At least one or two photographs should be taken without the scale and/or color bar to orient the injury and to demonstrate that important evidence was not covered up.
- Additional photographs taken with a tangential light source (flash) may be used to enhance textured or irregular surface findings (e.g., bite marks, focal swelling, etc.).

**C. GENERAL FORENSIC PHOTOGRAPHIC TECHNIQUES**

At least three photographs of findings are required. These principles may be modified or adapted if multiple findings are in the same area.

- First, a “regional” or “orientation” photograph(s) showing the body part and the finding. (This shows the finding in the total context of the body region involved, as well as the anatomical orientation of the finding);
- Second, a close-up shot showing the whole finding; and
- Third, a second close-up using the scale to document size and camera position relative to the finding.
- **Note:** These principles may be modified or adapted if multiple findings are in the same area.

**D. FORENSIC PHOTOGRAPHY COURSES**

The California Clinical Forensic Medical Training Center (CCFMTC) offers classes on forensic photography. See **Appendix B** for information on how to access CCFMTC courses.

## CHAPTER XII

### CONSULTATION THROUGH TELEMEDICINE AND TECHNOLOGY

Telemedicine and telecourses are evolving rapidly through technology. Various types and resources are listed below:

#### A. POTS (PLAIN OLD TELEPHONE SYSTEM) and POMS (PLAIN OLD MAIL SYSTEM)

Telemedicine began with POTS and POMS. Case consultation began through telephone consultation and using the mail system to send photographs of injuries to experts at other locations for assistance in interpretation and case management.

#### B. TWO TYPES OF VIDEO CONSULTATION: REAL TIME AND STORE and FORWARD

##### 1. Real time consultation

The term “real time” refers to live, clinician to clinician consultation most often between a tertiary hospital and an outlying clinic in a rural area. The rural clinician may need back up in a particular specialty, for example, obstetrics or dermatology. A clinic is scheduled for certain times and days of the week and the tertiary hospital physician is scheduled to consult with the rural clinician at that time. Video cameras are permanently set up and the tertiary center clinician monitors the examination and observes the findings at the same time as the rural clinician.

##### 2. Store and forward consultation

The term “store and forward” means to photograph or videotape the examination, to save or “store” the videotape or photograph, and to forward it to a specialist or expert at a tertiary center for consultation. Software exists to transmit photographic and videotaped images over telephone lines. Hardware requirements include a computer, monitor, and VCR at both sites. Confidentiality and the transmission of medical records have been addressed in the development of this software.

Store and Forward has been found to be most practical in the field of forensic medicine to evaluate child physical and sexual abuse cases. First, the timing of forensic exams is unpredictable and given the low volume in rural areas the “scheduled clinic” approach is more difficult to implement. Second, the time demands are high upon the few forensic medical experts. A Store and Forward system makes it easier to view transmitted photographs and videotapes on a time schedule that works for the forensic expert. See **Appendix B** on how to contact the California Clinical Forensic Medical Training Center for further information.

### **3. Interactive video consultation**

Video consultation is generally focused on one or more case studies and is handled through point-to-point computer transmissions. This type of consultation is held around a computer monitor and 4-6 professionals (or more depending on the size of the monitor or screen) can be accommodated at each site. Point-to-point refers to a connection between a tertiary hospital and one or more outlying areas. A simultaneous telephone connection on a speaker phone is set up and visual images are transmitted on the computer monitor.

### **4. Telecourses or distance learning through satellite transmissions**

These terms are used to refer to courses transmitted simultaneously to different sites to a live audience. A tertiary center broadcasts the course to predetermined sites.

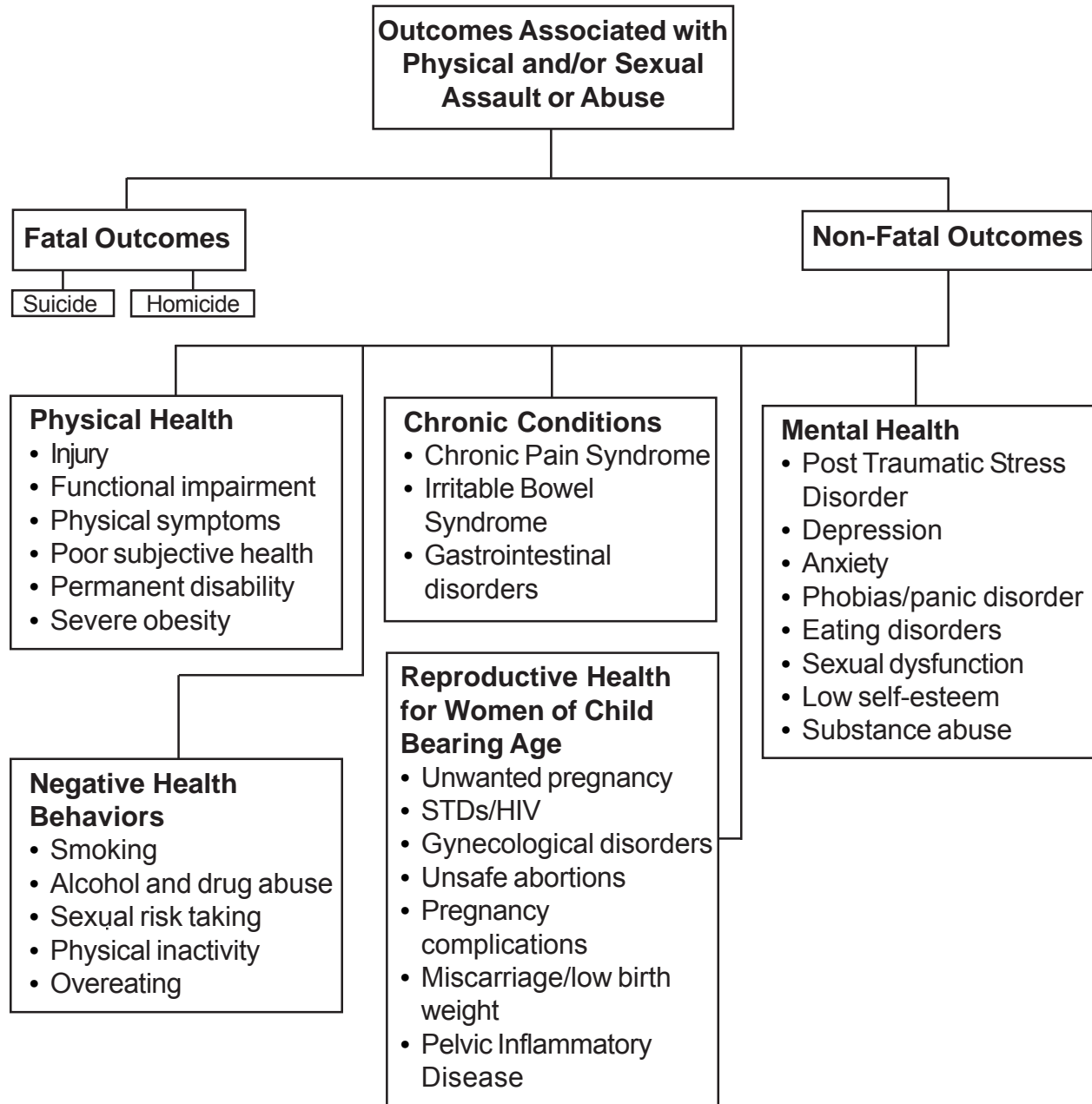
## **C. CD ROM COURSES**

Reference materials and courses are now being developed on CD ROMs. See **Appendix B** on how to contact the California Clinical Forensic Medical Training Center for further information.

## CHAPTER XIII

### HEALTH AND MENTAL HEALTH OUTCOMES: INTERPERSONAL VIOLENCE

Health outcomes of interpersonal violence against women shown below are based on domestic violence, sexual assault, and child sexual abuse. Research is needed about health outcomes pertaining to elder and dependent adult abuse and neglect.



Source: Population Reports, 2001. Violence Against Women. Issues in World Health. Johns Hopkins School of Public Health. (<http://www.jhuccp.org>)

## CHAPTER XIV

### SPECIALIZED MEDICAL/EVIDENTIARY EXAMINATION TEAMS

#### A. COORDINATED APPROACH TO PATIENT CARE

Communities are beginning to develop specially trained examiner programs using physicians, mid-level practitioners (nurse practitioners and physician assistants) or nurses. Each model has a physician medical director; and mid-level practitioners and nurses operate within their respective scope of practice.

Historically, the models for these examiner teams originated with specialized child abuse teams started as SCAN (Suspected Child Abuse and Neglect) Teams in the 1960's at the University of Colorado Medical Center, Pittsburgh Children's Hospital, and Children's Hospital in Los Angeles. These teams were followed by sexual assault examiner teams. The first sexual assault examiner team was established in Memphis, Tennessee in 1975. The first team in California was started at San Luis Obispo County General Hospital in 1980.

There are various acronyms for these teams: SAFE (Sexual Assault Forensic Examiners), SANE (Sexual Assault Nurse Examiners), SART (Sexual Assault Response Team), CARE (Child Abuse Response Examiners), CAST (Child Abuse Services Team), and DVERT (Domestic Violence Emergency Response Team). The SART acronym is also used as a broader concept to describe a coordinated response between patrol officers, detectives, rape crisis center advocates, crime laboratories, the district attorney's office, and the sexual assault forensic medical examination team.

The first Domestic Violence Examination Team was started in Santa Clara County in 1997 funded by the County Board of Supervisors. Two Elder and Dependent Adult Abuse and Neglect Teams started in California at the University of California, Irvine and the Adult Protection Team, LAC/USC Violence Intervention Program at the University of Southern California (USC), Los Angeles in the late 1990's. These teams offer various medical and mental health services.

Some specialized teams are hospital-based and some teams are freestanding consisting of forensic nurse examiner teams serving several hospitals. They are dedicated to timely, comprehensive attention to the medical and emotional needs of the patient and to the forensic needs of the criminal justice system. To function optimally, regular meetings between representatives of the various disciplines are recommended.

## **B. KEY FEATURES OF SPECIALIZED TEAMS**

- Coordinated team notification and assembly;
- Prompt medical/evidentiary examinations for acute cases;
- Highly trained medical examiners;
- Defined areas of expertise in either sexual assault, child sexual abuse, domestic violence, or elder and dependent adult abuse and neglect, or combinations thereof;
- Pre-authorization for reimbursement based upon negotiated contracts;
- Dedicated exam space and equipment;
- Immediate victim support and advocacy;
- Coordinated medical/law enforcement interviews;
- Specialized training for all team members;
- Peer review;
- Continuous quality improvement;
- Medical oversight and supervision;
- Collaboration and cooperation with community resources; and
- Standards of practice.

## **C. URBAN AND RURAL TEAM MODELS**

Large urban hospitals may specialize and have teams for victims of sexual assault, child sexual abuse, child physical abuse, domestic violence, and elder and dependent adult abuse and neglect. Rural teams often serve patients of all ages and all types of interpersonal violence. Rural teams in proximity to urban centers may choose to perform the acute examinations and refer the non-acute examinations to specialized tertiary centers. Sometimes these centers are linked by telemedicine.

There are at least three types of program models for forensic medical examination teams:

### **1. Primary hospital program**

- One hospital is designated by the city or county to perform medical/evidentiary examinations;
- Team members are regular shift employees or employed on an on-call basis;
- Hospital provides examination space and equipment; and
- Hospital contracts with law enforcement agencies for reimbursement.

### **2. Multi-hospital program**

- A nurse examiner team contracts with various community hospitals;
- Team works on an on-call basis responding to contract hospitals; and
- Hospitals provide examination space and equipment.

### **3. Multi-disciplinary co-location program**

- A multi-disciplinary team composed of forensic medical examiners, law enforcement officers and victim advocates are co-located in one facility;
- Facility may be non-medical, but arrangements are made to triage and refer trauma cases to a local hospital; and
- Dedicated space and equipment for examinations.

### **D. STANDARD TRAINING CURRICULUM FOR TEAMS**

Standard curriculum for adult and child forensic medical examination teams has been developed by the California Clinical Forensic Medical Training Center. See **Appendix B** for further information.

### **E. CONTINUOUS QUALITY IMPROVEMENT (CQI)**

Formal CQI review is an essential standard of practice for medical/evidentiary examination teams. Some community hospitals have developed CQI for the forensic medical team operations and participate in regular SART CQI with the local crime laboratory, district attorney's office, and law enforcement agencies. SART CQI sometimes includes brief evaluation forms from the crime laboratory regarding the quality of evidence collection, preservation, and handling for the examination team on a per case basis. See **Appendix B** on how to contact the California Clinical Forensic Medical Training Center for further information.

### **F. SCOPE OF PRACTICE ISSUES**

Scope of practice describes the ability of nurses, nurse practitioners and physician assistants to perform health care procedures. Consult the California Business and Professions Code for information to consider in the formation and supervision of these specialized teams.

## CHAPTER XV

### MULTI-DISCIPLINARY TEAMS: ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT

#### A. MULTI-DISCIPLINARY TEAMS (MDTs)

##### 1. History and purpose of MDTs

Multi-Disciplinary Teams (MDTs), comprised of various professional disciplines that meet regularly to review abuse cases and address systemic problems, are now a hallmark of elder abuse prevention programs. Teams first emerged in the 1980's in recognition of the fact that clinical and system issues posed by abuse and neglect cases frequently exceed the boundaries of any single discipline or agency.

Teams offer many benefits to patients, professionals, and communities. In addition to helping individual service providers resolve difficult cases, the team review process has been credited with enhancing service coordination by clarifying agencies' policies, procedures, and roles, and by identifying service gaps and breakdowns in coordination or communication. Teams may also enhance members' professional skills and knowledge by providing a forum for learning more about the strategies, resources, and approaches used by the various disciplines.

The rapid proliferation of MDTs across the United States in the last two decades has been accompanied by a growing demand for highly specialized expertise in such areas as financial abuse, fatality review, and medical issues. Federal, state, and local governments have increasingly acknowledged the importance and benefits of MDTs and have responded by providing resources, technical assistance, and statutory authority.

MDTs play a key role in communities' response to elder abuse and are highly valued by those who participate. The benefits include: strengthening community agency partnerships; promoting teamwork and cooperation; providing assistance on cases referred for conservatorship; helping victims obtain improved medical care; enhancing team members' understanding of each agency's roles, responsibilities, scope of service, strengths, and limitations; and, mobilizing professionals from a wide range of disciplines to confront the complex and growing problem of elder abuse.

##### 2. Functions of MDTs

- Planning and facilitating coordinated investigations or care planning;
- Providing expert consultation;
- Updating members about new services, programs, and legislation;
- Identifying service gaps and systems problems;
- Planning and carrying out training events; and
- Advocating for change.

### **3. Professionals represented on teams**

- Law enforcement agencies
- Adult Protective Services (APS)
- Ombudsman
- Mental health professionals
- Prosecutors and city/county attorneys
- Aging service providers
- Public Guardians
- Domestic Violence advocates
- Nurses
- Physicians
- Representatives from financial institutions
- Clergy
- Retired professionals
- Health care licensing

### **4. Multi-Disciplinary Interview Centers (MDICs)**

MDICs or Multi-Disciplinary Interview Teams (MDITs) were originally developed in the 1990's in many counties to reduce multiple, repetitive interviews of abused children. These teams have been expanded in many jurisdictions to include child witnesses to homicide (particularly in domestic violence cases); elder physical abuse, neglect, and financial abuse cases; and, developmentally disabled adults.

### **B. FINANCIAL ABUSE SPECIALIST TEAM (FAST)**

FAST teams specialize in identifying, intervening, and preventing financial crimes and financial exploitation. Perpetrators may be family members, caretakers, or exploitive individuals who identify potential victims through various means (consult Internet search engines to learn about various FAST models).

## CHAPTER XVI

### INTERAGENCY TEAMS: DOMESTIC VIOLENCE DEATH REVIEW AND COORDINATING COUNCILS

#### A. ESTABLISHMENT OF INTERAGENCY DOMESTIC VIOLENCE DEATH REVIEW TEAM PURSUANT TO PENAL CODE SECTION 11163.3.

##### 1. Local authority for establishment of interagency death review teams

- A county may establish an interagency domestic violence death review team to assist local agencies in identifying and reviewing domestic violence deaths including homicides and suicides, and facilitating communication among the various agencies involved in domestic violence cases. Interagency domestic violence death review teams are used successfully to ensure that incidents of domestic violence and abuse are recognized and that agency involvement is reviewed to develop recommendations for policies and protocols for community prevention and intervention initiatives to reduce and eradicate the incidence of domestic violence.
- For purposes of this section, “abuse” has the meaning set forth in Section 6203 of the Family Code and “domestic violence” has the meaning set forth in Section 6211 of the Family Code.
- A county may develop a protocol that may be used as a guideline to assist coroners and other persons who perform autopsies to determine whether domestic violence contributed to death or whether domestic violence had occurred prior to death, but was not the actual cause of death, and in the proper written reporting procedures for domestic violence, including the designation of the cause and mode of death.

##### 2. Composition of interagency death review teams

County domestic violence death review teams shall be comprised of, but not limited to, the following:

- Experts in the field of forensic pathology;
- Medical personnel with expertise in domestic violence abuse;
- Coroners and medical examiners;
- Criminologists;
- District attorneys and city attorneys;
- Domestic violence shelter service staff and battered women’s advocates;

- Law enforcement personnel;
- Representatives of local agencies that are involved with domestic violence abuse reporting;
- County health department staff who deal with domestic violence victims' health issues;
- Representatives of local child abuse agencies; and
- Local professional associations of persons described above.

### **3. Interagency protocols**

The Attorney General, working with the State Domestic Violence Coalition, shall develop a protocol for the development and implementation of interagency domestic violence death review teams for use by counties, which shall include relevant procedures for both urban and rural counties. The protocol shall be designed to facilitate communication among persons who perform autopsies and the various persons and agencies involved in domestic violence cases so that incidents of domestic violence and deaths related to domestic violence are recognized and surviving non-offending family, household members, and domestic partners receive the appropriate services (Penal Code Section 11163.4).

### **4. Sharing of information between agencies**

- An oral or written communication or a document shared within or produced by a domestic violence death review team related to a domestic violence death review is confidential and not subject to disclosure or discoverable by a third party. An oral or written communication or a document provided by a third party to a domestic violence death review team, or between a third party and a domestic violence death review team, is confidential and not subject to disclosure or discoverable by a third party. Notwithstanding the foregoing, recommendations of a domestic violence death review team upon the completion of a review may be disclosed at the discretion of a majority of the members of the domestic violence death review team.
- Each organization represented on a domestic violence death review team may share with other members of the team information in its possession concerning the victim who is the subject of the review or any person who was in contact with the victim and any other information deemed by the organization to be pertinent to the review.
- Any information shared by an organization with other members of a team is confidential. This provision shall permit the disclosure to members of the team of any information deemed confidential, privileged, or prohibited from disclosure by any other statute.

- Written and oral information may be disclosed to a domestic violence death review team established pursuant to this section. The team may make a request in writing for the information sought and any person with information of the kind described in paragraph (2) of this subdivision may rely on the request in determining whether information may be disclosed to the team.
- No individual or agency that has information governed by this subdivision shall be required to disclose information. The intent of this subdivision is to allow the voluntary disclosure of information by the individual or agency that has the information.
- Information that may be disclosed is listed below. For further details, consult the Penal Code Section authorizing the existence of teams.
  - Medical information;
  - Mental health information;
  - Information from elder abuse reports and investigations, except the identity of persons who have made reports, which shall not be disclosed;
  - State summary criminal history information, criminal offender record information, and local summary criminal history information, as defined in Sections 11075, 11105, and 13300 of the Penal Code;
  - Information pertaining to reports by health practitioners of persons suffering from physical injuries inflicted by means of a firearm or of persons suffering physical injury where the injury is a result of assaultive or abusive conduct, and information relating to whether a physician referred the person to local domestic violence services as recommended by Section 11161 of the Penal Code;
  - Information in any juvenile court proceeding;
  - Information maintained by the Family Court, including information relating to the Family Conciliation Court Law pursuant to Section 1818 of the Family Code, and Mediation of Custody and Visitation Issues pursuant to Section 3177 of the Family Code;
  - Information provided to probation officers in the course of the performance of their duties, including, but not limited to, the duty to prepare reports pursuant to Section 1203.10 of the Penal Code, as well as the information on which these reports are based;
  - Records of in-home supportive services, unless disclosure is prohibited by federal law; and
  - For further details, consult the Penal Code Section authorizing the existence of teams.

## **5. Coordination between agencies**

The purpose of this section is to coordinate and integrate state and local efforts to address fatal domestic violence, and to create a body of information to prevent domestic violence deaths (Penal Code Section 11163.5).

To accomplish the purpose of this section, the Department of Justice, in cooperation with the State Department of Social Services, the State Department of Health Services, the California State Coroner's Association, the County Welfare Directors Association, and the State Domestic Violence Coalition, may engage in the following activities:

- Collect, analyze, and interpret state and local data on domestic violence deaths in an annual report to be available upon request. The report may contain, but need not be limited to, information provided by state agencies and the county domestic violence death review teams for the preceding year.
- Develop a state and local database on domestic violence deaths. The state data may include the Department of Justice statistics, the State Department of Health Services Vital Statistics, and information obtained by other relevant state agencies.
- Develop a model minimal local data set and request data from local teams for inclusion in the annual report.
- Distribute a copy of the report to public officials in the state who deal with domestic violence issues and to those agencies responsible for domestic violence death review investigation in each county.
- Direct the creation of a statewide domestic violence death review team directory, which shall contain the names of the members of the agencies and private organizations participating under this section, the members of local domestic violence death review teams, and the local liaisons to those teams. The department may maintain and update the directory annually.

The agencies or private organizations participating under this section shall participate without reimbursement from the state. Costs incurred by participants for travel or per diem shall be borne by the participant agency or organization. Any reports prepared by the Department of Justice pursuant to this section shall be in consultation with the State Domestic Violence Coalition.

## **6. Data collection**

In order to ensure consistent and uniform results, data may be collected and summarized by the domestic violence death review teams to show the statistical occurrence of domestic violence deaths in the team's county that occur under the following circumstances:

- The deceased was a victim of a homicide committed by a current or former spouse, fiances, or dating partner.
- The deceased was the victim of a suicide, was the current or former spouse, fiancé(e), or dating partner of the perpetrator and was also the victim of previous acts of domestic violence.
- The deceased was the perpetrator of the homicide of a former or current spouse, fiancé(e), or dating partner and the perpetrator was also the victim of suicide.
- The deceased was the perpetrator of the homicide of a former or current spouse, fiancé(e), or dating partner and the perpetrator was also the victim of a homicide related to the domestic homicide incident.
- The deceased was a child of either the homicide victim or the perpetrator, or both.
- The deceased was a current or former spouse, fiancé(e), or dating partner of the current or former spouse, fiancé(e), or dating partner of the perpetrator.
- The deceased was a law enforcement officer, emergency medical personnel, or other agency responding to a domestic violence incident.
- The deceased was a family member, other than identified above, of the perpetrator.
- The deceased was the perpetrator of the homicide of a family member, other than identified above.
- The deceased was a person not included in the above categories and the homicide was related to domestic violence (Penal Code Section 11163.6).

## **B. DOMESTIC VIOLENCE COORDINATING COUNCILS**

Penal Code 14140-14143 authorizes each county to create a county task force on violent crimes against women. The purpose of each task force is to:

- Promote a countywide policy on violent crimes against women;
- Make recommendations on how to reduce violent crime;
- Prepare and place counties in a strong position to compete for federal and state funds that may become available;
- Facilitate coordination of services and responses between agencies;
- Initiate local domestic violence prevention planning and priorities; and
- Evaluate and make recommendations regarding public policy and violence against women.

### **1. Membership**

Membership of the Coordinating Council should include but is not limited to:

- Domestic violence shelter programs
- Area hospital representatives
- Physicians
- Forensic nurses
- Law enforcement officers
- Prosecuting attorneys
- Children's Protective Services
- County health department
- Epidemiologist

### **2. Additional roles and responsibilities**

- Promote public awareness and education;
- Analyze information regarding domestic violence to identify trends, patterns, and risk factors;
- Evaluate the effectiveness of local prevention and intervention strategies; and
- Recommend legislative and public policy initiatives.

### **3. Critical components identified for effectiveness**

- Quality of the internal working climate of the council;
- Breadth and nature of council activities;
- Short-term successful outcomes associated with the council's collective work;
- Development of strong and effective working relationships between agencies; and
- Recognition by policy makers, elected officials, and the media of council work and success.

## CHAPTER XVII

### INTERAGENCY DEATH REVIEW TEAMS: EDLER AND DEPENDENT ADULT ABUSE AND NEGLECT

#### A. ESTABLISHMENT OF INTERAGENCY DEATH REVIEW TEAMS

Penal Code Section 11174.5 authorizes the development of teams:

- Each county may establish an interagency elder death team to assist local agencies in identifying and reviewing suspicious elder deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in elder abuse or neglect cases.
- Each county may develop a protocol that may be used as a guideline by persons performing autopsies on elder adults to assist coroners and other persons who perform autopsies in the identification of elder abuse, in the determination of whether elder abuse or neglect contributed to death, or whether elder abuse or neglect had occurred prior to but was not the actual cause of death, and in the proper written reporting procedures for elder abuse or neglect, including the designation of the cause and mode of death.

#### B. COMPOSITION OF TEAMS

Penal Code Section 11174.6 states that county elder death review teams may be comprised of, but not limited to, the following:

- Experts in the field of forensic pathology;
- Medical personnel with expertise in elder abuse and neglect;
- Coroners and medical examiners;
- District attorneys and city attorneys;
- County or local staff including, but not limited to:
  - Adult Protective Services staff;
  - Public administrator, guardian, and conservator staff;
  - County health department staff who deal with elder health issues; and
  - County counsel.
- County and state law enforcement personnel;
- Local long-term care ombudsman;
- Community care licensing staff and investigators;
- Geriatric mental health experts;
- Criminologists;
- Representatives of local agencies that are involved with oversight of adult protective services and reporting elder abuse or neglect;
- Local professional associations of persons described above; and
- Attorney General's Medi-Cal Fraud and Abuse representative.

### **C. ORAL AND WRITTEN COMMUNICATIONS**

An oral or written communication or a document shared within or produced by an elder death review team related to an elder death review is confidential and not subject to disclosure or discoverable by another third party (Penal Code Section 11174.7).

- An oral or written communication or a document provided by a third party to an elder death review team, or between a third party and an elder death review team, is confidential and not subject to disclosure or discoverable by a third party.
- Recommendations of an elder death review team upon the completion of a review may be disclosed at the discretion of a majority of the members of the elder death review team.

### **D. SHARING OF INFORMATION**

Each organization represented on an elder death review team may share with other members of the team information in its possession concerning the decedent who is the subject of the review or any person who was in contact with the decedent and any other information deemed by the organization to be pertinent to the review.

Any information shared by an organization with other members of a team is confidential. The intent of this subdivision is to permit the disclosure to members of the team of any information deemed confidential, privileged, or prohibited from disclosure by any other provision of law.

- Written and oral information may be disclosed to an elder death review team established pursuant to this section. The team may make a request in writing for the information sought and any person with information of the kind described above may rely on the request in determining whether information may be disclosed to the team.
- No individual or agency that has information governed by this subdivision shall be required to disclose information. The intent of this subdivision is to allow the voluntary disclosure of information by the individual or agency that has the information.
- The following information may be disclosed pursuant to this subdivision:
  - Notwithstanding Section 56.10 of the Civil Code, medical information;
  - Notwithstanding Section 5328 of the Welfare and Institutions Code, mental health information;
  - Notwithstanding Section 15633.5 of the Welfare and Institutions Code, information from elder abuse reports and investigations, except the identity of persons who have made reports, which shall not be disclosed;
  - State summary criminal history information, criminal offender record information, and local summary criminal history information, as defined in Sections 11075, 11105, and 13300;

- Notwithstanding Section 11163.2, information pertaining to reports by health practitioners of persons suffering from physical injuries inflicted by means of a firearm or of persons suffering physical injury where the injury is a result of assaultive or abusive conduct;
  - Information provided to probation officers in the course of the performance of their duties, including, but not limited to, the duty to prepare reports pursuant to Section 1203.10, as well as the information on which these reports are based; and
  - Notwithstanding Section 10825 of the Welfare and Institutions code, records relating to in-home supportive services, unless disclosure is prohibited by federal law.
- Written and oral information may be disclosed under this section notwithstanding Sections 2263, 2918, 4982, and 6068 of the Business and Professions Code, the lawyer-client privilege protected by Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code, the physician-patient privilege protected by Article 6 (commencing with Section 990) of Chapter 4 of Division 8 of the Evidence Code, and the psychotherapist-patient privilege protected by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

#### **E. EDUCATION, PREVENTION, AND PROSECUTION STRATEGIES**

Information gathered by the elder death review team and any recommendations made by the team shall be used by the county to develop education, prevention, and if necessary, prosecution strategies that will lead to improved coordination of services for families and the elder population (Penal Code Section 11174.9).

# APPENDICES

## APPENDIX A

### CALIFORNIA PENAL CODE SECTION 11161.2

11161.2. (a) The Legislature finds and declares that adequate protection of victims of domestic violence and elder and dependent adult abuse has been hampered by lack of consistent and comprehensive medical examinations. Enhancing examination procedures, documentation, and evidence collection will improve investigation and prosecution efforts.

(b) The agency or agencies designated by the Director of Finance pursuant to Section 13820 shall, in cooperation with the State Department of Health Services, the Department of Aging and the ombudsman program, the State Department of Social Services, law enforcement agencies, the Department of Justice, the California Association of Crime Lab Directors, the California District Attorneys Association, the California State Sheriff's Association, the California Medical Association, the California Police Chiefs' Association, domestic violence advocates, the California Medical Training Center, adult protective services, and other appropriate experts:

(1) Establish medical forensic forms, instructions, and examination protocol for victims of domestic violence and elder and dependent adult abuse and neglect using as a model the form and guidelines developed pursuant to Section 13823.5. The form should include, but not be limited to, a place for a notation concerning each of the following:

(A) Notification of injuries and a report of suspected domestic violence or elder or dependent adult abuse and neglect to law enforcement authorities, Adult Protective Services, or the State Long-Term Care Ombudsmen, in accordance with existing reporting procedures.

(B) Obtaining consent for the examination, treatment of injuries, collection of evidence, and photographing of injuries. Consent to treatment shall be obtained in accordance with the usual hospital policy. A victim shall be informed that he or she may refuse to consent to an examination for evidence of domestic violence and elder and dependent adult abuse and neglect, including the collection of physical evidence, but that refusal is not a ground for denial of treatment of injuries and disease, if the person wishes to obtain treatment and consents thereto.

(C) Taking a patient history of domestic violence or elder or dependent adult abuse and neglect and other relevant medical history.

(D) Performance of the physical examination for evidence of domestic violence or elder or dependent adult abuse and neglect.

(E) Collection of physical evidence of domestic violence or elder or dependent adult abuse.

(F) Collection of other medical and forensic specimens, as indicated.

(G) Procedures for the preservation and disposition of evidence.

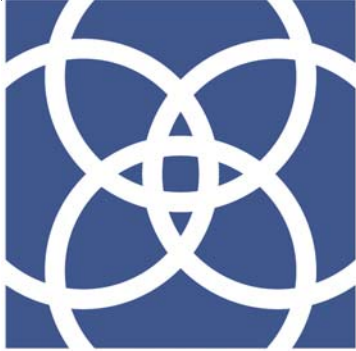
(H) Complete documentation of medical forensic exam findings.

(2) Determine whether it is appropriate and forensically sound to develop separate or joint forms for documentation of medical forensic findings for victims of domestic violence and elder and dependent adult abuse and neglect.

(3) The forms shall become part of the patient's medical record pursuant to guidelines established by the agency or agencies designated by the Director of Finance pursuant to Section 13820 advisory committee and subject to the confidentiality laws pertaining to release of medical forensic examination records.

(c) The forms shall be made accessible for use on the Internet.

## APPENDIX B



# CALIFORNIA MEDICAL TRAINING CENTER

*Improving the  
Healthcare Response  
to Violence*

California Clinical Forensic Medical Training Center  
(CCFMTC)  
University of California, Davis  
3300 Stockton Boulevard  
Sacramento, CA 95820

Telephone: (916) 734-4141  
Fax: (916) 734-4150  
E-mail: [mtc@ucdmc.ucdavis.edu](mailto:mtc@ucdmc.ucdavis.edu)  
Website: [www.ccfmtc.org](http://www.ccfmtc.org)

The CCFMTC offers skill based training for performing quality medical/evidentiary examinations for victims of child physical abuse, child sexual abuse, sexual assault, domestic violence, and elder and dependent adult abuse and neglect. Training modalities include multi-day, skill based training and 1-8 hour lectures. Telecourses, case consultation, and internet and CD-ROM self-instruction courses are under development.

The California Penal Code includes eight specific objectives for the CCFMTC:

- Develop and implement a standardized training program for medical personnel that has been reviewed and approved by a multi-disciplinary peer review committee.
- Develop a telecommunications system network between the training Center and other areas of the state, including rural and midsize counties. This service shall provide case consultations to medical personnel, law enforcement, and the courts and provide continuing medical education.
- Provide ongoing, basic, advanced, and specialized training programs.

- Develop guidelines for the reporting and management of child physical abuse and neglect, domestic violence, and elder abuse and neglect.
- Develop guidelines for evaluating the results of training for the medical personnel performing examinations.
- Provide standardized training for law enforcement officers, district attorneys, public defenders, investigative social workers, and judges on medical evidentiary examination procedures and the interpretation of findings.
- Promote an interdisciplinary approach in the assessment and management of child abuse and neglect, sexual assault, elder abuse, domestic violence, and abuse or assault against persons with disabilities.
- Provide training in the dynamics of victimization, including, but not limited to, rape trauma syndrome, battered woman syndrome, the effects of child abuse and neglect, and the various aspects of elder abuse.

## APPENDIX C

### CALIFORNIA PENAL CODE SECTION 11160

**11160.** (a) Any health 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 who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b):

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

(b) Any health 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 shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows:

(1) A report by telephone shall be made immediately or as soon as practically possible.

(2) A written report shall be prepared on the standard form developed in compliance with paragraph (4) of this subdivision, and Section **11160.2**, and adopted by the agency or agencies designated by the Director of Finance pursuant to Section 13820, or on a form developed and adopted by another state agency that otherwise fulfills the requirements of the standard form. The completed form shall be sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(3) A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

(d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

- (1) Murder, in violation of Section 187.
- (2) Manslaughter, in violation of Section 192 or 192.5.
- (3) Mayhem, in violation of Section 203.
- (4) Aggravated mayhem, in violation of Section 205.
- (5) Torture, in violation of Section 206.
- (6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.
- (7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.
- (8) Battery, in violation of Section 242.
- (9) Sexual battery, in violation of Section 243.4.
- (10) Incest, in violation of Section 285.
- (11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.
- (12) Assault with a stun gun or taser, in violation of Section 244.5.
- (13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245.
- (14) Rape, in violation of Section 261.
- (15) Spousal rape, in violation of Section 262.
- (16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.
- (17) Child abuse or endangerment, in violation of Section 273a or 273d.
- (18) Abuse of spouse or cohabitant, in violation of Section 273.5.
- (19) Sodomy, in violation of Section 286.
- (20) Lewd and lascivious acts with a child, in violation of Section 288.
- (21) Oral copulation, in violation of Section 288a.
- (22) Sexual penetration, in violation of Section 289.
- (23) Elder abuse, in violation of Section 368.
- (24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).


(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.

(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

## APPENDIX D

### CALEMA 2-920 SIR (SUSPICIOUS INJURY REPORT) FORM

Available online at: <CalEMA.ca.gov>

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING <b>SUSPICIOUS INJURY REPORT</b> OCJP-920 (11/03)		 STATE OF CALIFORNIA
<b>INFORMATION DISCLOSURE</b>		
This form is for law enforcement use only and is confidential in accordance with Section 11163.2 of the Penal Code. This form shall not be disclosed except by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by this report. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts. The person making this report shall not be required to disclose his/her identity to their employer (PC 11160).		
<a href="#">Go to Instruction Sheet</a>		
<b>Part A: PATIENT WITH SUSPICIOUS INJURY</b>		
1. PATIENT'S NAME (Last, First, Middle)	2. BIRTH DATE	3. GENDER <input type="checkbox"/> M <input type="checkbox"/> F
4. SAFE PHONE NUMBER ( ) ( )		5. PATIENT'S RESIDING ADDRESS (Number and Street / Apt - NO P.O. Box) City State Zip
6. PATIENT SPEAKS ENGLISH <input type="checkbox"/> Y <input type="checkbox"/> N - 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'S COMMENTS ABOUT 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 - Identified by the patient		11. RELATIONSHIP TO PATIENT, IF ANY
12. SUSPICIOUS INJURY DESCRIPTION - Include a brief description of physical findings and the final diagnosis.		<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
<b>Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS</b>		
13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Mandated by PC 11160)		14. DATE AND TIME REPORTED Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm
15. NAME OF PERSON RECEIVING PHONE REPORT (First and Last)	16. JOB TITLE	17. PHONE NUMBER ( ) ( )
18. LAW ENFORCEMENT AGENCY RECEIVING WRITTEN REPORT (Mandated by PC 11160)		19. AGENCY INCIDENT NUMBER
<b>Part C: PERSON FILING REPORT</b>		
20. EMPLOYER'S NAME		21. PHONE NUMBER ( ) ( )
22. EMPLOYER'S ADDRESS (Number and Street) City State Zip		
23. NAME OF HEALTH PRACTITIONER (First and Last)	24. JOB TITLE	
25. HEALTH PRACTITIONER'S SIGNATURE		26. DATE SIGNED



**Instructions To The Health Practitioner**

Penal Code Section 11160 mandates the following regarding suspicious injuries:

- Internal procedures established to facilitate reporting and apprise supervisors and administrators of reports shall be consistent with the reporting requirements of PC Section 11160. The internal procedures shall not require any employee who must make a report to disclose his or her identity to the employer.
- Report suspicious injuries to your local law enforcement agency by telephone **immediately**, or as soon as practically possible.
- Submit the required completed written report to your local law enforcement agency *within two working days of discovering a suspicious injury*, whether or not:
  1. The person has expired;
  2. The injury was a factor contributing to the person's death; or
  3. Evidence of the conduct of the perpetrator is discovered during an autopsy.
- Use this standard form or a form, developed and adopted by another state agency, that otherwise fulfills the requirements of this form, (see "Exceptions to using this form" below).
- Two or more health practitioners with knowledge of a suspicious injury may mutually select a team member to make the telephone report and one written report signed by the selected team member. A team member who knows that the selected team member has not made the telephone call or submitted the written report shall make the report(s).
- No supervisor or administrator shall impede or inhibit the required reporting duties, and no person making a report pursuant to this section shall be subject to any sanction for making the report.

**Exceptions To Using This Form**

Other state reporting mandates pre-empt the use of this form to report suspicious injuries, as follows:

Incident	Form	Source of Form
Physical Child Abuse	SS 8572	Call California Department of Justice at (916) 227-3285.
Dependent Adult / Elder Abuse	SOC 341	Online: <a href="http://www.dss.cahwnet.gov/pdf/SOC341.pdf">http://www.dss.cahwnet.gov/pdf/SOC341.pdf</a> or contact your local County Adult Protective Services Dept.
Sexual Assault – Adult*	OCJP 923*	Online: <a href="http://www.ocjp.ca.gov/publications.htm">www.ocjp.ca.gov/publications.htm</a> or call OCJP at (916) 324-9100.
Sexual Assault – Child*	OCJP 925* OCJP 930*	

\*Use these forms to conduct a forensic examination of the victim. Otherwise, use this Suspicious Injury Report form.

**Definitions**

**Health Practitioner** – Provides medical services to a patient for a physical condition that he/she reasonably suspects is a suspicious injury as listed below, and is 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.

**Suspicious injury** – Includes any wound or other physical injury that either was:

- Inflicted by the injured person's own act or by another where the injury is by means of a firearm, OR
- Is suspected to be the result of *assaultive or abusive conduct* inflicted upon the injured person.

**Injury** – Shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

**Assaultive / Abusive Conduct** – includes committing, or an attempt to commit, any of the following Penal Code violations:

- |   |   |  |   |
|---|---|--|---|
| <ul style="list-style-type: none"> <li>• Abuse of spouse or cohabitant</li> <li>• Aggravated mayhem</li> <li>• Administering controlled substances or anesthetic to aid in the commission of a felony</li> <li>• Assault with a stun gun or taser</li> <li>• Assault with a deadly weapon, firearm, assault weapon or machine gun, or by means likely to produce great bodily injury</li> </ul> | <ul style="list-style-type: none"> <li>• Assault with intent to commit mayhem, rape, sodomy, or oral copulation</li> <li>• Battery</li> <li>• Child abuse or endangerment (including Statutory Rape)</li> <li>• Elder abuse</li> <li>• Incest</li> <li>• Lewd and lascivious acts with a child</li> </ul> | <ul style="list-style-type: none"> <li>• Murder</li> <li>• Manslaughter</li> <li>• Mayhem</li> <li>• Oral copulation</li> <li>• Procuring any female to have sex with another man</li> <li>• Rape</li> <li>• Sexual battery</li> <li>• Sexual penetration</li> </ul> | <ul style="list-style-type: none"> <li>• Sodomy</li> <li>• Spousal rape</li> <li>• Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure</li> <li>• Torture</li> </ul> |
|---|---|--|---|

# APPENDIX E

## SOC 341: Elder and Dependent Adult Abuse and Neglect Reporting Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**CONFIDENTIAL REPORT -  
NOT SUBJECT TO PUBLIC DISCLOSURE**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE**

*TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.*

COUNTY APS/OMBUDSMAN CASE NUMBER

**RECEIVING AGENCY USE ONLY**

LAW ENFORCEMENT CASE/FILE NUMBER

**A. VICTIM** [As applicable under Welfare and Institutions Code (WIC) 15636 (a)]  *CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)*

*NAME (LAST NAME FIRST)	*AGE	DATE OF BIRTH	SSN	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME)				*CITY	*ZIP CODE	*TELEPHONE ( )
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)				*CITY	*ZIP CODE	*TELEPHONE ( )
<input type="checkbox"/> ELDERLY (65+) <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY ILL/DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> UNKNOWN/OTHER <input type="checkbox"/> LIVES ALONE <input type="checkbox"/> LIVES WITH OTHERS						

**\*B. REPORTING PARTY:** Check Appropriate Box If Reporting Party Waives Confidentiality:  ALL  All but victim  All but Perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY
RELATION TO VICTIM/HOW KNOWS OF ABUSE	WHERE TO CONTACT (STREET)	(CITY)	(ZIP CODE) TELEPHONE ( )

**C. INCIDENT INFORMATION - Address where Incident Occurred:**

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify)
---------------------------	--

**\*D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).**

<b>1. PERPETRATED BY OTHERS (WIC 15610.07 &amp; 15610.63)</b> a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> FINANCIAL d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> ISOLATION f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental)	<b>2. SELF-NEGLECT (WIC 15610.57(b)(5))</b> <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) <input type="checkbox"/> HEALTH and SAFETY HAZARDS <input type="checkbox"/> MALNUTRITION/DEHYDRATION <input type="checkbox"/> OTHER (Non-Mandated e.g., financial)
---	---

ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)  NO PHYSICAL INJURY  
 MINOR MEDICAL CARE  
 HOSPITALIZATION  
 CARE PROVIDER REQUIRED  
 DEATH  
 MENTAL SUFFERING  
 OTHER (SPECIFY)  
 UNKNOWN

**\*E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.).**  CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

**F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).**

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*CITY	*TELEPHONE ( )

**G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
		( )	

**H. SUSPECTED ABUSER** ✓ Check if  Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type) <input type="checkbox"/> PARENT <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> OTHER <input type="checkbox"/> HEALTH PRACTITIONER (type) <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATION
ADDRESS	*ZIP CODE   *TELEPHONE ( )
	SEX <input type="checkbox"/> M <input type="checkbox"/> F   ETHNICITY   AGE   D.O.B.   HEIGHT   WEIGHT   EYES   HAIR

**I. TELEPHONE REPORT MADE TO:**  APS  
 Law Enforcement  
 Ombudsman  
 Calif. Dept. of Mental Health  
 Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ( )	DATE/TIME
-------------------------------------	----------------	-----------

**J. WRITTEN REPORT**  Mailed or  Faxed (DO NOT FAX REPORT TO CDSS) FAX to agency to which telephone report was made.

AGENCY NAME	ADDRESS OR FAX #	DATE MAILED OR FAXED
-------------	------------------	----------------------

**K. RECEIVING AGENCY USE ONLY**  Telephone Report  
 Written Report

1. Report Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2. Assigned  Immediate Response  
 Ten-day response  
 No initial face-to-face required  
 Not APS  
 Approved by: \_\_\_\_\_ Assigned to (optional): \_\_\_\_\_

3. Cross-Reported to:  CDHS, Licensing & Cert.;  CDSS-CCL;  CDA Ombudsman;  Bureau of Medi-Cal Fraud & Elder Abuse;  Mental Health;  Law Enforcement;  Professional Board;  Developmental Services;  APS;  Other (Specify) \_\_\_\_\_  
 Date of Cross-Report: \_\_\_\_\_

## APPENDIX F

### CALIFORNIA VICTIM/WITNESS ASSISTANCE CENTERS

For current contact information go to the Victim Compensation and Government Claims Board web site at <http://www.boc.ca.gov/vwlist.htm>.

#### **ALAMEDA COUNTY**

Victim/Witness Assistance Center  
Alameda County District Attorney's Office  
1401 Lakeside Drive, Suite 802  
Oakland, CA 94612

Tel: (510) 272-6180  
Fax: (510) 208-9565

#### **ALPINE COUNTY**

Victim/Witness Assistance Center  
Alpine County District Attorney's Office  
270 Laramie Street  
P.O. Box 248  
Markleeville, CA 96120

Tel: (530) 694-2971  
Fax: (530) 694-2980

#### **AMADOR COUNTY**

Victim/Witness Assistance Center  
Amador County District Attorney's Office  
45 Summit Street  
Jackson, CA 95642

Tel: (209) 223-6474  
Fax: (209) 223-1953

#### **BUTTE COUNTY**

Victim/Witness Assistance Center  
Butte County Probation Department  
42 County Center Drive  
Oroville, CA 95965

Tel: (530) 538-7340  
Fax: (530) 534-8301

#### **CALAVERAS COUNTY**

Victim/Witness Assistance Center  
Calaveras County District Attorney's Office  
891 Mountain Ranch Road  
San Andreas, CA 95249

Tel: (209) 754-6565  
Fax: (209) 754-6732

#### **COLUSA COUNTY**

Victim/Witness Assistance Center  
Colusa County Probation Department  
532 Oak Street  
Colusa, CA 95932

Tel: (530) 458-0659  
Fax: (530) 458-3009

**CONTRA COSTA COUNTY**

Victim/Witness Assistance Center  
Contra Costa County Probation Department  
100 Glacier Drive, Suite A  
Martinez, CA 94553

Toll Free: (800) 648-0600  
Tel: (925) 646-2474  
Fax: (925) 646-2739

San Pablo Victim/Witness Assistance Center  
West County Office  
2555 El Portal Drive  
San Pablo, CA 94806

Tel: (510) 374-3272, or  
(510) 374-3246  
Fax: (510) 374-3441

**DEL NORTE COUNTY**

Victim/Witness Assistance Center  
Del Norte County District Attorney's Office  
450 H Street, Room 182  
Crescent City, CA 95531

Tel: (707) 464-7273  
Fax: (707) 464-2975

**EL DORADO COUNTY**

Victim/Witness Assistance Center  
El Dorado County District Attorney's Office  
South Lake Tahoe Office  
1360 Johnson Boulevard, Suite 105  
South Lake Tahoe, CA 96150

Toll Free: (800) 584-4438  
Tel: (530) 573-3337  
Fax: (530) 544-6413

Placerville Office  
520 Main Street  
Placerville, CA 95667

Toll Free: (888) 422-6492  
Tel: (530) 621-6450  
Fax: (530) 295-2602

**FRESNO COUNTY**

Victim/Witness Assistance Center  
Fresno County Probation Department  
2220 Tulare Street, Suite 1126  
Fresno, CA 93721

Tel: (559) 488-3425  
Fax: (559) 488-3826

**GLENN COUNTY**

Victim/Witness Assistance Center  
HRA Community Action Division  
420 East Laurel Street  
Willows, CA 95988

Toll Free: (800) 287-8711  
Tel: (530) 934-6510  
Fax: (530) 934-6650

**HUMBOLDT COUNTY**

Victim/Witness Assistance Center  
Humboldt County District Attorney's Office  
712 Fourth Street  
Eureka, CA 95501

Tel: (707) 445-7417  
Fax: (707) 445-7490

**IMPERIAL COUNTY**

Victim/Witness Assistance Center  
Imperial County Probation Department  
217 South Tenth, Building A  
El Centro, CA 92243

Tel: (760) 336-3930  
Fax: (760) 353-3292

**INYO COUNTY**

Victim/Witness Assistance Center  
301 West Line Street, Suite C  
Bishop, CA 93514

Tel: (760) 873-6669  
Fax: (760) 873-8359

Inyo County District Attorney's Office  
P.O. Drawer D  
Independence, CA 93526

Tel: (760) 878-0282  
Fax: (760) 878-2383

**KERN COUNTY**

Victim/Witness Assistance Center  
Kern County Probation Department  
1415 Truxtun Avenue, 6<sup>TH</sup> Floor, Room 603  
Bakersfield, CA 93301

Tel: (661) 868-4535  
Fax: (661) 868-4586

**KINGS COUNTY**

Victim/Witness Assistance Center  
Kings County Probation Department  
Kings County Government Center  
1400 West Lacey Boulevard  
Hanford, CA 93230

Tel: (559) 582-3211, ext. 2640  
Fax: (559) 584-7038

**LAKE COUNTY**

Victim/Witness Assistance Center  
Lake County District Attorney's Office  
420 Second Street  
Lakeport, CA 95453

Tel: (707) 262-4282  
Fax: (707) 262-5851

**LASSEN COUNTY**

Victim/Witness Assistance Center  
Lassen County District Attorney's Office  
Courthouse  
220 South Lassen Street, Suite 8  
Susanville, CA 96130

Tel: (530) 251-8283  
Fax: (530) 257-9009

**LOS ANGELES COUNTY**

Victim/Witness Assistance Center  
Los Angeles County District Attorney's Office  
3204 Rosemead Boulevard, Suite E  
El Monte, CA 91731

Tel: (626) 927-2525  
Fax: (626) 569-9541

Central Victim/Witness Office  
210 West Temple, No. 12-514  
Los Angeles, CA 90012

Tel: (800) 773-7574  
Tel: (213) 774-7499  
Fax: (213) 625-8104

El Monte Victim/Witness Office  
3220 North Rosemead Boulevard  
El Monte, CA 91731

Tel: (626) 572-6366  
Toll Free: (800) 492-5944  
Fax: (626) 280-0817

El Monte Victim/Witness  
11234 East Valley Boulevard  
El Monte, CA 91731

Tel: (626) 350-4583  
Fax: (626) 442-6543

Sexual Crimes/Child Abuse Unit  
Hall of Records  
320 West Temple Street, Room 740  
Los Angeles, CA 90012

Tel: (213) 974-3801  
Fax: (213) 625-2810

Carson Sheriff  
21356 South Avalon Boulevard  
Carson, CA 90745

Tel: (310) 830-8376  
Fax: (310) 847-8368

Compton Courthouse  
200 West Compton Boulevard, Room 700  
Compton, CA 90220

Tel: (310) 603-7579, or  
(310) 603-7574, or  
(310) 603-7127  
Fax: (310) 603-0493

Statutory Rape Program  
Hall of Records  
320 West Temple Street, No. 740  
Los Angeles, CA 90012

Tel: (213) 974-3908  
Fax: (213) 625-2810

Inglewood Courthouse  
One Regent Street, Room 405  
Inglewood, CA 90301

Tel: (310) 419-6764, or  
(310) 419-5175  
Fax: (310) 674-7839

Long Beach Courthouse  
415 West Ocean Boulevard,  
Room 305  
Long Beach, CA 90802

Tel: (562) 491-6347, or  
(562) 491-6310  
Fax: (562) 436-9849

Santa Monica Courthouse  
1725 Main Street, Room 228  
Santa Monica, CA 90401

Tel: (310) 260-3678  
Fax: (310) 458-6518

Torrance Courthouse  
825 Maple Avenue  
Torrance, CA 90503

Tel: (310) 222-3599  
Fax: (310) 783-1684

Antelope Valley Courthouse  
1110 West Avenue J  
Lancaster, CA 93534

Tel: (661) 945-6464  
Fax: (661) 945-6179

Hollywood LAPD  
1358 North Wilcox Avenue  
Los Angeles, CA 90028

Tel: (323) 871-1184  
Fax: (213) 485-8891

Industry Sheriff  
150 North Hudson Avenue  
City of Industry, CA 91744

Tel: (626) 934-3004  
Fax: (626) 333-1895

Pasadena Courthouse  
300 East Walnut Street, Room 107  
Pasadena, CA 91101

Tel: (626) 356-5714, or  
(626) 356-5715  
Fax: (626) 796-3176

Pomona Courthouse  
400 Civic Center Drive, Room 201  
Pomona, CA 91766

Tel: (909) 620-338, or  
(909) 620-3382  
Fax: (909) 629-6876

San Fernando Area 900 – 3 <sup>rd</sup> Street, Room G14 San Fernando, CA 91340	Tel: (818) 898-2406 Fax: (818) 898-2743
Temple City Sheriff 8838 East Las Tunas Drive Temple City, CA 91780	Tel: (626) 292-3333 Fax: (626) 287-7353
Van Nuys Courthouse 6230 Sylmar Avenue, 5 <sup>th</sup> Floor Van Nuys, CA 91401	Tel: (818) 374-3075 Fax: (818) 782-5349
Central LAPD 251 East Sixth Street Los Angeles, CA 90014	Tel: (213) 627-1619 Fax: (213) 847-2956
East Los Angeles Courthouse 214 South Fetterly Avenue, Room 201 Los Angeles, CA 90022	Tel: (323) 780-2045 Fax: (323) 269-4869
Huntington Park Area Office 2958 East Florence Avenue Huntington Park, CA 90255	Tel: (323) 586-6337 Fax: (323) 584-9055
Lakewood Sheriff 5130 North Clark Avenue Lakewood, CA 90712	Tel: (562) 920-5156 Fax: (562) 867-4712
Norwalk Courthouse 12720 Norwalk Boulevard, Room 201 Norwalk, CA 90650	Tel: (562) 807-7230 Fax: (562) 929-7626
Rampart LAPD 303 South Union Los Angeles, CA 90057	Tel: (213) 483-6731 Fax: (213) 207-2108
Southeast LAPD 145 West 108 <sup>th</sup> Street Los Angeles, CA 90061	Tel: (323) 754-8064 Fax: (323) 485-8340

Southwest LAPD  
1546 Martin Luther King Boulevard  
Los Angeles, CA 90062

Tel: (323) 296-8645  
Fax: (323) 473-6757

Eastlake Juvenile Office  
1601 Eastlake Avenue, Room 132  
Los Angeles, CA 90033

Tel: (323) 226-8918  
Fax: (323) 223 6248

Family Violence Division  
Criminal Courts Building  
210 W. Temple Street, Room 603  
Los Angeles, CA 90012

Tel: (213) 974-7410, or  
(213) 974-3879  
Fax: (213) 217-4992

Stalking & Threat Management Team  
Hall of Records  
320 W. Temple Street, Room 780-41  
Los Angeles, CA 90012

Tel: (213) 893-0896  
Fax: (213) 626-2758

Whittier Branch Office  
7339 S. Painter Ave., Room 200  
Whittier, CA 90602

Tel: (562) 907-3189  
Fax: (562) 696-9631

Child Abuse Crisis Center  
Harbor-UCLA Medical Center  
1000 W. Carson St.  
Box 460 Trailer N-26  
Torrance, CA 90509

Tel: (310) 222-1208  
Fax: (310) 320-7849

East L.A. Sheriff  
5019 E. Third Street  
Los Angeles, CA 90022

Tel: (323) 981-5024  
Fax: (323) 267-0637

**LOS ANGELES CITY (Subgrant to Los Angeles  
County Victim/Witness)**

Victim/Witness Assistant Center  
Los Angeles City Attorney's Office  
312 South Hill Street, Third Floor  
Los Angeles, CA 90013

Tel: (213) 485-6976  
Fax: (213) 847-8667

Victim Assistance Program  
Korean Outreach Project  
312 South Hill Street, Second Floor  
Los Angeles, CA 90013

Tel: (213) 485-9889  
Fax: (213) 847-8667

North Hollywood Station LAPD  
Victim Assistance Program  
11640 Burbank Boulevard  
North Hollywood, CA 91601

Tel: (818) 623-4056  
Fax: (818) 623-4121

Victim Assistance Program  
San Pedro City Hall  
638 S. Beacon St., Room 326  
San Pedro, CA 90731

Tel: (310) 732-4611  
Fax: (310) 732-4618

Victim Assistance Program  
Van Nuys City Hall  
14410 Sylvan Street, Room 117  
Van Nuys, CA 91401

Tel: (818) 756-8488  
Fax: (818) 756-9444

Wilshire Area Station LAPD  
Victim Assistance Program  
4861 Venice Boulevard  
Los Angeles, CA 90019

Tel: (213) 847-1991  
Fax: (213) 847-0668

West Los Angeles Station LAPD  
Victim Assistance Program  
1663 Butler Avenue  
West Los Angeles, CA 90025

Tel: (310) 575-8441  
Fax: (310) 575-6710

Newton Area Station LAPD  
Victim Assistance Program  
3400 South Central Avenue  
Los Angeles, CA 90011

Tel: (323) 846-5374  
Fax: (323) 846-6586

77<sup>th</sup> Street Area Station LAPD  
Victim Assistance Program  
7600 South Broadway  
Los Angeles, CA 90003

Tel: (213) 485-8848  
Fax: (213) 847-0667

Hollenbeck Area Station LAPD  
Victim Assistance Program  
2111 East First Street  
Los Angeles, CA 90033

Tel: (323) 526-3190  
Fax: (323) 485-8401

**MADERA COUNTY**

Victim/Witness Assistance Center  
Madera County Community Action  
Committee, Inc.  
1200 West Maple Street, Suite C  
Madera, CA 93637

Tel: (559) 661-1000  
Fax: (559) 661-8389

**MARIN COUNTY**

Victim/Witness Assistance Center  
Marin County District Attorney's Office  
3501 Civic Center Drive, Room 130  
San Rafael, CA 94903

Tel: (415) 499-6450  
Fax: (415) 499-3719

**MARIPOSA COUNTY**

Victim/Witness Assistance Center  
Mariposa County District Attorney's Office  
P.O. Box 730  
Mariposa, California 95338

Tel: (209) 742-7441  
Fax: (209) 742-5780

**MENDOCINO COUNTY**

Victim/Witness Assistance Center  
Mendocino County District Attorney's Office  
Courthouse, Room 10  
100 North State Street  
P.O. Box 144  
Ukiah, CA 95482

Tel: (707) 463-4218  
Fax: (707) 468-3371

**MERCED COUNTY**

Victim/ Witness Assistance Center  
Merced County District Attorney's Office  
658 W. 20<sup>th</sup> St.  
Merced, CA 95340

Tel: (209) 725-3515  
Fax: (209) 725-3669

**MODOC COUNTY**

Victim/Witness Assistance Center  
Modoc County District Attorney's Office  
204 South Court Street  
Alturas, CA 96101

Tel: (530) 233-3311  
Fax: (530) 233-5024

**MONO COUNTY**

Victim/Witness Assistance Center  
452 Old Mammoth Road, Third Floor  
P.O. Box 2053  
Mammoth Lakes, CA 93546

Tel: (760) 924-1710  
Fax: (760) 924-1711

Bridgeport Victim/Witness Office  
P.O. Box 617  
Bridgeport, CA 93517

Tel: (760) 924-1710  
Fax: (760) 924-1711

**MONTEREY COUNTY**

Victim/Witness Assistance Center  
Monterey County District Attorney's Office  
240 Church Street #101  
P.O. Box 1131  
Salinas, CA 93901

Tel: (831) 755-5272  
Fax: (831) 796-6448

**NAPA COUNTY**

Victim/Witness Assistance Center  
Napa County Volunteer Center, Inc.  
1820 Jefferson Street  
Napa, CA 94559

Tel: (707) 252-6222  
Fax: (707) 226-5179

**NEVADA COUNTY**

Victim/Witness Assistance Center  
Nevada County Probation Department  
109 North Pine Street  
Nevada City, CA 95959

Tel: (530) 265-1246, or  
(530) 265-1331  
Fax: (530) 265-6304

**ORANGE COUNTY**

Victim/Witness Assistance Administrative Center  
Community Service Programs, Inc.  
1821 East Dyer, Suite 200  
Santa Ana, CA 92705-5700

Tel: (949) 975-0244  
Fax: (949) 975-0250

Superior Court Office  
Central Justice Center  
700 Civic Center Drive West  
P.O. Box 1994  
Santa Ana, CA 92702

Tel: (714) 834-4350  
Fax: (714) 834-2688

North Justice Center  
1275 North Berkeley Avenue  
Fullerton, CA 92635

Tel: (714) 773-4575  
Fax: (714) 441-3575

Harbor Justice Center-Laguna Niguel  
30143 Crown Valley Parkway  
Laguna Niguel, CA 92677

Tel: (949) 249-5037  
Fax: (949) 249-5100

West Justice Center  
8141 13<sup>th</sup> Street  
Westminster, CA 92683

Tel: (714) 896-7188  
Fax: (714) 896-7526

Harbor Justice Center-Newport Beach  
4601 Jamboree Boulevard, Suite 103  
Newport Beach, CA 92660

Tel: (949) 476-4855  
Fax: (949) 476-4623

Lamoreaux Justice Center  
301 The City Drive  
Orange, CA 92668

Tel: (714) 935-7074  
Fax: (714) 935-6341

**PLACER COUNTY**

Victim/Witness Assistance Program  
Placer County District Attorney's Office  
11562 B Avenue  
Auburn, CA 95603

Tel: (530) 889-7021  
Fax: (530) 886-2294

**PLUMAS COUNTY**

Victim/Witness Assistance Center  
Plumas County Sheriff's Department  
75 Court Street, Suite A  
Quincy, CA 95971

Tel: (530) 283-6285  
Fax: (530) 283-6226

**RIVERSIDE COUNTY**

Victim/Witness Assistance Center  
Riverside County District Attorney's Office  
4075 Main Street, First Floor  
Riverside, CA 92501

Tel: (909) 955-5450  
Fax: (909) 955-5640

Banning Victim/Witness Office  
Western Riverside County  
135 North Alessandro, Room 205  
Banning, CA 92220

Tel: (909) 849-6218  
Fax: (909) 922-7135

Blythe Victim/Witness Office  
Eastern Riverside County  
225 North Broadway  
Blythe, CA 92225

Tel: (760) 921-7878  
Fax: (760) 921-7849

Southwest Justice Center  
30755-D Auld Road  
Murrieta, CA 92563

Tel: (909) 304-5500  
Fax: (909) 304-5503

Indio Victim/Witness Office  
Eastern Riverside County  
82-675 Highway 111, Fourth Floor  
Indio, CA 92201

Tel: (760) 863-8408  
Fax: (760) 863-7640, or  
(760) 863-8987

Riverside Juvenile Office  
Western Riverside County  
9991 County Farm Road  
Riverside, CA 92503

Tel: (909) 358-4152  
Fax: (909) 358-4497

Corona Police Department  
515 So. Corona Mall  
Corona, CA 92882

Tel: (909) 739-4872  
Fax: (909) 279-3599

**SACRAMENTO COUNTY**

Victim/Witness Assistance Center  
Sacramento County District Attorney's Office  
901 G Street  
P.O. Box 749  
Sacramento, CA 95814

Tel: (916) 874-5701  
Fax: (916) 874-5271

**SAN BENITO COUNTY**

Victim/Witness Assistance Center  
San Benito County District Attorney's Office  
419 Fourth Street  
Hollister, CA 95023-3801

Tel: (831) 637-8244  
Fax: (831) 636-4126

**SAN BERNARDINO COUNTY**

Victim/Witness Assistance Center  
San Bernardino County District Attorney's  
Office  
316 North Mountain View Avenue, 3<sup>rd</sup> Floor  
San Bernardino, CA 92415

Tel: (909) 387-6540, or  
(909) 387-6384  
Fax: (909) 387-6313

San Bernardino Juvenile Division  
900 East Gilbert Street  
San Bernardino, CA 92415

Tel: (909) 387-8665  
Fax: (909) 387-6980

San Bernardino Police Department  
710 North D Street  
San Bernardino, CA 92401

Tel: (909) 388-4900  
Fax: (909) 388-4843

Colton Police Department  
650 North La Cadena Drive  
Colton, CA 92324

Tel: (909) 370-5164  
Fax: (909) 370-5158

Fontana Victim/Witness Center  
17830 Arrow Boulevard  
Fontana, CA 92335

Tel: (909) 356-6406  
Fax: (909) 356-6779

Ontario Police Department  
200 North Cherry Avenue  
Ontario, CA 91764

Tel: (909) 395-2713  
Fax: (909) 395-2730

Rancho Cucamonga Victim/Witness Office  
8303 North Haven Avenue, 4<sup>th</sup> Floor  
Rancho Cucamonga, California 91730

Tel: (909) 945-4241  
Fax: (909) 945-4035

Victorville Victim/Witness Office  
14455 Civic Drive  
Victorville, California 92392

Tel: (760) 243-8619  
Fax: (760) 243-8619

Barstow Victim/Witness Office  
235 East Mountain View  
Barstow, CA 92311

Tel: (760) 256-4802  
Fax: (760) 256-4869

Joshua Tree Victim/Witness Center  
6527 White Feather Road  
Joshua Tree, CA 92252

Tel: (760) 366-5740  
Fax: (760) 366-4126

**SAN DIEGO COUNTY**

Victim/Witness Assistance Center  
San Diego County District Attorney's Office  
330 West Broadway, Suite 800  
P.O. Box 121011  
San Diego, CA 92101

Tel: (619) 531-4041  
Fax: (619) 685-6521

Chula Vista Victim/Witness Office  
500 Third Avenue  
Chula Vista, CA 92010

Tel: (619) 691-4539  
Fax: (619) 691-4459

El Cajon Victim/Witness Office  
250 East Main Street, 5<sup>th</sup> Floor  
El Cajon, CA 92020

Tel: (619) 441-4538  
Fax: (619) 441-4095

Vista Victim/Witness Office  
325 South Melrose, Suite 5000  
Vista, CA 92083

Tel: (760) 806-4079  
Fax: (760) 806-4162, or  
(760) 806-4163

Juvenile Victim/Witness Office  
2851 Meadowlark Drive  
San Diego, CA 92123

Tel: (858) 694-4595  
Fax: (858) 694-4774

San Diego Police Department  
1401 Broadway  
San Diego, California 92101

Tel: (619) 531-2772, or  
(619) 531-2773  
Fax: (619) 525-8433

**SAN FRANCISCO COUNTY AND CITY**

Victim/Witness Assistance Center  
San Francisco County District Attorney's Office  
850 Bryant Street, Room 320  
San Francisco, CA 94103

Tel: (415) 553-9044  
Fax: (415) 553-1034

**SAN JOAQUIN COUNTY**

Victim/Witness Assistance Center  
San Joaquin County District Attorney's Office  
222 East Weber Avenue, Room 245  
Stockton, CA 95202

Tel: (209) 468-2500  
Fax: (209) 468-2521

**SAN LUIS OBISPO COUNTY**

Victim/Witness Assistance Center  
San Luis Obispo County District Attorney's Office  
County Government Center, Room 121  
San Luis Obispo, CA 93408

Toll Free: (866) 781-5821  
Tel: (805) 781-5822  
Fax: (805) 781-5828

**SAN MATEO COUNTY**

Victim/Witness Assistance Center  
San Mateo County District Attorney's Office  
1024 Mission Road  
South San Francisco, CA 94080

Tel: (650) 877-5492  
Fax: (650) 877-7001

**SANTA BARBARA COUNTY**

Victim/Witness Assistance Center  
Santa Barbara County District Attorney's Office  
118 East Figueroa Street  
Santa Barbara, CA 93101

Tel: (805) 568-2408  
Fax: (805) 568-2453

Santa Maria Victim/Witness Office  
312 East Cook Street  
Santa Maria, CA 93454

Tel: (805) 346-7529  
Fax: (805) 346-7585

Lompoc Victim/Witness Office  
115 Civil Plaza Center  
Lompoc, CA 93436

Tel: (805) 737-7910  
Fax: (805) 737-7732

**SANTA CLARA COUNTY**

Santa Clara County Victim/Witness  
Assistance Center  
National Conference for Community and Justice  
777 North First Street, Suite 220  
San Jose, CA 95112

Tel: (408) 295-2656  
Fax: (408) 295-2045

**SANTA CRUZ COUNTY**

Victim/Witness Assistance Center  
Santa Cruz County District Attorney's Office  
701 Ocean Street, Room 200  
Santa Cruz, CA 95060

Tel: (831) 454-2010, or  
(831) 454-2623  
Fax: (831) 454-2612

**SHASTA COUNTY**

Victim/Witness Assistance Center  
Shasta County District Attorney's Office  
1525 Court Street  
Redding, CA 96001

Tel: (530) 225-5220, or  
(530) 225-5195  
Fax: (530) 245-6334

**SIERRA COUNTY**

Victim/Witness Assistance Center  
Sierra County Probation Department  
604B Main Street  
P.O. Box 886  
Loyalton, CA 96118

Tel: (530) 993-4617  
Fax: (530) 993-4327

**SISKIYOU COUNTY**

Victim/Witness Assistance Center  
Siskiyou County District Attorney's Office  
311 4<sup>th</sup> Street  
P.O. Box 986  
Yreka, CA 96097

Tel: (530) 842-8229  
Fax: (530) 842-8222

Tulelake Office  
298 C Street  
P.O. Box 790  
Tulelake, CA 96134

Tel: (530) 667-2147  
Fax: (530) 667-2822

**SOLANO COUNTY**

Victim/Witness Assistance Center  
Solano County District Attorney's Office  
Hall of Justice  
600 Union Avenue  
Fairfield, CA 94533

Tel: (707) 421-6844  
Fax: (707) 421-7986

Solano Victim/Witness Office - 88  
Solano County Justice Building  
321 Tuolumne Street  
Vallejo, California 94590

Tel: (707) 554-5400  
Fax: (707) 554-5654

**SONOMA COUNTY**

Victim/Witness Assistance Center  
Sonoma County District Attorney's Office  
1000 Coddington Center, Suite 101  
P.O. Box 6023  
Santa Rosa, CA 95401

Tel: (707) 565-8250  
Fax: (707) 565-8262

**STANISLAUS COUNTY**

Victim/Witness Assistance Center  
Stanislaus County District Attorney's Office  
800 11<sup>th</sup> Street, Room 200  
P.O. Box 442  
Modesto, CA 95354

Tel: (209) 525-5541  
Fax: (209) 525-5551

**SUTTER COUNTY**

Victim/Witness Assistance Center  
Sutter County District Attorney's Office  
204 C Street  
P.O. Box 1555  
Yuba City, CA 95991

Tel: (530) 822-7345  
Fax: (530) 822-7464

**TEHAMA COUNTY**

Victim/Witness Assistance Center  
Tehama County District Attorney's Office  
444 Oak Street  
P.O. Box 519  
Red Bluff, CA 96080

Tel: (530) 527-4296  
Fax: (530) 527-4735

**TRINITY COUNTY**

Victim/Witness Assistance Center  
Trinity County Probation Department  
333 Tom Bell Road  
P.O. Box 158  
Weaverville, CA 96093

Tel: (530) 623-1204  
Fax: (530) 623-1237

**TULARE COUNTY**

Victim/Witness Assistance Center  
Tulare County District Attorney's Office  
221 South Mooney Blvd. #264  
Visalia, CA 93291

Tel: (559) 733-6754  
Fax: (559) 730-2931

**TUOLUMNE COUNTY**

Victim/Witness Assistance Center  
Tuolumne County District Attorney's Office  
423 North Washington Street  
Sonora, CA 95370

Tel: (209) 588-5440  
Fax: (209) 588-5455

**VENTURA COUNTY**

Victim/Witness Assistance Center  
Ventura County District Attorney's Office  
800 South Victoria Avenue, Room 311  
Ventura, CA 93009

Tel: (805) 654-3622  
Fax: (805) 662-6523

**YOLO COUNTY**

Victim/Witness Assistance Center  
Yolo County District Attorney's Office  
301 Second Street  
Woodland, CA 95695

Tel: (530) 666-8187  
Fax: (530) 666-8185

**YUBA COUNTY**

Victim/Witness Assistance Center  
Yuba County Probation Department  
4240 Dan Avenue  
Marysville, CA 95901

Tel: (530) 741-6275  
Fax: (530) 749-7913

## APPENDIX G

### CALIFORNIA DOMESTIC VIOLENCE SHELTERS

For current contact information go to the following websites: <<http://www.dhs.ca.gov/ps/cdic/epci/dvrefer/>>; <[http://www.safenetWORK.net/rd/cr\\_geo.htm](http://www.safenetWORK.net/rd/cr_geo.htm)>

#### **ALAMEDA COUNTY**

A Safe Place  
P.O. Box 23000  
Oakland, CA 94624

Tel: (510) 986-8600  
Fax: (510) 986-8606

Building Futures with Women and Children  
1395 Bancroft Ave., Suite 13  
San Leandro, CA 94577

Tel: (510) 357-0205, ext. 103  
Fax: (510) 357-0688

Emergency Shelter Program, Inc.  
22634 2nd Street, Suite 205  
Hayward, CA 94541

Tel: (510) 581-5626  
Fax: (510) 581-5628

SAVE - Shelter Against Violent Environment  
39155 Liberty St., Suite C 310  
Fremont, CA 94538

Tel: (510) 574-2250  
Fax: (510) 574-2252

Tri Valley Haven  
P.O. Box 2190  
Livermore, CA 94551

Tel: (925) 449-5845  
Fax: (925) 449-2684

#### **AMADOR COUNTY**

Operation Care  
427 Broadway  
Jackson, CA 95642

Tel: (209) 223-2897  
Fax: (209) 223-2987

#### **BUTTE COUNTY**

Catalyst Domestic Violence Services  
P.O. Box 4184  
Chico, CA 95926

Tel: (530) 343-7711  
Fax: (530) 343-3960

#### **CONTRA COSTA COUNTY**

STAND! Against Domestic Violence  
P.O. Box 6406  
Concord, CA 94524

Tel: (925) 603-0112  
Fax: (925) 676-0532

**DEL NORTE COUNTY**

Rural Human Services  
286 M Street  
Crescent City, CA 95531

Tel: (707) 464-7441, ext. 247  
Fax: (707) 465-6464

**EL DORADO COUNTY**

El Dorado Women's Center  
1248 Broadway, Ste C  
Placerville, CA 95667

Tel: (530) 626-1450  
Fax: (530) 626-6895

South Lake Tahoe Women's Center/  
(Womenspace Unlimited Inc.)  
2941 Lake Tahoe Boulevard Ste. A  
South Lake Tahoe, CA 96150

Tel: (530) 544-2118  
Fax: (530) 542-7624

**FRESNO COUNTY**

Arjaree Mason Center  
1600 M Street  
Fresno, CA 93721

Tel: (559) 237-4706  
Fax: (559) 237-0420

**HUMBOLDT COUNTY**

Humboldt Women for Shelter  
P.O.Box 969  
Eureka, CA 95502

Tel: (707) 444-9255  
Fax: (707) 444-3190

**IMPERIAL COUNTY**

WomenHaven, Inc. / Center for Family  
Solutions  
727 Main St.  
El Centro, CA 92243

Tel: (760-353-6922  
Fax: (760) 353-8441

**KERN COUNTY**

Alliance Against Family Violence and Sexual  
Assault  
P.O. Box 2054  
Bakersfield, CA 93303

Tel: (661) 322-0931, ext. 102  
Fax: (661) 322-2916

Women's Center High Desert, Inc.  
134 S. China Lake Boulevard  
Ridgecrest, CA 93555

Tel: (760) 371-1969  
Fax: (760) 371-3449

**KINGS COUNTY**

Kings County Community Action Organization  
1222 West Lacey Blvd. Ste. 201  
Handford, CA 93230

Tel: (559) 582-4386  
Fax: (559) 582-1536

**LAKE COUNTY**

Sutter Lakeside Community Services  
896 Lakeport Blvd.  
Lakeport, CA 95453

Tel: (707) 262-1611  
Fax: (707) 262-0344

**LASSEN COUNTY**

Lassen Family Services, Inc.  
P.O. Box 701  
Susanville, CA 96130

Tel: (530) 257-4599  
Fax: (530) 257-4205

**LOS ANGELES COUNTY**

1736 Family Crisis Center  
2116 Arlington Ave., Suite 200  
Los Angeles, CA 90018

Tel: (323) 737-3900, ext. 300  
Fax: (323) 737-3993

Angel Step Inn  
PO Box 520  
Downey, CA 90241

Tel: (562) 941-6855  
Fax: (562) 941-6806

Center for the Pacific-Asian Family, Inc.  
543 N. Fairfax Ave., Room 108  
Los Angeles, CA 90036

Tel: (323) 653-4045  
Fax: (323) 53-7913

Domestic Violence Center of Santa  
Clarita Valley  
P.O. Box 220037  
Newhall, CA 91322

Tel: (661) 259-8175  
Fax: (661) 259-1194

Family Violence Project of Jewish Family  
Services  
13425 Ventura Blvd., Suite 200  
Sherman Oaks, CA 91423

Tel: (818) 789-1293  
Fax: (818) 789-7581

Good Shepherd Shelter  
2561 W. Venice Blvd.  
Los Angeles, CA 90019

Tel: (323) 737-6111  
Fax: (323) 737-6113

Haven Hills  
P.O. Box 260  
Canoga Park, CA 91305

Tel: (818) 887-7481, ext. 12  
Fax: (818) 887-4796

Haven House, Inc.  
P.O. Box 50007  
Pasadena, CA 91115-0007

Tel: (626) 564-8880  
Fax: (626) 564-9348

House of Ruth, Inc.  
P.O. Box 459  
Claremont, CA 91711

Tel: (909) 623-4364  
Fax: (909) 629-9581

Jewish Family Services  
13425 Ventura Blvd.  
Sherman Oaks, CA 91423

Tel: (818) 789-1293  
Fax: (818) 789-7581

Peace & Joy Care Center  
1693 East Del Amo Blvd.  
Carson, CA 90746

Tel: (310) 898-3115  
Fax: (310) 898-3118

Rainbow Services, Ltd.  
453 W. 7th Street  
San Pedro, CA 90731

Tel: (310) 548-5450  
Fax: (310) 548-0611

Sojourn Services  
P.O. Box 7081  
Santa Monica, CA 90406

Tel: (310) 264-6646, ext. 228  
Fax: (310) 264-6645

Southern CA Alcohol & Drug Program  
(Angel Step Inn)  
11500 Paramount Blvd.  
Downey, CA 90241

Tel: (562) 923-4545, or  
(562) 323-780-7285  
Fax: (562) 862-0918

Su Casa Family Crisis & Support Center  
P.O. Box 998  
Artesia, CA 90702-0998

Tel: (562) 421-8106  
Fax: (562) 421-8117

Women's & Children's Crisis Center  
P.O. Box 404  
Whittier, CA 90608

Tel: (562) 945-3937  
Fax: (562) 945-1597

YWCA - WINGS San Gabriel Valley  
P.O. Box 1464  
West Covina, CA 91793

Tel: (626) 915-5191  
Fax: (626) 858-5140

YWCA of Glendale, DV Project  
735 E. Lexington Dr.  
Glendale, CA 91206

Tel: (818-) 242-4155, ext. 222  
Fax: (818) 240-6036

**MADERA COUNTY**

Madera County Action Committee  
1200 West Maple St., Suite C  
Madera, CA 93637

Tel: (559) 673-9173  
Fax: (559) 661-8389

**MARIN COUNTY**

Marin Abused Women's Services  
734 A Street  
San Rafael, CA 94901

Tel: (415) 457-2464  
Fax: (415) 457-6457

**MARIPOSA COUNTY**

Mountain Crisis Services, Inc.  
P.O. Box 2075  
Mariposa, CA 95338

Tel: (209) 742-5865  
Fax: (209) 742-4246

**MENDOCINO COUNTY**

Project Sanctuary, Inc.  
P.O. Box 450  
Ukiah, CA 95482

Tel: (707) 462-9196  
Fax: (707) 462-5869

**MERCED COUNTY**

A Woman's Place of Merced County  
815 W. 18th St.  
Merced, CA 95348

Tel: (209) 725-7900  
Fax: (209) 725-7908

**MONTEREY COUNTY**

Shelter Outreach Plus  
P.O. Box 1387  
Marina, CA 93933

Tel: (831) 384-3388  
Fax: (831) 384-1308

YWCA of Monterey County  
P.O. Box 1249  
Seaside, CA 93955-1249

Tel: (831) 583-1026  
Fax: (831) 583-1049

**NAPA COUNTY**

Napa Emergency Women's Services (NEWS)  
1141 Pear Tree Lane suite 220  
Napa, CA 94558

Tel: (707) 252-3687  
Fax: (707) 224-1560

**NEVADA COUNTY**

Domestic Violence & Sexual Assault Coalition  
P.O. Box 484  
Grass Valley, CA 95945

Tel: (530) 272-2046  
Fax: (530) 273-3780

**ORANGE COUNTY**

Human Options, Inc.  
P.O. Box 9376  
Newport Beach, CA 92658

Tel: (949) 737-5242, ext.22  
Fax: (949) 737-5244

Interval House  
P.O. Box 3356  
Seal Beach, CA 90740-2356

Tel: (562) 594-9492  
Fax: (562) 596-3370

Laura's House  
27129 Calle Arroyo, Suite 1822  
San Juan Capistrano, CA 92675

Tel: (949) 240-0863  
Fax: (949) 361-3548

**PLACER COUNTY**

P.E.A.C.E. for Families  
P.O. Box 5462  
Auburn, CA 95604

Tel: (530) 823-6224  
Fax: (530) 889-8497

Tahoe Women's Services  
P.O. Box 1232  
Kings Beach, CA 96143

Tel: (530) 546-7804  
Fax: (775) 298-0011

**PLUMAS COUNTY**

Plumas Rural Services, Inc.  
586 Jackson St.  
Quincy, CA 95971

Tel: (530) 283-3611  
Fax: (530) 283-3647

**RIVERSIDE COUNTY**

Alternatives to Domestic Violence  
P.O. Box 910  
Riverside, CA 92502

Tel: (909) 320-1370  
Fax: (909) 320-1381

Shelter From the Storm, Inc.  
7355 Alessandro Dr. Suite D  
Palm Desert, CA 92260

Tel: (760) 674-0400  
Fax: (760) 674-0440

**SACRAMENTO COUNTY**

WEAVE  
P.O. Box 161389  
Sacramento, CA 95816

Tel: (916) 448-2321, ext.123  
Fax: (916) 443-1252

**SAN BERNARDINO COUNTY**

Desert Sanctuary, Inc. / Haley House  
P.O. Box 1781  
Barstow, CA 92312

Tel: (760) 256-3733  
Fax: (760) 256-3793

High Desert Domestic Violence Program  
17100-B Bear Valley Road, #284 PMB  
Victorville, CA 92392

Tel: (760) 843-0701  
Fax: (760) 843-9551

Morongo Basin Unity Home  
P.O. Box 1662  
Joshua Tree, CA 92252-0869

Tel: (760) 366-9663  
Fax: (760) 366-2643

Option House, Inc.  
688 N. Arrowhead  
San Bernardino, CA 92402

Tel: (909) 383-1602  
Fax: (909) 889-7312

Victor Valley Domestic Violence Center (A  
Better Way)  
P.O. Box 2825  
Victorville, CA 92393

Tel: (760) 955-8010  
Fax: (760) 955-8248

**SAN DIEGO COUNTY**

Center for Community Solutions  
4508 Mission Bay Dr.  
San Diego, CA 92109

Tel: (858) 272-5777  
Fax: (858) 272-5361

Community Resource Center / Libre  
650 Second Street  
Encinitas, CA 92024

Tel: (760) 753-1156  
Fax: (760) 753-0252

South Bay Community Services  
1124 Bay Blvd., Suite D  
Chula Vista, CA 91911

Tel: (619) 420-3620  
Fax: (619) 420-8722

YWCA of San Diego County  
1012 C Street  
San Diego, CA 92101

Tel: (619) 239-0355, ext. 227  
Fax: (619) 233-8545

**SAN FRANCISCO COUNTY**

Asian Women's Shelter  
3543 - 18th Street, Box #19  
San Francisco, CA 94110

Tel: (415) 751-7110  
Fax: (415) 751-0806

La Casa de las Madres  
1850 Mission St., Suite B  
San Francisco, CA 94103

Tel: (415) 503-0500  
Fax: (415) 503-0301

Riley Center of St. Vincent de Paul  
3543 18th St., #4  
San Francisco, CA 94110

Tel: (415) 255-2894  
Fax: (415) 552-0337

Community United Against Violence  
160 - 14th Street  
San Francisco, CA 94103

Tel: (415) 777-5500  
Fax: (415) 777-5565

**SAN JOAQUIN COUNTY**

Women's Center of San Joaquin County  
620 N. San Joaquin St.  
Stockton, CA 95202

Tel: (209) 467-2302, or  
(209) 941-2611  
Fax: (209) 941-4963

**SAN LUIS OBISPO COUNTY**

North Cty. Women's Resource Center/Shelter  
P.O. Box 2155  
Atascadero, CA 93423

Tel: (805) 461-1338  
Fax: (805) 461-8115

**SAN MATEO COUNTY**

Center for Domestic Violence Prevention  
P.O. Box 5090  
San Mateo, CA 94402

Tel: (650) 652-0800, ext. 138  
Fax: (650) 652-0808

**SANTA BARBARA COUNTY**

Domestic Violence Solutions for Santa Barbara  
County  
P.O. Box 1536  
Santa Barbara, CA 93102

Tel: (805) 963-4458, ext. 19  
Fax: (805) 963-1169

**SANTA CLARA COUNTY**

Asian Women's Home (AACI)  
2400 Moorpark Ave., Suite 300  
San Jose, CA 95128

Tel: (408) 975-2730, ext. 22  
Fax: (408) 975-2745

Community Solutions  
P.O. Box 546  
Morgan Hill, CA 95068

Tel: (408) 846-4763  
Fax: (408) 842-0757

Next Door Solutions to Domestic Violence  
1181 North Fourth Street Ste A  
San Jose, CA 95112

Tel: (408) 279-7555  
Fax: (408) 279-7562

Support Network for Battered Women  
1975 W. El Camino Real, Suite 205  
Mountain View, CA 94040

Tel: (650) 940-7850  
Fax: (650) 940-1037

**SANTA CRUZ COUNTY**

Walnut Avenue Women's Center  
303 Walnut Ave.  
Santa Cruz, CA 95060

Tel: (831) 426-3062  
Fax: (831) 426-3070

**SHASTA COUNTY**

Shasta County Women's Refuge, Inc.  
2280 Benton Dr., Bldg. A  
Redding, CA 96003

Tel: (530) 244-0118, ext. 27  
Fax: (530) 244-2653

**SISKIYOU COUNTY**

Siskiyou Domestic Violence & Crisis Center  
P.O. Box 688  
Yreka, CA 96097

Tel: (530) 842-6629  
Fax: (530) 842-9724

**SOLANO COUNTY**

SafeQuest Solano  
1745 Enterprise Dr., Suite 2-D  
Fairfield, CA 94533

Tel: (707) 422-7345, ext. 114  
Fax: (707) 422-7276

**SONOMA COUNTY**

YWCA of Sonoma County  
2235 Challenger Way, Suite 108  
Santa Rosa, CA 95407

Tel: (707) 546-9922, ext. 11  
Fax: (707) 546-9928

**STANISLAUS COUNTY**

Haven Women's Center of Stanislaus  
619 13th Street - Suite I  
Modesto, CA 95354

Tel: (209) 524-4331  
Fax: (209) 524-4201

**SUTTER COUNTY**

Casa de Esperanza, Inc.  
P.O. Box 56  
Yuba City, CA 95992-0056

Tel: (530) 674-5400  
Fax: (530) 674-3035

**TEHAMA COUNTY**

Alternatives to Violence  
P.O. Box 135  
Red Bluff, CA 96080

Tel: (530) 528-0226  
Fax: (530) 528-9339

**TULARE COUNTY**

Central California Family Crisis Center, Inc.  
770 N. Main Street  
Porterville, CA 93257

Tel: (559) 781-7462  
Fax: (559) 781-7462

Family Services of Tulare County  
815 West Oak  
Visalia, CA 93291

Tel: (559) 741-7310  
Fax: (559) 732-6404

**TUOLUMNE COUNTY**

Kene Me Wu Family Healing Center, Inc.  
P.O. Box 605  
Sonora, CA 95370

Tel: (209) 736-5830  
Fax: (209) 736-5836

Mountain Women's Resource Center  
P.O. Box 1154  
Sonora, CA 95370

Tel: (209) 588-9305  
Fax: (209) 588-9272

**VENTURA COUNTY**

Coalition to End Family Violence  
1030 N. Ventura Rd.  
Oxnard, CA 93030

Tel: (805) 983-6014  
Fax: (805) 983-6240

Interface Children Family Services  
1305 Del Norte Rd., Suite 130  
Camarillo, CA 93010

Tel: (805) 485-6114  
Fax: (805) 983-0789

**YOLO COUNTY**

Sexual Assault & Domestic Violence Ctr.  
927 Main St., Suite A  
Woodland, CA 95695

Tel: (530) 661-6336  
Fax: (530) 661-3021

## APPENDIX H

### CALIFORNIA ADULT PROTECTIVE SERVICE AGENCIES

For current contact information go to the California Department of Social Services web site at <<http://www.dss.cahwnet.gov/pdf/apscolist.pdf>>.

#### **ALAMEDA COUNTY**

Department of Adult and Aging Services  
8000 Edgewater Drive  
Oakland, CA 94621  
Website: <http://www.co.alameda.ca/us.assistance/adult/APS.html>

Hotline: (510) 567-6894  
Fax: (510) 569-5384

#### **ALPINE COUNTY**

Department of Health and Human Services  
75-A Diamond Valley Road  
Markleeville, CA 96120  
Website: [http://www.co.alpine.ca.us/dept/soc\\_srv/socserv.html](http://www.co.alpine.ca.us/dept/soc_srv/socserv.html)

Hotline: (888) 755-8099  
Fax: (530) 694-2252

#### **AMADOR COUNTY**

Department of Social Services  
1003 Broadway  
Jackson, CA 95642  
Website: <http://www.co.amador.ca.us/pub/depts/hhs/socialsvcs/aps/default.htm>

Hotline: (209) 223-1075  
Fax: (209) 223-6579

#### **BUTTE COUNTY**

Department of Social Services  
Post Office Box 1649  
Oroville, CA 95965  
Website: [http://www.buttecounty.net/dess/senior\\_adult.html](http://www.buttecounty.net/dess/senior_adult.html)

Hotline: (800) 664-9774  
Fax: (530) 579-3614

#### **CALAVERAS COUNTY**

CalWORKS & Human Services Agency  
891 Mountain Ranch Road  
San Andreas, CA 95249  
Website: <http://www.co.calaveras.ca.us/departments/welfare.html>

Sheriff's Office: (209) 754-6500  
Fax: (209) 754-6579

**COLUSA COUNTY**

Department of Health and Human Services  
251 East Webster Street  
Colusa, CA 95932  
Website: <http://www.colusacountyclerk.com>

Hotline: (530) 458-0280  
Fax: (530) 458-0492

**CONTRA COSTA COUNTY**

Department of Aging and Adult Services  
2530 Arnold Drive, Suite 300  
Martinez, CA 94553-4359  
Website: <http://www.ehsd.org/adult/adult001.html>

Hotline: (877) 839-4347  
Fax: (925) 335-8738

**DEL NORTE COUNTY**

Social Services Department  
880 Northcrest Drive  
Crescent City, CA 95531  
Website: <http://www.co.del-norte.ca.us>

Hotline: (707) 464-3191  
Fax: (707) 465-1783

**EL DORADO COUNTY**

Department of Social Services  
3057-A Briw Road  
Placerville, CA 95667-5321  
Website: <http://co.el-dorado.ca.us/socialservices/adultprotect.html>

Hotline: (800) 925-1812  
Fax: (530) 543-6774

**FRESNO COUNTY**

Human Services System  
Department of Adult Services  
Post Office Box 1912  
Fresno, CA 93750-0001  
Website: <http://www.fresno.ca.gov/5600/AS/AdultProtectiveServices.htm>

Hotline: (559) 255-3383  
Fax: (559) 453-4736

**GLENN COUNTY**

Human Resources Agency  
Mailing Address:  
P.O. Box 611  
420 East Laurel Street  
Willows, CA 95988-0611  
Website: <http://www.countyofglenn.net>

Hotline: (530) 934-6520  
Fax: (530) 934-6521

**HUMBOLDT COUNTY**

Department of Social Services  
808 E Street  
Eureka, CA 95501  
Website: <http://www.co.humboldt.ca.us/welfare/adult-1.htm>

Hotline: (707) 445-6180  
Fax: (707) 476-2138

**IMPERIAL COUNTY**

Department of Social Services  
315 South Waterman  
El Centro, CA 92243  
Website: <http://www.co.imperial.ca.us/socialservices/>

Hotline: (760) 337-7878  
Fax: (760) 336-3971

**INYO COUNTY**

Department of Health and Human Services  
162 Grove Street  
Bishop, CA 93514  
Website: <http://www.countyofinyon.org>

Hotline: (800) 841-5011  
Fax: (760) 873-3277

**KERN COUNTY**

Aging and Adult Services Department  
Protective Services Division  
5357 Truxton Avenue  
Bakersfield, CA 93309  
Website: <http://www.co.kern.ca.us/aas/protectiveservices.asp>

Hotline: (661) 868-1006, or  
(800) 277-7866

**KINGS COUNTY**

Human Services Agency  
Government Center  
1200 South Drive  
Hanford, CA 93230  
Website: <http://www.countyofkings.com/HAS/index.htm>

Hotline: (559) 582-8776, or  
(877) 897-5842  
Fax: (559) 585-0346

**LAKE COUNTY**

Social Services Department  
Post Office Box 9000  
Lower Lake, CA 95457  
Website: <http://www.dss.co.lake.ca.us/adultprotectiveservices.html>

Pager: (800) 399-9339  
Fax: (707) 262-0299

**LASSEN COUNTY**

Welfare Administration/LassenWorks  
Post Office Box 1359  
Susanville, CA 96130  
Website: [http://www.co.lassen.ca.us/welfare\\_mission.htm](http://www.co.lassen.ca.us/welfare_mission.htm)

Hotline: (530) 251-8158  
Sheriff's Office:  
(530) 251-8222 (night calls)  
Fax: (530) 251-8370

**LOS ANGELES COUNTY**

Community and Senior Services  
3333 Wilshire Blvd., Suite 400  
Los Angeles, CA 90010  
Website: <http://www.dcss.co.la.ca.us/APS/APS.htm>

Hotline: (877) 477-3646  
Direct/collect: (626) 579-6905  
Intake Fax: (213) 738-6485

**MADERA COUNTY**

Department of Social Services  
Post Office Box 569  
Madera, CA 93639  
Website: <http://www.madera-county.com>

Hotline: (559) 675-7839  
Fax: (559) 675-7690

**MARIN COUNTY**

Department of Health and Human Services  
10 North San Pedro Rd., Suite 1007  
San Rafael, CA 94903  
Website: <http://www.co.marin.ca.us/depts/HH/main/ss/atistag.cfm#adultt>

Hotline: (415) 507-2774  
Fax: (415) 499-6465

**MARIPOSA COUNTY**

Department of Human Services  
Post Office Box 7  
Mariposa, CA 95338  
Website: <http://www.mariposacounty.org>

Hotline: (800) 266-3609  
Fax: (209) 742-5854

**MENDOCINO COUNTY**

Department of Social Services  
Post Office Box 839  
Ukiah, CA 95482  
Website: <http://www.co.mendocino.ca.us>

Hotline: (707) 962-1102  
Fax: (707) 962-1110

**MERCED COUNTY**

Department of Human Services  
Post Office Box 112  
Merced, CA 95341  
Website: <http://www.co.merced.ca.us>

Hotline: (209) 385-3105  
Fax: (209) 725-3836

**MODOC COUNTY**

Department of Social Services  
120 North Main Street  
Alturas, CA 96101  
Website: n/a

Hotline: (530) 223-6501  
Sheriff's Office:  
(530) 233-4416 (Night calls)  
Fax: (530) 233-6536

**MONO COUNTY**

Department of Social Services  
Post Office Box 576  
Bridgeport, CA 93517  
Website: <http://www.monocounty.ca.gov>

Hotline: (800) 340-5411  
Fax: (760) 932-5287

**MONTEREY COUNTY**

Department of Social Services  
713 Laguardia Street, Suite A  
Salinas, CA 93901  
Website: <http://www.co.monterey.ca.us>

Hotline: (800) 960-0010  
Fax: (831) 899-8022

**NAPA COUNTY**

Health and Human Services Agency  
900 Coombs Street, #257  
Napa, CA 94559-2936  
Website: <http://www.co.monterey.ca.us/departments/adultprotective/default.asp>

Hotline: (888) 619-6913  
Fax: (707) 253-6117

**NEVADA COUNTY**

Department of Human Services  
PO Box 1210  
950 Maidu Avenue  
Nevada City, CA 95959  
Website: <http://www.afs.co.nevada.ca.os/ourservices.htm>

Hotline: (888) 339-7248  
Fax: (714) 265-7166

**ORANGE COUNTY**

Social Services Agency  
Post Office Box 22006  
Santa Ana, CA 92702-2006  
Website: <http://www.oc.ca.gov/.ssa/adltserv/asaps.htm>

Hotline: (800) 451-5155  
Fax: (714) 825-3155

**PLACER COUNTY**

Health and Human Services Department  
11512-B Avenue  
Auburn, CA 95603  
Website: <http://www.placer.ca.gov/hhs/access.htm>

Hotline: (888) 886-5401  
Fax: (530) 886-2992

**PLUMAS COUNTY**

Department of Social Services  
270 County Hospital Road, Suite 207  
Quincy, CA 95971  
Website: [http://www.countyofplumas.com/socialservices/socialservices\\_home\\_page.htm](http://www.countyofplumas.com/socialservices/socialservices_home_page.htm)

Hotline: (530) 283-6471  
Sheriff's Office:  
(530) 283-6300 (Night calls)

**RIVERSIDE COUNTY**

Department of Public Social Services  
4060 County Circle Drive  
Riverside, CA 92503  
Website: <http://www.dpss.co.riverside.ca.us/aps1.htm>

Hotline: (800) 491-7123  
Fax: (909) 358-3364

**SACRAMENTO COUNTY**

Department of Health and Human Services  
4875 Broadway  
Sacramento, CA 95820  
Website: <http://www.sacdhs.com/senior.html>

Hotline: (916) 874-9377  
Fax: (916) 874-9682

**SAN BENITO COUNTY**

Health and Human Services Agency  
1111 San Felipe Road, Suite 206  
Hollister, CA 95023  
Website: <http://www.san-benito.ca.us>

Hotline: (831) 636-4190  
Fax: (831) 637-2910

**SAN BERNARDINO COUNTY**

Human Services System  
686 East Mill Street  
San Bernardino, CA 92415-0640  
Website: <http://www.hss.sbcounty.gov/daas/Programs/a.htm>

Hotline: (877) 565-2020  
Fax: (909) 335-0650

**SAN DIEGO COUNTY**

Aging and Independence Services  
9335 Hazard Way, Suite 100  
San Diego, CA 92123  
Website: <http://www.ais-sd.net/>

Hotlines: (858) 495-5660  
Local: (800) 510-2020, or  
(800) 339-4661  
Fax: (858) 495-5247

**SAN FRANCISCO CITY AND COUNTY**

Department of Human Services  
Post Office Box 7988  
San Francisco, CA 94120-7988

Hotline: (800) 814-0009, or  
(415) 557-5230  
Fax: (415) 557-5377

Website: <http://www.ci.sf.ca.us/dhs/aps.htm>

**SAN JOAQUIN COUNTY**

Human Services Agency-Aging and  
Community Services  
Post Office Box 201056  
Stockton, CA 95201  
Website: <http://www.co.san-joaquin.ca.us/aging/direct.htm>

Hotline: (888) 800-4800  
Fax: (209) 468-2207

**SAN LUIS OBISPO COUNTY**

Department of Social Services  
Post Office Box 8119  
San Luis Obispo, CA 93403-8119  
Website: [http://www.slodss.org/adult\\_services/index.htm](http://www.slodss.org/adult_services/index.htm)

Hotline: (805) 781-1790  
After Hours: (800) 838-1381  
Fax: (805) 788-2512

**SAN MATEO COUNTY**

Department of Health Services  
Aging and Adult Services  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403  
Website: <http://www.smhealth.org/aging.html>

Hotline: (800) 675-8473  
Fax: (650) 573-2193

**SANTA BARBARA COUNTY**

Department of Social Services  
234 Camino Del Remedio  
Santa Barbara, CA 93110-1369  
Website: <http://www.countyofsb.org>

Hotline: (805) 692-4011  
Fax: (805) 681-4579  
Fax: (805) 346-7246

**SANTA CLARA COUNTY**

Social Services Agency  
591 North Kind Road  
San Jose, CA 95133  
Website: <http://www.santaclaracounty.org/ssa/daas/apshome.htm>

Hotline: (800) 414-2002  
Fax: (408) 923-2134

**SANTA CRUZ COUNTY**

Human Resources Agency  
Post Office Box 1320  
Santa Cruz, CA 95061  
Website: <http://www.hra.co.santa-cruz.ca.us/html/aps.html>

Hotline: (866) 580-4357  
Fax: (831) 454-4290

**SHASTA COUNTY**

Department of Social Services  
Post Office Box 496005  
Redding, CA 96049-6005  
Website: <http://www.co.shasta.ca.us/Departments/SocialServices/Index.htm#Adult>

Hotline: (530) 225-5798  
Fax: (530) 245-7693

**SIERRA COUNTY**

Department of Health and Human Services  
Post Office Box 1019  
Loyalton, CA 96118  
Website: <http://www.sierracounty.ws>

Hotline: (530) 289-3720  
Fax: (530) 993-6767 (Loyalton)  
Fax: (530) 289-3716 (Downieville)

**SISKIYOU COUNTY**

Human Services Department  
490 South Broadway  
Yreka, CA 96097  
Website: <http://www.co.siskiyou.ca.us/humsvc/adult.htm>

Hotline: (530) 842-7009  
Fax: (530) 841-4238

**SOLANO COUNTY**

Department of Health and Social Services  
Older and Disabled Adult Services  
275 Beck Avenue  
PO Box 5050  
Fairfield, CA 94533  
Website: <http://www.co.solano.ca.us/hss/>

Hotline: (800) 850-0012  
Fax: (707) 435-2440

**SONOMA COUNTY**

Human Services Department  
Post Office Box 4059  
Santa Rosa, CA 95402  
Website: [http://www.sonoma-county.org/human/division.htm#b\\_a](http://www.sonoma-county.org/human/division.htm#b_a)

Hotline: (800) 667-0404  
Fax: (707) 565-5969

**STANISLAUS COUNTY**

Community Services Agency  
Post Office Box 42  
Modesto, CA 95353-0042  
Website: <http://www.stanworks.com/departments/adultservices/aps.htm>

Hotline: (800) 336-4316  
Fax: (209) 558-2681

**SUTTER COUNTY**

Department of Human Services  
Post Office Box 1599  
Yuba City, CA 95991  
Website: [http://www.co.sutter.ca.us/human\\_services/welfare\\_social\\_services/index.htm](http://www.co.sutter.ca.us/human_services/welfare_social_services/index.htm)

Hotline: (530) 822-7227  
Fax: (530) 822-7384

**TEHAMA COUNTY**

Department of Social Services  
Post Office Box 1515  
Red Bluff, CA 96080  
Website: n/a

Hotline: (800) 323-7711  
Fax: (530) 527-5410

**TRINITY COUNTY**

Health and Human Services Department  
Post Office Box 1470  
Weaverville, CA 96093-1470  
Website: <http://www.trinitycounty.org>

Hotline: (530) 623-1314, or  
(800) 851-5658

**TULARE COUNTY**

Department of Public Social Services  
3330 West Mineral King Rd., Suite A  
Visalia, CA 93291  
Website: <http://www.co.tulare.ca.us>

Hotline: (800) 321-2462  
Fax: (559) 740-4347

**TUOLUMNE COUNTY**

Department of Social Services  
20075 Cedar Road North  
Sonora, CA 95370  
Website: n/a

Hotline: (209) 533-4357  
Fax: (209) 533-7355, or  
(209) 533-5714

**VENTURA COUNTY**

Human Services Agency  
505 Poli Street  
Ventura, CA 93003  
Website: <http://www.ventura.org/has/html/adultpro.htm>

Hotline: (805) 654-3200  
Fax: (805) 652-7502

**YOLO COUNTY**

Department of Employment and Social Services  
500-A Jefferson Boulevard, Suite 100  
West Sacramento, CA 95605  
Website: <http://www.yolocounty.org/org/dess/apsdiv.htm>

Hotline: (916) 375-6239, or  
(888) 675-1115  
Fax: (916) 375-6203

**YUBA COUNTY**

Health and Human Services Department  
6000 Lindhurst Avenue, Suite 700-C  
P.O. Box 2320  
Marysville, CA 95901  
Website: <http://www.co.yuba.ca.us/departments.html>

Hotline: (530) 749-6471  
Fax: (530) 749-6244

## APPENDIX I

### CALIFORNIA OMBUDSMAN PROGRAMS

For current contact information go to the following website:

<[http://www.aging.ca.gov/html/programs/ombudsman\\_contacts.html](http://www.aging.ca.gov/html/programs/ombudsman_contacts.html)>

#### **ALAMEDA COUNTY**

Ombudsman Inc.

Tel: (510) 638-6878

7901 Oakport, Suite 3200

Oakland, CA 94621-2022

Counties: Alameda

#### **ALPINE COUNTY**

Mother Lode Ombudsman Program

Tel: (209) 532-7632

14855 Moro Way, Suite 105

Sonora, CA 95370

Counties: Alpine, Amador, Calaveras,  
Mariposa, Tuolumne

#### **AMADOR COUNTY**

Mother Lode Ombudsman Program

Tel: (209) 532-7632

14855 Moro Way, Suite 105

Sonora, CA 95370

Counties: Alpine, Amador, Calaveras,  
Mariposa, Tuolumne

#### **BUTTE COUNTY**

Ombudsman Program

Tel: (530) 989-5923, or

2491 Carmichael Dr., Suite 400

(800) 822-0109

Chico, CA 95928

Counties: Butte, Colusa, Glenn, Plumas,  
Tehama

#### **CALAVERAS COUNTY**

Mother Lode Ombudsman Program

Tel: (209) 532-7632

14855 Moro Way, Suite 105

Sonora, CA 95370

Counties: Alpine, Amador, Calaveras,  
Mariposa, Tuolumne

**COLUSA COUNTY**

Ombudsman Program  
2491 Carmichael Dr., Suite 400  
Chico, CA 95928  
Counties: Butte, Colusa, Glenn, Plumas,  
Tehama

Tel: (530) 989-5923, or  
(800) 822-0109

**CONTRA COSTA COUNTY**

Ombudsman Services of Contra Costa, Inc.  
1601 Sutter Street, Suite A  
Concord, CA 94520  
Counties: Contra Costa

Tel: (925) 685-2070

**DEL NORTE COUNTY**

Long-Term Care Ombudsman Program  
1910 California Street  
Eureka, CA 95501-2899  
Counties: Del Norte, Humboldt

Tel: (707) 443-9747

**EL DORADO COUNTY**

El Dorado County Long Term Care  
Ombudsman Program  
937 Spring Street  
Placerville, CA 95667  
Counties: El Dorado

Tel: (530) 621-6157

**FRESNO COUNTY**

Fresno/Madera Ombudsman Program  
5424 N. Palm Ave., Suite 108  
Fresno, CA 93704  
Counties: Fresno, Madera

Tel: (559) 224-9177

**GLENN COUNTY**

Ombudsman Program  
2491 Carmichael Dr., Suite 400  
Chico, CA 95928  
Counties: Butte, Colusa, Glenn, Plumas,  
Tehama

Tel: (530) 989-5923, or  
(800) 822-0109

**HUMBOLDT COUNTY**

Long-Term Care Ombudsman Program  
1910 California Street  
Eureka, CA 95501-2899

Tel: (707) 443-9747

**IMPERIAL COUNTY**

Ombudsman Program  
1331 So. Clark Road, Bldg. 11  
El Centro, CA 92243  
Counties: Imperial

Tel: (760) 336-3996

**INYO COUNTY**

Ombudsman/Advocacy Services  
PO Box 518  
611 W. Line Street  
Bishop, CA 93515  
Counties: Inyo, Mono

Tel: (760) 872-4128

**KERN COUNTY**

Ombudsman Program  
c/o Greater Bakersfield Legal Assistance  
615 California Ave.  
611 W. Line Street  
Bakersfield, CA 93304  
Counties: Kern

Tel: (661) 323-7884  
Only (661) area:  
(800) 292-4252

**KINGS COUNTY**

Ombudsman Program  
Long-Term Care Ombudsman Program  
1197 South Drive  
Hanford, CA 93230  
Counties: Kings, Tulare

Tel: (559) 583-0333

**LAKE COUNTY**

Nursing Home Ombudsman Program  
c/o People for People, Inc.  
499 Leslie Street  
Ukiah, CA 95482  
Counties: Lake, Mendocino

Tel: (707) 468-5882  
Only (707) area:  
(800) 997-3675

**LASSEN COUNTY**

Northern California Ombudsman Program  
1647 Hartnell Ave., Suite 6  
Redding, CA 96002-2268  
Counties: Lassen, Modoc, Shasta, Siskiyou, Trinity

Tel: (530) 223-6191

**LOS ANGELES COUNTY: REGION I – SANTA MONICA**

Long-Term Care Ombudsman Program  
c/o WISE Senior Services  
PO Box 769  
Santa Monica, CA 90401-0769  
Counties: Los Angeles

Tel: (310) 899-1483

**LOS ANGELES COUNTY: REGION II – LOS ANGELES**

Long-Term Care Ombudsman Program  
Angeles Plaza Senior Activity Center  
255 South Hill St., Room 408  
Los Angeles, CA 90012  
Counties: LA – Region II

Tel: (213) 617-8957

**LOS ANGELES COUNTY: REGION III – RESEDA**

Long-Term Care Ombudsman Program  
7101 Baird Ave., Suite 106  
Reseda, CA 91335  
Counties: LA – Region III

Tel: (818) 881-6460

**LOS ANGELES COUNTY: REGION IV – ARCADIA**

Long-Term Care Ombudsman Program  
735 W. Duarte, Suite 401  
Arcadia, CA 91007  
Counties: LA – Region IV

Tel: (626) 294-9123

**LOS ANGELES COUNTY: REGION V – LAKEWOOD**

Long-Term Care Ombudsman Program  
5510 Clark Ave.  
Lakewood, CA 90712  
Counties: LA – Region V

Tel: (562) 869-6500

**LOS ANGELES COUNTY: REGION VI – SAN DIMAS**

Long-Term Care Ombudsman Program  
San Dimas Senior Citizens Comm. Centro.  
201 E. Bonita Ave.  
San Dimas, CA 91773  
Counties: LA – Region VI

Tel: 909) 394-0416

**LOS ANGELES COUNTY: REGION VII – LANCASTER**

Long-Term Care Ombudsman Program  
44815 Fig Ave., Suite A-2  
Lancaster, CA 93534  
Counties: LA – Region VII

Tel: (661) 945-5563

**LOS ANGELES COUNTY: REGION VIII- DOWNEY**

Long-Term Care Ombudsman Program  
8515 E. Florence Ave., Suite 103  
Downey, CA 90240  
Counties: LA – Region VIII

Tel: (562) 869-6500

**LOS ANGELES COUNTY: REGION IX- BURBANK**

Long-Term Care Ombudsman Program  
308 W. Verdugo Ave., Suite 103  
Burbank, CA 91502  
Counties: LA – Region IX

Tel: (818) 563-1957

**MADERA COUNTY**

Fresno/Madera Ombudsman Program  
5424 N. Palm Ave., Suite 108  
Fresno, CA 93704  
Counties: Fresno, Madera

Tel: (559) 224-9177

**MARIN COUNTY**

County of Marin Ombudsman Program  
10 North San Pedro St., Suite 1024  
San Rafael, CA 94903  
Counties: Marin

Tel: (415) 499-7446

**MARIPOSA COUNTY**

Mother Lode Ombudsman Program  
14855 Moro Way, Suite 105  
Sonora, CA 95370  
Counties: Alpine, Amador, Calaveras,  
Mariposa, Tuolumne

Tel: (209) 532-7632

**MERCED COUNTY**

Merced County Ombudsman Program  
851 W. 23rd. Street  
Merced, CA 95340  
Counties: Merced

Tel: (209) 385-7402

**MODOC COUNTY**

Northern California Ombudsman Program  
1647 Hartnell Ave., Suite 6  
Redding, CA 96002-2268  
Counties: Lassen, Modoc, Shasta, Siskiyou, Trinity

Tel: (530) 223-6191

**MONO COUNTY**

Ombudsman/Advocacy Services  
PO Box 518  
611 W. Line Street  
Bishop, CA 93515  
Counties: Inyo, Mono

Tel: (760) 872-4128

**MONTEREY COUNTY**

Monterey County Ombudsman, Inc.  
2200 Garden Road  
Monterey, CA 93940  
Counties: Monterey, Salinas

Tel: (831) 333-1300  
Salinas: (831) 758-4011

**NAPA COUNTY**

Ombudsman Program  
1443 Main Street, Bldg. D, #125  
Napa, CA 94559  
Counties: Napa

Tel: (707) 255-4236

**NEVADA COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento, Sierra,  
Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**ORANGE COUNTY**

Long-Term Care Ombudsman Program  
Orange County Council on Aging, Inc.  
1971 E. Fourth St., #200  
Santa Ana, CA 92705-3917  
Counties: Orange

Tel: (714) 479-0107  
Only (562) and (949) areas:  
(800) 300-6222

**PLACER COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento,  
Sierra, Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**PLUMAS COUNTY**

Ombudsman Program  
2491 Carmichael Dr., Suite 400  
Chico, CA 95928  
Counties: Butte, Colusa, Glenn, Plumas, Tehama

Tel: (530) 989-5923, or  
(800) 822-0109

**RIVERSIDE COUNTY**

Long-Term Care Ombudsman Program  
PO Box 5376  
2060 University Ave.  
Riverside, CA 92517-5376  
Counties: Riverside

Tel: (909) 686-4402, or  
(800) 464-1123

**SACRAMENTO COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento, Sierra,  
Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**SAN BENITO COUNTY**

Ombudsman/Advocate, Inc.  
333 Front Street, Suite 101  
Santa Cruz, CA 95060  
Counties: Santa Cruz, San Benito

Tel: (831) 429-1913

**SAN BERNARDINO COUNTY**

Long-Term Care Ombudsman Program  
455 North "D" Street  
San Bernardino, CA 92415-0009  
Counties: San Bernardino

Tel: (909) 891-3928, or  
(866) 229-0284

**SAN DIEGO COUNTY**

Long-Term Care Ombudsman Program  
9335 Hazard Way, Suite 100  
San Diego, CA 92123  
Counties: San Diego

Tel: (858) 560-2507  
Only (858) area: (800) 640-4661

**SAN FRANCISCO COUNTY**

Ombudsman Program  
6221 Geary Blvd., 3rd Floor  
San Francisco, CA 94121  
Counties: San Francisco

Tel: (415) 751-9788

**SAN JOAQUIN COUNTY**

Ombudsman Program  
PO Box 201056  
102 So. San Joaquin Street  
Stockton, CA 95201-3006  
Counties: San Joaquin

Tel: (209) 468-3785

**SAN LUIS OBISPO COUNTY**

LTC Ombudsman Services of SLO County  
783 Quintana Rd., Suite 2  
Morro Bay, CA 93442  
Counties: San Luis Obispo

Tel: (805) 772-3059

**SAN MATEO COUNTY**

Ombudsman Program of San Mateo, Inc.  
300 Piedmont Ave., #425  
San Bruno, CA 94066  
Counties: San Mateo

Tel: (650) 742-9131  
Only (650) area:  
(800) 674-8437

**SANTA BARBARA COUNTY**

Long-Term Care Ombudsman Program of  
Santa Barbara County  
1235-B Veronica Springs Road  
Santa Barbara, CA 93105  
Counties: Santa Barbara

Tel: (805) 563-6025  
Santa Maria: (805) 928-4808

**SANTA CLARA COUNTY**

Ombudsman/Advocate, Inc.  
2625 Zanker Road, Suite 200  
San Jose, CA 95134-2107  
Counties: Santa Clara

Tel: (408) 944-0567

**SANTA CRUZ COUNTY**

Ombudsman/Advocate, Inc.  
333 Front Street, Suite 101  
Santa Cruz, CA 95060  
Counties: Santa Cruz, San Benito

Tel: (831) 429-1913

**SHASTA COUNTY**

Northern California Ombudsman Program  
1647 Hartnell Ave., Suite 6  
Redding, CA 96002-2268  
Counties: Lassen, Modoc, Shasta, Siskiyou, Trinity

Tel: (530) 223-6191

**SIERRA COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento,  
Sierra, Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**SISKIYOU COUNTY**

Northern California Ombudsman Program  
1647 Hartnell Ave., Suite 6  
Redding, CA 96002-2268  
Counties: Lassen, Modoc, Shasta, Siskiyou, Trinity

Tel: (530) 223-6191

**SOLANO COUNTY**

LTC Ombudsman Services  
1810 Capitol Street  
Vallejo, CA 94590  
Counties: Solano

Tel: (707) 644-4194  
Only (707) area:  
(800) 644-4194

**SONOMA COUNTY**

Ombudsman Program  
780 Bay Blvd.  
Santa Rosa, CA 95403-2004  
Counties: Sonoma

Tel: (707) 526-4108

**STANISLAUS COUNTY**

Ombudsman Program  
400 12th Street  
Modesto, CA 95354  
Counties: Stanislaus County

Tel: (209) 529-3784

**SUTTER COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento, Sierra,  
Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**TEHAMA COUNTY**

Ombudsman Program  
2491 Carmichael Dr., Suite 400  
Chico, CA 95928  
Counties: Butte, Colusa, Glenn, Plumas,  
Tehama

Tel: (530) 989-5923, or  
(800) 822-0109

**TRINITY COUNTY**

Northern California Ombudsman Program  
1647 Hartnell Ave., Suite 6  
Redding, CA 96002-2268  
Counties: Lassen, Modoc, Shasta, Siskiyou,  
Trinity

Tel: (530) 223-6191

**TULARE COUNTY**

Ombudsman Program  
Long-Term Care Ombudsman Program  
1197 South Drive  
Hanford, CA 93230  
Counties: Kings, Tulare

Tel: (559) 583-0333

**TUOLUMNE COUNTY**

Mother Lode Ombudsman Program  
14855 Moro Way, Suite 105  
Sonora, CA 95370  
Counties: Alpine, Amador, Calaveras, Mariposa,  
Tuolumne

Tel: (209) 532-7632

**VENTURA COUNTY**

Ombudsman Program  
3262 Airway Drive, Suite C  
Santa Rosa, CA 95403-2004  
Counties: Ventura

Tel: (805) 656-1986

**YOLO COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento, Sierra,  
Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

**YUBA COUNTY**

Ombudsman Services of Northern California  
3960 Industrial Blvd., Suite 300B  
West Sacramento, CA 95691  
Counties: Nevada, Placer, Sacramento, Sierra,  
Sutter, Yolo, Yuba

Tel: (916) 376-8910, or  
(916) 823-8422

## APPENDIX J

### CALIFORNIA REGIONAL CENTERS

For current contact information go to the following websites: <<http://www.dds.cahwnet.gov/rclist/cfm>>;  
<<http://www.arcanet.org/links/htm>>

#### **ALTA CALIFORNIA REGIONAL CENTER**

2031 Howe Avenue  
Sacramento, CA 95825  
Counties: Placer, Yuba, Sierra, Yolo, Sutter,  
Sacramento, Alpine, Colusa,  
El Dorado, Nevada

Tel: (916) 924-0400  
Fax: (916) 929-1036

#### **CENTRAL VALLEY REGIONAL CENTER**

5169 N. Blythe Ave.  
Fresno, CA 93722  
Counties: Tulare, Kings, Fresno, Madera,  
Mariposa, Merced

Tel: (209) 276-4300  
Fax: (209) 276-4360

#### **EASTERN LOS ANGELES REGIONAL CENTER**

3845 Silage Place  
Los Angeles, CA 90031  
Counties: East LA, Northeast LA, Alhambra,  
Whittier

Tel: (213) 224-4700  
Fax: (213) 225-4425

#### **FAR NORTH REGIONAL CENTER**

1900 Churn Creek Rd. #319  
Redding, CA 96002  
Counties: Butte, Glenn, Lassen, Modoc, Plumas,  
Shasta, Siskiyou, Tehama, Trinity

Tel: (916) 222-4791  
Fax: (916) 222-8908

#### **FRANK D. LANTERMAN REGIONAL CENTER**

3440 Wilshire Blvd., #400  
Los Angeles, CA 90010

Tel: (213) 383-1300  
Fax: (213) 383-6526

#### **GOLDEN GATE REGIONAL CENTER**

120 Howard St., 3rd Floor  
San Francisco, CA 94105  
Counties: San Francisco, San Mateo

Tel: (415) 546-9222  
Fax: (415) 546-9203

#### **HARBOR REGIONAL CENTER**

21231 Hawthorne Blvd.  
Torrance, CA 90503  
Counties: Bellflower, Harbor, Long Beach,  
Torrance Health Districts (LA County)

Tel: (310) 540-1711  
Fax: (310) 540-9538

**INLAND REGIONAL CENTER**

674 Brier Dr.  
San Bernardino, CA 92412  
Counties: Riverside, San Bernardino

Tel: (909) 890-3000  
Fax: (909) 890-3001

**KERN REGIONAL CENTER**

3200 N. Sillect Ave.  
Bakersfield, CA 93308  
Counties: Kern, Inyo, Mono

Tel: (661) 327-8531  
Fax: (661) 324-5060

**NORTH BAY REGIONAL CENTER**

10 Executive Ct., Suite A  
Napa, CA 94558  
Counties: Napa, Sonoma, Solano

Tel: (707) 256-1100  
Fax: (707) 256-1112

**NORTH LOS ANGELES REGIONAL CENTER**

15400 Sherman Way, Suite 300  
Van Nuys, CA 91406  
Counties: East Valley, West Valley,  
San Fernando (LA County)

Tel: (818) 778-1900  
Fax: (818) 756-6140

**REDWOOD COAST REGIONAL CENTER**

808 E Street  
Eureka, CA 95501  
Counties: Del Norte, Humboldt, Mendocino, Lake

Tel: (707) 445-0893  
Fax: (707) 444-4309

**REGIONAL CENTER FOR ORANGE COUNTY**

530 S. Main St.  
Orange, CA 92668  
Counties: Orange

Tel: (714) 973-1999  
Fax: (714) 541-3021

**REGIONAL CENTER OF THE EAST BAY**

1212 Broadway  
Oakland, CA 94612  
Counties: Alameda, Contra Costa

Tel: (510) 451-7232  
Fax: (510) 465-0117

**SAN ANDREAS REGIONAL CENTER**

300 Orchard City Dr., #170  
Campbell, CA 95008  
Counties: Monterey, Santa Clara, Santa Cruz,  
San Benito

Tel: (408) 374-9960  
Fax: (408) 376-0586

**SAN DIEGO REGIONAL CENTER**

4355 Ruffin Rd., #205  
San Diego, CA 92123  
Counties: Imperial, San Diego

Tel: (619) 576-2996  
Fax: (619) 576-2873

**SAN GABRIEL/POMONA REGIONAL CENTER**

1521 W. Cameron Ave., Bldg. A  
West Covina, CA 91790  
Counties: El Monte, Pomona,  
Foothill Health Districts (LA County)

Tel: (818) 814-8811  
Fax: (818) 338-2507

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER**

2160 W. Adams Blvd.  
Los Angeles, CA 90018  
Counties: Compton, San Antonio, South,  
Southwest, Southeast Health Districts  
(Los Angeles County)

Tel: (213) 734-1884  
Fax: (213) 730-2286

**TRI-COUNTIES REGIONAL CENTER**

5464 Carpinteria Ave., #B  
Carpinteria, CA 93013  
Counties: San Luis Obispo, Santa Barbara,  
Ventura

Tel: (805) 684-1204  
Fax: (805) 684-3034

**VALLEY MOUNTAIN REGIONAL CENTER**

7210 Murray Dr.  
Stockton, CA 95210  
Counties: Amador, Calaveras, San Joaquin,  
Stanislaus, Tuolumne

Tel: (209) 473-0951  
Fax: (209) 473-0256

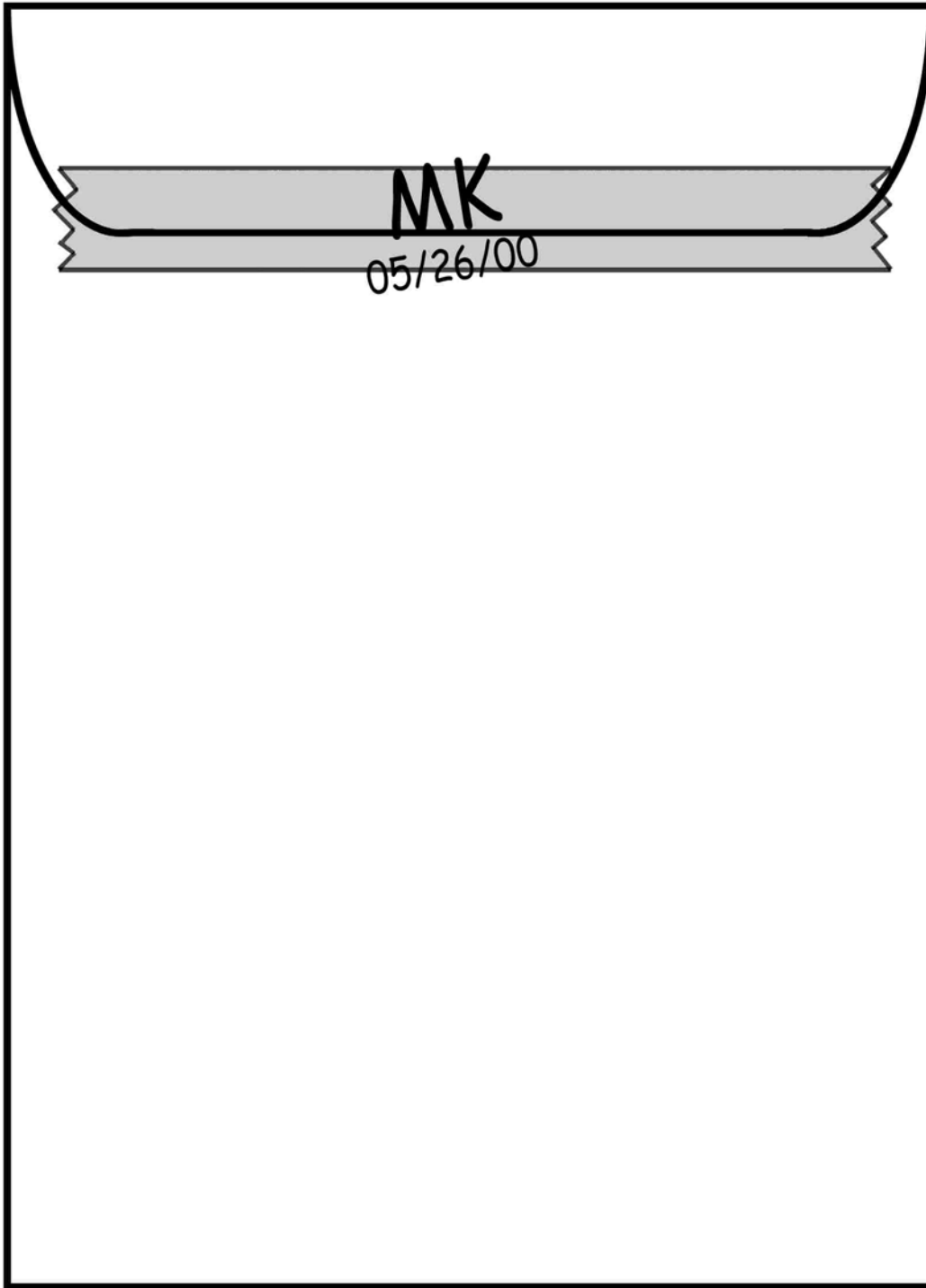
**WESTSIDE REGIONAL CENTER**

5901 Green Valley Circle, #320  
Culver City, CA 90230  
Counties: Inglewood, Santa Monica-West  
(LA County)

Tel: (310) 337-1155  
Fax: (310) 649-2033

APPENDIX K

EXAMPLE OF SEALED EVIDENCE ENVELOPE



Note: Sign and date over the seal.

APPENDIX L

CHAIN OF CUSTODY FORM

**CALIFORNIA COUNTY  
Laboratory of Forensic Sciences**

**EVIDENCE COLLECTION KIT**

FOR HOSPITAL PERSONNEL  
(Please print)

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  
 Male

Name of Examiner: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Agency Case No.: \_\_\_\_\_

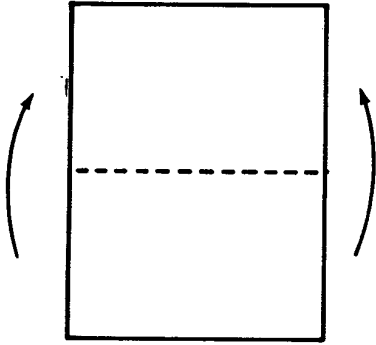
AFFIX  
BIOHAZARD  
LABEL HERE  
AFTER  
SPECIMEN  
COLLECTION

**CHAIN OF CUSTODY**

FROM: (Print Name and Sign)	TO: (Print Name and Sign)	DATE	TIME

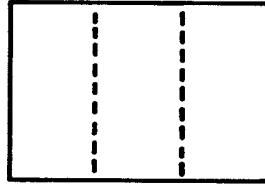
## APPENDIX M

### HOW TO MAKE A BUNDLE



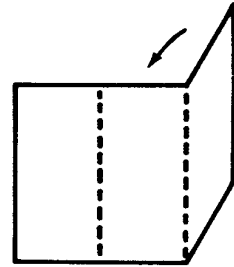
1

Fold the paper in half.



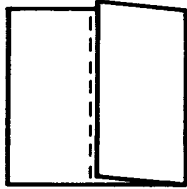
2

Fold the half-sized paper into thirds.



3

Fold over the right flap.

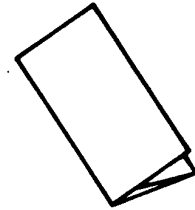


4



5

Fold over the left flap.



6



7

Fold in half. Seal the open end of the bundle, not the folded end. Initial the tape prior to sealing.

# APPENDIX N

## Resources for laminating

- Large print version of Patient Information
- Large print version of Patient Consent
- Large print version of “Close your eyes” for the Mini-Mental State Examination (MMSE)
- Large print version of “Write a sentence” for the Mini-Mental State Examination (MMSE)
- Large print version of “Copy this design” for the Mini-Mental State Examination (MMSE)

# **Patient Information**

- 1. I understand that hospitals and health care professionals are required by Penal Code §11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.**
- 2. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the California Victim Compensation Program (VCP) for out-of-pocket medical expenses, psychological counseling, loss of wages, job retraining and rehabilitation.**

# Patient Consent

- 1. I understand that a medical evidentiary examination for evidence of abuse and/or neglect can, with my consent, be conducted by a health care professional to discover and preserve evidence. If conducted, the report of the examination and any evidence obtained will be released to investigative authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.**
- 2. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.**
- 3. I hereby consent to a medical evidentiary examination for evidence of abuse and/or neglect.**
- 4. I understand that data without patient identity from this report may be collected for health and forensic purposes, and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.**

# Mini-Mental State Examination (MMSE)

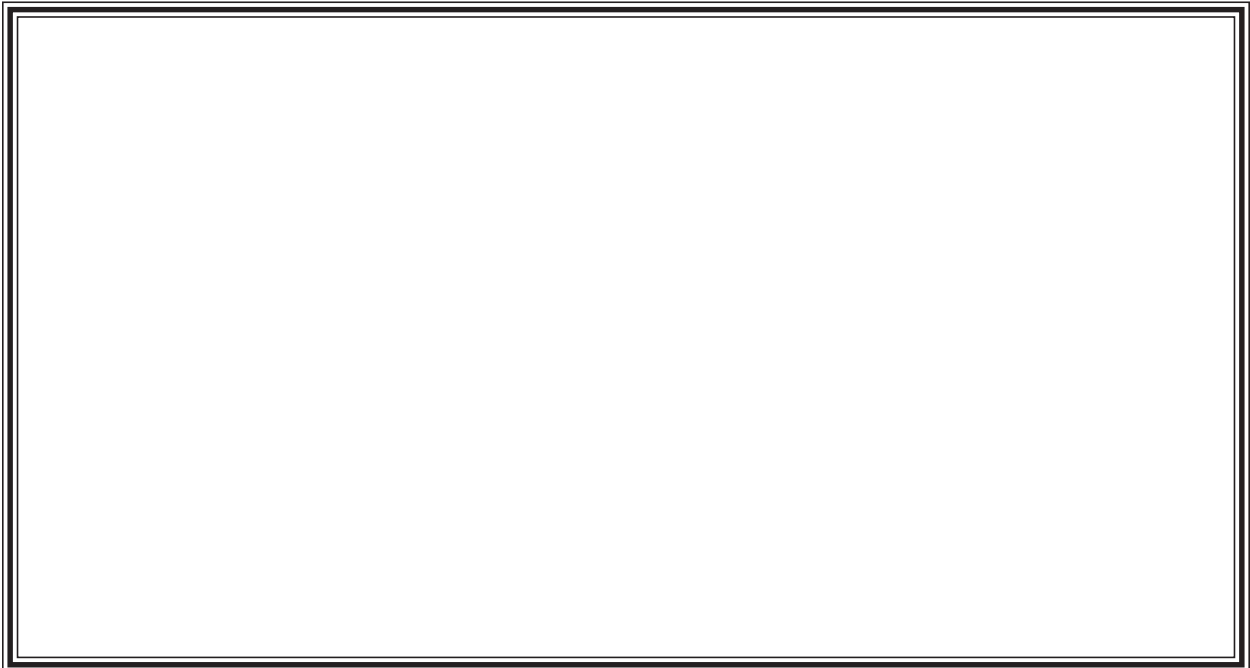
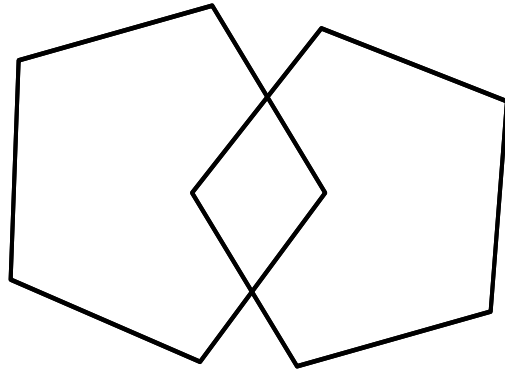
Close your eyes

# Mini-Mental State Examination (MMSE)

Write  
a  
sentence

# Mini-Mental State Examination (MMSE)

Copy this design:



**APPENDIX O**

**INFORMATIONAL RESOURCES**

## National and State Resources on Domestic Violence

ABA Commission on Domestic Violence  
740 15th Street, NW  
Washington, DC 20005  
(202) 662-1737 Roberta Valente  
(202) 662-1682 Deborah Goelman  
<http://www.abanet.org/domviol/home.html>

American Bar Association, Commission on Domestic Violence  
740 15th Street, NW  
Washington, DC 20005-1009  
(202) 662-1737  
<http://www.abanet.org/domviol/>

Center for the Prevention of Sexual and Domestic Violence  
936 North 34th Street, Suite 200  
Seattle, WA 98103  
(206) 634-1903  
(206) 634-0115 Fax  
<http://www.cpsdv.org>  
Email: [cpsdv@cpsdv.seanet.com](mailto:cpsdv@cpsdv.seanet.com)

Office Of Multicultural Health  
California Department of Health Services  
601 North 7th Street, MS-675  
P.O. Box 942732  
Sacramento, CA 94234-7320  
Phone: (916) 6851; 322-6868 Fax: (916) 324-7763  
<http://www.dhs.ca.gov/director/omh/index.htm>

California Department of Justice Law Enforcement Information Center  
Statistical Data Center  
Program Manager  
4949 Broadway, P.O. Box 903427  
Sacramento, CA 94203-4270  
Phone: (916) 277-3282 Fax: (916) 227-4760

California Department of Justice  
Attorney General's Crime and Violence Prevention Center  
1300 I Street,  
P.O. Box 944255  
Sacramento, CA 94244-2550  
Phone: (916) 322-2930; 322-2900 Fax: (916) 327-2384  
<http://caag.state.ca.us/cvpc/>

California Family Violence Referral Directory  
California Department of Health Services  
Epidemiology and Prevention for Injury Control (EPIC) Branch  
1616 Capitol Ave, Suite 74.420  
MS 7214  
Sacramento, CA 95814-5052  
(916) 552-9800  
(916) 552-9810  
<http://www.dhs.ca.gov/epic/documents/dvrefer.pdf>

Health Resource Center on Domestic Violence,  
Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103-5133  
(415) 252-8900  
(800) 313-1310  
(415) 252 8991 Fax

National Coalition Against Domestic Violence  
Public Policy Office  
119 Constitution Ave. NE  
Washington DC 20002  
(202) 544-7358  
[www.webmerchants.com/ncadv](http://www.webmerchants.com/ncadv)

National Coalition Against Domestic Violence  
Administrative Office  
PO Box 18749  
Denver, CO 80218  
(303) 839-1852  
(303) 831-9251 Fax  
[www.webmerchants.com/ncadv](http://www.webmerchants.com/ncadv)

National Domestic Violence Hotline  
3616 Far West Boulevard  
Suite 101-297  
Austin, TX 78731-3074  
(800) 779-7233  
(800) 787-3224 (TTY)  
(512) 453-8541 Fax  
[www.inetport.com/~ndvh](http://www.inetport.com/~ndvh)  
[ndvh@inetport.com](mailto:ndvh@inetport.com)

National Network to End Domestic Violence  
Administrative Office  
c/o TX Council on Family Violence  
8701 North Mopac Expressway  
Suite 450  
Austin, TX 78759

National Network to End Domestic Violence  
701 Pennsylvania Ave. NW  
Suite 900  
Washington DC 20004  
(202) 347-9520  
(202) 434-7400 Fax

National Resource Center on Domestic Violence  
Pennsylvania Coalition Against Domestic Violence  
6400 Flank Drive, Suite 1300  
Harrisburg, PA 17112-2778  
(800) 537-2238  
(717) 545-9456 Fax

Pacific Center for Violence Prevention  
Trauma Center, San Francisco General  
1001 Potrero Avenue, Bldg. 1, Rm 300  
San Francisco, CA 94110  
(415) 821-8209  
<http://www.pcvp.org/>

Physicians for a Violence-Free Society  
P.O. Box 35528  
Dallas, TX 75235-0528  
<http://www.pvs.org/>

## National and State Resources on Elder and Dependent Adult Abuse and Neglect

Clearinghouse on Abuse of the Elderly-National Center on Elder Abuse  
Clearinghouse on Abuse and Neglect of the Elderly (CANE)  
University of Delaware  
Department of Consumer Studies  
Alison Hall West, Room 211  
Newark, DE 19716  
(302) 831-3525  
[CANE-UD@udel.edu](mailto:CANE-UD@udel.edu)  
<http://www.elderabusecenter.org/default.cfm?p=cane.cfm>  
<http://db.rdms.udel.edu:8080/CANE/index.jsp>

National Center on Elder Abuse  
University of Delaware  
Department of Consumer Studies  
Alison Hall West, Room 211  
Newark, DE 19716  
(302) 831-3525  
[CANE-UD@udel.edu](mailto:CANE-UD@udel.edu)  
<http://www.elderabusecenter.org>

National Committee for the Prevention of Elder Abuse  
1612 K Street, NW  
Washington, D.C. 20006  
(202) 682-4140  
(202) 223-2099 (fax)  
Email: [ncpea@verizon.net](mailto:ncpea@verizon.net)  
<http://www.preventelderabuse.org>

National Council on the Aging  
300 D Street, S.W.  
Suite 801  
Washington, DC 20024  
800-373-4906  
<http://www.ncoa.org>

National Institute on Aging  
Building 31, Room 5C27  
31 Center Drive, MSC 2292  
Bethesda, MD 20892  
301-496-1752  
<http://www.nia.nih.gov>

Resources for Elderly Crime Victims  
US Department of Justice Programs  
Office for Victims of Crime  
Washington, DC 20531  
202-307-5983  
<http://www.ojp.usdoj.gov/ovc/help/evresources.htm>

US Senate Special Committee on Aging  
G31 Dirksen Senate  
Office Building  
Washington, DC 20510  
Phone: 202-224-5364  
Fax: 202-224-8660  
<http://www.aging.senate.gov>

ABA Commission on Legal Problems of the Elderly  
740 15th Street, NW, Washington, DC 20005-1009  
(202) 662-8690  
<http://www.elderabusecenter.org/ncea/aba.html>

## **Training:**

Training Resource Inventory at National Center of Elder Abuse (NCEA)  
1201 15th Street, NW, Suite 350  
Washington, DC 20005  
Ph: (202) 898-2586  
Fax: (202) 898-2583  
[ncea@nasua.org](mailto:ncea@nasua.org)  
[http://www.elderabusecenter.org/pdf/publication/ncea\\_training\\_res\\_inventory.pdf](http://www.elderabusecenter.org/pdf/publication/ncea_training_res_inventory.pdf)

**APPENDIX P**

**CaIEMA 2-502 FORENSIC MEDICAL REPORT: DOMESTIC VIOLENCE EXAMINATION AND INSTRUCTIONS**

State of California  
Governor's California Emergency Management Agency

**FORENSIC MEDICAL REPORT:  
DOMESTIC VIOLENCE EXAMINATION**

**CaEMA 2-502**



For more information or assistance in completing the CaEMA 2-502, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141 or [www.ccfmtc.org](http://www.ccfmtc.org)

This form is available on the following website:  
<http://www.CaEMA.ca.gov>  
Publications and Brochures

**FORENSIC MEDICAL REPORT:  
DOMESTIC VIOLENCE EXAMINATION**  
State of California  
California Emergency Management Agency  
CalEMA 2-502

Confidential Document: Restricted Release

Patient Identification:

Date:

**A. GENERAL INFORMATION**

1. Patient's Last Name			First Name			M.I.		
2. Street Address (optional)				City	County	State	Zip Code	Telephone (optional) (Home) (Work) (Safe)
3. Age	DOB	Gender F M MTF FTM	Ethnicity (check all that apply)					
		<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino		<input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander		<input type="checkbox"/> Other _____		
4. Name of Facility Where Forensic Exam Performed					Address of Facility			
5. Patient Arrival			Patient Discharge		6. Exam Started		Exam Completed	
Date	Time	Date	Time	Date	Time	Date	Time	
7. Interpreter Used <input type="checkbox"/> No <input type="checkbox"/> Yes								
Name of Interpreter: _____					Language Used: _____			
Affiliation of interpreter: <input type="checkbox"/> Facility Interpreting Services					Telephone: _____			
<input type="checkbox"/> Contracted Agency, specify: _____								
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other, specify: _____								

**B. MANDATORY SUSPICIOUS INJURY REPORT (Pursuant to Pen. Code §11160)**

1. Name of Person Making Mandated Telephone Report to Law Enforcement Agency			Date	Time
2. Name of Person Taking Telephone Report		Name of Law Enforcement Agency	<input type="checkbox"/> CalEMA 920 Written Report Submitted	

**C. RESPONDING OFFICER TO MEDICAL FACILITY**

Not Applicable

Law Enforcement Officer	Name of Law Enforcement Agency	ID Number
-------------------------	--------------------------------	-----------

**D. AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAMINATION: Follow Local Policy**

Not Applicable

Law Enforcement Officer	Name of Law Enforcement Agency	ID Number
-------------------------	--------------------------------	-----------

Telephone	Date	Time	Case Number
-----------	------	------	-------------

**E. PATIENT INFORMATION**

1. I understand that hospitals and health care professionals are required by Penal Code §§11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. \_\_\_\_\_(initial)
2. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the California Victim Compensation Program (VCP) for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. \_\_\_\_\_(initial)
3. I have been informed about domestic violence advocacy services or a social services professional who can provide me with counseling and support. \_\_\_\_\_(initial)

**F. PATIENT CONSENT**

1. I understand that a forensic medical examination for evidence of domestic violence can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. \_\_\_\_\_(initial)
2. I understand that collection of evidence may include audio/visual recordings and photographing injuries and that these photographs may include the genital area. \_\_\_\_\_(initial)
3. I hereby consent to a forensic medical examination for evidence of domestic violence. \_\_\_\_\_(initial)
4. I understand that data without patient identity from this report may be collected for health and forensic purposes, and provided to health authorities and other qualified persons with a valid educational or scientific interest. \_\_\_\_\_(initial)  
 Patient  Parent  Guardian  Surrogate

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**G. DISTRIBUTION OF CalEMA 2-502 (check all that apply)**

- Law Enforcement Officer - Original     
  Crime Lab - Copy within evidence kit     
  Medical or Agency Facility Records - Copy

**H. CURRENT ASSAULT HISTORY**

**1. Examination audio and/or videotaped**

No  Yes  Audio  Video

**2. Name of person providing history**

**Relationship to Patient**

**3. Date(s) of Assault**

**Time/Time Frame of Assault**

**Patient Identification:**

**Date:**

**4. Describe Physical Surroundings of Assault**

**5. Patient Description of Assault**

Additional attached pages

**6. Assailant(s)**

#1	Assailant's Name	DOB	Age	Gender	Ethnicity
	<b>Relationship to Patient: (check all that apply)</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Cohabitant/Domestic Partner <input type="checkbox"/> Dating Relationship <input type="checkbox"/> Child Together <input type="checkbox"/> Former Spouse <input type="checkbox"/> Former Cohabitant/Domestic Partner <input type="checkbox"/> Former Dating Relationship <input type="checkbox"/> Other _____ <b>Current Whereabouts:</b> <input type="checkbox"/> Unknown <input type="checkbox"/> In Custody <input type="checkbox"/> Known Location: _____				
#2	Assailant's Name	DOB	Age	Gender	Ethnicity
	<b>Relationship to Patient: (check all that apply)</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Cohabitant/Domestic Partner <input type="checkbox"/> Dating Relationship <input type="checkbox"/> Child Together <input type="checkbox"/> Former Spouse <input type="checkbox"/> Former Cohabitant/Domestic Partner <input type="checkbox"/> Former Dating Relationship <input type="checkbox"/> Other _____ <b>Current Whereabouts:</b> <input type="checkbox"/> Unknown <input type="checkbox"/> In Custody <input type="checkbox"/> Known Location: _____				

**7. Methods employed by assailant(s) and circumstances**

**Weapons**     No     Yes    **If yes:**  
 Firearm     Knife     Blunt Object     Other \_\_\_\_\_  
Threatened?     No     Yes    **Describe:** \_\_\_\_\_  
Displayed?     No     Yes    **Describe:** \_\_\_\_\_  
Used?     No     Yes    **Describe:** \_\_\_\_\_  
Injuries?     No     Yes    **Describe:** \_\_\_\_\_

**Physical blows**     by hands     by feet     by head     Other, describe: \_\_\_\_\_  
 Grabbing     Holding     Pinching     Slapping     Punching     Other, describe: \_\_\_\_\_

**Hair pulling?**     No     Yes     If yes, describe: \_\_\_\_\_

**Physical restraints**     No     Yes     If yes, describe: \_\_\_\_\_

**Strangulation**

	<b>One Hand</b>	<b>Two Hands</b>	<b>Forearm</b>
	Frontal Assault	Frontal Assault	Frontal Assault
	Rear Assault	Rear Assault	Rear Assault

Ligature, describe: \_\_\_\_\_

**Bites**     No     Yes, describe: \_\_\_\_\_

**Burns**     Thermal     Chemical     Other \_\_\_\_\_

**Threat(s) of harm**     No     Yes    If yes, target of threat:     Patient     Children     Pet(s)     Property     Other, describe: \_\_\_\_\_

Describe what was said or done: \_\_\_\_\_

**Sexual relations with assailant as part of this assault?**     No     Unsure     Yes    If yes:     Forced     Coerced

**Involuntary use of alcohol/drugs**     No     Yes    If yes:     Forced     Coerced     Suspected

If yes:     Alcohol     Drugs    Describe: \_\_\_\_\_

**8. Injuries inflicted upon assailant(s) during assault**     No     Unsure     Yes, describe: \_\_\_\_\_

**9. Post assault hygiene**

Bath / shower / wash     Clothes change     Other, describe: \_\_\_\_\_

I. CURRENT SYMPTOMS REPORTED BY PATIENT (check all that apply)		
Symptoms	From This Event	From Past Event(s)
<b>Neurological</b>		
Headache		
Dizziness		
Memory/Concentration Problems		
Lightheaded		
Visual Changes		
Hearing Changes		
Loss of Consciousness		
Numbness		
Weakness		
Other		
<b>Psychological</b>		
Acute Anxiety		
Depression		
Suicide Ideation		
Homicide Ideation		
Other		
<b>Cardiorespiratory</b>		
Voice Change		
Coughing		
Shortness of Breath		
Chest Pain		
Palpitations		
Other		
<b>Gastrointestinal</b>		
Sore Throat		
Difficulty Swallowing		
Nausea		
Vomiting		
Diarrhea		
Abdominal Pain		
Hematemesis		
Rectal Bleeding		
Rectal Pain		
Penis/Testicular Pain		
Other		
<b>Urogenital</b>		
Pelvic Pain		
Dysuria		
Vaginal Bleeding		
Vaginal Discharge		
Other		
<b>Musculoskeletal</b>		
Extremity Pain		
Neck Pain		
Back Pain		
Deformity		
Other		
Other		
Other		

**Patient Identification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**J. PATIENT HISTORY**

**1. Disability**  No  Yes

If yes:  Cognitive  Physical  Blind  Deaf/HOH  Mental

**2. History of prior physical assault(s) with this assailant?**

No  Yes If yes, past injuries to patient?  No  Yes, describe:

\_\_\_\_\_

**3. Prior history of forced or coerced sexual relations with this assailant?**  No  Yes, describe:

Approximate Date(s): \_\_\_\_\_

\_\_\_\_\_

**4. Has patient sought medical care for prior assault(s) by this assailant?**  No  Yes

If yes, name of facility: \_\_\_\_\_

If yes, under what name(s)? \_\_\_\_\_

If yes, approximate date(s): \_\_\_\_\_

**5. Obstetrical History** Pregnant?  No  Yes  Unknown

If yes, any possible problems related to current assault(s)?

No  Yes, describe: \_\_\_\_\_

Any possible problems in past pregnancies related to past assault(s) by this assailant?

No  Yes, describe: \_\_\_\_\_

6. Name(s) of Children/Dependent Adults Living in Household	Present During Assault(s)			Gender	DOB or Age
	No	Yes	UNK		
				M F	
				M F	
				M F	
				M F	
				M F	

**7. Voluntary Use of Alcohol/Drugs**  No  Yes

Any voluntary alcohol use within 12 hrs. prior to assault?  No  Yes

Any voluntary drug use within 96 hrs. prior to assault?  No  Yes

Any voluntary drug  or alcohol  use between \_\_\_\_\_  No  Yes  
time of assault and forensic exam?

List drug(s) used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Are there other ways the patient's life has been impacted by behaviors of this assailant?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** For history of sexual assault (<72 hours), stop and consult with law enforcement prior to beginning physical exam to determine next steps.

**K. GENERAL PHYSICAL EXAMINATION**

1. Blood Pressure	Pulse	Respiration	Temp
-------------------	-------	-------------	------

2. Describe general physical appearance

3. Describe general demeanor

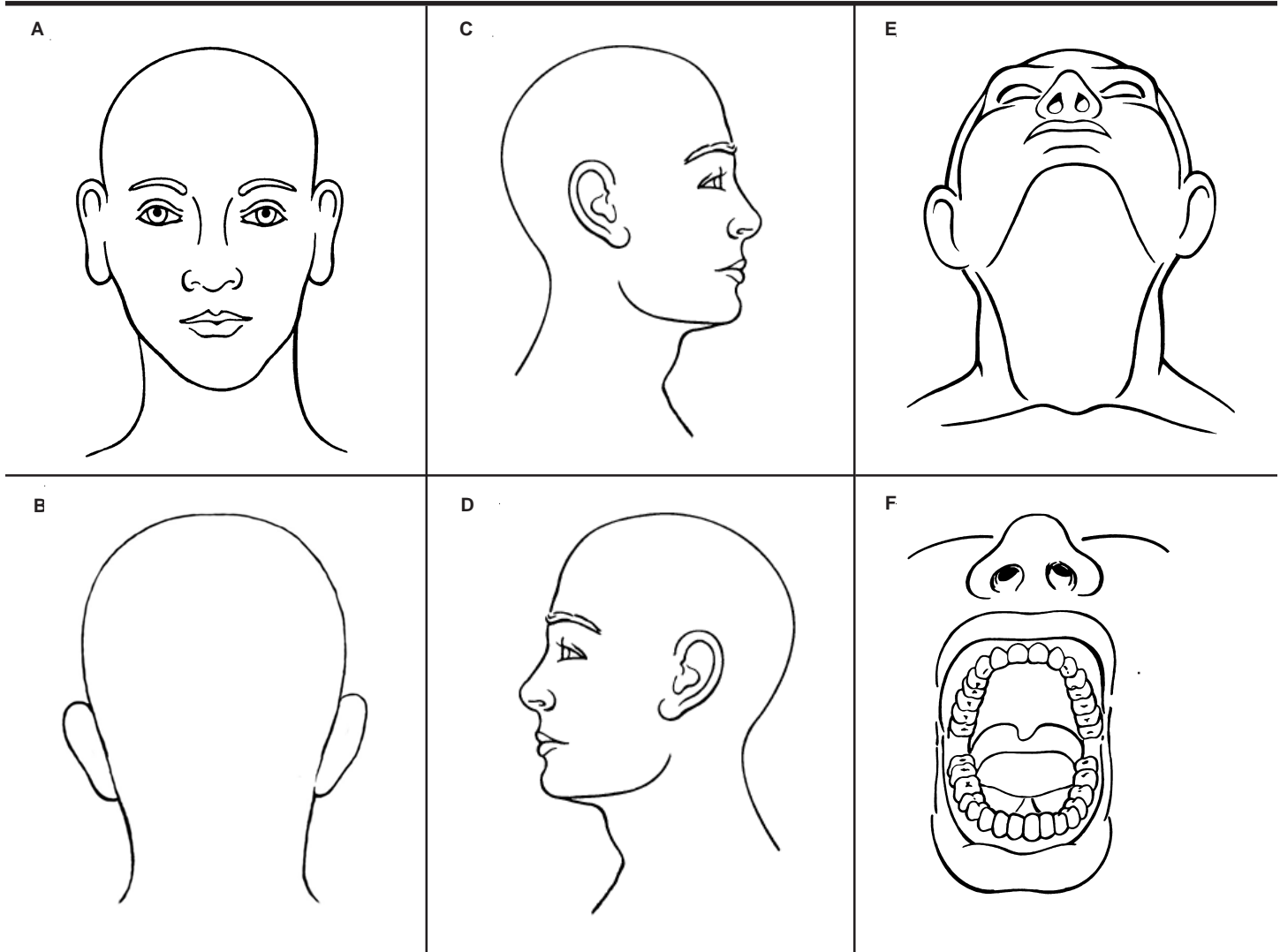
Patient Identification:

Date:

4. Describe condition of clothing upon arrival. Collect outer and under clothing if applicable.  Not Applicable

5. Examine the face, head, ears, hair, scalp, neck, and mouth for injury. Document findings using photographs, diagrams, legend, and consecutive numbering system.

6. Collect dried and moist secretions, stains and foreign materials from the scalp, head and neck.



**LEGEND: Types of Findings**  Findings  No Findings  Additional copies of this page attached

<b>AB</b> Abrasion	<b>DS</b> Dry Secretion	<b>IN</b> Induration	<b>OI</b> Other Injury (describe)	<b>TA</b> Tooth Avulsed
<b>BI</b> Bite	<b>EC</b> Ecchymosis (bruise)	<b>IW</b> Incised Wound	<b>PE</b> Petechiae	<b>TD</b> Tooth Decay
<b>BU</b> Burn	<b>ER</b> Erythema (redness)	<b>LA</b> Laceration	<b>PS</b> Potential Saliva	<b>TF</b> Tooth Fractured
<b>CS</b> Control Swab	<b>FB</b> Foreign Body	<b>MS</b> Moist Secretion	<b>SI</b> Suction Injuries	<b>TM</b> Tooth Missing
<b>DE</b> Debris	<b>F/H</b> Fiber/Hair	<b>OF</b> Other Foreign Materials (describe)	<b>SW</b> Swelling	<b>V/S</b> Vegetation/Soil
<b>DF</b> Deformity	<b>FT</b> Frenulum Torn		<b>TE</b> Tenderness	

Locator #	Type	Description	Locator #	Type	Description

**K. GENERAL PHYSICAL EXAMINATION (continued)**

7. Conduct a physical examination of body and extremities. Record findings using photographs, diagrams, legend, and a consecutive numbering system.

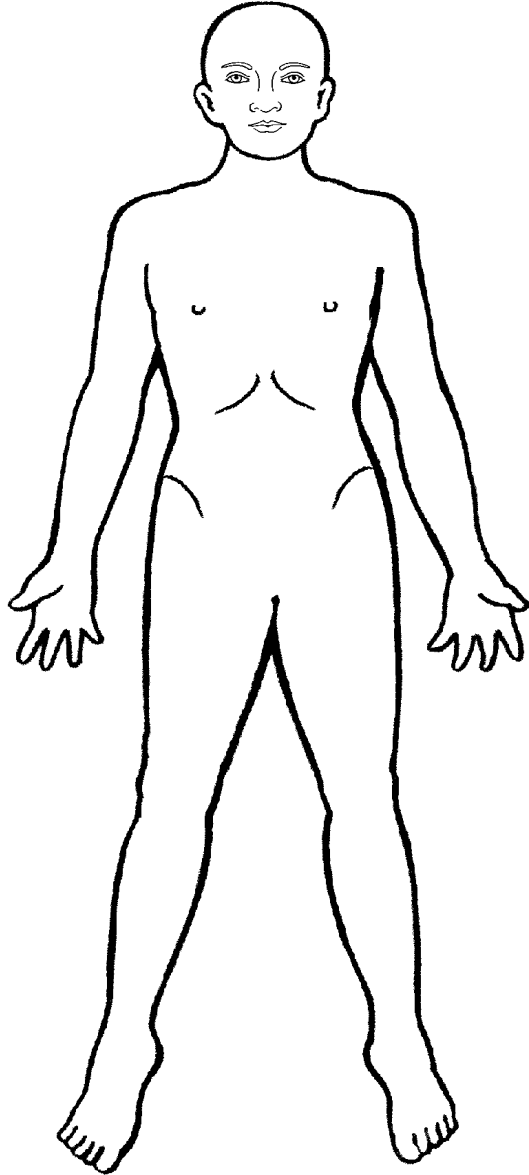
8. Collect dried and moist secretions, stains and foreign materials from body  Findings  No Findings

9. Collect fingernail scrapings/cuttings according to local policy  Done  Not Applicable

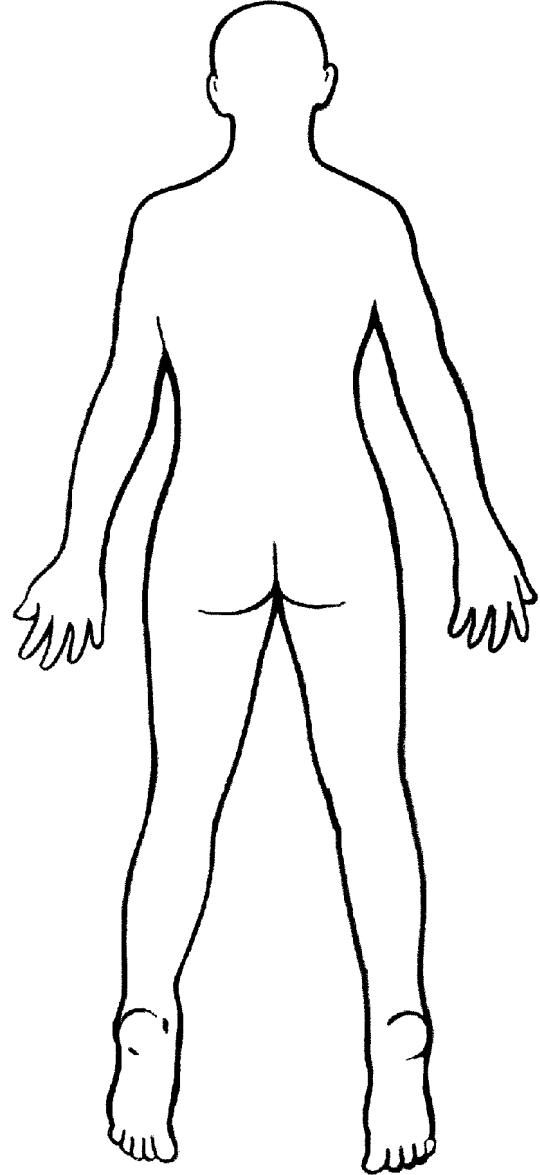
Patient Identification:

Date:

G



H



**LEGEND: Types of Findings**  Findings  No Findings  Additional copies of this page attached

- |                        |                               |  |                            |
|------------------------|-------------------------------|--|----------------------------|
| <b>AB</b> Abrasion     | <b>DS</b> Dry Secretion       | <b>IW</b> Incised Wound                      | <b>PE</b> Petechiae        |
| <b>BI</b> Bite         | <b>EC</b> Ecchymosis (bruise) | <b>LA</b> Laceration                         | <b>PS</b> Potential Saliva |
| <b>BU</b> Burn         | <b>ER</b> Erythema (redness)  | <b>MS</b> Moist Secretion                    | <b>SI</b> Suction Injuries |
| <b>CS</b> Control Swab | <b>FB</b> Foreign Body        | <b>OF</b> Other Foreign Materials (describe) | <b>SW</b> Swelling         |
| <b>DE</b> Debris       | <b>F/H</b> Fiber/Hair         | <b>OI</b> Other Injury (describe)            | <b>TE</b> Tenderness       |
| <b>DF</b> Deformity    | <b>IN</b> Induration          |  | <b>VS</b> Vegetation/Soil  |

Locator #	Type	Description	Locator #	Type	Description

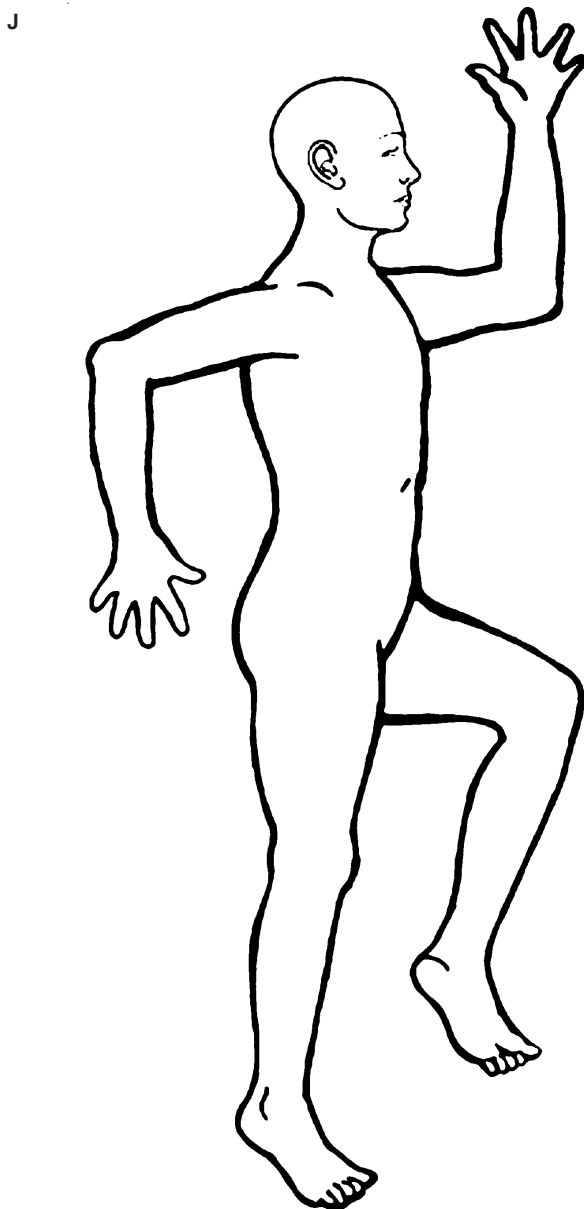
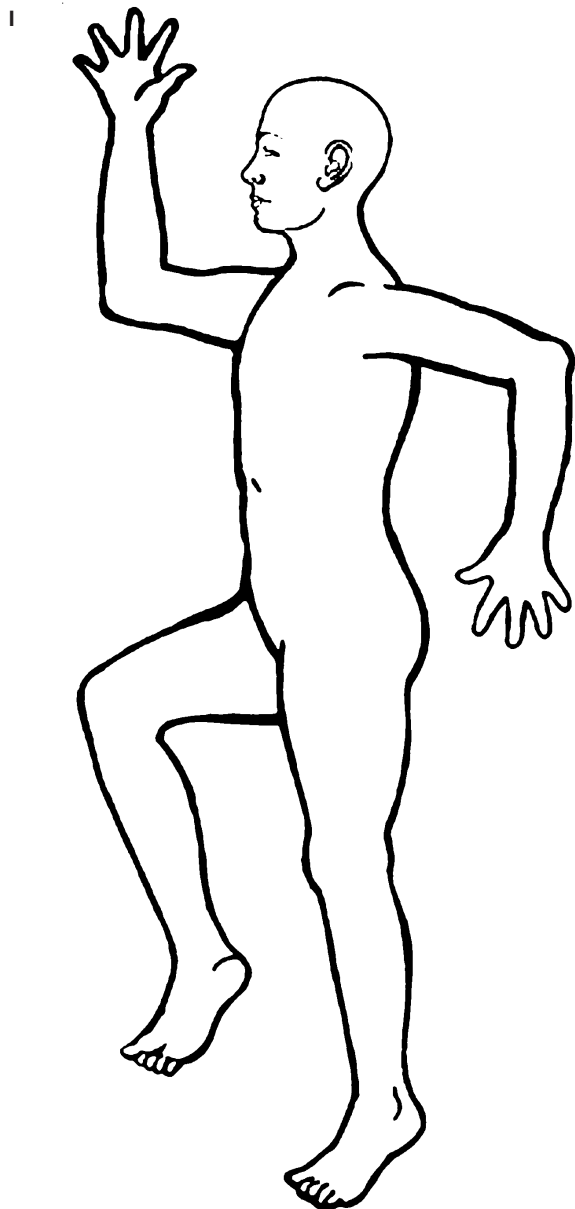
**K. GENERAL PHYSICAL EXAMINATION (continued)**

10. Use diagrams I and J to record findings to lateral or medial aspect of trunk or extremities. Record findings.

11. If genital injuries sustained, use pages 6 and 7 from CalEMA 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination form to document findings. Are CalEMA 2-923 pages 6 & 7 attached?  Yes  No  Not applicable

Patient Identification:

Date:



**LEGEND: Types of Findings**  Findings  No Findings  Additional copies of this page attached

- |                        |                               |  |                            |
|------------------------|-------------------------------|--|----------------------------|
| <b>AB</b> Abrasion     | <b>DS</b> Dry Secretion       | <b>IW</b> Incised Wound                      | <b>PE</b> Petechiae        |
| <b>BI</b> Bite         | <b>EC</b> Ecchymosis (bruise) | <b>LA</b> Laceration                         | <b>PS</b> Potential Saliva |
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| <b>DF</b> Deformity    | <b>IN</b> Induration          |  | <b>VS</b> Vegetation/Soil  |

Locator #	Type	Description	Locator #	Type	Description

**L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB**

1. Clothing Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	Clothing Placed in Evidence Kit	Clothing Placed in Paper Bag
Bra <input type="checkbox"/>		
Dress/skirt <input type="checkbox"/>		
Jacket/sweater <input type="checkbox"/>		
Nylons <input type="checkbox"/>		
Pants/shorts <input type="checkbox"/>		
Shirt/top <input type="checkbox"/>		
ShCalEMA (1 or 2) <input type="checkbox"/>		
Socks (1 or 2) <input type="checkbox"/>		
Underwear <input type="checkbox"/>		
Undershirt <input type="checkbox"/>		
Other <input type="checkbox"/>		

**2. Foreign Materials Collected**

	N/A	No	Yes	Collected by:
Swabs/suspected blood <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried secretions <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fiber/loose hairs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil/debris/vegetation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected saliva <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign body <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail scrapings <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Control swabs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other, describe: _____				

**3. Laboratory Results** Additional Page  Yes  No  
Pregnancy  Positive  Negative  
Additional Labs:  No  Yes, specify: \_\_\_\_\_

**4. X-Ray/Imaging Results** Additional Page  Yes  No  
 No  Yes, specify: \_\_\_\_\_

**5. Toxicology Samples** N/A No Yes Time Collected by:  
Blood Alcohol / Toxicology    \_\_\_\_\_  
Urine Toxicology    \_\_\_\_\_

**6. Reference Samples**  Blood  Saliva  Buccal  N/A  
Collected by: \_\_\_\_\_

**7. Photo Documentation**  
 No  Yes 35mm Digital Instant Other  
     
Photography by: \_\_\_\_\_ # Rolls/images \_\_\_\_\_  
Recommend follow-up photographs to be taken in 1-2 days  
 No  Yes  Not applicable

**8. Voice recording for strangulation injuries**  
 No  Yes If yes:  Audio  Audiovideo  
If yes, obtained by:  Examiner  Law Enforcement

**M. SUMMARY OF KEY FINDINGS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Identification: \_\_\_\_\_ Date: \_\_\_\_\_

**N. PERTINENT ISSUES AFFECTING EXAMINATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**O. PERSONNEL INVOLVED**

Name (print clearly)	Phone
History taken by: _____	
Physical exam performed by: _____	
Specimens labeled and sealed by: _____	
Assisted by: <input type="checkbox"/> N/A	
Additional narrative by: <input type="checkbox"/> N/A	
Signature of Examiner	Date License Number

**P. DISTRIBUTION OF EVIDENCE** Released To

Clothing (items not placed in evidence kit)	
Evidence Kit	
Reference samples	
Toxicology samples	
Recording(s) <input type="checkbox"/> Audio <input type="checkbox"/> Audiovideo	

**Q. DISPOSITION AND FOLLOW UP**

- Discharged  Admitted  Follow Up Exam Scheduled
- Cross Reporting to:  CPS  APS  N/A
- Referral to domestic violence advocacy services
- Safety plan discussed with patient
- Referral to counseling, drug, and alcohol treatment services
- Referral to Victim Witness Assistance Program
- Referral for Protective Order OR EPO.  PO or EPO Granted

**R. SIGNATURE OF OFFICER**

I have received the evidence indicated above:  
Printed Name \_\_\_\_\_ ID Number \_\_\_\_\_  
Signature \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_

State of California  
California Emergency Management Agency

**FORENSIC MEDICAL REPORT:  
DOMESTIC VIOLENCE EXAMINATION**

# **CaIEMA 2-502 INSTRUCTIONS**



For more information or assistance in completing the CaIEMA 2-502, please contact  
University of California, Davis California Clinical Forensic Medical Training Center at:  
(888) 705-4141 or [www.ccfmtc.org](http://www.ccfmtc.org)

This form is available on the following website:  
<http://www.CaIEMA.ca.gov>  
Publications and Brochures

# CalEMA 2-502

## Forensic Medical Report: Domestic Violence Examination

### REQUIRED USE OF STANDARD STATE FORM:

Penal Code Section 11161.2 established the use of a standard form to record findings from examinations performed for suspected domestic violence. As such, this form is not a complete medical treatment record and dCalEMA not supplant medical treatment records.

### SUGGESTED USE OF THE STANDARD STATE FORMS: FOLLOW LOCAL POLICY

<b>Domestic Violence</b>	<b>CalEMA 2-502</b>	<b>Forensic Medical Report: Domestic Violence Examination</b> • Examination of persons involved in intimate partner violence including dating relationships
<b>Elder and Dependent Adult Abuse and Neglect</b>	<b>CalEMA 2-602</b>	<b>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</b> • Examination of persons age 65 and above • Examination of dependent adults age 18 to 64
<b>Sexual Assault</b>	<b>CalEMA 2-923</b>	<b>Forensic Medical Report: Acute (&lt;72 hours) Adult/Adolescent Sexual Assault Examination</b> • History of acute sexual assault (<72 hours)

### INSTRUCTIONS FOR CalEMA 2-502

These instructions contain the recommended methods for meeting the minimum legal standards established by Penal Code §11161.2. Consult the [California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Victims](#) published by CalEMA for additional information.

### LIABILITY AND RELEASE OF INFORMATION

This medical report is subject to the confidentiality requirements of the Medical Information Act (Civ. Code §56 et seq.), the Physician-Patient Privilege (Evid. Code §990), and the Official Information Privilege (Evid. Code §1040). It can only be released to those involved in the investigation and prosecution of the case: A law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, and coroner. Records may be released to the defense counsel only through discovery of documents in the possession of a prosecuting agency or after the appropriate court process (i.e., judicial review and a court order).

<b>Complete this report in its entirety. Print legibly. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.</b>	<b>Patient identification: This space is provided for hospitals and clinics using plastic plates for stamping identification information.</b>
---	---

### A. GENERAL INFORMATION

1. Enter the patient's name.
2. Enter city, county, state, and zip code for demographic purposes. Street address and telephone numbers are optional due to patient safety reasons.
3. Enter patient's age, date of birth, gender, and ethnicity. (MTF: Male transgendered to female; FTM: female transgendered to male)
4. Enter the name and address of the facility where the medical/evidentiary examination is being performed.
5. Enter patient arrival and discharge dates/times.
6. Enter the exam start and completion times to track facility usage and length of exams.
7. Enter whether an interpreter was used, the language used, and who provided interpreting services.

### B. MANDATORY SUSPICIOUS INJURY REPORT

Penal Code §11160 - 11160.2 requires all healthcare providers to make an immediate telephone report and to submit a written report to a local law enforcement agency within two working days when medical services are provided to a patient suspected to be suffering from a wound or other physical injury inflicted when the injury is the result of assaultive or abusive conduct. Use the CalEMA 920 Suspicious Injury Report (SIR) Form to submit the written report. Assaultive or abusive conduct includes, but is not limited to: Abuse of Spouse or Cohabitant (Pen. Code §273.5); Battery (Pen. Code §242); Assault with a Deadly Weapon (Pen. Code §245); and other relevant penal code sections. See [California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect](#) for further discussion.

1. Record the name of the person making the telephone report to the law enforcement agency, date, and time.
2. Record the name of the person taking the telephone report and check whether the written report, CalEMA 920 Suspicious Injury Report (SIR) Form, was submitted.

### C. RESPONDING OFFICER TO MEDICAL FACILITY

Record the name of the law enforcement officer, agency, and ID number. Check "Not Applicable" if no officer was dispatched or if officer arrived after the victim's departure.

### D. AUTHORIZATION FOR MEDICAL/EVIDENTIARY EXAMINATION: Follow Local Policy

1. Domestic violence medical/evidentiary exams are new to the field of victim and forensic medical services. As such, payment methods have not been formally established. Options include: the patient's public (Medi-Cal) or private insurance, the California Victim Compensation Program (VCP), or local law enforcement agencies. Follow local policy. See [California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect](#) for further discussion.
2. Authorization by law enforcement is not required for healthcare providers to use this form. Authorization, however, may be required if law enforcement is the designated payor.

### E. PATIENT INFORMATION

Ask the patient to read the items, initial, and sign.

### F. PATIENT CONSENT

Ask the patient to read the items, initial, and sign. For patients with issues pertaining to capacity for consent, obtain consent of patient surrogate, guardian, or conservator. Consult hospital policy regarding a minor's ability to consent.

### G. DISTRIBUTION OF CalEMA 2-502

Distribute original to law enforcement, one copy to the crime lab, and one copy to the medical or agency facility records.

## H. CURRENT ASSAULT HISTORY

1. **Record whether an audio or video recording of the interview was performed.**

2. **Record the name of person providing the history and relationship to patient.**

This is usually the patient. However, if the patient is unable to give the history, indicate the name and relationship of the historian to the patient.

3. **Record date(s) and time or time frame of assault.**

4. **Describe the pertinent physical surroundings of the assault(s) e.g. inside home, garage, yard, car, etc.**

5. **Record the patient's description of the assault.**

- Describe what happened using the patient's own words.
- Place quotation marks around the patient's comments. When interviewing, ask open-ended questions such as "What happened to you", "Tell me what happened to you", "What did he do or what did she do". Avoid WHY questions as they can suggest a judgemental perspective on the part of the interviewer. Attach additional pages, if needed.

6. **Record the assailant(s) name(s), date of birth, age, gender, ethnicity, and relationship to the patient.**

Sometimes, there is more than one assailant.

7. **Record the methods employed by the assailant(s) and circumstances.**

• **Weapons**

- > Record whether weapons were threatened, displayed, used, and whether there were injuries.
- > Threatened? This means that there was a verbal or a behavioral movement indicating a threat.
- > Displayed? This means that a weapon was in the perpetrator's hands or nearby. Sometimes a perpetrator will hold a weapon and set it down nearby.
- > Used? Against the patient, another person in the household, pet(s), or other.
- > Injuries? Briefly describe any injuries sustained from the weapon. This information will be recorded in more detail in the physical examination section.

• **Strangulation**

- > Patient may not be able to directly recall if they were strangled with one hand or two from front or back. Check the boxes that describe what happened to the best of the patient's ability. More than one box may be checked.
- > Patient may know they were strangled, but cannot recall the exact mechanism. Note "patient strangled; can't recall mechanism." Be sure to describe any symptoms the patient is experiencing under the review of symptoms on page 3.
- > Describe any ligatures used.

• **Sexual Relations**

The patient may have had consensual or nonconsensual relations before or after the assault. If the patient describes that they were forced or coerced under threat of retaliation to themselves or others, then after the history is completed and before the physical exam, consult with a law enforcement officer as to how to proceed. The law enforcement officer may request a sexual assault medical/evidentiary exam using the CalEMA 2-923 Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination.

• **Involuntary Use of Alcohol/Drugs.**

Patients may report that they were forced to consume alcohol or take drugs, or they may show symptoms. Describe whether drugs or alcohol were involved and ask how they were administered. If yes, collect blood/alcohol/toxicology in accordance with local policy.

- > Cleanse the arm with a non-alcoholic solution and collect 5cc of blood in a gray stoppered evacuated vial. Label vial and envelope, and seal.
- > Up to 96 hours after suspected ingestion of drugs, collect a urine specimen (100cc) in a clean container. It is important to collect the first available sample.
- > Record whether toxicology samples were taken, and the name of the person who collected them on page 7.

8. **Record whether injuries were inflicted upon assailant(s) during assault.**

If the patient acted defensively or fought back, check the box "Yes" if the patient is sure that injuries were inflicted; or, check the box "Unsure", if the patient is uncertain. Use the space provided to describe the injuries, possible locations on the body, and how the injuries were inflicted.

9. **Record post-assault hygiene.**

## **I. CURRENT SYMPTOMS REPORTED BY PATIENT**

Record neurological, psychological, cardiorespiratory, gastrointestinal, urogenital, and musculoskeletal symptoms reported by patient from this event and past event(s). Check all that apply and distinguish between complaints related to this event and from past events with this assailant.

## **J. PATIENT HISTORY**

- 1. Record whether patient describes having a disability.**
- 2. Record history of prior physical assault(s) with this assailant(s).**
- 3. Record history of prior forced or coerced sexual relations with this assailant.**
  - Sexual relations may, at times, be consensual and at other times be forced or coerced. In the previous section, it was asked whether there were sexual relations associated with this event and, in this section, the patient is being asked about past sexual assault.
  - Record approximate date(s).
- 4. Record whether previous medical care has been sought for prior assault(s) by this assailant, where these records can be obtained, and approximate date(s).**
- 5. Record the obstetrical history.**
  - The intention of this section is to identify current and prior pregnancy complications that may have been related to current or past assault(s).
- 6. Record the names of children to alert law enforcement that there may be additional victims and/or witnesses.**
  - By documenting the names of the children on this form, they may qualify for Victim Compensation Program (VCP) reimbursements for counseling and other expenses.
- 7. Record voluntary use of alcohol and drugs.**
- 8. Record general impact question. This open-ended question enables the patient to talk about other ways they have been impacted by this abusive relationship.**

**Note: If a sexual assault history is described, use the CalEMA 2-923 Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination and obtain authorization from a law enforcement officer to perform the examination.**

## K. GENERAL PHYSICAL EXAMINATION

1. **Record vital signs.**
2. **Describe the patient's general physical appearance.**
3. **Describe the patient's general demeanor.**
  - Describe behaviors such as crying, tearfulness, withdrawn, wringing of hands, responsiveness, ability to give history, etc. Avoid the use of vague, subjective, or judgemental descriptors such as "hysterical", "spacey", etc.
4. **Describe the condition of clothing upon arrival. Collect outer and under clothing, if applicable.**
  - Coordinate with the law enforcement officer regarding clothing to be collected.
  - Wear gloves while collecting clothing.
  - Have patient disrobe on two sheets of paper placed one on top of the other on the floor. Have patient remove shCalEMA before stepping on the paper. ShCalEMA may be collected, if indicated, and packaged separately.
  - Package each garment in an individual paper bag, label, and seal. List every garment on page 7 of this form.
  - Carefully fold the top sheet of paper into a bundle, label, and seal. Discard the bottom sheet. Place this large bundle and all individually bagged garments into a large paper bag(s) with a chain of custody form, label, and seal.
  - Wet stains or other wet evidence require special handling. Consult local policy.
5. **Record results and findings from the physical examination.**

**Physical Findings:** A physical finding includes observable or palpable tissue injuries, physiologic changes, or foreign material (e.g., grass, sand, stains, dried or moist secretions, or positive fluorescence). If none are present, check "No Findings" on the legend.

- Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, and burns.
- Note areas of tenderness or induration.
- Record size and appearance of injuries and other findings using the diagrams, the legend, and a consecutive numbering system. Describe shape, size, and color of injuries and findings.
- Document bruises and bitemarks: See next page for additional information.
- Use the legend to list and describe the injury/finding drawn on the diagram. Show the diagram letter followed by the finding number. Use the abbreviations in the legend to describe the type of finding.  
Example: A-1, EC 2x3cm red/purple indicates that the first finding on Diagram A is an ecchymosis (bruise) that is red/purple in color and 2x3 centimeters in size. See example below.

Locator #	Type	Description
A-1	EC	2x3 cm red/purple ecchymosis
A-2	DS	Dried secretion
A-3	CS	Control swab

- **Photograph injuries and other findings according to local policy using proper photographic techniques.**
    - > Use an appropriate light source.
    - > Use an accurate ruler or scale for size reference in the photograph.
    - > Ensure that the plane of the film is parallel to the plane of the finding.
    - > Use a camera with a macro lens and appropriate flash attachment to adequately record small or subtle injuries. Determine preference of local jurisdiction for 35mm or digital imaging.
    - > Any good quality camera may be used as long as it can be focused for undistorted, close-up photographs and it provides an accurate color rendition.
6. **Examine the face, head, ears, hair, scalp and neck for injury and foreign materials. Document findings.**
    - Give special focus to the lips, perioral region, and nares in the examination.
    - Examine the head closely for scalp trauma. Record any bruises, areas of scalp swelling, or hair loss.
    - Examine earlobes carefully for any bruising or petechiae.
    - **Strangulation History**
      - > Closely examine skin, conjunctiva, nares, and ear canals for petechiae.
      - > Examine front and back of neck.
      - > If patient is symptomatic post-strangulation (e.g., sore throat, voice change, stridor, difficulty breathing), perform indirect laryngoscopy. Provide description and/or drawings of findings of the larynx. Consider CT, MRI, or direct laryngoscopy for further evidentiary findings, if these tests are medically indicated.
      - > Auscultate lungs, make voice recordings, and document findings of chest x-ray, if medically indicated.
  7. **Examine the mouth for injury, chipped or missing teeth, and foreign materials. Document findings.**
    - Give special focus to frenulum, buccal surfaces, gums, and soft palate.
    - Signs and symptoms of dentofacial trauma may include avulsed teeth, lip lacerations, tongue injuries, frenulum injuries, and jaw and facial fractures.
    - Record injuries and other findings using the diagrams and legend.
  8. **Collect dried and moist secretions, stains (including blood stains, saliva from bites, suction injury [hickey], licking, and kissing), and foreign materials from the face, head, hair, scalp, neck and mouth.**
    - **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
    - **Swab dried stains** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
    - **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
    - **Cut** matted head or facial hairs (for males) bearing crusted material and place in a bundle. Package, label, and seal.
    - **Record** all findings on the diagrams and the legend.

## K. GENERAL PHYSICAL EXAMINATION (continued)

### 9. Conduct a physical examination of the trunk and extremities and record findings using Diagrams G and H for anterior and posterior located findings and Diagrams I and J on the next page for medial or lateral located findings.

#### Documenting bruises:

- Describe shape, size, and color of bruises
- Bruises evolve and change color in an unpredictable sequence. Determination of the age of bruising can only be done in the broadest of time frames. Use caution in the identification of bruises of different ages, and describe color and character in detail.
- Photograph bruises to document injuries and to assist in the identification of the object that inflicted the injury.
- Deep tissue injuries may not be seen or felt initially, but note any tenderness.
- Arrange or recommend to the law enforcement agency to have follow-up photographs taken in 1-2 days after the bruising develops more fully.

#### Documenting bite marks:

- Photograph bite marks. Individuals can be identified by the size and shape of their bite marks. Properly taken photographs of bite marks can assist in the identification of the person who inflicted the injury.
- DNA of the person who inflicted the injury may be recovered from saliva remaining at the bite mark site. Swab the general area of trauma with a swab moistened with sterile, deionized, or distilled water. Label and air dry swab(s) prior to packaging.
- Collect a control swab by swabbing an unbitten atraumatic area adjacent to the suspected saliva stain. Label, air dry, and package the control swab separately from the evidence sample.
- Casting bite marks:
  - > If the bite has perforated, broken, or left indentations in the skin, a cast of the mark may be indicated. The impressions left in the skin from a bite mark fade very quickly. If casting is indicated, it must be performed expeditiously.
  - > A forensic dentist should be consulted in these cases. The procedure for consulting such experts varies among jurisdictions. Consult with the law enforcement agency having jurisdiction over the case.
  - > Bite marks may not be obvious immediately following an assault, but may become more apparent with time.
  - > Recommend to the law enforcement agency to arrange for follow-up inspection within 1-2 days and to have additional photographs taken.

### 10. Collect dried and moist secretions, stains (including blood stains, saliva from bites, suction injury [hickey], licking, and kissing), and foreign materials from the body.

- **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
- **Swab dried stains** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
- **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
- **Record** all findings on the diagrams and the legend.

### 11. Collect fingernail scrapings or cuttings, if indicated by history.

- Use clean toothpicks or manicure sticks to collect scrapings from under the fingernails. Place scrapings from each hand into separate containers or bindles, then place into envelopes. Label (indicating right or left hand) and seal; OR,
- Use a clean fingernail cutter or scissors to cut the fingernails, and place the cuttings from each hand into separate containers or bindles. Package and label as above.

## **K. GENERAL PHYSICAL EXAMINATION (continued)**

- 12. Use Diagrams I and J to record findings (injuries, secretions, foreign materials) to lateral and medial aspect of trunk or extremities as per previous instructions.**
  
- 13. If genital injuries are sustained, use pages 6 and 7 from the CalEMA 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination form to document findings. These forms can be downloaded from <http://www.CalEMA.ca.gov>.**
  - Check **Yes** or **No** if these pages are attached; or, check not applicable.

**L. RECORD ALL EVIDENCE COLLECTED AND SUBMITTED TO THE CRIME LABORATORY**

**All swabs and slides must be air dried prior to packaging (Pen. Code §13823.11). Air dry in a stream of cool air for 60 minutes. Only place samples from one patient at a time in the swab drying box. Wipe or spray the swab drying box with 10% bleach before each use.**

**Labeling requirements:** Swabs, bindles, and small containers must be individually labeled with the patient's name and sample source.

Containers for these individual items must be labeled with the name of the patient, date of collection, description of the evidence including location from which it was taken, and signature or initials of the person who collected the evidence. Include the legend locator number, if the legend was used to document the location from which the evidence was located. Package containers in an Assault Evidence Collection Kit, or bag. Record all evidence transfers, also known as the chain of custody.

**1. Record all item(s) of clothing collected and whether it was placed in an evidence kit or paper bags. Handle wet clothing according to local procedure.**

**2. Record all foreign materials collected and the name of the person who collected them.**

**3. Record laboratory results including a pregnancy test, if performed.**

Note if a blood or urine test was done.

**4. Record results from x-ray/imaging studies, if performed.**

Note results of all imaging including direct or indirect laryngoscopy for strangulation.

**5. Toxicology samples**

- Collect samples for blood alcohol/toxicology at the discretion of the examiner and/or law enforcement officer in accordance with local policy.
- Cleanse the arm with a non-alcoholic solution and collect 5cc of blood in a gray stoppered evacuated vial. Label vial and envelope, and seal.
- Up to 96 hours after suspected ingestion of drugs, collect a urine specimen (100cc) in a clean container. It is important to collect the first available sample.
- Record whether toxicology samples were taken, and the name of the person who collected them.

**6. Reference Samples**

Policies pertaining to whether reference samples are collected at the time of the exam or later vary by jurisdiction. If collected at the time of the exam, ALWAYS collect after the evidence samples. For those jurisdictions not performing conventional serology, a buccal swab can be taken in place of the blood reference sample. Consult your local crime laboratory.

**Blood:**

- Collect blood sample in lavender and/or yellow stoppered evacuated vials as specified by local policy.
- A blood card is optional in some jurisdictions.
- Label vial(s) and envelope(s) and seal.

**Buccal (inner cheek) swabs:**

- Collect as a DNA reference sample.
- Rub two swabs gently but firmly along the inside of the cheek in a rotating motion to ensure even sampling.
- Air dry, package, label, and seal.

**Saliva:**

- **Note:** If a saliva reference sample is required by the local crime laboratory, collect it whether or not an oral assault occurred.
- Collect sample by placing two swabs in the mouth and allowing them to saturate.
- Air dry, package, label, and seal.

**7. Record photo documentation**

- Document whether or not photographs were taken, type of camera used, name of photographer, number of rolls/images used, and whether follow-up photographs are recommended.
- Documentation must clearly link the patient's identity to the specific photographs of injuries and/or findings. For example, include a picture of the patient identification on the roll or use a databack camera which can be programmed with the patient's identification number.

**8. A voice recording of strangulation injuries can be important. Note whether the recording is obtained by law enforcement or the examiner.**

**M. RECORD SUMMARY OF KEY FINDINGS**

Use an abbreviated list such as: fractured R orbit; bruises to face; dried secretions to back; leaves in hair

**N. RECORD ANY PERTINENT ISSUES AFFECTING THE EXAMINATION.**

Note interruptions or problems with equipment. Write "NONE" if there were none.

**O. RECORD NAMES OF ALL PERSONNEL INVOLVED.**

- Print information clearly.
- Examiner signs, dates and includes license number.

**P. RECORD EVIDENCE DISTRIBUTION AND LIST TO WHOM THE EVIDENCE WAS RELEASED**

**Q. RECORD DISPOSITION AND FOLLOW UP**

Ensure all of the items are addressed by a member of team (examiner, social worker, advocate or law enforcement officer).

**R. OBTAIN SIGNATURE OF OFFICER RECEIVING EVIDENCE**

**APPENDIX Q**

**CalEMA 2-602 FORENSIC MEDICAL REPORT: ELDER AND DEPENDENT ADULT  
ABUSE AND NEGLECT EXAMINATION AND INSTRUCTIONS**

State of California  
California Emergency Management Agency

**FORENSIC MEDICAL REPORT:  
ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT  
EXAMINATION**

**CaEMA 2-602**



For more information or assistance in completing the CaEMA 2-602, please contact  
University of California, Davis California Clinical Forensic Medical Training Center at:  
(888) 705-4141 or [www.ccfmtc.org](http://www.ccfmtc.org)

This form is available on the following website:  
<http://www.CaEMA.ca.gov>  
Publications and Brochures

**Forensic Medical Report: Elder and  
Dependent Adult Abuse & Neglect Examination  
State of California  
California Emergency Management Agency  
CalEMA 2-602 PART 1: INTERVIEW**

**Confidential Document: Restricted Release**

**Patient Identification:**

**Date:**

**A. GENERAL INFORMATION**  Elder Abuse Exam  Dependent Adult Abuse Exam

1. Patient's Last Name First Name M.I.

2. Street Address City County State Zip Code Telephone  
(Home)  
(Work)

3. Age DOB Gender  
 Female  
 Male Ethnicity  
 White  
 Black / African American  Hispanic / Latino  
 Asian  
 American Indian / Alaskan Native  Native Hawaiian / Other Pacific Islander  
 Other \_\_\_\_\_

4. Name and address of facility where exam performed If patient transferred from another facility, name and address of facility

5. Patient Arrival		Patient Discharged		6. Exam Started		Exam Completed	
Date	Time	Date	Time	Date	Time	Date	Time

7. Interpreter Used  No  Yes Language Used: \_\_\_\_\_  
 Name of Interpreter: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Affiliation of interpreter:  Facility Interpreting Services  
 Contracted Agency, specify: \_\_\_\_\_  
 Family  Friend  Other, specify: \_\_\_\_\_

**B. MANDATORY REPORTING FOR ELDER AND DEPENDENT ADULT ABUSE**

Adult Protective Services  Ombudsman  Law Enforcement  Other: \_\_\_\_\_  Telephone Report  
 Name of Person Taking Telephone Report Date Name of Agency  Written Report Submitted

Name of Person Taking Telephone Report Date Name of Agency  Written Report Submitted

**C. RESPONDING PERSONNEL TO MEDICAL FACILITY**  Law Enforcement  APS  Ombudsman

Name	Agency	ID Number	Telephone

**D. REQUEST AND AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAM: Follow local policy**  Not Applicable

Law Enforcement Officer Name Agency ID Number  
 Adult Protective Services \_\_\_\_\_  
 Ombudsman \_\_\_\_\_

**E. PATIENT INFORMATION**

1. I understand that hospitals and health care professionals are required by Penal Code §11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. \_\_\_\_\_(initial)

2. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the California Victim Compensation Program (VCP) for out-of-pocket medical expenses, psychological counseling, loss of wages, job retraining and rehabilitation. \_\_\_\_\_(initial)

**F. PATIENT CONSENT**

1. I understand that a medical evidentiary examination for evidence of abuse and/or neglect can, with my consent, be conducted by a health care professional to discover and preserve evidence. If conducted, the report of the examination and any evidence obtained will be released to investigative authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. \_\_\_\_\_(initial)

2. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. \_\_\_\_\_(initial)

3. I hereby consent to a medical evidentiary examination for evidence of abuse and/or neglect. \_\_\_\_\_(initial)

4. I understand that data without patient identity from this report may be collected for health and forensic purposes, and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. \_\_\_\_\_(initial)

Patient  Surrogate  Conservator  Other: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**G. DISTRIBUTION OF CalEMA 2-602** (check all that apply)

Local Law Enforcement - Original  Adult Protective Services - Copy  Crime Lab - Copy  Ombudsman - Copy  Other Agency  
 Medical Facility Records - Copy  Bureau of Medi-Cal Fraud & Elder Abuse - Copy  District Attorney - Copy Specify: \_\_\_\_\_

**PART I: INTERVIEW  
PATIENT HISTORY**

**H. SUSPECTED TYPES OF ABUSE BEING REPORTED**

<b>1. Interview audio and/or video taped</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Patient Identification:</b> _____ <b>Date:</b> _____	
<b>2. Name(s) of person(s) providing history</b>	<b>Relationship to patient</b>	<b>Telephone</b>
_____	_____	_____

<b>3. Form(s) of abuse and neglect described</b>	<b>No</b>	<b>Yes</b>	<b>Unknown</b>	<b>Describe</b>
<b>Physical Abuse</b>				
1. Physical blows and/or <input type="checkbox"/> grabbing <input type="checkbox"/> holding <input type="checkbox"/> pinching <input type="checkbox"/> pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Strangulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Weapons <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Blunt object <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Burns <input type="checkbox"/> Thermal <input type="checkbox"/> Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Physical restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Chemical restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Involuntary alcohol/drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Sexual Assault</b> (Consult with law enforcement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Financial</b>				
1. Misappropriation of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Property transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Abandonment</b>				
1. Desertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Patient left alone in unsafe circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Isolation</b>				
1. False imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Patient prevented from seeing family/social contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Patient prevented from receiving mail/phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Patient prevented from keeping appointments with medical, legal, or other service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Abduction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Neglect</b>				
1. Unsafe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Inadequate provision for heat or cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Medication not given as prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Failure to provide patient with glasses, walker, wheel- chair, hearing aide, dentures, or assistive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Failure to seek physician services or follow physician orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Care plan not followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Self-Neglect</b>				
1. Failure to live in a safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Inability or failure to perform self-care tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Psychological Abuse</b>				
1. Threats of harm/intimidation If yes, target of threat: <input type="checkbox"/> patient <input type="checkbox"/> family <input type="checkbox"/> pet <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>I. ALLEGED PERPETRATOR(S)</b>						
Name(s)	Age/DOB	Gender	Ethnicity	Address	Telephone	Relationship to patient

**J. LOCATION WHERE ABUSE AND NEGLECT OCCURRED**

**PART I: INTERVIEW  
FUNCTIONAL, COGNITIVE, MENTAL HEALTH,  
AND SUBSTANCE ABUSE SCREENING**

Patient Identification:

Date:

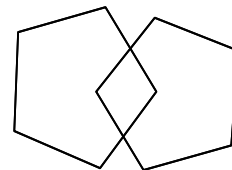
**K. FUNCTIONAL HISTORY: Indicate any limitations**

	Independent	Needs Assistance	Totally Dependent	Unknown		Independent	Needs Assistance	Totally Dependent	Unknown
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L. DISABILITY?**  No  Yes If yes,  Cognitive  Developmental  Physical  Blind  Deaf/HOH  Mental

**M. COGNITIVE ASSESSMENT - MINI-MENTAL STATE EXAM (Score one point for each correct answer)**

Max. Points	Patient Score	Orientation
5	( )	What is the (year) (season) (date) (day) (month)?
5	( )	Where are we (state) (county) (town/city) (building) (floor)?
3	( )	<b>Registration</b> Ask patient to name three common objects (e.g., "apple," "table," "penny") _____ Take one second to say each. Then ask the patient to repeat all three after you have said them. Give one point for each correct answer. Then repeat them until he/she learns all three. Count trials and record. Trials: ( )
5	( )	<b>Attention and Calculation</b> Spell "world" backwards. The score is the number of letters in the correct order. (D__L__R__O__W__)
3	( )	<b>Recall</b> Ask for the three objects repeated above. Give one point for each correct answer. (Note: recall cannot be tested if all three objects were not remembered during registration.)
2	( )	<b>Language</b> Name a "pencil" and a "watch."
1	( )	Repeat the following: "no if's, and's, or but's."
3	( )	Follow a three-state command: "Take a paper in your right hand, fold it in half and put it on the floor."
1	( )	Read and obey the following: "Close your eyes"
1	( )	Write a sentence
1	( )	Copy this design
		<b>Scoring</b> Number of years of education: _____
30	( )	Total
	( )	Age/education corrected score (see instructions)



**N. MENTAL HEALTH AND SUBSTANCE ABUSE SCREENING**

Ask the patient:	No	Yes
1. Do you feel your life is empty?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you often feel sad?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel "pretty worthless" the way you are now?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had recent thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a history of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>

**O. INTERVIEWER FOR PART I**

Signature	
Printed Name	ID No./License No.
Agency/Facility	
Telephone	Date

**PART II: MEDICAL ASSESSMENT**

**P. ABUSE AND NEGLECT RELATED MEDICAL HISTORY**

Patient Identification: \_\_\_\_\_

Date: \_\_\_\_\_

1. Date(s) of abuse and/or neglect \_\_\_\_\_

Time/time frame of abuse and/or neglect \_\_\_\_\_

2. Description of abuse and/or neglect: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Past history of abuse?  No  Yes  Unknown When? \_\_\_\_\_  
 Reported?  No  Yes  Unknown Where? \_\_\_\_\_

4. Any recent (60 days) surgeries, diagnostic procedures, psychiatric or medical treatment that may affect the interpretation of current physical or cognitive findings?  No  Yes  Unknown If yes, describe \_\_\_\_\_  
 \_\_\_\_\_

5. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings?  No  Yes  Unknown If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

6. Any pre-existing physical injuries?  No  Yes  Unknown If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

7. Name(s) of current/prior health care providers	Address	Telephone

8. Current use of medication(s) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Dose/frequency	Time of last dose
Aspirin		
Nonsteroidal anti-inflammatory drugs		
Coumadin		

9. Abuse and/or neglect related cognitive change(s)?

	No	Yes	Unknown	
Loss of memory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change in level of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent consumption of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, collection of toxicology samples is recommended according to local policy. <input type="checkbox"/> Blood <input type="checkbox"/> Urine				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**PART II: MEDICAL ASSESSMENT**

**Q. GENERAL PHYSICAL EXAMINATION**

1. Describe general physical appearance and hygiene.

2. Describe general demeanor/behavior during exam.

Patient Identification: \_\_\_\_\_

Date: \_\_\_\_\_

3. Describe condition of clothing. Collect, if indicated. \_\_\_\_\_

4. Describe condition of glasses, dentures, hearing aides, wheelchairs, canes, walkers, etc. Collect, if indicated. \_\_\_\_\_

5. Status of nutrition	No	Yes	Describe
Adequately nourished	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cachexia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temporal wasting	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Status of hydration:</b>			
Adequate hydration	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poor skin turgor	<input type="checkbox"/>	<input type="checkbox"/>	_____

**6. Pain Scale**

<p><b>For verbal patients:</b> Patient's self-rated pain status: 1-10 _____ Location(s) of pain: _____ _____ _____</p>	<p><b>For nonverbal patients:</b></p> <p style="text-align: center;"> <span>0 NO HURT</span>                <span>1 HURTS LITTLE BIT</span>                <span>2 HURTS LITTLE MORE</span>                <span>3 HURTS EVEN MORE</span>                <span>4 HURTS WHOLE LOT</span>                <span>5 HURTS WORST</span> </p>
<p><b>Observed evidence of pain:</b> _____</p>	

**7. Vital Signs**

Blood pressure lying \_\_\_\_\_ Sitting \_\_\_\_\_ Standing \_\_\_\_\_ Temperature \_\_\_\_\_  
 Pulse lying \_\_\_\_\_ Sitting \_\_\_\_\_ Respiration(s) \_\_\_\_\_ Oxygen Saturation \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Prior weight \_\_\_\_\_ Date of prior weight \_\_\_\_\_

**8. Conduct a general physical exam and record findings.**

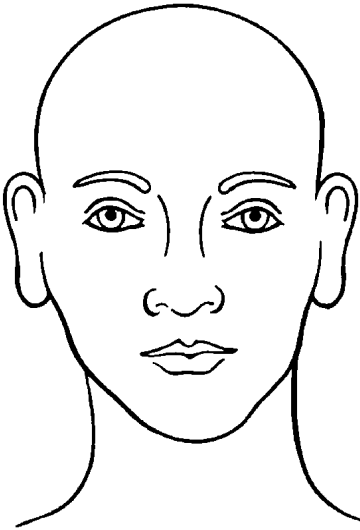


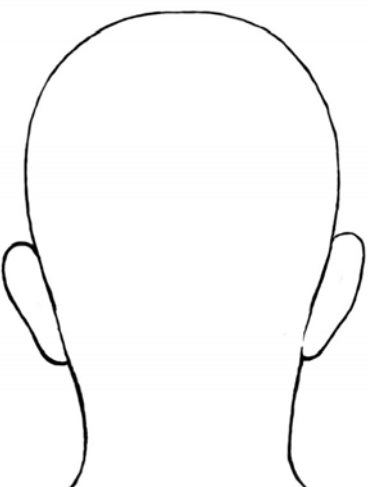
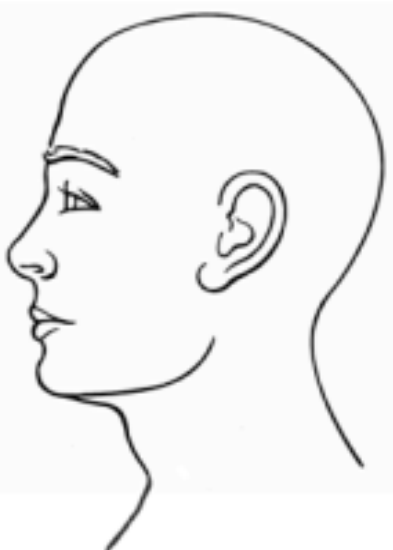
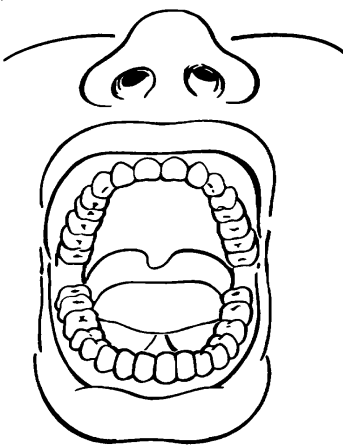
	WNL	ABN	Not Examined	See Diagrams	Describe Abnormal Findings
Skin					
Head					
Eyes					
Ears					
Nose					
Mouth/pharynx					
Teeth					
Neck					
Thorax					
Back					
Breasts					
Cardiac					
Pulmonary					
Abdomen					
Rectal					
Genitalia					
Musculoskeletal					
Neurological					
Including gait					

**PART II: MEDICAL ASSESSMENT**  
**R. GENERAL PHYSICAL EXAMINATION**

Examine the face, head, hair, scalp, neck and mouth for injury and foreign materials. Measure all findings. Record all findings using photographs, diagrams, legend, and a consecutive numbering system.

Patient Identification: \_\_\_\_\_

Date: \_\_\_\_\_

<p>A</p> 	<p>C</p> 	<p>E</p> 
<p>B</p> 	<p>D</p> 	<p>F</p> 

**LEGEND: Types of Findings**     Findings     No Findings

<b>AB</b> Abrasion	<b>DM</b> Dry Mucous Membranes	<b>F/H</b> Fiber/Hair	<b>LA</b> Laceration	<b>PU</b> Pressure Ulcer (indicate State I, II, III, IV)
<b>AL</b> Alopecia	<b>DF</b> Deformity	<b>FB</b> Foreign Body	<b>OF</b> Other Foreign Materials (describe)	<b>SC</b> Scratch
<b>BI</b> Bite	<b>DS</b> Dry Secretion	<b>FR</b> Fracture	<b>OI</b> Other Injury (describe)	<b>ST</b> Skin Tears
<b>BU</b> Burn	<b>EC</b> Ecchymosis (bruise) color	<b>IN</b> Induration	<b>PE</b> Petechiae	<b>TD</b> Tooth Decay
<b>DE</b> Debris	<b>ED</b> Edema	<b>INF</b> Infestation	<b>PI</b> Pattern Injury	<b>UI</b> Urinary Soiling
<b>DEN</b> Denture	<b>ER</b> Erythema (redness)	<b>IW</b> Incised Wound		
	<b>FI</b> Fecal Soiling			

Locator #	Type	Description	Locator #	Type	Description

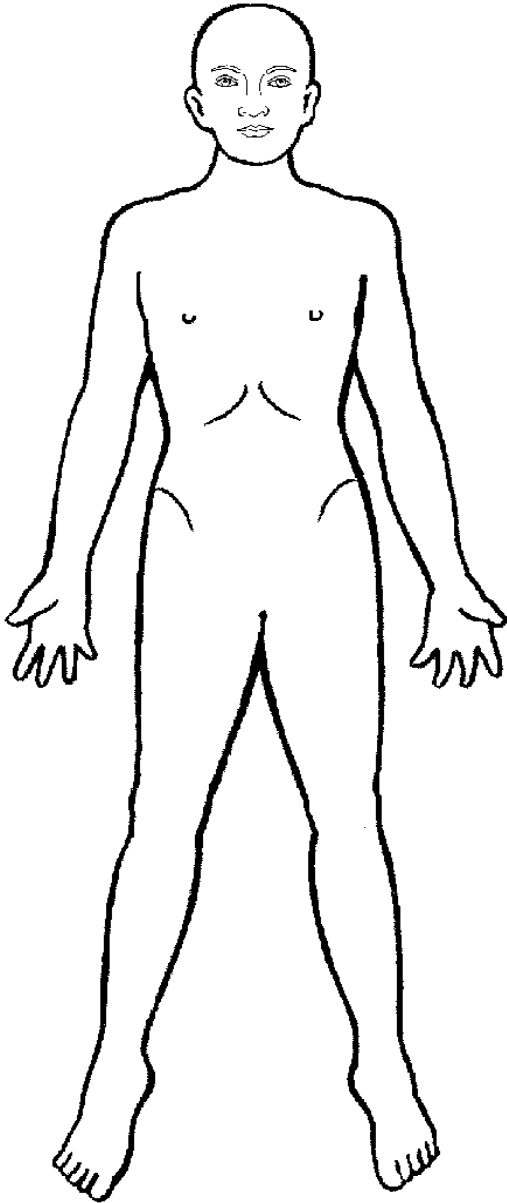
**R. GENERAL PHYSICAL EXAMINATION (cont.)**

Conduct physical examination of body and extremities. Record all findings using diagrams, legend and a consecutive numbering system. Measure all applicable findings.

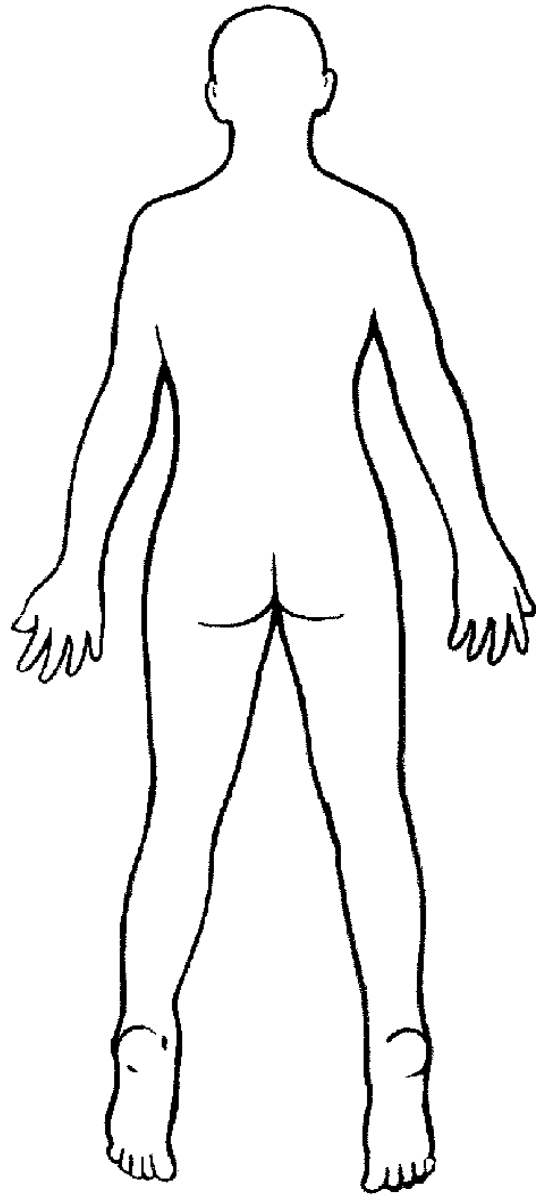
Patient Identification: \_\_\_\_\_

Date: \_\_\_\_\_

G



H



**LEGEND: Types of Findings**     Findings     No Findings

<b>AB</b> Abrasion	<b>DF</b> Deformity	<b>F/H</b> Fiber/Hair	<b>LA</b> Laceration	<b>PU</b> Pressure Ulcer (indicate State I, II, III, IV)
<b>AL</b> Alopecia	<b>DS</b> Dry Secretion	<b>FB</b> Foreign Body	<b>OF</b> Other Foreign Materials (describe)	<b>SC</b> Scratch
<b>BI</b> Bite	<b>EC</b> Ecchymosis (bruise) color	<b>FR</b> Fracture	<b>OI</b> Other Injury (describe)	<b>ST</b> Skin Tears
<b>BU</b> Burn	<b>ED</b> Edema	<b>IN</b> Induration	<b>PE</b> Petechiae	<b>UI</b> Urinary Soiling
<b>DE</b> Debris	<b>ER</b> Erythema (redness)	<b>INF</b> Infestation	<b>PI</b> Pattern Injury	
<b>DM</b> Dry Mucous Membranes	<b>FI</b> Fecal Soiling	<b>IW</b> Incised Wound		

Locator #	Type	Description	Locator #	Type	Description

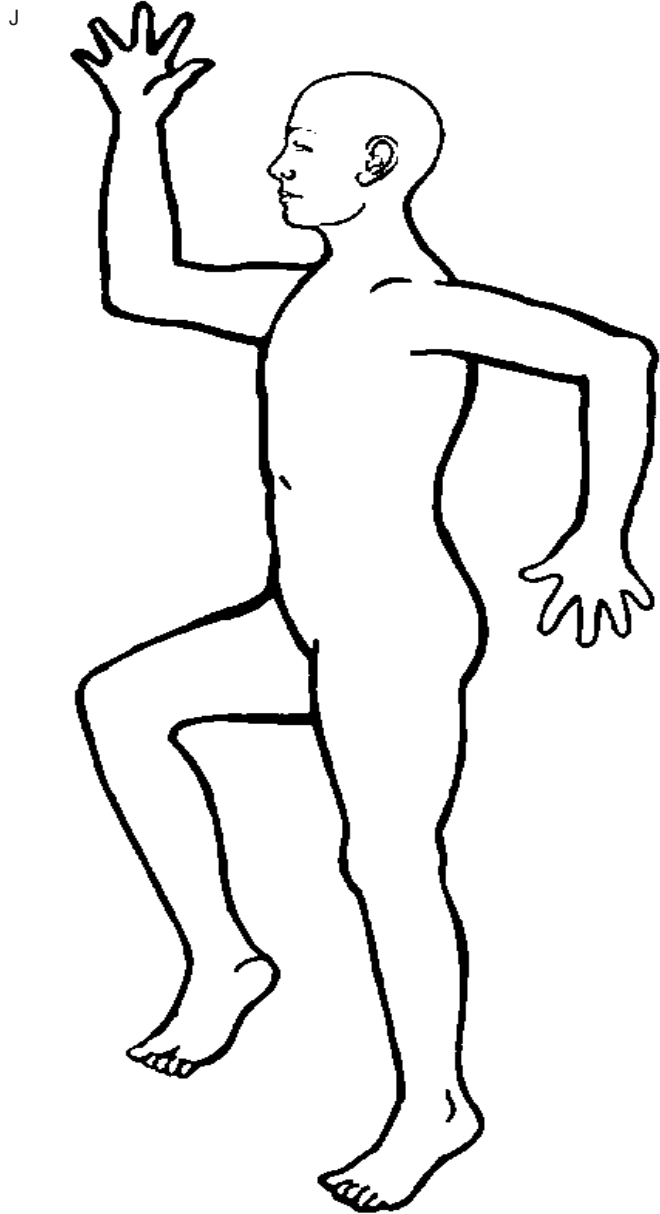
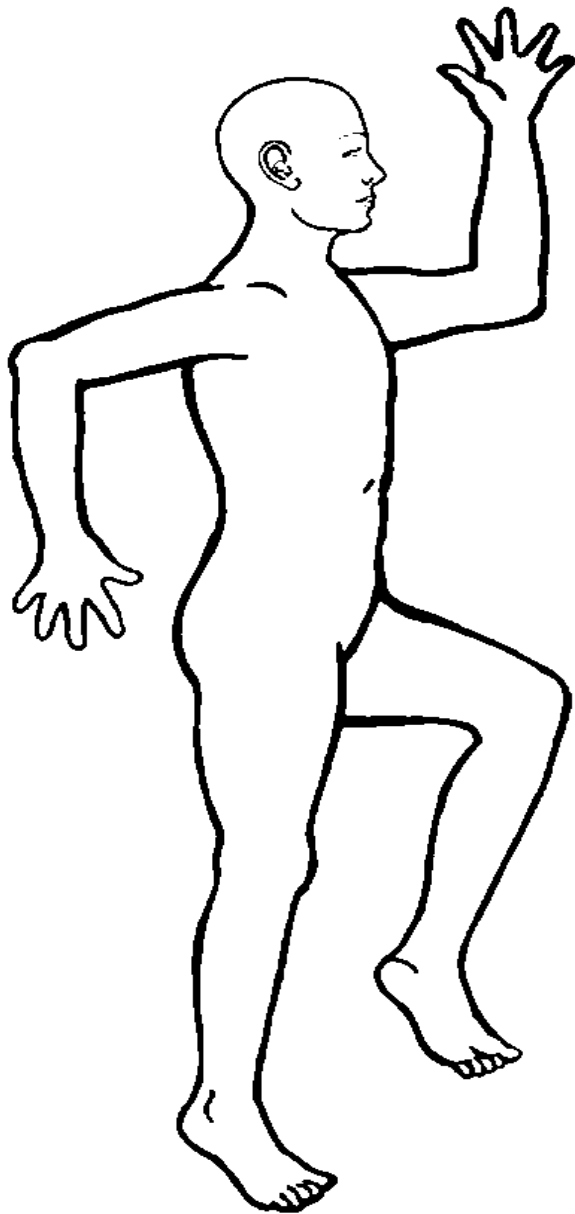
**R. GENERAL PHYSICAL EXAMINATION (cont.)**

Use diagrams I and J to record findings to lateral or medial aspect of trunk and/or extremities. Record all findings using photographs, diagrams, legend and a consecutive numbering system. Measure all applicable findings.

*Note: If genital injuries sustained, use pages 6 and 7 from CalEMA 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination form to document findings.*

Patient Identification:

Date:



**LEGEND: Types of Findings**     Findings     No Findings

<b>AB</b> Abrasion	<b>DF</b> Deformity	<b>F/H</b> Fiber/Hair	<b>LA</b> Laceration	<b>PU</b> Pressure Ulcer (indicate State I, II, III, IV)
<b>AL</b> Alopecia	<b>DS</b> Dry Secretion	<b>FB</b> Foreign Body	<b>OF</b> Other Foreign Materials (describe)	<b>SC</b> Scratch
<b>BI</b> Bite	<b>EC</b> Ecchymosis (bruise) color	<b>FR</b> Fracture	<b>OI</b> Other Injury (describe)	<b>ST</b> Skin Tears
<b>BU</b> Burn	<b>ED</b> Edema	<b>IN</b> Induration	<b>PE</b> Petechiae	<b>UI</b> Urinary Soiling
<b>DE</b> Debris	<b>ER</b> Erythema (redness)	<b>INF</b> Infestation	<b>PI</b> Pattern Injury	
<b>DM</b> Dry Mucous Membranes	<b>FI</b> Fecal Soiling	<b>IW</b> Incised Wound		

Locator #	Type	Description	Locator #	Type	Description

**PART II: MEDICAL ASSESSMENT  
SUMMARY OF FINDINGS**

**Patient Identification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**S. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB**

1. Clothing Collected	No	Yes	Placed in Evidence Kit	Placed in Paper Bag
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**T. CLINICAL STUDIES**

Laboratory Results:	No	Yes	Pending	Additional Page
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
X-ray/Imaging Results: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Foreign Materials	N/A	No	Yes	Collected by:
Swabs/suspected blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried secretions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fibers/loose hairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil/debris/vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected saliva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail scrapings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Control swabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Toxicology Samples	No	Yes	Pending	Time	Collected by
Toxicology screen Results: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood alcohol/toxicology Results: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Urine toxicology Results: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Reference Samples**  
 No  Yes  Blood  Saliva

**U. PHOTO DOCUMENTATION**

No  Yes  35 mm  Digital  Instant  Other Optics  
 Photography by: \_\_\_\_\_ # Rolls/Images \_\_\_\_\_  
 Retained  Released to: \_\_\_\_\_  
 Recommend follow-up photographs to be taken in 1-2 days  No  Yes  Not applicable

**V. DISTRIBUTION OF EVIDENCE**

	Released to:
Clothing (items not placed in evidence kit)	
Evidence Kit	
Reference Samples	
Toxicology Samples	
Recordings <input type="checkbox"/> Audio <input type="checkbox"/> Audiovideo	

**W. VOICE RECORDING FOR STRANGULATION INJURIES**

No  Yes If yes:  Audio  Audiovideo If yes, obtained by:  Examiner  Law Enforcement

**X. SUMMARY AND INTERPRETATION OF FINDINGS:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If patient expires, contact medical examiner/coroner for an autopsy.  No, not applicable  Yes

**Y. FOLLOW UP**

Family/friend contact name	Telephone	Follow-up Exam Needed (specify reason):
Location/address of patient following examination	Telephone	

Z. EXAMINER for Part II	SIGNATURE OF LAW ENFORCEMENT OFFICER
Signature of Examiner _____ Printed name _____	<b>I have received the evidence indicated above</b>
Signature of Supervising Physician, if applicable _____	Signature of Officer _____ Printed Name _____
Title _____ License Number _____	ID Number _____
Medical Facility _____ Date _____	Agency: _____
Address _____ Telephone _____	Telephone _____
	Date: _____

State of California  
California Emergency Management Agency

**FORENSIC MEDICAL REPORT:  
ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT  
EXAMINATION**

# **CaIEMA 2-602 INSTRUCTIONS**



For more information or assistance in completing the CaIEMA 2-602, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141 or [www.ccfmtc.org](http://www.ccfmtc.org)

This form is available on the following website:  
<http://www.CaIEMA.ca.gov>  
Publications and Brochures

**CalEMA 2-602****Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination****USE OF STANDARD STATE FORM**

Penal Code §11161.2 established the use of a standard form to record findings from examinations performed for suspected elder and dependent adult abuse and neglect. As such, this form is not a complete medical treatment record and dCalEMA not supplant medical treatment records.

**SUGGESTED USE OF STANDARD STATE FORMS: FOLLOW LOCAL POLICY**

<b>Elder Abuse and Neglect Dependent Adult Abuse and Neglect</b>	<b>CalEMA 2-602</b>	<b>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</b> • Examination of persons age 65 and above • Examination of dependent adults between ages of 18 and 64
<b>Domestic Violence</b>	<b>CalEMA 2-502</b>	<b>Forensic Medical Report: Domestic Violence Examination</b> • Examination of persons involved in intimate partner violence including dating relationships
<b>Sexual Assault</b>	<b>CalEMA 2-923</b>	<b>Forensic Medical Report: Acute (&lt;72 hours) Adult/Adolescent Sexual Assault Examination</b> • History of acute sexual assault (< 72 hours)

**INSTRUCTIONS FOR CalEMA 2-602**

These instructions contain the recommended methods for meeting the legal standards established by Penal Code §11161.2 for performing examinations. PART I: Interview can be conducted by a trained nurse or social worker. Part II: Medical Assessment is to be conducted by a trained physician, or, physician assistant, nurse practitioner, or nurse within scope of practice. See California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect Victims for further discussion.

**LIABILITY AND RELEASE INFORMATION**

This medical report is subject to the confidentiality requirements of the Medical Information Act (Civ. Code §56 et seq), the Physician-Patient Privilege (Evid. Code §990) and the Official Information Privilege (Evid. Code §1040). It can only be released to those involved in the investigation and prosecution of the case: a law enforcement officer, district attorney, crime laboratory, Adult Protective Services, the Office of the Ombudsman, county licensing agency, coroner and other investigating agencies. Records may be released to the defense counsel only through discovery of documents in the possession of a prosecuting agency or after the appropriate court process (i.e., judicial review and a court order).

<b>Complete this report in its entirety. Print legibly. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.</b>	<b>Patient Identification: This space is provided for hospitals and clinics using plastic plates for stamping identification information; or, for facilities to write in an identification number and date.</b>
---	---

**A. GENERAL INFORMATION**

1. Enter the patient's name.
2. Enter the patient's address and telephone numbers.
3. Enter the patient's age, date of birth, gender and ethnicity.
4. Enter the name and address of the facility where the medical/evidentiary examination is being performed. If the patient has been transferred from another facility, enter the name and address of that facility.
5. Enter the patient's arrival and discharge dates/times for the facility where the medical/evidentiary exam is performed.
6. Enter the examination start and completion times to track facility usage and length of exams.
7. Enter whether an interpreter was used, the language used, and who provided interpreting services.

**B. MANDATORY REPORTING FOR ELDER AND DEPENDENT ADULT ABUSE**

1. Welfare and Institutions Code §15630 states that any health practitioner is a mandated reporter for suspected elder and dependent adult abuse and neglect. Make an immediate telephone report and submit a written report within two working days. The written report form is SOC 341, published by the California Department of Social Services.
2. Check the box to indicate whether a telephone report was made, the name of the person taking the report, whether a written report was submitted, and to which agency.

<b>Location Where Suspected Abuse and Neglect Occurred:</b>	<b>Report to:</b>
Private residence, hotel or homeless shelter	Law enforcement agency or Adult Protective Services
Long-term care facility (e.g. nursing home, community care facility, residential care facility, elderly or adult day health center)	Law enforcement agency or ombudsman program
State mental hospital	Law enforcement agency or the State Department of Mental Health
State developmental center	Law enforcement agency or the State Department of Developmental Services

**C. RESPONDING PERSONNEL TO MEDICAL FACILITY**

Check the box and indicate which agency and personnel responded to the medical facility

**D. REQUEST AND AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAMINATION: Follow Local Policy**

1. According to local policy: obtain the signature and identification number of the law enforcement officer, Adult Protective Services (APS) social worker, or the Office of the Ombudsman requesting and/or authorizing the medical/evidentiary exam.
2. Elder and dependent adult abuse medical/evidentiary exams are new to the field of victim and forensic medical services. As such, payment methods have not been formally established. Options include: the patient's public (Medicaid or Medi-Cal) or private insurance, the State Victim Compensation Program (VCP), law enforcement agencies, Adult Protective Services (APS), or Office of the Ombudsman. Follow local policy.
3. Authorization is not required by state law for healthcare providers to use this form, although a contractual payor may require it.

**E. PATIENT INFORMATION: See large print version in protocol which can be laminated for use.**

Ask the patient (or the patient's surrogate or conservator, if appropriate) to read the items, initial, and sign.

**F. PATIENT CONSENT: See large print version in protocol which can be laminated for use.**

Ask the patient (or the patient's surrogate or conservator, if appropriate) to read the items, initial, and sign.

**G. DISTRIBUTION OF CalEMA 2-602: Check all boxes that apply regarding distribution of the form.**

**PART I: INTERVIEW  
PATIENT HISTORY**

**H. SUSPECTED TYPES OF ABUSE BEING REPORTED**

1. Record whether the interview was audio or videotaped.
2. Record the name(s) of the person(s) providing the history, relationship to the patient, and telephone number.
3. Record forms of abuse and neglect described by patient or historian.
  - If any of the forms of abuse and neglect are marked “yes,” use the space provided to describe.
  - See California Medical Protocol for Examination of Domestic Violence and Elder and Dependent Adult Abuse and Neglect Victims for further discussion.
  - **For sexual assault**, use CalEMA 2-923 Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination. Consult with the local law enforcement agency if patient history indicates a possible sexual assault.

**I. ALLEGED PERPETRATORS**

Record the identity of the alleged perpetrator(s) by name or nickname, appropriate age or date of birth, gender, ethnicity, address, telephone, and relationship to patient.

**J. LOCATION WHERE ABUSE OR NEGLECT OCCURRED**

Record the location of where the abuse or neglect occurred.

**PART I: INTERVIEW**

**FUNCTIONAL, COGNITIVE, MENTAL HEALTH, AND SUBSTANCE ABUSE SCREENING**

**K. FUNCTIONAL HISTORY: Indicate Any Limitations**

Assess the patient’s capabilities with regard to all of the activities listed. If the patient has limitations in a given area, provide the date of onset or provide estimate of the date of onset.

**L. DISABILITY**

Record whether the patient has any cognitive, developmental, physical, or mental disabilities.

**M. COGNITIVE ASSESSMENT: Mini-Mental State Examination (MMSE)**

The reliability of the Mini-Mental State Examination (MMSE) may vary as a function of primary language or years of education. Provide the number of years of education and the primary language.

**INSTRUCTIONS FOR COMPLETION OF THE MINI-MENTAL STATE EXAMINATION**

**Orientation:** Ask for the date. Then ask specifically for any item omitted, e.g., “Can you also tell me what season it is?” Score one point for each correct answer.  
Ask in turn, “Can you tell me the name of our state, county, town/city, this building and floor we are on?” Score one point for each correct answer.

**Registration:** Ask the patient if you may test his/her memory. Then say the names of three unrelated objects, clearly and slowly, about one second for each. After you have said all three, ask the patient to repeat them. This first repetition determines his/her score (0-3), but keep saying them until he/she can repeat all three, up to 6 trials. If all three are not eventually learned, recall cannot be meaningfully tested.

**Attention and Calculation:** Ask the patient to spell the word “world” backwards. The score is the number of letters in correct order (e.g. DLROW = 5, DLRW = 4, DLR = 3, OW = 2, DRLWO = 1).

**Recall:** Ask the patient if he/she can recall the 3 words you previously asked him/her to remember. Score 0 - 3.

**Language:**

**Naming** Show the patient a wristwatch and ask the patient what it is. Repeat for pencil. Score 0 - 2.

**Repetition** Ask the patient to repeat the sentence after you. Allow only one trial. Score 0 or 1.

**3-stage**

**Command** Give the patient a piece of plain blank paper and repeat the command. Score one point for each part correctly executed.

**Reading** **See laminated card in protocol.** On a blank piece of paper print the sentence, “Close your eyes,” in letters large enough for the patient to see clearly. Ask the patient to read it and do what it says. Score 1 point only if the patient actually closes his/her eyes.

**Writing** Give the patient a blank piece of paper and ask the patient to write a sentence for you. Do not dictate a sentence; it is to be written spontaneously. It must contain a subject and a verb and be sensible. Correct grammar and punctuation are not necessary.

**Copying** **See laminated card in protocol.** On a clean piece of paper, draw intersecting pentagons, each side about 1 inch, and ask the patient to copy it exactly as it is. All 10 angles must be present and 2 must intersect to score 1 point. Tremor and rotation are ignored.

**Scoring** Add the total points the patient scores, then adjust the score using this table:

**Example:** An 80 year old college professor scores 28 on the MMSE.

Raw score                    28  
Adjustment for age  
and education                -2  
MMSAdj score                26

**MMSE Correction Associated with Different Education and Age Values**

Age	Education (years of schooling completed)					
	0	4	8	12	16	20
60	4	2	0	-1	-3	-5
65	4	3	1	0	-2	-4
70	5	3	1	0	-1	-3
75	6	4	2	0	-1	-3
80	6	5	3	1	0	-2
85	7	5	3	1	0	-1
90	8	6	4	2	0	-1

**MMSE Adj can be determined by adding the raw MMSE score and the indicated correction that corresponds to the individual’s level of education and age.**

**N. MENTAL HEALTH AND SUBSTANCE ABUSE SCREENING**

Depression and substance abuse are common comorbidities with elder abuse. Record the patient’s answers to the brief screening questions.

**O. INTERVIEWER FOR PART I**

Print and sign name. Record identification or license number, name of agency or facility, telephone number and date.

## **PART II: MEDICAL ASSESSMENT**

Part II is to be completed by a trained physician; or, physician assistant, nurse practitioner, or registered nurse within scope of practice.

### **P. ABUSE AND NEGLECT RELATED MEDICAL HISTORY**

- 1. Record date(s) and time or time frame of abuse and/or neglect.**
  - For time or timeframe, specify whether the abuse and/or neglect was within hours, days, weeks, or months of the exam.
- 2. Record patient's description of abuse and/or neglect.**
  - Allow the patient to describe the incident(s) to the extent possible. Determine and use terms familiar to the patient. Follow-up questions may be necessary to ensure that all of the items are covered. A careful history must be taken as some patients may be reluctant to describe everything that occurred for many reasons. Or, they may have been forced to accommodate difficult circumstances to the extent that their perceptions and expectations about their treatment and care are below adequate standards.
  - Use quotation marks to quote relevant statements.
  - Document if statement(s) made by the patient were spontaneous (i.e. not in response to question or comment).
  - Ask open-ended questions such as, "What happened to you? Tell me what happened to you. How did this happen?" These are the easiest questions to answer. Avoid WHY questions.
- 3. Record whether there is a past history of abuse and/or neglect.**
  - Record whether there has been a past history of suspected abuse and/or neglect, when this occurred, where this happened, and whether it was reported.
- 4. Obtain recent (past 60 days) information about surgeries, diagnostic procedures, psychiatric or medical treatment that may affect the interpretation of current physical or cognitive findings.**
- 5. Record whether there are any other pertinent medical condition(s) that may affect the interpretation of current physical findings.**
- 6. Describe any pre-existing physical injuries.**
- 7. Record the names, addresses, and telephone numbers of current or prior health care providers who have participated in caring for the patient in the past.**
- 8. Record current medications such as aspirin, nonsteroidal anti-inflammatory drugs, and/or coumadin that the patient has been taking.**
  - List all of the patient's current medications.
  - If there is concern that a patient was either overdosed or denied medication(s), obtain blood levels if applicable.
- 9. Record any abuse and/or neglect related cognitive changes.**
  - Change in cognitive status means confusion or change in level of consciousness. Loss of consciousness includes, but is not limited to, loss of memory, change in level of consciousness, consumption of alcohol and/or drugs.
  - Obtain toxicology, complete blood count, complete metabolic panel, and urinalysis if the patient has any neurosensory clouding.

## **PART II: MEDICAL ASSESSMENT**

### **Q. GENERAL PHYSICAL EXAMINATION**

- 1. Describe the patient's general physical appearance and hygiene.**
- 2. Describe the patient's general demeanor and behavior during the exam.**
  - Describe behaviors such as crying, wringing of hands, willingness or ability to cooperate, responsiveness, ability to give history, etc. Avoid the use of vague, subjective, or judgmental descriptors such as "strange," "spacey," etc.
  - Documenting helps the examiner recall the patient's behavior and response during the examination for future reference.
- 3. Describe the condition of clothing upon arrival (rips, presence of urine, stool, or foreign materials).**
  - Collect clothing at the direction of the law enforcement officer.
  - Collect outer and under clothing worn during or immediately after the incident.
    - Coordinate with the law enforcement officer regarding clothing to be collected.
    - Wear gloves while collecting clothing.
    - Have patient disrobe on two sheets of paper placed one on top of the other on the floor. Have patient remove shCalEMA before stepping onto the paper. ShCalEMA may be collected, if indicated, and packaged separately.
    - Package each garment in an individual paper bag, label, and seal.
    - Carefully fold the top sheet of paper into a bindle, label, and seal. Discard the bottom sheet. Place this large bindle and all individually bagged garments into a large paper bag(s) with a chain of custody form, label and seal.
    - Wet stains or other wet evidence require special handling. Consult local policy.
- 4. Describe the condition of patient's glasses, dentures, hearing aides, wheelchairs, canes, or walkers. Collect, if indicated.**
- 5. Describe status of nutrition and hydration.**
  - Describe any evidence of inadequate nutrition (cachexia, temporal wasting, etc.) or dehydration (dry mucous membranes, poor skin turgor, etc).
- 6. Pain Scale.**
  - Establish whether or not the patient is experiencing pain:
    - For non-verbal patients, use the 0-5 point scale with the smiley faces, 0 being pain-free and 5 being severe pain.
    - For verbal patients, use the patient's self-rated pain status on a 1-10 scale, with 10 being the highest level of pain.
  - Record location(s) of pain or record nonverbal evidence of pain (e.g, wincing, grimacing, moaning, etc.) and identify the location.
- 7. Record vital signs to include postural pulse and blood pressure.**
- 8. Conduct a general physical examination and record all findings.**
  - Check WNL for Within Normal Limits, ABN for abnormal. Briefly describe abnormal findings and use the diagrams on the next three pages to describe the locations of findings.

## R. GENERAL PHYSICAL EXAMINATION

### 1. Record results and findings from the physical examination.

**Physical Findings:** A physical finding includes observable or palpable tissue injuries, physiologic changes, or foreign material (e.g., grass, sand, stains, dried or moist secretions, or positive fluorescence). If none, mark "No Findings."

- Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, pressure ulcers, cachexia or evidence of dehydration, and burns.
- Note areas of tenderness or induration.
- Record size and appearance of injuries and other findings using the diagrams, the legend, and a consecutive numbering system. Describe shape, size, and color of injuries and findings.
- Document bruises and bite marks: see next page for additional information.  
Use the legend to list and describe the injury/finding drawn on the diagram. Show the diagram letter followed by the finding number. Use the abbreviations in the legend to describe the type of finding. Example: A-1, EC 2x3cm red/purple indicates that the first finding on Diagram A is an ecchymosis (bruise) that is red/purple in color and 2x3 centimeters in size. See example below.

Locator #	Type	Description
A-1	EC	2x3 cm red/purple ecchymosis
A-2	PU	Stage IV pressure ulcer
A-3	CS	Control swab

- **Photograph injuries and other findings according to local policy using proper photographic techniques. Describe shape, size, and color of bruises.**
    - Use appropriate light source.
    - Use accurate ruler or scale for size reference in the photograph.
    - Ensure that the plane of the film is parallel to the plane of the finding.
    - Use a camera with a macro lens and appropriate flash attachment to adequately record small or subtle injuries. Determine preference of local jurisdiction for 35mm or digital imaging.
    - Any good quality camera may be used as long as it can be focused for undistorted, close-up photographs and provides an accurate color rendition.
2. **Examine the face, head, ears, hair, scalp, and neck for injury and foreign materials. Document findings.**
- Give special focus to the lips, perioral region, and nares in the examination.
  - Examine the head closely for scalp trauma. Record any bruises, areas of scalp swelling, or hair loss from possible abuse.
  - Examine earlobes carefully for any bruising or petechiae.
3. **Examine the mouth for injury, chipped or missing teeth due to possible abuse, and foreign material. Document findings.**
- Give special focus to frenulum, buccal surfaces, gums, and soft palate.
  - Signs and symptoms of dentofacial trauma may include: avulsed teeth, lip lacerations, tongue injuries, frenulum injuries, and jaw and facial fractures.
  - Signs and symptoms of dental neglect may include: untreated rampant cavities, untreated pain, infection, bleeding, or trauma, and/or lack of continuity of care once informed that these conditions exist.
4. **Collect dried and moist secretions, stains (including blood stains, saliva from bites), and foreign materials from the face, head, hair, scalp, neck and mouth.**
- **Swab moist secretions** on the skin with a dry swab to avoid dilution. Label and air dry before packaging.
  - **Swab dried stains** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swabs before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
  - **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
  - **Cut** matted head or facial hairs (for males) bearing crusted material and place in a bindle. Package, label, and seal.
  - **Record** all findings on the diagrams and legend.
    - Use the legend locator number to label evidence collection envelopes.
    - Record the locations of swab collection sites and control swabs.

## R. GENERAL PHYSICAL EXAMINATION (continued)

5. **Conduct a physical examination of the trunk and extremities and record findings using Diagrams G and H for anterior and posterior located findings and Diagrams I and J on the next page for medial or lateral located findings.**

### Documenting bruises:

- Describe shape, size, and color of bruises.
- Bruises evolve and change color in an unpredictable sequence. Determination of the age of bruising can only be done in the broadest of time frames. Use caution in the identification of bruises of different ages, and describe color and character in detail.
- Photograph bruises to document injuries and to assist in the identification of the object that inflicted the injury.
- Deep tissue injuries may not be seen or felt initially.
- Arrange or recommend to the law enforcement agency to have follow-up photographs taken in 1-2 days after the bruising develops more fully.

### Documenting bite marks:

- Photograph or arrange to have bite marks photographed. Individuals can be identified by the size and shape of their bite marks. Properly taken photographs of bite marks can assist in the identification of the person who inflicted the injury.
- DNA of the person who inflicted the injury may be recovered from the saliva remaining at the bite mark site.
- Swab the general area of trauma with a swab moistened with sterile, deionized, or distilled water. Label and air dry swab(s) prior to packaging.
- Collect a control swab by swabbing an unbiten atraumatic area adjacent to the suspected saliva stain. Label, air dry, and package the control swab separately from the evidence sample.
- Casting bite marks:
  - If the bite has perforated, broken, or left indentations in the skin, a cast of the mark may be indicated. The impressions left in the skin from a bite mark fade very quickly. If casting is indicated, it must be performed expeditiously.
  - A forensic dentist should be consulted in these cases. The procedure for consulting such experts varies among jurisdictions. Consult with the law enforcement agency having jurisdiction over the case.
  - Bite marks may not be obvious immediately following an assault, but may become more apparent with time. Recommend to the law enforcement agency to arrange for follow-up inspection within one to two days and to have additional photographs taken.

6. **Collect dried and moist secretions and foreign materials.**

- **Swab moist secretions** on the skin with a dry swab to avoid dilution. Label and air dry before packaging.
- **Swab dried stains** with a swab (or multiple swabs for large stains) moistened with sterile, de-ionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
- **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
- **Record** all findings on the diagrams and legend.
  - Use the legend locator number to label evidence collection envelopes.
  - Record the locations of swab collection sites and control swabs.

7. **Collect fingernail scrapings or cuttings, if indicated by history.**

- Use clean toothpicks or manicure sticks to collect scrapings from under the fingernails. Place scrapings from each hand into separate containers or bindles, then place into envelopes. Label (indicating right or left hand) and seal; OR,
- Use a clean fingernail cutter or scissors to cut the fingernails, and place the cuttings from each hand into separate containers or bindles. Package and label as above.

## **R. GENERAL PHYSICAL EXAMINATION (continued)**

- 8. Use diagrams I and J to record findings (injuries, secretions, foreign materials) to lateral and medial aspect of trunk or extremities as per previous instructions.**
  
- 9. If genital injuries are sustained, use pages 6 and 7 from the CalEMA 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination Form to document findings; or, use that form to document all findings, if the history indicates that the patient has been sexually and physically abused. These forms can be downloaded from <http://www.CalEMA.ca.gov>.**

**PART II: MEDICAL ASSESSMENT  
SUMMARY OF FINDINGS**

**All swabs and slides must be air dried prior to packaging (Pen. code §13823.11). Air dry in a stream of cool air for 60 minutes. Only place samples from one patient at a time in the swab drying box. Wipe or spray the swab drying box with 10% bleach before each use.**

**Labeling requirements:** Swabs, bindles, and small containers must be individually labeled with the patient's name and sample source. Containers for these individual items must be labeled with the name of the patient, date of collection, description of the evidence including location from which it was taken, and signature or initials of the person who collected the evidence. Include the legend locator number, if the legend was used to document the location from which the evidence was located. Package containers in an Assault Evidence Collection Kit, or bag. Record all evidence transfers, also known as the chain of custody.

**S. RECORD ALL EVIDENCE COLLECTED AND SUBMITTED TO THE CRIME LABORATORY**

- 1. Record all item(s) of clothing collected and whether it was placed in an evidence kit or paper bags. Handle wet clothing according to local procedures.**
- 2. Record all foreign materials collected and the name of the person who collected them.**

**T. RECORD CLINICAL STUDIES**

- 1. Record laboratory results, or indicate whether results are pending.**
- 2. Record results from x-ray/imaging studies, or indicate whether results are pending.**
- 3. Toxicology samples.**

- Collect samples of blood for alcohol/toxicology at the discretion of the examiner and/or law enforcement officer in accordance with local policy.
- Cleanse the arm with a non-alcoholic solution and collect 5cc of blood in a gray stoppered evacuated vial. Label vial and envelope, and seal.
- Up to 96 hours after suspected ingestion of drugs, collect a urine specimen (100cc) in a clean container. It is important to collect the first available sample.
- Record whether toxicology samples were taken, and the name of the person who collected them.

**4. Reference sample.**

Policies pertaining to whether reference samples are collected at the time of the exam or later vary by jurisdiction. If collected at the time of the exam, ALWAYS collect after the evidence samples. For those jurisdictions not performing conventional serology, a buccal swab can be taken in place of the blood reference sample. Consult your local crime laboratory.

**Blood:**

- Collect blood sample in lavender and/or yellow stoppered evacuated vials as specified by local policy.
- A blood card is optional in some jurisdictions.
- Label vial(s) and envelope(s) and seal.

**Buccal (inner cheek) swabs:**

- Collect as a DNA reference sample.
- Rub two swabs gently but firmly along the inside of the cheek in a rotating motion to ensure even sampling.
- Air dry, package, and seal.

**Saliva:**

- Collect sample by placing two swabs in the mouth and allowing them to saturate.
- Air dry, package, label and seal.

**U. RECORD PHOTO DOCUMENTATION**

- Document whether or not photographs were taken, type of camera used, name of photographer, number of rolls/images used, and whether follow-up photographs are recommended.
- Documentation must clearly link the patient's identity to the specific photographs of injuries and/or findings. For example, include a picture of the patient identification on the roll or use a databack camera which can be programmed with the patient's identification number.

**V. RECORD EVIDENCE DISTRIBUTION**

- List to whom the evidence was released.

**W. DOCUMENT VOICE RECORDING FOR STRANGULATION INJURIES**

Document whether or not a voice recording of strangulation injuries was made. Note whether the recording is obtained by law enforcement or the examiner.

**X. RECORD SUMMARY AND INTERPRETATION OF FINDINGS**

- 1. Summarize history and physical findings.**
- 2. Document assessment of whether or not abuse and/or neglect occurred.**
- 3. Document injuries that may have caused great bodily harm.**
- 4. Advocate for an autopsy if the patient expires.**

**Y. DOCUMENT FOLLOW-UP**

- 1. Enter the patient's location following the conclusion of the examination and contact names for family member or friend.**
- 2. Indicate whether a follow-up exam is needed and specify reason.**  
Consider whether bruising may be more apparent in 48-72 hours in determining whether a follow-up exam is needed.

**Z. SIGN AND DATE THE FORENSIC EXAMINATION FORM AT THE CONCLUSION OF PART II AND REQUEST THE LAW ENFORCEMENT OFFICER WHO RECEIVES EVIDENCE TO SIGN AND DATE THE FORM.**