

Office of Origin: Adult Social Work

I. PURPOSE

- A. Identify requirements and procedures to be followed when reporting injuries related to suspected Intimate Partner Violence (IPV) or Domestic Violence (DV) as required by California law. This policy does not address either child abuse or elder/dependent adult abuse reporting requirements, which are covered in separate policies (see References below).
- B. **Be aware of biases.** Avoid moralistic or judgmental remarks as well as incriminating terms such as “battering.” Keep in mind that some injuries that at first may be suspicious for abuse may end up being the result of accidental trauma or illness.

II. REFERENCES

California Penal Code, Section (update section) 273.5, 11160, 11163

Family Violence Prevention Fund, [Workplace Safety Plan](#)

UC Sexual Violence and Sexual Harassment Policy

UCSF Medical Center Administrative Policies:

[1.01.25 Patient, Visitor and Volunteer Injury Reporting](#)

[6.01.01 Child Endangerment/Abuse Reporting](#)

[6.01.03 Elder/Dependent Adult Abuse Reporting](#)

[6.02.01 Consent: Photography](#)

The State of California Suspicious Injury Report (formerly known as Injuries by a Deadly Weapon or Assaultive or Abusive Conduct) is available in the Emergency Department, Social Work Department or via the Nursing Supervisor

III. DEFINITIONS

Intimate Partner Violence (IPV) or Domestic Violence (DV): Physical, sexual, or psychological abuse, as well as threats of violence or harm, committed by an intimate partner. This includes current or former intimate relationships such as legally married spouses, separated and divorced couples, unmarried couples, and same gender partners.

Assaultive or Abusive Conduct: Includes 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.

Mandated Reporter: All Health Practitioners who in their professional capacity or within the scope of their employment provide or assist with medical services for any physical condition are Mandated Reporters.

Health Practitioner: A UCSF physician, nurse, dentist or other practitioner who provides medical services for the physical care of a patient, including persons performing autopsies. The law excludes from the reporting requirement those practitioners who are providing strictly social or psychological services.

Reasonable Suspicion: Means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect IPV/DV. "Reasonable Suspicion" does not require certainty

that IPV/DV has occurred. Any provider who is unsure as to whether an injury is reportable should consult further with a supervisor and/or clinical social worker.

IV. POLICY

- A. It is the policy of UCSF Medical Center to try to identify and offer support to patient survivors of IPV or DV by offering multi-disciplinary, culturally competent, coordinated services, including resource information, to all patients who experience violence. UCSF trains staff in trauma-informed care and these resources should be utilized when supporting survivors.
- B. It is the policy of UCSF Medical Center to report instances of injuries resulting from IPV or DV as required by California law. Violation of this law is a misdemeanor.
 1. All Health Practitioners who in their professional capacity or within the scope of their employment provide or assist with medical services for any physical condition are Mandated Reporters.
 2. When a Health Practitioner knows or reasonably suspects that a patient is suffering from a physical injury as a result of Assaultive or Abusive Conduct, self-inflicted or otherwise, the injury must be reported to a law enforcement agency by telephone immediately and by written report within two working days.
 3. If not a Mandated Reporter, any staff member who examines a patient and suspects injury resulting from IPV or DV can consult with their medical team for assistance with assessment and reporting, as appropriate.
- C. The law excludes from the reporting requirement those who provide strictly social or psychological services, rather than medical services. These services include social workers, chaplains and psychologists.
- D. New employees will sign a statement acknowledging their understanding of these reporting requirements.

V. PROCEDURES

- A. Identification of Survivors:
 1. Universal screening of all patients, to identify those experiencing IPV or DV, with a focus on early intervention whether or not symptoms are immediately apparent.. All Health Practitioners should consider the possibility of IPV or DV with all patients, and specifically when examining patient injuries.
 2. Departments may develop their own question(s) for IPV or DV screening. However, the patient's privacy must be a top priority when screening for IPV or DV. Ask patient about abuse or violence only when the patient is alone.
 - i. A list of physical and/or behavioral indicators of IPV/DV can be found at Leapsf.org.
- B. Reporting Requirements
 1. Disclose to the patient the mandatory reporting requirements for IPV/DV.
 2. All Mandated Reporters must complete both a phone report as soon as possible, followed by a written report within two days:
 - a. Telephone report: The Health Practitioner is required to make a report by telephone immediately or as soon as practically possible. Contact UCPD at (415) 476-1414. Inform the patient that a UCPD Officer may come to bedside to interview them, and that they can share

as much or as little as they wish. UCPD may offer additional information on legal options. The Health Practitioner should also call in verbal report to SFPD Special Victims Unit by leaving a voicemail at (415) 553-9220.

- b. Written report: The law requires that the Suspicious Injury Report (Cal OES 2-920) must be completed within two working days of the telephone report. The written report must be completed by a member of the healthcare team with direct knowledge of the actual or suspected abuse/injury. In San Francisco County, Healthcare Practitioners are also encouraged to complete the San Francisco Supplement to Healthcare Practitioner Suspicious Injury Report (2nd page of the Suspicious Injury Report).
 - i. Both the CAL OES 2-920 and the San Francisco
 - (a) Supplemental forms and resources for survivor support are available here:
<https://www.leapsf.org/pdf/OES-2-920-and-SF-Supplemental-Health-Care-Provider-DV-Report.pdf>
 - (b) Completed form should be scanned into APEX under the 'Mandated Reporting Documentation (200131) tab in the Media section.
- c. Confidentiality
 - i. The forms used for abuse/injury reporting must be kept confidential. They should not be photocopied.
 - ii. For the protection of the survivor, under no circumstances shall the person accused of inflicting the injury (or the accused's attorney) be allowed access to the reporting form.
 - iii. It is appropriate to document in the patient's medical record that an abuse report was made. The report form itself, however, will be placed in the Confidential Section of the medical record.
 - iv. Family, friends and other third parties should not have access to the reporting form without patient consent.
- d. Immunity for Reporting
 - i. The reporting laws provide that no Health Practitioner who properly reports instances of child abuse, elder abuse, or Domestic Violence will incur civil or criminal liability as a result of the required reporting. Although nothing can prevent an adversely affected party from initiating a lawsuit, if the Health Practitioner makes the report in good faith, within the scope of his/her employment, UCSF will defend the employee should any action be initiated. Conversely, failure to report is a misdemeanor and can result in criminal sanction.
- e. Safety Planning:
 - i. If patient discloses IPV or DV, take a history of the violence and prior episodes. Health Practitioners continue to take history and ask questions.
 - ii. Assess patient safety. If there are immediate safety issues, discuss options, including shelter. (See Appendix A "Safety Plan").
 - iii. Provide emotional support. Avoid blaming the survivor. Validate their concerns. Contact Social Work for additional trauma-informed support: Adult Department of Social Work at (415) 353-1504, or Pediatric Social Work at (415) 353- 2655.
 - iv. Provide Referral information:

- (a) Offer the patient Safety Planning information and a list of community resources:
<https://leapsf.org/pdf/family-violence-resources.pdf>
 - (b) Offer to facilitate a phone call between the patient and an advocate from a domestic violence agency such as La Casa de las Madres.
- f. Documentation in the Medical Record
 - i. Clearly document all injuries in the permanent electronic medical record. Describe the injuries and the medical treatment rendered.
 - ii. Use the patient's own words regarding injury and abuse.
 - iii. After completing Consent for Medical Photography form, take photographs of injuries.
- g. Education
 - i. Hospital staff will be educated regarding recognition of Domestic or Intimate Partner Violence, identification of and response to survivors of abuse, and the mandatory reporting duties. Staff education will take place during the on-boarding process upon hire as well as in unit-specific in-service programs and other hospital-wide training sessions. These training sessions will include information on the role of the Health Practitioner in situations of abuse, criteria for identifying survivors, procedures for evaluation and treatment of survivors, statutory reporting requirements, and referrals for appropriate services.
- h. Staff Support
 - i. In the event that staff are required to file a report in accordance with the policy and state law, the medical center has resources to provide support to staff during such time. Risk Management is available to help staff who are required to interact with the court or other state agencies in follow up to a report. In addition, the Caring for the Caregiver program offers emotional support from colleagues to help staff during especially difficult events. Risk Management can be contacted at (415).353-1842. Caring for the Caregiver can be contacted via email: caringforthecaregiver@ucsf.edu
- (c) A debrief of the event, with feedback on what went well and what did not go well should take place after a report.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Adult Social Work Department.

VII. HISTORY OF POLICY

Issued May 1991 UCSF/Mount Zion Reviewed December 1994

Issued December 1992 UCSF Reviewed September 1995 Policies combined December 1997

Revised April 1998 by Risk Management and Social Work Departments

Reviewed March 2001 by Social Work and Risk Management Departments, and Domestic Violence Task Force

Approved April 2001 by Mark R. Laret, CEO

Reviewed April 2002 by Social Work and Care Coordination Departments

Approved April 2002 by Mark R. Laret, CEO

Reviewed February 2004 by Lynn Rusk, Care Coordination Department

Reviewed March 2004 by Policy Steering Committee

Reviewed March 2004 by Marcia Canning, Chief Campus Counsel

Approved March 2004 by Mark R. Laret, CEO

Revised May 2008 by Lynn Rusk, Assistant Director of Case Management and Social Work Coordination

Reviewed June 2008 by Policy Steering Committee

Reviewed November 2008 by Strategic Leadership Council

Approved March 2008 by Mark R. Laret, CEO

Revised by Sandy Chan, Assistant Director of Case Management and Social Work Coordination

Reviewed and Approved September 2012 by Policy Steering Committee

Reviewed May 2014 by Elizabeth Polek, Director of Care Transitions

Reviewed and Approved May 2014 by Policy Steering Committee

Reviewed and Approved April 2017 by Policy Steering Committee

Reviewed May 2020 by Meher Singh, MSW Assistant Director of Social Work

Reviewed and Approved July 2020 by Policy Steering Committee

Reviewed and Approved April 2021 by Implicit Bias Committee

Reviewed and Approved May 2021 by Policy Steering Committee

Reviewed and Approved May 2021 by Executive Medical Board and Governance Advisory Council

VIII. APPENDIX

Not applicable.

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