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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**Domestic Violence Medical Forensic Advisory Committee**

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<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Marilyn Strachan Peterson, M.S.W., M.P.A.</td>
<td>Committee Chair and Director</td>
<td>California Clinical Forensic Medical Training</td>
<td>Sacramento, CA</td>
</tr>
<tr>
<td>Deirdre Anglin, M.D., MPH</td>
<td>Department of Emergency Medicine</td>
<td>Los Angeles County/University of Southern California</td>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>Linda Berger</td>
<td>Executive Director, Statewide</td>
<td>California Coalition for Battered Women</td>
<td>Long Beach, CA</td>
</tr>
<tr>
<td>Laurie Earl, Deputy District Attorney</td>
<td>Sacramento County District Attorney's Office</td>
<td>Sacramento, CA</td>
<td></td>
</tr>
<tr>
<td>Diana Faugno, B.S.N., R.N.</td>
<td>International Association of Forensic Nurses</td>
<td>Escondido, CA</td>
<td></td>
</tr>
<tr>
<td>William Green, M.D.</td>
<td>Director, Sexual Assault Education</td>
<td>California Clinical Forensic Medical Training</td>
<td></td>
</tr>
<tr>
<td>Ariel Hand, R.N.</td>
<td>Executive Director</td>
<td>Violence Intervention Program</td>
<td></td>
</tr>
<tr>
<td>Ellen Taliaferro, M.D.</td>
<td>President</td>
<td>Physicians for a Violence-Free Society</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Thomas Toller, J.D.</td>
<td>Research Attorney</td>
<td>California District Attorneys Association</td>
<td>Sacramento, CA</td>
</tr>
<tr>
<td>Mary Hansen</td>
<td>Supervising Criminalist</td>
<td>Sacramento County Crime Laboratory</td>
<td></td>
</tr>
<tr>
<td>Nancy Housel, R.N.</td>
<td>DART Director</td>
<td>SART/Clinical Forensic Services</td>
<td></td>
</tr>
<tr>
<td>Diana Koin, M.D.</td>
<td>Director, Elder/Dependent Adult Abuse Education</td>
<td>California Clinical Forensic Medical Training</td>
<td></td>
</tr>
<tr>
<td>Mark Manriquez, Sergeant</td>
<td>San Diego County Sheriff's Department</td>
<td>Santa Clara Valley Medical Center</td>
<td>San Jose, CA</td>
</tr>
<tr>
<td>Noh Rye, Sergeant</td>
<td>Sacramento County Sheriff's Department</td>
<td>Sacramento, CA</td>
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<td>Research Attorney</td>
<td>California District Attorneys Association</td>
<td>Sacramento, CA</td>
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**State of California**

California Emergency Management Agency

Henry R. Renteria

Executive Director
State of California
California Emergency Management Agency
Henry R. Renteria
Executive Director

Elder and Dependent Adult Abuse and Neglect Medical Forensic Advisory Committee

Diana Koin, M.D., Chair
Director, Elder and Dependent Adult Abuse and Neglect Education
California Clinical Forensic Medical Training Center
UC Davis Medical Center
Sacramento, CA

Marilyn Strachan Peterson, M.S.W., M.P.A.
Committee Co-Chair
Director, California Clinical Forensic Medical Training Center and CAARE Diagnostic and Treatment Center
UC Davis Medical Center
Sacramento, CA

Diana Boutin, R.N.
Special Agent
California Department of Justice
San Jose, CA

Irving Hellman, Ph.D.
Elder Care Advisor and Therapist
Private Practice
Sacramento, CA

Pat Goehner, R.N., M.S.
Personal Care Consultant
Harriett Grooh Associates
Novato, CA

George A. Jansen, M.D.
Medical Consultant
Federal Social Security Administration
California Department of Social Services
Disability and Adults Programs Division
Sacramento, CA

Elaine Green, R.N., F.N.P.
Senior Sexual Assault Forensic Examiner
SAFE Team Coordinator
UC Davis Medical Center
Sacramento, CA

Honorable Barbara Kronlund
San Joaquin County Superior Court
Tracy, CA

William Green, M.D.
Director, Sexual Assault Education
California Clinical Forensic Medical Training Center
Medical Director, SAFE Team
UC Davis Medical Center
Sacramento, CA

Diane Knoles, Deputy District Attorney
San Francisco County District Attorney’s Office
San Francisco, CA

Lisa Mancini, M.A.
Director of Aging and Adult Services
San Mateo County
San Mateo, CA

Hilda Grey, R.N., Ph.D.
Victim Advocate
Elder Abuse Division
San Diego County District Attorney’s Office
San Diego, CA

Connie Mitchell, M.D.
Director, Domestic Violence Education
California Clinical Forensic Medical Training Center
UC Davis Medical Center
Sacramento, CA
State of California
California Emergency Management Agency
Henry R. Renteria
Executive Director

Elder and Dependent Adult Abuse and Neglect Medical Forensic Advisory Committee

Lisa Nerenberg, M.S.W., M.P.H.
Private Consultant
Redwood City, CA

Barry Perrou, Psy.D.
Los Angeles County Sheriff, Retired
Los Angeles, CA

Mary Joy Quinn, R.N., M.A.
Director, Probate Court
San Francisco Superior Court
San Francisco, CA

John Franklin Randolph, M.D.
Board Certified in Family Medicine
CAQ Geriatrics
Geriatric Medicine
Arrowhead Regional Medical Center
Colton, CA

Chayo Reyes
LAPD Detective, Retired
California Department of Justice Instructor
Cerritos, CA

Diana Schneider, M.D.
Director, Adult Protection Team
LAC/USC Violence Intervention Program
Los Angeles, CA

Karen Sheldon
Chief of Forensic Services
Contra Costa County Sheriff’s Department
Martinez, CA
State of California
California Emergency Management Agency

Linda Bowen, Chief
Sexual Assault Section

Margo Fox, Program Specialist
Sexual Assault Section

Jim Acosta, Lead Criminal Justice Specialist
Victim Witness Assistance Section

Ann Saldubehere, Program Specialist
Sexual Assault Section

Sally Hencken, Criminal Justice Specialist
Office of Emergency Services

California Clinical Forensic Medical Training Center

Marilyn Strachan Peterson, M.S.W., M.P.A.
Director, California Clinical Forensic Medical Training Center and CAARE Diagnostic and Treatment Center Department of Pediatrics
UC Davis Children’s Hospital
Sacramento, CA

Connie Mitchell, M.D.
Director, Domestic Violence Education
California Clinical Forensic Medical Training Center
UC Davis Medical Center
Sacramento, CA

Kristian Ross-Patchin, Program Manager
California Clinical Forensic Medical Training Center
UC Davis Medical Center
Sacramento, CA

Lisa Stenhouse-Gaskin
Community Health Program Representative
California Clinical Forensic Medical Training Center
Department of Pediatrics
UC Davis Children’s Hospital
Sacramento, CA

Virginia Pelletier
Program Assistant III
California Clinical Forensic Medical Training Center
Department of Pediatrics
UC Davis Children’s Hospital
Sacramento, CA

Diana Koin, M.D.
Director, Elder and Dependent Adult Abuse and Neglect Education
California Clinical Forensic Medical Training Center
UC Davis Medical Center
Sacramento, CA

William Green, M.D.
Director, Sexual Assault Education
California Clinical Forensic Medical Training Center
Medical Director, SAFE Team
UC Davis Medical Center
Sacramento, CA

April Tang
Community Health Program Representative
California Clinical Forensic Medical Training Center and CAARE Diagnostic and Treatment Center
Department of Pediatrics
UC Davis Children’s Hospital
Sacramento, CA

Celeste Roberts
Program Assistant III
California Clinical Forensic Medical Training Center
Department of Pediatrics
UC Davis Children’s Hospital
Sacramento, CA
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

<table>
<thead>
<tr>
<th>CalEMA 2-502</th>
<th>Forensic Medical Report: Domestic Violence Examination</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Examination of persons involved in intimate partner violence including dating relationships</td>
</tr>
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</table>

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.

<table>
<thead>
<tr>
<th>CalEMA 2-602</th>
<th>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</th>
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<tbody>
<tr>
<td></td>
<td>Examination of persons age 65 and above</td>
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<tr>
<td></td>
<td>Examination of dependent adults ages 18 to 64</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Acute</th>
<th>Less than 72 hours have passed since the incident (&lt;72 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonacute</td>
<td>More than 72 hours have passed since the incident (&gt;72 hours)</td>
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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.

<table>
<thead>
<tr>
<th>CalEMA 2-925 Child/Adolescent Sexual Abuse Examination</th>
<th>Forensic Medical Report: Nonacute (&gt;72 hours) Adolescent Sexual Abuse</th>
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<tr>
<td></td>
<td>• History of <strong>nonacute sexual assault</strong> (&gt;72 hours)</td>
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<td></td>
<td>• Examination of children and adolescents under age 18</td>
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</table>

<table>
<thead>
<tr>
<th>CalEMA 2-930</th>
<th>Forensic Medical Report: Acute (&lt;72 hours) Child/Adolescent Sexual Abuse Examination</th>
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<tbody>
<tr>
<td></td>
<td>• History of <strong>chronic sexual abuse (incest) and recent incident</strong></td>
</tr>
<tr>
<td></td>
<td>• Examination of children and adolescents under age 18</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>CalEMA 2-900</th>
<th>Medical Report: Suspected Child Physical Abuse and Neglect Examination</th>
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<tbody>
<tr>
<td></td>
<td>• Examination of children and adolescents under the age of 18</td>
</tr>
</tbody>
</table>

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.
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 does 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:

<table>
<thead>
<tr>
<th>Types of Offenses</th>
<th>Penal Code Sections</th>
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<td>Abuse of spouse or cohabitant</td>
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<td>Murder</td>
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<td>Manslaughter</td>
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<td>Aggravated mayhem</td>
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<td>Assault with intent to commit mayhem, rape, sodomy, or oral copulation</td>
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<td>Administering controlled substances or anesthetic to aid in the commission of a felony</td>
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<td>Sexual Battery</td>
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<td>Assault with a deadly weapon or by means likely to produce great bodily injury</td>
<td>245</td>
</tr>
<tr>
<td>Rape</td>
<td>261</td>
</tr>
<tr>
<td>Spousal Rape</td>
<td>262</td>
</tr>
</tbody>
</table>
Types of Offenses | Penal Code Sections
---|---
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.

| Child Abuse Code Sections Listed in Penal Code Section 11160 |
|---|---|
Child abuse or endangerment | 273a |
Incest | 285 |
Lewd and lascivious acts with a child | 288 |

To report suspected child abuse and neglect, use the form printed and distributed by the Department of Justice (DOJ) SS8572.

| Elder Abuse Code Section Listed in Penal Code Section 11160 |
|---|---|
Elder Abuse | 368 |

To report suspected elder abuse and neglect, use the form printed and distributed by the California Department of Social Services (SOC) 341.

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
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 does 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**

<table>
<thead>
<tr>
<th>Location Where Suspected Abuse and Neglect Occurred:</th>
<th>Report to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private residence, hotel or homeless shelter</td>
<td>Law enforcement agency or Adult Protective Services (APS)</td>
</tr>
<tr>
<td>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)</td>
<td>Law enforcement agency or ombudsman program</td>
</tr>
<tr>
<td>State mental hospital</td>
<td>Law enforcement agency or the State Department of Mental Health</td>
</tr>
<tr>
<td>State developmental center</td>
<td>Law enforcement agency or the State Department of Developmental Services</td>
</tr>
<tr>
<td>Statewide toll free number for making elder and dependent adult abuse and neglect telephone reports: 1-888-436-3600</td>
<td></td>
</tr>
</tbody>
</table>
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 by order 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 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.
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.
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.

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> 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 does 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 conservated 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

<table>
<thead>
<tr>
<th>Definitions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Emergent Medical Care:</strong></td>
<td>A non-emergent condition means that the patient is medically stable.</td>
</tr>
<tr>
<td><strong>Emergent Medical Care:</strong></td>
<td>Emergency medical care or a medical emergency means that prompt treatment appears to be necessary to prevent deterioration or aggravation of the patients’ condition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggested Procedures: Non-emergent Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When <em>non-emergent</em> medical examination and treatment is required for adults lacking capacity, informed consent should be obtained from the following individuals in this order:</td>
<td></td>
</tr>
<tr>
<td>1. <strong>A Legal Representative:</strong></td>
<td></td>
</tr>
<tr>
<td>• An agent as designated by a Durable Power of Attorney for Health Care.</td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Family members:</strong></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>• There is no substantial question as to whether the patient, if competent, would object to the treatment or procedure.</td>
<td></td>
</tr>
<tr>
<td>• The competence or motive of the closest available relative is not suspect or questionable.</td>
<td></td>
</tr>
<tr>
<td>• No other close relative of equal rank objects to the treatment or procedure.</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Family member declines to participate in the process:</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
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</tr>
</tbody>
</table>
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 medial/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)
  > Office for Victims of Crime (OVC) (www.ojp.usdoj.gov.ovc)
  > Office on Violence Against Women (OVAW) (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
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.

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.

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

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 does 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)).
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). 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. 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.

<table>
<thead>
<tr>
<th>Evidence Container</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide mailers</td>
<td>To protect slides</td>
</tr>
<tr>
<td>Bindles and other small</td>
<td>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.</td>
</tr>
<tr>
<td>containers</td>
<td></td>
</tr>
<tr>
<td>Envelopes or boxes</td>
<td>To protect evidence such as swabs, reference hair samples, and foreign materials, and to hold the small containers listed above.</td>
</tr>
<tr>
<td>Evidence kit container</td>
<td>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.</td>
</tr>
<tr>
<td>Paper bags</td>
<td>To hold clothing</td>
</tr>
</tbody>
</table>
The following chart, not meant to be all-inclusive, is a list of suggested containers for different types of evidence:

<table>
<thead>
<tr>
<th>Items</th>
<th>Suggested Containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabs (dried)</td>
<td>Envelopes, Boxes</td>
</tr>
<tr>
<td>Slides (dried)</td>
<td>Slide mailers</td>
</tr>
<tr>
<td>Large foreign materials (e.g., hairs, grass)</td>
<td>Envelopes</td>
</tr>
<tr>
<td>Small or loose foreign materials (e.g., soil, paint, splinters, glass, fibers)</td>
<td>Bindles placed into envelopes, Tapelifts in clear plastic containers</td>
</tr>
<tr>
<td>Matted hair bearing crusted material</td>
<td>Bindles placed into envelopes</td>
</tr>
<tr>
<td>Fingernail scrapings or cuttings</td>
<td>Paper bindles placed into envelopes, Sealable boxes</td>
</tr>
<tr>
<td>Reference blood samples, liquid</td>
<td>Lavender and/or yellow stoppered evacuated blood collection vials</td>
</tr>
<tr>
<td>Saliva reference sample (dried)</td>
<td>Envelopes</td>
</tr>
<tr>
<td>Clothing</td>
<td>Paper bags (not plastic)</td>
</tr>
<tr>
<td>Toxicology samples</td>
<td>Gray stoppered evacuated blood collection vials, Tightly sealed clean plastic or glass container for urine samples</td>
</tr>
<tr>
<td>Blood alcohol/toxicology</td>
<td></td>
</tr>
<tr>
<td>Urine toxicology</td>
<td></td>
</tr>
</tbody>
</table>
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 shCalEMA 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.
   - **ShCalEMA**
     The shCalEMA 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 bindle 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 unbitten 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:**

<table>
<thead>
<tr>
<th>Blood samples</th>
<th>Gray stoppered evacuated blood collection vials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine Samples</td>
<td>Tightly sealed clean plastic or glass container</td>
</tr>
</tbody>
</table>

**Note:** 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.
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.

Outcomes Associated with Physical and/or Sexual Assault or Abuse

Fatal Outcomes
- Suicide
- Homicide

Non-Fatal Outcomes

Physical Health
- Injury
- Functional impairment
- Physical symptoms
- Poor subjective health
- Permanent disability
- Severe obesity

Chronic Conditions
- Chronic Pain Syndrome
- Irritable Bowel Syndrome
- Gastrointestinal disorders

Mental Health
- Post Traumatic Stress Disorder
- Depression
- Anxiety
- Phobias/panic disorder
- Eating disorders
- Sexual dysfunction
- Low self-esteem
- Substance abuse

Reproductive Health for Women of Child Bearing Age
- Unwanted pregnancy
- STDs/HIV
- Gynecological disorders
- Unsafe abortions
- Pregnancy complications
- Miscarriage/low birth weight
- Pelvic Inflammatory Disease

Negative Health Behaviors
- Smoking
- Alcohol and drug abuse
- Sexual risk taking
- Physical inactivity
- Overeating

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.
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).
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, fiancé(e), 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
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 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
Website: 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.
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 practicably 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
SUSPICIOUS INJURY REPORT
DCJP-620 (11/03)

STATE OF CALIFORNIA

INFORMATION DISCLOSURE
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 11163).

Go to Instruction Sheet

Part A: PATIENT WITH SUSPICIOUS INJURY

1. PATIENT’S NAME (Last, First, Middle)  
2. BIRTH DATE  
3. GENDER: □ M □ F  
4. SAFE PHONE NUMBER: ________

5. PATIENT’S RESIDENCE ADDRESS (Number and Street/ Apt. Box – NO P.O. Box)  
City  
State  
Zip  

6. PATIENT SPEAKS ENGLISH: □ Y □ N  
If N, language spoken: ____________________________

7. DATE AND TIME OF INJURY  
Date: ___  
Time: ___ am □ pm □ Unknown

8. LOCATION – ADDRESS WHERE INJURY OCCURRED, IF AVAILABLE: Check here if unknown: □

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.  
□ 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.  
□ ADDITIONAL PAGES ATTACHED

Part B: REQUIRED – AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Referenced by PC 11163)  
14. DATE AND TIME REPORTED  
Date: ___  
Time: ___ am □ pm

15. NAME OF PERSON RECEIVING PHONE REPORT (First and Last)  
16. JOB TITLE

17. PHONE NUMBER: ________

18. LAW ENFORCEMENT AGENCY RECEIVING WRITTEN REPORT (Referenced by PC 11163)  
19. AGENCY INCIDENT NUMBER

Part C: PERSON FILING REPORT

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.
- 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:

<table>
<thead>
<tr>
<th>Incident</th>
<th>Form</th>
<th>Source of Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Child Abuse</td>
<td>SS 8572</td>
<td>Call California Department of Justice at (916) 227-3285.</td>
</tr>
<tr>
<td>Dependent Adult / Elder Abuse</td>
<td>SOC 341</td>
<td>Online: <a href="http://www.dss.ca.gov/pdf/SOC341.pdf">http://www.dss.ca.gov/pdf/SOC341.pdf</a> or contact your local County Adult Protective Services Dept.</td>
</tr>
<tr>
<td>Sexual Assault – Adult*</td>
<td>OCJP 925*</td>
<td>Online: <a href="http://www.ocj.ca.gov/publications.htm">www.ocj.ca.gov/publications.htm</a> or call OCJP at (916) 324-9109.</td>
</tr>
<tr>
<td>Sexual Assault – Child*</td>
<td>OCJP 930*</td>
<td></td>
</tr>
</tbody>
</table>

*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:

- Abuse of spouse or cohabitant
- Aggravated mayhem
- Administering controlled substances or anesthetics to aid in the commission of a felony
- Assault with a stun gun or taser
- Assault with a deadly weapon, firearm, assault weapon or machine gun, or by means likely to produce great bodily injury
- Assault with intent to commit mayhem, rape, sodomy, or oral copulation
- Battery
- Child abuse or endangerment (including statutory Rape)
- Elder abuse
- Incest
- Lewd and lascivious acts with a child
- Murder
- Manslaughter
- Mayhem
- Oral copulation
- Procurer any female to have sex with another man
- Rape
- Sexual battery
- Sexual penetration
- Sodomy
- Spousal rape
- Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure
- Torture
### APPENDIX E

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

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

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

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

<table>
<thead>
<tr>
<th>COUNTY APS/OMBUSDMAN CASE NUMBER</th>
<th>RECEIVING AGENCY USE ONLY</th>
</tr>
</thead>
</table>

#### A. VICTIM

- **NAME (LAST NAME FIRST):**
- **SEX:** M/F
- **AGE:**
- **DATE OF BIRTH:**
- **SIN:**
- **ETHNICITY:**
- **LANGUAGE (CHECK ONE):** ENGLISH
- **PRIVITY:**
- **ADDRESS (IF FACILITY, INCLUDE NAME):**
  - **CITY:**
  - **ZIP CODE:**
  - **TELEPHONE:**

#### B. REPORTING PARTY:

- **NAME (PRINT):**
- **SIGNATURE:**
- **OCCUPATION:**
- **AGENCY:**
- **ADDRESS:**
- **RELATIONSHIP:**
- **TELEPHONE:**

#### C. INCIDENT INFORMATION

- **DATE/TIME OF INCIDENT(S):**
- **PLACE OF INCIDENT (CHECK ONE):**
  - Own Home
  - Community Care Facility
  - Hospital/Acute Care Hospital
  - Nursing Facility/Swing Bed
  - Other (Specify)

#### D. REPORTED TYPES OF ABUSE

- **PHYSICAL:**
  - Assault/Battery
  - Neglect
  - Abduction
  - Sexual Assault
  - Chemical Restraint
  - Other (Non-Mandated e.g., other)

- **HEALTH AND SAFETY HAZARDS:**

- **MENTAL SUFFERING:**

- **FINANCIAL:**

- **MALNUTRITION/DEHYDRATION:**

- **OVER OR UNDER MEDICATION:**

- **ABANDONMENT:**

- **CONSTRUCTION OR DEPRIVATION:**

- **PHYSICAL INJURY:**

#### E. REPORTER’S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE.

**List any potential danger for INVESTIGATOR (E.g., animals, weapons, communicable diseases, etc.).**

#### F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM’S CARE.

- **NAME (LAST NAME FIRST):**
- **ADDRESS:**
- **CITY:**
- **ZIP CODE:**
- **TELEPHONE:**

#### G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE.

- **NAME:**
- **ADDRESS:**
- **TELEPHONE NO.:**
- **RELATIONSHIP:**

#### H. SUSPECTED ABUSER

- **NAME OF SUSPECTED ABUSER:**
- **CARE CUSTODIAN (type):**
- **PARENT:**
- **SPOUSE:**
- **OTHER:**
- **ADDRESS:**
  - **ZIP CODE:**
  - **CITY:**
  - **TELEPHONE:**

#### I. TELEPHONE REPORT MADE TO:

- **APPS:**
- **Law Enforcement:**
- **Ombudsman:**
- **Calif. Dept. of Mental Health:**
- **Calif. Dept. of Developmental Services:**

#### J. WRITTEN REPORT

- **MAIL**:
- **FAX**:

#### K. RECEIVING AGENCY USE ONLY

- **TELEPHONE REPORT:**
- **WRITTEN REPORT:**

### General Instructions

**All but victim**

**All but Perpetrator**

**CDHSS, Licensing & Cert., CDSS-CCL, CDA Ombudsman, Bureau of Medi-Cal Fraud & Elder Abuse, Mental Health, Law Enforcement, Professional Board, Developmental Services, APS, Other (Specify)**
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       Tel: (510) 272-6180
Alameda County District Attorney’s Office Fax: (510) 208-9565
1401 Lakeside Drive, Suite 802
Oakland, CA  94612

ALPINE COUNTY
Victim/Witness Assistance Center       Tel: (530) 694-2971
Alpine County District Attorney’s Office Fax: (530) 694-2980
270 Laramie Street
P.O. Box 248
Markleeville, CA 96120

AMADOR COUNTY
Victim/Witness Assistance Center       Tel: (209) 223-6474
Amador County District Attorney’s Office Fax: (209) 223-1953
45 Summit Street
Jackson, CA  95642

BUTTE COUNTY
Victim/Witness Assistance Center       Tel: (530) 538-7340
Butte County Probation Department
42 County Center Drive
Oroville, CA 95965

CALAVERAS COUNTY
Victim/Witness Assistance Center       Tel: (209) 754-6565
Calaveras County District Attorney’s Office Fax: (209) 754-6732
891 Mountain Ranch Road
San Andreas, CA  95249

COLUSA COUNTY
Victim/Witness Assistance Center       Tel: (530) 458-0659
Colusa County Probation Department
532 Oak Street
Colusa, CA  95932
CONTRA COSTA COUNTY
Victim/Witness Assistance Center
Contra Costa County Probation Department
100 Glacier Drive, Suite A
Martinez, CA 94553

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

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

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

Placerville Office
520 Main Street
Placerville, CA 95667

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

GLENN COUNTY
Victim/Witness Assistance Center
HRA Community Action Division
420 East Laurel Street
Willows, CA 95988
HUMBOLDT COUNTY
Victim/Witness Assistance Center Tel: (707) 445-7417
Humboldt County District Attorney’s Office Fax: (707) 445-7490
712 Fourth Street
Eureka, CA 95501

IMPERIAL COUNTY
Victim/Witness Assistance Center Tel: (760) 336-3930
Imperial County Probation Department Fax: (760) 353-3292
217 South Tenth, Building A
El Centro, CA 92243

INYO COUNTY
Victim/Witness Assistance Center Tel: (760) 873-6669
301 West Line Street, Suite C Fax: (760) 873-8359
Bishop, CA 93514

Inyo County District Attorney’s Office Tel: (760) 878-0282
P.O. Drawer D Fax: (760) 878-2383
Independence, CA 93526

KERN COUNTY
Victim/Witness Assistance Center Tel: (661) 868-4535
Kern County Probation Department Fax: (661) 868-4586
1415 Truxtun Avenue, 6th Floor, Room 603
Bakersfield, CA 93301

KINGS COUNTY
Victim/Witness Assistance Center Tel: (559) 582-3211, ext. 2640
Kings County Probation Department Fax: (559) 584-7038
Kings County Government Center
1400 West Lacey Boulevard
Hanford, CA 93230

LAKE COUNTY
Victim/Witness Assistance Center Tel: (707) 262-4282
Lake County District Attorney’s Office Fax: (707) 262-5851
420 Second Street
Lakeport, CA 95453
LASSEN COUNTY
Victim/Witness Assistance Center  Tel: (530) 251-8283
Lassen County District Attorney’s Office Fax: (530) 257-9009
Courthouse
220 South Lassen Street, Suite 8
Susanville, CA 96130

LOS ANGELES COUNTY
Victim/Witness Assistance Center  Tel: (626) 927-2525
Los Angeles County District Attorney’s Office  Fax: (626) 569-9541
3204 Rosemead Boulevard, Suite E
El Monte, CA 91731

Central Victim/Witness Office  Tel: (800) 773-7574
210 West Temple, No. 12-514  Tel: (213) 774-7499
Los Angeles, CA 90012  Fax: (213) 625-8104

El Monte Victim/Witness Office  Tel: (626) 572-6366
3220 North Rosemead Boulevard  Toll Free: (800) 492-5944
El Monte, CA 91731  Fax: (626) 280-0817

El Monte Victim/Witness  Tel: (626) 350-4583
11234 East Valley Boulevard  Fax: (626) 442-6543
El Monte, CA 91731

Sexual Crimes/Child Abuse Unit  Tel: (213) 974-3801
Hall of Records  Fax: (213) 625-2810
320 West Temple Street, Room 740
Los Angeles, CA 90012

Carson Sheriff  Tel: (310) 830-8376
21356 South Avalon Boulevard  Fax: (310) 847-8368
Carson, CA 90745

Compton Courthouse  Tel: (310) 603-7579, or
200 West Compton Boulevard, Room 700  (310) 603-7574, or
Compton, CA 90220  (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: (213) 974-3908
Fax: (213) 625-2810

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, Room107
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 – 3rd 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, 5th 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 108th 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

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

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

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

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

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

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

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

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

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

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

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

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

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<th>Victim/Witness Assistance Center</th>
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<td><strong>MERCED COUNTY</strong></td>
<td>Victim/Witness Assistance Center</td>
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<tr>
<td></td>
<td>Merced County District Attorney’s Office</td>
<td>(209) 725-3515</td>
<td>(209) 725-3669</td>
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<td>658 W. 20th St.</td>
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<td>Merced, CA 95340</td>
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<td>Victim/Witness Assistance Center</td>
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<td>Modoc County District Attorney’s Office</td>
<td>(530) 233-3311</td>
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<td>204 South Court Street</td>
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<td>Alturas, CA 96101</td>
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<td><strong>MONO COUNTY</strong></td>
<td>Victim/Witness Assistance Center</td>
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<td></td>
<td>452 Old Mammoth Road, Third Floor</td>
<td>(760) 924-1710</td>
<td>(760) 924-1711</td>
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<td>P.O. Box 2053</td>
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<td>Mammoth Lakes, CA 93546</td>
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<td>Bridgeport Victim/Witness Office</td>
<td>(760) 924-1710</td>
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<td>P.O. Box 617</td>
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<td>Bridgeport, CA 93517</td>
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<td><strong>MONTEREY COUNTY</strong></td>
<td>Victim/Witness Assistance Center</td>
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<td>Monterey County District Attorney’s Office</td>
<td>(831) 755-5272</td>
<td>(831) 796-6448</td>
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<td>240 Church Street #101</td>
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<td>P.O. Box 1131</td>
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<td>Salinas, CA 93901</td>
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<td><strong>NAPA COUNTY</strong></td>
<td>Victim/Witness Assistance Center</td>
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<td>Napa County Volunteer Center, Inc.</td>
<td>(707) 252-6222</td>
<td>(707) 226-5179</td>
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<td>1820 Jefferson Street</td>
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<td><strong>NEVADA COUNTY</strong></td>
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<td></td>
<td>Nevada County Probation Department</td>
<td>(530) 265-1246, or (530) 265-1331</td>
<td>(530) 265-6304</td>
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<td></td>
<td>109 North Pine Street</td>
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<td></td>
<td>Nevada City, CA 95959</td>
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ORANGE COUNTY
Victim/Witness Assistance Administrative Center
Community Service Programs, Inc.
1821 East Dyer, Suite 200
Santa Ana, CA 92705-5700

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

North Justice Center
1275 North Berkeley Avenue
Fullerton, CA 92635

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

West Justice Center
8141 13th Street
Westminster, CA 92683

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

Lamoreaux Justice Center
301 The City Drive
Orange, CA 92668

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Corona Police Department
515 So. Corona Mall
Corona, CA 92882
SACRAMENTO COUNTY
Victim/Witness Assistance Center
Sacramento County District Attorney’s Office
901 G Street
P.O. Box 749
Sacramento, CA 95814

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

SAN BERNARDINO COUNTY
Victim/Witness Assistance Center
San Bernardino County District Attorney’s Office
316 North Mountain View Avenue, 3rd Floor
San Bernardino, CA 92415

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

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

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

Fontana Victim/Witness Center
17830 Arrow Boulevard
Fontana, CA 92335
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, 4th 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, 5th 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

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

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

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

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

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

SIERRA COUNTY
Victim/Witness Assistance Center
Sierra County Probation Department
604B Main Street
P.O. Box 886
Loyalton, CA 96118
SISKIYOU COUNTY
Victim/Witness Assistance Center
Siskiyou County District Attorney’s Office
311 4th Street
P.O. Box 986
Yreka, CA 96097

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

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

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

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

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

SONOMA COUNTY
Victim/Witness Assistance Center
Sonoma County District Attorney’s Office
1000 Coddingtown 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 11th 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>

### 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
<table>
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<tr>
<td><strong>DEL NORTE COUNTY</strong></td>
<td>Rural Human Services 286 M Street Crescent City, CA 95531</td>
<td>Tel: (707) 464-7441, ext. 247</td>
<td>Fax: (707) 465-6464</td>
</tr>
<tr>
<td><strong>EL DORADO COUNTY</strong></td>
<td>El Dorado Women’s Center 1248 Broadway, Ste C Placerville, CA 95667</td>
<td>Tel: (530) 626-1450</td>
<td>Fax: (530) 626-6895</td>
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<td>South Lake Tahoe Women’s Center/ (Womenspace Unlimited Inc.) 2941 Lake Tahoe Boulevard Ste. A South Lake Tahoe, CA 96150</td>
<td>Tel: (530) 544-2118</td>
<td>Fax: (530) 542-7624</td>
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<tr>
<td><strong>FRESNO COUNTY</strong></td>
<td>Arjaree Mason Center 1600 M Street Fresno, CA 93721</td>
<td>Tel: (559) 237-4706</td>
<td>Fax: (559) 237-0420</td>
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<tr>
<td><strong>HUMBOLDT COUNTY</strong></td>
<td>Humboldt Women for Shelter P.O.Box 969 Eureka, CA 95502</td>
<td>Tel: (707) 444-9255</td>
<td>Fax: (707) 444-3190</td>
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<tr>
<td><strong>IMPERIAL COUNTY</strong></td>
<td>WomenHaven, Inc. / Center for Family Solutions 727 Main St. El Centro, CA 92243</td>
<td>Tel: (760-353-6922</td>
<td>Fax: (760) 353-8441</td>
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<td><strong>KERN COUNTY</strong></td>
<td>Alliance Against Family Violence and Sexual Assault P.O. Box 2054 Bakersfield, CA 93303</td>
<td>Tel: (661) 322-0931, ext. 102</td>
<td>Fax: (661) 322-2916</td>
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<td>Women’s Center High Desert, Inc. 134 S. China Lake Boulevard Ridgecrest, CA 93555</td>
<td>Tel: (760) 371-1969</td>
<td>Fax: (760) 371-3449</td>
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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
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<td>YWCA - WINGS SGV</td>
<td>YWCA of Glendale, DV Project 735 E. Lexington Dr. Glendale, CA 91206</td>
<td>(626) 915-5191</td>
<td>(626) 858-5140</td>
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<td>MADERA COUNTY</td>
<td>Madera County Action Committee 1200 West Maple St., Suite C Madera, CA 93637</td>
<td>(559) 673-9173</td>
<td>(559) 661-8389</td>
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<td>MARIN COUNTY</td>
<td>Marin Abused Women’s Services 734 A Street San Rafael, CA 94901</td>
<td>(415) 457-2464</td>
<td>(415) 457-6457</td>
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<td>MARIPOSA COUNTY</td>
<td>Mountain Crisis Services, Inc. P.O. Box 2075 Mariposa, CA 95338</td>
<td>(209) 742-5865</td>
<td>(209) 742-4246</td>
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<td>MENDOCINO COUNTY</td>
<td>Project Sanctuary, Inc. P.O. Box 450 Ukiah, CA 95482</td>
<td>(707) 462-9196</td>
<td>(707) 462-5869</td>
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<td>MERced COUNTY</td>
<td>A Woman’s Place of Merced County 815 W. 18th St. Merced, CA 95348</td>
<td>(209) 725-7900</td>
<td>(209) 725-7908</td>
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<td>MONTEREY COUNTY</td>
<td>Shelter Outreach Plus P.O. Box 1387 Marina, CA 93933</td>
<td>(831) 384-3388</td>
<td>(831) 384-1308</td>
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<td>YWCA of Monterey County P.O. Box 1249 Seaside, CA 93955-1249</td>
<td>(831) 583-1026</td>
<td>(831) 583-1049</td>
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NAPA COUNTY
Napa Emergency Women’s Services (NEWS) Tel: (707) 252-3687
1141 Pear Tree Lane suite 220 Fax: (707) 224-1560
Napa, CA  94558

NEVADA COUNTY
Domestic Violence & Sexual Assault Coalition Tel: (530) 272-2046
P.O. Box 484 Fax: (530) 273-3780
Grass Valley, CA  95945

ORANGE COUNTY
Human Options, Inc. Tel: (949) 737-5242, ext.22
P.O. Box 9376 Fax: (949) 737-5244
Newport Beach, CA  92658

Interval House Tel: (562) 594-9492
P.O. Box 3356 Fax: (562) 596-3370
Seal Beach, CA  90740-2356

Laura’s House Tel: (949) 240-0863
27129 Calle Arroyo, Suite 1822 Fax: (949) 361-3548
San Juan Capistrano, CA  92675

PLACER COUNTY
P.E.A.C.E. for Families Tel: (530) 823-6224
P.O. Box 5462 Fax: (530) 889-8497
Auburn, CA  95604

Tahoe Women’s Services Tel: (530) 546-7804
P.O. Box 1232 Fax: (775) 298-0011
Kings Beach, CA  96143

PLUMAS COUNTY
Plumas Rural Services, Inc. Tel: (530) 283-3611
586 Jackson St. Fax: (530) 283-3647
Quincy, CA  95971
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
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<tr>
<td><strong>SOLANO COUNTY</strong></td>
<td>SafeQuest Solano</td>
<td>1745 Enterprise Dr., Suite 2-D</td>
<td>(707) 422-7345, ext. 114</td>
<td>(707) 422-7276</td>
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<td>Fairfield, CA 94533</td>
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<td><strong>SONOMA COUNTY</strong></td>
<td>YWCA of Sonoma County</td>
<td>2235 Challenger Way, Suite 108</td>
<td>(707) 546-9922, ext. 11</td>
<td>(707) 546-9928</td>
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<td>Santa Rosa, CA 95407</td>
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<td><strong>STANISLAUS COUNTY</strong></td>
<td>Haven Women’s Center of Stanislaus</td>
<td>619 13th Street - Suite I</td>
<td>(209) 524-4331</td>
<td>(209) 524-4201</td>
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<td>Modesto, CA 95354</td>
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<td><strong>SUTTER COUNTY</strong></td>
<td>Casa de Esperanza, Inc.</td>
<td>P.O. Box 56</td>
<td>(530) 674-5400</td>
<td>(530) 674-3035</td>
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<td>Yuba City, CA 95992-0056</td>
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<td><strong>TEHAMA COUNTY</strong></td>
<td>Alternatives to Violence</td>
<td>P.O. Box 135</td>
<td>(530) 528-0226</td>
<td>(530) 528-9339</td>
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<td>Red Bluff, CA 96080</td>
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<td><strong>TULARE COUNTY</strong></td>
<td>Central California Family Crisis Center, Inc.</td>
<td>770 N. Main Street</td>
<td>(559) 781-7462</td>
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<td>Porterville, CA 93257</td>
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<td>Family Services of Tulare County</td>
<td>815 West Oak</td>
<td>(559) 741-7310</td>
<td>(559) 732-6404</td>
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<td>Visalia, CA 93291</td>
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<td><strong>TUOLUMNE COUNTY</strong></td>
<td>Kene Me Wu Family Healing Center, Inc.</td>
<td>P.O. Box 605</td>
<td>(209) 736-5830</td>
<td>(209) 736-5836</td>
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<td>Sonora, CA 95370</td>
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<td>Mountain Women's Resource Center</td>
<td>P.O. Box 1154</td>
<td>(209) 588-9305</td>
<td>(209) 588-9272</td>
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<td>Sonora, CA 95370</td>
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VENTURA COUNTY
Coalition to End Family Violence  Tel: (805) 983-6014
1030 N. Ventura Rd.  Fax: (805) 983-6240
Oxnard, CA  93030

Interface Children Family Services  Tel: (805) 485-6114
1305 Del Norte Rd., Suite 130  Fax: (805) 983-0789
Camarillo, CA  93010

YOLO COUNTY
Sexual Assault & Domestic Violence Ctr.  Tel: (530) 661-6336
927 Main St., Suite A  Fax: (530) 661-3021
Woodland, CA  95695
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 Hotline: (510) 567-6894
8000 Edgewater Drive Fax: (510) 569-5384
Oakland, CA 94621
Website: http://www.co.alameda.ca.us/assistance/adult/APS.html

ALPINE COUNTY
Department of Health and Human Services Hotline: (888) 755-8099
75-A Diamond Valley Road Fax: (530) 694-2252
Markleeville, CA 96120
Website: http://www.co.alpine.ca.us/dept/soc_srv/socserv.html

AMADOR COUNTY
Department of Social Services Hotline: (209) 223-1075
1003 Broadway Fax: (209) 223-6579
Jackson, CA 95642
Website: http://www.co.amador.ca.us/pub/depts/hhs/socialsvcs/aps/default.htm

BUTTE COUNTY
Department of Social Services Hotline: (800) 664-9774
Post Office Box 1649 Fax: (530) 579-3614
Oroville, CA 95965
Website: http://www.buttecounty.net/dess/senior_adult.html

CALAVERAS COUNTY
CalWORKS & Human Services Agency Sheriff’s Office: (209) 754-6500
891 Mountain Ranch Road Fax: (209) 754-6579
San Andreas, CA 95249
Website: http://www.co.calaveras.ca.us/departments/welfare.html
**COLUSA COUNTY**  
Department of Health and Human Services  
251 East Webster Street  
Colusa, CA 95932  
Website: http://www.colusacountyclerk.com  

**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  

**DEL NORTE COUNTY**  
Social Services Department  
880 Northcrest Drive  
Crescent City, CA 95531  
Website: http://www.co.del-norte.ca.us  

**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  

**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  

**GLENN COUNTY**  
Human Resources Agency  
Mailing Address:  
P.O. Box 611  
420 East Laurel Street  
Willows, CA 95988-0611  
Website: http://www.countyofglenn.net
HUMBOLDT COUNTY
Department of Social Services  Hotline: (707) 445-6180
808 E Street  Fax: (707) 476-2138
Eureka, CA  95501
Website: http://www.co.humboldt.ca.us/welfare/adult-1.htm

IMPERIAL COUNTY
Department of Social Services  Hotline: (760) 337-7878
315 South Waterman  Fax: (760) 336-3971
El Centro, CA  92243
Website: http://www.co.imperial.ca.us/socialservices/

INYO COUNTY
Department of Health and Human Services  Hotline: (800) 841-5011
162 Grove Street  Fax: (760) 873-3277
Bishop, CA  93514
Website: http://www.countyofinyon.org

KERN COUNTY
Aging and Adult Services Department  Hotline: (661) 868-1006, or
Protective Services Division  (800) 277-7866
5357 Truxton Avenue
Bakersfield, CA  93309
Website: http://www.co.kern.ca.us/aas/protectiveservices.asp

KINGS COUNTY
Human Services Agency  Hotline: (559) 582-8776, or
Government Center  (877) 897-5842
1200 South Drive  Fax: (559) 585-0346
Hanford, CA  93230
Website: http://www.countyofkings.com/HAS/index.htm

LAKE COUNTY
Social Services Department  Pager: (800) 399-9339
Post Office Box 9000  Fax: (707) 262-0299
Lower Lake, CA  95457
Website: http://www.dss.co.lake.ca.us/adultprotectiveservices.html
LASSEN COUNTY
Welfare Administration/LassenWorks
Post Office Box 1359
Susanville, CA 96130
Website: 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/atisfag.cfm#adult
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
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<td>MODOC COUNTY</td>
<td>Department of Social Services</td>
<td>(530) 223-6501</td>
<td>(530) 233-4416</td>
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<td></td>
<td>120 North Main Street, Alturas, CA 96101</td>
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<td>(530) 233-6536</td>
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<td>MONO COUNTY</td>
<td>Department of Social Services</td>
<td>(800) 340-5411</td>
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<td>(760) 932-5287</td>
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<td>Post Office Box 576, Bridgeport, CA 93517</td>
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<td>MONTEREY COUNTY</td>
<td>Department of Social Services</td>
<td>(800) 960-0010</td>
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<td>(831) 899-8022</td>
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<td></td>
<td>713 Laguardia Street, Suite A, Salinas, CA 93901</td>
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<td>NAPA COUNTY</td>
<td>Health and Human Services Agency</td>
<td>(888) 619-6913</td>
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<td>(707) 253-6117</td>
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<td></td>
<td>900 Coombs Street, #257, Napa, CA 94559-2936</td>
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<td>NEVADA COUNTY</td>
<td>Department of Human Services</td>
<td>(888) 339-7248</td>
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<td>(714) 265-7166</td>
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<td></td>
<td>PO Box 1210, Nevada City, CA 95959</td>
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<td>ORANGE COUNTY</td>
<td>Social Services Agency</td>
<td>(800) 451-5155</td>
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<td>(714) 825-3155</td>
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<tr>
<td></td>
<td>Post Office Box 22006, Santa Ana, CA 92702-2006</td>
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Website links:
- http://www.monocounty.ca.gov
- http://www.co.monterey.ca.us
- http://www.co.napa.ca.us/departments/adultprotective/default.asp
- http://www.afs.co.nevada.ca.os/ourservices.htm
- http://www.oc.ca.gov/ssa/adltserv/asaps.htm
PLACER COUNTY
Health and Human Services Department
11512-B Avenue
Auburn, CA 95603
Website: http://www.placer.ca.gov/hhs/access.htm

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
Hotline: (530) 283-6471
Sheriff’s Office: (530) 283-6300 (Night calls)
Fax: (530) 886-2992

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.sacdhhs.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.sbccounty.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
Website: http://www.ci.sf.ca.us/dhs/aps.htm
Hotline: (800) 814-0009, or (415) 557-5230
Fax: (415) 557-5377

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
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 37th 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  Hotline: (800) 414-2002
591 North Kind Road  Fax:  (408) 923-2134
San Jose, CA  95133
Website: http://www.santaclaracounty.org/ssa/daas/apshome.htm

SANTA CRUZ COUNTY
Human Resources Agency  Hotline: (866) 580-4357
Post Office Box 1320  Fax:  (831) 454-4290
Santa Cruz, CA  95061
Website: http://www.hra.co.santa-cruz.ca.us/html/aps.html

SHASTA COUNTY
Department of Social Services  Hotline: (530) 225-5798
Post Office Box 496005  Fax:  (530) 245-7693
Redding, CA  96049-6005
Website: http://www.co.shasta.ca.us/Departments/SocialServices/Index.htm#Adult

SIERRA COUNTY
Department of Health and Human Services  Hotline: (530) 289-3720
Post Office Box 1019  Fax:  (530) 993-6767 (Loyalton)
Loyalton, CA  96118  Fax:  (530) 289-3716 (Downieville)
Website: http://www.sierracounty.ws

SISKIYOU COUNTY
Human Services Department  Hotline: (530) 842-7009
490 South Broadway  Fax:  (530) 841-4238
Yreka, CA  96097
Website: http://www.co.siskiyou.ca.us/humsvc/adult.htm

SOLANO COUNTY
Department of Health and Social Services  Hotline: (800) 850-0012
Older and Disabled Adult Services  Fax:  (707) 435-2440
275 Beck Avenue
PO Box 5050
Fairfield, CA  94533
Website: http://www.co.solano.ca.us/hss/
SONOMA COUNTY
Human Services Department
Hotline: (800) 667-0404
Post Office Box 4059
Fax: (707) 565-5969
Santa Rosa, CA 95402
Website: http://www.sonoma-county.org/human/division.htm#b_a

STANISLAUS COUNTY
Community Services Agency
Hotline: (800) 336-4316
Post Office Box 42
Fax: (209) 558-2681
Modesto, CA 95353-0042
Website: http://www.stanworks.com/departments/adultservices/aps.htm

SUTTER COUNTY
Department of Human Services
Hotline: (530) 822-7227
Post Office Box 1599
Fax: (530) 822-7384
Yuba City, CA 95991
Website: http://www.co.sutter.ca.us/human_services/welfare_social_services/index.htm

TEHAMA COUNTY
Department of Social Services
Hotline: (800) 323-7711
Post Office Box 1515
Fax: (530) 527-5410
Red Bluff, CA 96080
Website: n/a

TRINITY COUNTY
Health and Human Services Department
Hotline: (530) 623-1314, or (800) 851-5658
Post Office Box 1470
Weaverville, CA 96093-1470
Website: http://www.trinitycounty.org

TULARE COUNTY
Department of Public Social Services
Hotline: (800) 321-2462
3330 West Mineral King Rd., Suite A
Fax: (559) 740-4347
Visalia, CA 93291
Website: http://www.co.tulare.ca.us
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/htm/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>

**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

CONTRA COSTA COUNTY
Ombudsman Services of Contra Costa, Inc.
1601 Sutter Street, Suite A
Concord, CA 94520
Counties: Contra Costa

DEL NORTE COUNTY
Long-Term Care Ombudsman Program
1910 California Street
Eureka, CA 95501-2899
Counties: Del Norte, Humboldt

EL DORADO COUNTY
El Dorado County Long Term Care Ombudsman Program
937 Spring Street
Placerville, CA 95667
Counties: El Dorado

FRESNO COUNTY
Fresno/Madera Ombudsman Program
5424 N. Palm Ave., Suite 108
Fresno, CA 93704
Counties: Fresno, Madera

GLENN COUNTY
Ombudsman Program
2491 Carmichael Dr., Suite 400
Chico, CA 95928
Counties: Butte, Colusa, Glenn, Plumas, Tehama

HUMBOLDT COUNTY
Long-Term Care Ombudsman Program
1910 California Street
Eureka, CA 95501-2899
**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
Tel: (310) 899-1483
c/o WISE Senior Services
PO Box 769
Santa Monica, CA 90401-0769
Counties: Los Angeles

**LOS ANGELES COUNTY: REGION II – LOS ANGELES**
Long-Term Care Ombudsman Program
Tel: (213) 617-8957
Angeles Plaza Senior Activity Center
255 South Hill St., Room 408
Los Angeles, CA 90012
Counties: LA – Region II

**LOS ANGELES COUNTY: REGION III – RESEDA**
Long-Term Care Ombudsman Program
Tel: (818) 881-6460
7101 Baird Ave., Suite 106
Reseda, CA 91335
Counties: LA – Region III

**LOS ANGELES COUNTY: REGION IV – ARCADIA**
Long-Term Care Ombudsman Program
Tel: (626) 294-9123
735 W. Duarte, Suite 401
Arcadia, CA 91007
Counties: LA – Region IV

**LOS ANGELES COUNTY: REGION V – LAKEWOOD**
Long-Term Care Ombudsman Program
Tel: (562) 869-6500
5510 Clark Ave.
Lakewood, CA 90712
Counties: LA – Region V

**LOS ANGELES COUNTY: REGION VI – SAN DIMAS**
Long-Term Care Ombudsman Program
Tel: 909) 394-0416
San Dimas Senior Citizens Comm. Centro.
201 E. Bonita Ave.
San Dimas, CA 91773
Counties: LA – Region VI

**LOS ANGELES COUNTY: REGION VII – LANCASTER**
Long-Term Care Ombudsman Program
Tel: (661) 945-5563
44815 Fig Ave., Suite A-2
Lancaster, CA 93534
Counties: LA – Region VII
LOS ANGELES COUNTY: REGION VIII– DOWNEY
Long-Term Care Ombudsman Program  Tel: (562) 869-6500
8515 E. Florence Ave., Suite 103
Downey, CA 90240
Counties: LA – Region VIII

LOS ANGELES COUNTY: REGION IX– BURBANK
Long-Term Care Ombudsman Program  Tel: (818) 563-1957
308 W. Verdugo Ave., Suite 103
Burbank, CA 91502
Counties: LA – Region IX

MADERA COUNTY
Fresno/Madera Ombudsman Program  Tel: (559) 224-9177
5424 N. Palm Ave., Suite 108
Fresno, CA 93704
Counties: Fresno, Madera

MARIN COUNTY
County of Marin Ombudsman Program  Tel: (415) 499-7446
10 North San Pedro St., Suite 1024
San Rafael, CA 94903
Counties: Marin

MARIPOSA COUNTY
Mother Lode Ombudsman Program  Tel: (209) 532-7632
14855 Moro Way, Suite 105
Sonora, CA 95370
Counties: Alpine, Amador, Calaveras,
            Mariposa, Tuolumne

MERCED COUNTY
Merced County Ombudsman Program  Tel: (209) 385-7402
851 W. 23rd. Street
Merced, CA 95340
Counties: Merced

MODOC COUNTY
Northern California Ombudsman Program  Tel: (530) 223-6191
1647 Hartnell Ave., Suite 6
Redding, CA 96002-2268
Counties: Lassen, Modoc, Shasta, Siskiyou, Trinity
MONO COUNTY
Ombudsman/Advocacy Services Tel: (760) 872-4128
PO Box 518
611 W. Line Street
Bishop, CA  93515
Counties: Inyo, Mono

MONTEREY COUNTY
Monterey County Ombudsman, Inc. Tel: (831) 333-1300
2200 Garden Road Salinas: (831) 758-4011
Monterey, CA  93940
Counties: Monterey, Salinas

NAPA COUNTY
Ombudsman Program Tel: (707) 255-4236
1443 Main Street, Bldg. D, #125
Napa, CA  94559
Counties: Napa

NEVADA COUNTY
Ombudsman Services of Northern California Tel: (916) 376-8910, or
3960 Industrial Blvd., Suite 300B (916) 823-8422
West Sacramento, CA  95691
Counties: Nevada, Placer, Sacramento, Sierra,
Sutter, Yolo, Yuba

ORANGE COUNTY
Long-Term Care Ombudsman Program Tel: (714) 479-0107
Orange County Council on Aging, Inc. Only (562) and (949) areas:
1971 E. Fourth St., #200 (800) 300-6222
Santa Ana, CA  92705-3917
Counties: Orange

PLACER COUNTY
Ombudsman Services of Northern California Tel: (916) 376-8910, or
3960 Industrial Blvd., Suite 300B (916) 823-8422
West Sacramento, CA  95691
Counties: Nevada, Placer, Sacramento,
Sierra, Sutter, Yolo, Yuba
**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 Tel: (209) 468-3785
PO Box 201056
102 So. San Joaquin Street
Stockton, CA  95201-3006
Counties:  San Joaquin

SAN LUIS OBISPO COUNTY
LTC Ombudsman Services of SLO County Tel: (805) 772-3059
783 Quintana Rd., Suite 2
Morro Bay, CA  93442
Counties:  San Luis Obispo

SAN MATEO COUNTY
Ombudsman Program of San Mateo, Inc. Tel: (650) 742-9131
300 Piedmont Ave., #425
San Bruno, CA  94066
Counties:  San Mateo

SANTA BARBARA COUNTY
Long-Term Care Ombudsman Program of Tel: (805) 563-6025
Santa Barbara County Santa Maria: (805) 928-4808
1235-B Veronica Springs Road
Santa Barbara, CA  93105
Counties:  Santa Barbara

SANTA CLARA COUNTY
Ombudsman/Advocate, Inc. Tel: (408) 944-0567
2625 Zanker Road, Suite 200
San Jose, CA  95134-2107
Counties:  Santa Clara

SANTA CRUZ COUNTY
Ombudsman/Advocate, Inc. Tel: (831) 429-1913
333 Front Street, Suite 101
Santa Cruz, CA  95060
Counties:  Santa Cruz, San Benito

SHASTA COUNTY
Northern California Ombudsman Program Tel: (530) 223-6191
1647 Hartnell Ave., Suite 6
Redding, CA  96002-2268
Counties:  Lassen, Modoc, Shasta, Siskiyou, Trinity
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  Tel: (916) 924-0400
Sacramento, CA  95825  Fax: (916) 929-1036
Counties: Placer, Yuba, Sierra, Yolo, Sutter, Sacramento, Alpine, Colusa, El Dorado, Nevada

CENTRAL VALLEY REGIONAL CENTER
5169 N. Blythe Ave.  Tel: (209) 276-4300
Fresno, CA  93722  Fax: (209) 276-4360
Counties: Tulare, Kings, Fresno, Madera, Mariposa, Merced

EASTERN LOS ANGELES REGIONAL CENTER
3845 Silage Place  Tel: (213) 224-4700
Los Angeles, CA  90031  Fax: (213) 225-4425
Counties: East LA, Northeast LA, Alhambra, Whittier

FAR NORTH REGIONAL CENTER
1900 Churn Creek Rd. #319  Tel: (916) 222-4791
Redding, CA  96002  Fax: (916) 222-8908
Counties: Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity

FRANK D. LANTERMAN REGIONAL CENTER
3440 Wilshire Blvd., #400  Tel: (213) 383-1300
Los Angeles, CA  90010  Fax: (213) 383-6526

GOLDEN GATE REGIONAL CENTER
120 Howard St., 3rd Floor  Tel: (415) 546-9222
San Francisco, CA  94105  Fax: (415) 546-9203
Counties: San Francisco, San Mateo

HARBOR REGIONAL CENTER
21231 Hawthorne Blvd.  Tel: (310) 540-1711
Torrance, CA  90503  Fax: (310) 540-9538
Counties: Bellflower, Harbor, Long Beach, Torrance Health Districts (LA County)
<table>
<thead>
<tr>
<th>REGIONAL CENTER</th>
<th>Address</th>
<th>Counties</th>
<th>Tel</th>
<th>Fax</th>
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<tr>
<td><strong>INLAND REGIONAL CENTER</strong></td>
<td>674 Brier Dr.</td>
<td>Riverside, San Bernardino</td>
<td>(909) 890-3000</td>
<td>(909) 890-3001</td>
</tr>
<tr>
<td></td>
<td>San Bernardino, CA 92412</td>
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<tr>
<td><strong>KERN REGIONAL CENTER</strong></td>
<td>3200 N. Sillect Ave.</td>
<td>Kern, Inyo, Mono</td>
<td>(661) 327-8531</td>
<td>(661) 324-5060</td>
</tr>
<tr>
<td></td>
<td>Bakersfield, CA 93308</td>
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<tr>
<td><strong>NORTH BAY REGIONAL CENTER</strong></td>
<td>10 Executive Ct., Suite A</td>
<td>Napa, Sonoma, Solano</td>
<td>(707) 256-1100</td>
<td>(707) 256-1112</td>
</tr>
<tr>
<td></td>
<td>Napa, CA 94558</td>
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<tr>
<td><strong>NORTH LOS ANGELES REGIONAL CENTER</strong></td>
<td>15400 Sherman Way, Suite 300</td>
<td>East Valley, West Valley,</td>
<td>(818) 778-1900</td>
<td>(818) 756-6140</td>
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<tr>
<td></td>
<td>Van Nuys, CA 91406</td>
<td>San Fernando (LA County)</td>
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<tr>
<td><strong>REDWOOD COAST REGIONAL CENTER</strong></td>
<td>808 E Street</td>
<td>Del Norte, Humboldt, Mendocino,</td>
<td>(707) 445-0893</td>
<td>(707) 444-4309</td>
</tr>
<tr>
<td></td>
<td>Eureka, CA 95501</td>
<td>Lake</td>
<td></td>
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<tr>
<td><strong>REGIONAL CENTER FOR ORANGE COUNTY</strong></td>
<td>530 S. Main St.</td>
<td>Orange</td>
<td>(714) 973-1999</td>
<td>(714) 541-3021</td>
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<td>Orange, CA 92668</td>
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<tr>
<td><strong>REGIONAL CENTER OF THE EAST BAY</strong></td>
<td>1212 Broadway</td>
<td>Alameda, Contra Costa</td>
<td>(510) 451-7232</td>
<td>(510) 465-0117</td>
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<tr>
<td></td>
<td>Oakland, CA 94612</td>
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<tr>
<td><strong>SAN ANDREAS REGIONAL CENTER</strong></td>
<td>300 Orchard City Dr., #170</td>
<td>Monterey, Santa Clara, Santa</td>
<td>(408) 374-9960</td>
<td>(408) 376-0586</td>
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<td></td>
<td>Campbell, CA 95008</td>
<td>Cruz, San Benito</td>
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</tbody>
</table>

127
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: ____________

Name of Examiner: ___________________________

Name of Hospital: ___________________________ Date of Exam: ____________

Law Enforcement Agency: ___________________________

Agency Case No.: ___________________________

☐ Female ☐ Male

CHAIN OF CUSTODY

FROM: (Print Name and Sign)  TO: (Print Name and Sign)  DATE  TIME

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APPENDIX M

HOW TO MAKE A BINDLE

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 bindle, 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
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

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) 685-1; 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/
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
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
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
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
FORENSIC MEDICAL REPORT:
DOMESTIC VIOLENCE EXAMINATION

CalEMA 2-502

For more information or assistance in completing the CalEMA 2-502, please contact University of California, Davis California Clinical Forensic Medical Training Center at:
(888) 705-4141 or www.ccfmtc.org

This form is available on the following website:
http://www.CalEMA.ca.gov
Publications and Brochures
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 Ethnicity (check all that apply) White Black / African American Hispanic / Latino Asian American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander Other

4. Name of Facility Where Forensic Exam Performed Address of Facility

5. Patient Arrival Date Time Patient Discharge Date Time Exam Started Date Time Exam Completed Date Time

6. Interpreter Used No Yes

Name of Interpreter:

Facility Interpreting Services Contracted Agency, specify:

Telephone:

Language Used:

B. MANDATORY SUSPICIOUS INJURY REPORT (Pursuant to Pen. Code §11160)

1. Name of Person Making Mandated Telephone Report to Law Enforcement Agency

2. Name of Person Taking Telephone Report

Name of Law Enforcement Agency

CalEMA 920 Written Report Submitted

C. RESPONDING OFFICER TO MEDICAL FACILITY

Law Enforcement Officer Name of Law Enforcement Agency ID Number

D. AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAMINATION: Follow Local Policy

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.

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.

3. I have been informed about domestic violence advocacy services or a social services professional who can provide me with counseling and support.

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.

2. I understand that collection of evidence may include audio/visual recordings and photographing injuries and that these photographs may include the genital area.

3. I hereby consent to a forensic medical examination for evidence of domestic violence.

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.

☐ 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 

3. Date(s) of Assault

4. Describe Physical Surroundings of Assault

5. Patient Description of Assault

6. Assailant(s)

<table>
<thead>
<tr>
<th>#1</th>
<th>Assailant’s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
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</tbody>
</table>

   Relationship to Patient: (check all that apply)

   - ☐ Spouse  ☐ Cohabitant/Domestic Partner  ☐ Dating Relationship  ☐ Child Together
   - ☐ Former Spouse  ☐ Former Cohabitant/Domestic Partner  ☐ Former Dating Relationship  ☐ Other

   Current Whereabouts:  ☐ Unknown  ☐ In Custody  ☐ Known Location

<table>
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<tr>
<th>#2</th>
<th>Assailant’s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
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</table>

   Relationship to Patient: (check all that apply)

   - ☐ Spouse  ☐ Cohabitant/Domestic Partner  ☐ Dating Relationship  ☐ Child Together
   - ☐ Former Spouse  ☐ Former Cohabitant/Domestic Partner  ☐ Former Dating Relationship  ☐ Other

   Current Whereabouts:  ☐ Unknown  ☐ In Custody  ☐ Known Location

7. Methods employed by assailant(s) and circumstances

   - No  ☐ Yes

   - Weapons
     - ☐ Threatened?  ☐ Used?  ☐ Displayed?
     - ☐ Firearm  ☐ Knife  ☐ Blunt Object  ☐ Other
     - If yes, describe:

   - Physical blows
     - ☐ by hands  ☐ by feet  ☐ by head  ☐ Other, describe:

   - Hair pulling?  ☐ No  ☐ Yes
     - If yes, describe:

   - Physical restraints
     - ☐ No  ☐ Yes
     - If yes, describe:

   - Strangulation
     - ☐ One Hand  ☐ Two Hands  ☐ Forearm
     - ☐ Ligature, describe:

   - Bites  ☐ No  ☐ Yes
     - If yes, describe:

   - Burns
     - ☐ Thermal  ☐ Chemical  ☐ Other

   - Threat(s) of harm
     - ☐ No  ☐ Yes
     - If yes, target of threat:  ☐ Patient  ☐ Children  ☐ Pet(s)  ☐ Property  ☐ Other
     - 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:  ☐ 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:

Additional attached pages
I. CURRENT SYMPTOMS REPORTED BY PATIENT
(check all that apply)

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<thead>
<tr>
<th>Symptoms</th>
<th>From This Event</th>
<th>From Past Event(s)</th>
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<td><strong>Neurological</strong></td>
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<td>Headache</td>
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<td>Dizziness</td>
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<td>Memory/Concentration Problems</td>
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<td>Lightheaded</td>
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<tr>
<td>Visual Changes</td>
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<td>Hearing Changes</td>
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<tr>
<td>Loss of Consciousness</td>
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<td>Numbness</td>
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<td>Weakness</td>
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<td><strong>Psychological</strong></td>
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<td>Acute Anxiety</td>
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<td><strong>Cardiorespiratory</strong></td>
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<td>Coughing</td>
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<td>Shortness of Breath</td>
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<td>Chest Pain</td>
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<td>Palpitations</td>
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<td>Other</td>
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<tr>
<td><strong>Gastrointestinal</strong></td>
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<tr>
<td>Sore Throat</td>
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<tr>
<td>Difficulty Swallowing</td>
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<td>Nausea</td>
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<td>Vomiting</td>
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<td>Diarrhea</td>
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<td>Abdominal Pain</td>
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<td>Rectal Bleeding</td>
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<td>Rectal Pain</td>
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<td>Penis/Testicular Pain</td>
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<td>Other</td>
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<td><strong>Urogenital</strong></td>
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<td>Pelvic Pain</td>
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<td>Dysuria</td>
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<td>Vaginal Bleeding</td>
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<td>Vaginal Discharge</td>
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<td>Extremity Pain</td>
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<td>Other</td>
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</tbody>
</table>

Note: For history of sexual assault (<72 hours), stop and consult with law enforcement prior to beginning physical exam to determine next steps.

---

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

<table>
<thead>
<tr>
<th>Present During Assault(s)</th>
<th>Gender</th>
<th>DOB or Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Yes</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name(s) of</th>
<th>Present During Assault(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Children/Dependent Adults Living in Household</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 time of assault and forensic exam? □ No □ Yes
   List drug(s) used:______________________________________________________________

8. Are there other ways the patient’s life has been impacted by behaviors of this assailant?

---

CalEMA 2-502 1/01/04
K. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure | Pulse | Respiration | Temp

2. Describe general physical appearance

3. Describe general demeanor

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.

---

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**LEGEND: Types of Findings**

- **AB** Abrasion
- **BI** Bite
- **BU** Burn
- **CS** Control Swab
- **DE** Debris
- **DF** Deformity
- **DS** Dry Secretion
- **EC** Ecchymosis (bruise)
- **ER** Erythema (redness)
- **FB** Foreign Body
- **F/H** Fiber/Hair
- **FT** Frenulum Torn
- **IN** Induration
- **IW** Incised Wound
- **LA** Laceration
- **MS** Moist Secretion
- **OF** Other Foreign Materials (describe)
- **OI** Other Injury (describe)
- **PE** Petechiae
- **PS** Potential Saliva
- **SI** Suction Injuries
- **SW** Swelling
- **TA** Tooth Avulsed
- **TD** Tooth Decay
- **TF** Tooth Fractured
- **TM** Tooth Missing
- **V/S** Vegetation/Soil
- **TE** Tenderness

| □ Findings | □ No Findings | □ Additional copies of this page attached |

---

**Patient Identification:**

Date:
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

9. Collect fingernail scrapings/cuttings according to local policy

Patient Identification: Date:

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td>DS</td>
<td>Dry Secretion</td>
<td>IW</td>
<td>Incised Wound</td>
</tr>
<tr>
<td>Bi</td>
<td>Bite</td>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td>LA</td>
<td>Laceration</td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td>ER</td>
<td>Erythema (redness)</td>
<td>MS</td>
<td>Moist Secretion</td>
</tr>
<tr>
<td>CS</td>
<td>Control Swab</td>
<td>FB</td>
<td>Foreign Body</td>
<td>OF</td>
<td>Other Foreign Materials</td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td>F/H</td>
<td>Fiber/Hair</td>
<td></td>
<td>(describe)</td>
</tr>
<tr>
<td>DF</td>
<td>Deformity</td>
<td>IN</td>
<td>Induration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional copies of this page attached
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

---

LEGEND: Types of Findings □ Findings □ No Findings □ Additional copies of this page attached

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td></td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td></td>
</tr>
<tr>
<td>CS</td>
<td>Control Swab</td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td></td>
</tr>
<tr>
<td>DF</td>
<td>Deformity</td>
<td></td>
</tr>
<tr>
<td>DS</td>
<td>Dry Secretion</td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td></td>
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<tr>
<td>ER</td>
<td>Erythema (redness)</td>
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</tr>
<tr>
<td>FB</td>
<td>Foreign Body</td>
<td></td>
</tr>
<tr>
<td>FH</td>
<td>Fiber/Hair</td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Induration</td>
<td></td>
</tr>
<tr>
<td>IW</td>
<td>Incised Wound</td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>Laceration</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>Moist Secretion</td>
<td></td>
</tr>
<tr>
<td>OF</td>
<td>Other Foreign Materials (describe)</td>
<td></td>
</tr>
<tr>
<td>OI</td>
<td>Other Injury (describe)</td>
<td></td>
</tr>
<tr>
<td>PE</td>
<td>Petechiae</td>
<td></td>
</tr>
<tr>
<td>PS</td>
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</tr>
<tr>
<td>SI</td>
<td>Suction Injuries</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>TE</td>
<td>Tenderness</td>
<td></td>
</tr>
<tr>
<td>VS</td>
<td>Vegetation/Soil</td>
<td></td>
</tr>
</tbody>
</table>

Patient Identification: Date:
### L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. **Clothing Collected**

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Clothing Placed in Evidence Kit</th>
<th>Clothing Placed in Paper Bag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bra</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress/skirt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacket/sweater</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nylons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pants/shorts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shirt/top</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ShCalEMA (1 or 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socks (1 or 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underwear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undershirt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Identification:**
- Name (print clearly)
- Phone

**N. PERTINENT ISSUES AFFECTING EXAMINATION**

**O. PERSONNEL INVOLVED**

- History taken by:
- Physical exam performed by:
- Specimens labeled and sealed by:
- Assisted by: [No] [N/A]

**P. DISTRIBUTION OF EVIDENCE**

- Released To:
- Clothing (items not placed in evidence kit)
- Evidence Kit
- Reference samples
- Toxicology samples
- Recording(s): [Audio] [Audiovideo]

**Q. DISPOSITION AND FOLLOW UP**

- Discharged [No] [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. [No] [PO or EPO Granted]

**M. SUMMARY OF KEY FINDINGS**

**R. SIGNATURE OF OFFICER**

I have received the evidence indicated above:

- Printed Name
- ID Number
- Signature
- Agency
- Telephone
CaLEMA 2-502 INSTRUCTIONS

For more information or assistance in completing the CaLEMA 2-502, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141 or www.ccfmtc.org

This form is available on the following website: http://www.CalEMA.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 does not supplant medical treatment records.

SUGGESTED USE OF THE STANDARD STATE FORMS: FOLLOW LOCAL POLICY

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>CalEMA 2-502</th>
<th>Forensic Medical Report: Domestic Violence Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Examination of persons involved in intimate partner violence including dating relationships</td>
</tr>
<tr>
<td>Elder and Dependent Adult Abuse and Neglect</td>
<td>CalEMA 2-602</td>
<td>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Examination of persons age 65 and above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Examination of dependent adults age 18 to 64</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>CalEMA 2-923</td>
<td>Forensic Medical Report: Acute (&lt;72 hours) Adult/Adolescent Sexual Assault Examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• History of acute sexual assault (&lt;72 hours)</td>
</tr>
</tbody>
</table>

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).

Patient identification: This space is provided for hospitals and clinics using plastic plates for stamping identification information.

Complete this report in its entirety. Print legibly. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.

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 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 judgmental 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 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.

5. Record results and findings from the physical examination.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, and burns.</td>
</tr>
<tr>
<td>• Note areas of tenderness or induration.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Document bruises and bitemarks: See next page for additional information.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>EC</td>
<td>2x3 cm red/purple ecchymosis</td>
</tr>
<tr>
<td>A-2</td>
<td>DS</td>
<td>Dried secretion</td>
</tr>
<tr>
<td>A-3</td>
<td>CS</td>
<td>Control swab</td>
</tr>
</tbody>
</table>

• 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 bindle. 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 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 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
FORENSIC MEDICAL REPORT:
ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT EXAMINATION

CalEMA 2-602

For more information or assistance in completing the CalEMA 2-602, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141 or www.ccfmtc.org

This form is available on the following website: http://www.CalEMA.ca.gov
Publications and Brochures
**A. GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>1. Patient’s Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Age</th>
<th>DOB</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Hispanic / Latino</th>
<th>Asian</th>
<th>Black / African American</th>
<th>American Indian / Alaskan Native</th>
<th>Native Hawaiian / Other Pacific Islander</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. Name and address of facility where exam performed</th>
<th>If patient transferred from another facility, name and address of facility</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Patient Arrival</th>
<th>Patient Discharged</th>
<th>6. Exam Started</th>
<th>Exam Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Interpreter Used</th>
<th>Name of Interpreter</th>
<th>Language Used:</th>
<th>Telephone:</th>
</tr>
</thead>
</table>

**B. MANDATORY REPORTING FOR ELDER AND DEPENDENT ADULT ABUSE**

- Adult Protective Services
- Law Enforcement
- APS
- Ombudsman

**C. RESPONDING PERSONNEL TO MEDICAL FACILITY**

- Law Enforcement
- APS
- Ombudsman

**D. REQUEST AND AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAM: Follow local policy**

- Law Enforcement Officer
- 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. 

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.

**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.

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.

- 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
- Medical Facility Records - Copy
- Bureau of Medi-Cal Fraud & Elder Abuse - Copy
- District Attorney - Copy
- Other Agency Specify: ____________________________

CalEMA 2-602 Page 1 of 9 1/01/04
# PART I: INTERVIEW

## PATIENT HISTORY

### H. SUSPECTED TYPES OF ABUSE BEING REPORTED

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical blows and/or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✡ grabbing ✡ holding ✡ pinching ✡ pushing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Strangulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Bites</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Weapons ☑ Firearm ☑ Knife ☑ Blunt object ☑ Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Burns ☑ Thermal ☑ Chemical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Physical restraints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Chemical restraints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Involuntary alcohol/drug use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sexual Assault (Consult with law enforcement)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
<th>Describe</th>
</tr>
</thead>
</table>

### Financial

| 1. Misappropriation of money | No | Yes | Unknown |
| 2. Property transfer | No | Yes | Unknown |
| 3. Other: | No | Yes | Unknown |

### Abandonment

| 1. Desertion | No | Yes | Unknown |
| 2. Patient left alone in unsafe circumstances | No | Yes | Unknown |

### Isolation

| 1. False imprisonment | No | Yes | Unknown |
| 2. Patient prevented from seeing family/social contacts | No | Yes | Unknown |
| 3. Patient prevented from receiving mail/phone calls | No | Yes | Unknown |
| 4. Patient prevented from keeping appointments with medical, legal, or other service providers | No | Yes | Unknown |

### Abduction

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
</table>

### Neglect

| 1. Unsafe environment | No | Yes | Unknown |
| 2. Inadequate provision for heat or cooling | No | Yes | Unknown |
| 3. Malnutrition | No | Yes | Unknown |
| 4. Dehydration | No | Yes | Unknown |
| 5. Pressure ulcers | No | Yes | Unknown |
| 6. Medication not given as prescribed | No | Yes | Unknown |
| 7. Failure to provide patient with glasses, walker, wheelchair, hearing aide, dentures, or assistive devices | No | Yes | Unknown |
| 8. Failure to seek physician services or follow physician orders | No | Yes | Unknown |
| 9. Care plan not followed | No | Yes | Unknown |

### Self-Neglect

| 1. Failure to live in a safe environment | No | Yes | Unknown |
| 2. Inability or failure to perform self-care tasks | No | Yes | Unknown |

### Psychological Abuse

| 1. Threats of harm/intimidation | No | Yes | Unknown |
| If yes, target of threat: ☑ patient ☑ family ☑ pet ☑ other |
| 2. Harassment | No | Yes | Unknown |
| 3. Emotional abuse | No | Yes | Unknown |

### Other:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
</table>

### I. ALLEGED PERPETRATOR(S)

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Age/DOB</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship to patient</th>
</tr>
</thead>
</table>

### J. LOCATION WHERE ABUSE AND NEGLECT OCCURRED
PART I: INTERVIEW
FUNCTIONAL, COGNITIVE, MENTAL HEALTH,
AND SUBSTANCE ABUSE SCREENING

K. FUNCTIONAL HISTORY: Indicate any limitations

<table>
<thead>
<tr>
<th>Task</th>
<th>Independent</th>
<th>Needs Assistance</th>
<th>Totally Dependent</th>
<th>Unknown</th>
<th>Independent</th>
<th>Needs Assistance</th>
<th>Totally Dependent</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to toilet</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transferring</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continence</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>( )</td>
<td>What is the (year) (season) (date) (day) (month)?</td>
</tr>
<tr>
<td>5</td>
<td>( )</td>
<td>Where are we (state) (county) (town/city) (building) (floor)?</td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
<td>Ask patient to name three common objects (e.g., “apple,” “table,” “penny”) __________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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: (     )</td>
</tr>
<tr>
<td>5</td>
<td>( )</td>
<td>Spell “world” backwards. The score is the number of letters in the correct order. (D__ L__ R__ O__ W__)</td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
<td>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.)</td>
</tr>
<tr>
<td>2</td>
<td>( )</td>
<td>Name a “pencil” and a “watch.”</td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
<td>Repeat the following: “no if’s, and’s, or but’s.”</td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
<td>Follow a three-state command: “Take a paper in your right hand, fold it in half and put it on the floor.”</td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
<td>Read and obey the following: “Close your eyes”</td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
<td>Write a sentence</td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
<td>Copy this design</td>
</tr>
<tr>
<td>30</td>
<td>( )</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age/education corrected score (see instructions)</td>
</tr>
</tbody>
</table>

N. MENTAL HEALTH AND SUBSTANCE ABUSE SCREENING

O. INTERVIEWER FOR PART I

Ask the patient:

1. Do you feel your life is empty?  □ No  □ Yes
2. Do you often feel sad?  □ No  □ Yes
3. Do you feel “pretty worthless” the way you are now?  □ No  □ Yes
4. Have you had recent thoughts of suicide?  □ No  □ Yes
5. Do you have a history of substance abuse?  □ No  □ Yes
PART II: MEDICAL ASSESSMENT

P. ABUSE AND NEGLECT RELATED MEDICAL HISTORY

1. Date(s) of abuse and/or neglect

2. Date/time frame of abuse and/or neglect

3. Description of abuse and/or neglect:

4. Past history of abuse?  □ No  □ Yes  □ Unknown  When?

5. Reported?  □ No  □ Yes  □ Unknown  Where?

6. 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

7. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings?  □ No  □ Yes  Unknown  If yes, describe:

8. Any pre-existing physical injuries?  □ No  □ Yes  □ Unknown  If yes, describe:

9. Name(s) of current/prior health care providers

10. Address

11. Telephone

12. Current use of medication(s)  □ No  □ Yes  □ Unknown  Dose/frequency  Time of last dose

<table>
<thead>
<tr>
<th>Aspirin</th>
<th>Nonsteroidal anti-inflammatory drugs</th>
<th>Coumadin</th>
</tr>
</thead>
</table>

13. Abuse and/or neglect related cognitive change(s)?  □ Yes  □ Unknown

<table>
<thead>
<tr>
<th>Loss of memory?</th>
<th>Change in level of consciousness?</th>
<th>Recent consumption of alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Urine</td>
<td></td>
</tr>
</tbody>
</table>

   If yes, collection of toxicology samples is recommended according to local policy.

   Other

CalEMA 2-602  Page 4 of 9  1/01/04
### Q. GENERAL PHYSICAL EXAMINATION

1. Describe general physical appearance and hygiene.

2. Describe general demeanor/behavior during exam.

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
   - Adequately nourished
   - Cachexia
   - Temporal wasting

   No | Yes | Describe
   ---|-----|---------
   □  | □   |         

    Status of hydration:
    - Adequate hydration
    - Dry mucous membranes
    - Poor skin turgor

   No | Yes | Describe
   ---|-----|---------
   □  | □   |         

6. Pain Scale

   For verbal patients:
   - Patient’s self-rated pain status: 1-10
   - Location(s) of pain:
     - _____________________
     - _____________________
     - _____________________

   For nonverbal patients:
   - Observed evidence of pain:

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.

<table>
<thead>
<tr>
<th>WNL</th>
<th>ABN</th>
<th>Not Examined</th>
<th>See Diagrams</th>
<th>Describe Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
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<td>Eyes</td>
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<td>Ears</td>
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<td>Nose</td>
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<td>Mouth/pharynx</td>
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<tr>
<td>Teeth</td>
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<td>Neck</td>
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<td>Thorax</td>
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<td>Back</td>
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<td>Breasts</td>
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<tr>
<td>Cardiac</td>
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<tr>
<td>Pulmonary</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Rectal</td>
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<tr>
<td>Genitalia</td>
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<tr>
<td>Musculoskeletal</td>
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<tr>
<td>Neurological</td>
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<tr>
<td>Including gait</td>
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</tbody>
</table>
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.

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td>Dry Mucous Membranes</td>
<td>DM</td>
<td>Dry</td>
<td>Secretion</td>
</tr>
<tr>
<td>AL</td>
<td>Alopecia</td>
<td>Fiber/Hair</td>
<td>BH</td>
<td>Foreign</td>
<td>Body</td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td>Fecal Soiling</td>
<td>BR</td>
<td>Fracture</td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td>Ecchymosis (bruise) color</td>
<td>CR</td>
<td>Induration</td>
<td></td>
</tr>
<tr>
<td>DE</td>
<td>Debris</td>
<td>Erythema (redness)</td>
<td>DR</td>
<td>Infestation</td>
<td></td>
</tr>
<tr>
<td>DEN</td>
<td>Denture</td>
<td>Fecal Soiling</td>
<td>DS</td>
<td>Other Foreign</td>
<td>Materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DS</td>
<td>(describe)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EI</td>
<td>Other Injury</td>
<td>(describe)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ES</td>
<td>Petechiae</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ET</td>
<td>Pattern Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PA</td>
<td>Pressure Ulcer</td>
<td>(indicate State I, II, III, IV)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SC</td>
<td>Scratch</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>ST</td>
<td>Skin Tears</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>UD</td>
<td>Tooth Decay</td>
<td></td>
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</tbody>
</table>

Patient Identification: Date:
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.

LEGEND: Types of Findings

- AB Abrasion
- AL Alopecia
- BI Bite
- BU Burn
- DE Debris
- DM Dry Mucous Membranes
- DF Deformity
- DS Dry Secretion
- EC Ecchymosis (bruise)color
- ED Edema
- ER Erythema (redness)
- FI Fecal Soiling
- F/H Fiber/Hair
- FB Foreign Body
- FR Fracture
- IN Induration
- INF Infestation
- IW Incised Wound
- LA Laceration
- OF Other Foreign Materials (describe)
- OI Other Injury (describe)
- PE Petechiae
- PI Pattern Injury
- PU Pressure Ulcer (indicate State I, II, III, IV)
- SC Scratch
- ST Skin Tears
- UI Urinary Soiling

Patient Identification: Date:

Legend:

- □ Findings
- □ No Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

CalEMA 2-602 Page 7 of 9 1/01/04
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.

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>

LEGEND: Types of Findings

- **AB**: Abrasion
- **AL**: Alopecia
- **BI**: Bite
- **BU**: Burn
- **DE**: Debris
- **DM**: Dry Mucous Membranes
- **AB**: Abrasion
- **AL**: Alopecia
- **BI**: Bite
- **BU**: Burn
- **DE**: Debris
- **DM**: Dry Mucous Membranes

- **DF**: Deformity
- **DS**: Dry Secretion
- **EC**: Ecchymosis (bruise) color
- **ED**: Edema
- **ER**: Erythema (redness)
- **FI**: Fecal Soiling

- **F/H**: Fiber/Hair
- **FB**: Foreign Body
- **FR**: Fracture
- **INF**: Infestation
- **IU**: Incised Wound

- **LA**: Laceration
- **OF**: Other Foreign Materials (describe)
- **OI**: Other Injury (describe)
- **PE**: Petechiae
- **PI**: Pattern Injury

- **PU**: Pressure Ulcer (indicate State I, II, III, IV)
- **SC**: Scratch
- **ST**: Skin Tears
- **UI**: Urinary Soiling

Patient Identification: [ ] Date: [ ]
### S. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

<table>
<thead>
<tr>
<th>Clothing Collected</th>
<th>No</th>
<th>Yes</th>
<th>Placed in Evidence Kit</th>
<th>Placed in Paper Bag</th>
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### T. CLINICAL STUDIES

<table>
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<tr>
<th>Laboratory</th>
<th>No</th>
<th>Yes</th>
<th>Pending</th>
<th>Additional Page</th>
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#### X-ray/Imaging

<table>
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<tr>
<th>Results:</th>
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### U. PHOTO DOCUMENTATION

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<tr>
<th>No</th>
<th>Yes</th>
<th>35 mm</th>
<th>Digital</th>
<th>Instant</th>
<th>Other Optics</th>
<th>Photography by:</th>
<th># Rolls/Images</th>
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<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<th>Released to:</th>
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<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>1-2 days</th>
<th>Not applicable</th>
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### Z. EXAMINER for Part II

<table>
<thead>
<tr>
<th>Signature of Examiner</th>
<th>Printed name</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Supervising Physician, if applicable</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>License Number</th>
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<table>
<thead>
<tr>
<th>Medical Facility</th>
<th>Date</th>
<th>Telephone</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
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</tbody>
</table>
FORENSIC MEDICAL REPORT:
ELDER AND DEPENDENT ADULT ABUSE AND NEGLECT
EXAMINATION

CalEMA 2-602 INSTRUCTIONS

For more information or assistance in completing the CalEMA 2-602, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141 or www.ccfmtc.org

This form is available on the following website:
http://www.CalEMA.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

<table>
<thead>
<tr>
<th>Elder Abuse and Neglect Dependent Adult Abuse and Neglect</th>
<th>CalEMA 2-602</th>
<th>Forensic Medical Report: Elder and Dependent Adult Abuse and Neglect Examination</th>
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</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>CalEMA 2-502</td>
<td>Forensic Medical Report: Domestic Violence Examination</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>CalEMA 2-923</td>
<td>Forensic Medical Report: Acute (&lt;72 hours) Adult/Adolescent Sexual Assault Examination</td>
</tr>
</tbody>
</table>

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).

Complete this report in its entirety. Print legibly. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.

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.

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.

<table>
<thead>
<tr>
<th>Location Where Suspected Abuse and Neglect Occurred:</th>
<th>Report to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private residence, hotel or homeless shelter</td>
<td>Law enforcement agency or Adult Protective Services</td>
</tr>
<tr>
<td>Long-term care facility (e.g. nursing home, community care facility, residential care facility, elderly or adult day health center)</td>
<td>Law enforcement agency or ombudsman program</td>
</tr>
<tr>
<td>State mental hospital</td>
<td>Law enforcement agency or the State Department of Mental Health</td>
</tr>
<tr>
<td>State developmental center</td>
<td>Law enforcement agency or the State Department of Developmental Services</td>
</tr>
</tbody>
</table>

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.
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.

| 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. DLRW = 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: | Show the patient a wristwatch and ask the patient what it is. Repeat for pencil. Score 0 - 2. Ask the patient to repeat the sentence after you. Allow only one trial. Score 0 or 1. |
| Repetition | Give the patient a piece of plain blank paper and repeat the command. Score one point for each part correctly executed. |
| 3-stage Command | 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. |
| Reading | 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. |
| 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: |

| 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 | -1 |
| 85 | 7 | 5 | 3 | 1 | 0 | 0 |
| 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.

CalEMA 2-602 1/01/04 (Do not submit with report) Instructions for page 3 of 9
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.
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.
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 2x3 cm 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.

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>EC</td>
<td>2x3 cm red/purple ecchymosis</td>
</tr>
<tr>
<td>A-2</td>
<td>PU</td>
<td>Stage IV pressure ulcer</td>
</tr>
<tr>
<td>A-3</td>
<td>CS</td>
<td>Control swab</td>
</tr>
</tbody>
</table>

- 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 bundle. 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.
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 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 one to two days and to have additional photographs taken.

- **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.