

**FAMILY PRACTICE MEDICAL GROUP OF
SAN BERNARDINO, INC**

**Domestic Violence Abuse Reporting Requirements
Employee Acknowledgement Form
(CA Penal Code 11160-11163.6)**

California law requires mandated reporters to routinely screen their patient population for instances of domestic violence abuse. And those mandated reporters who have knowledge of, or observes, a patient in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of domestic violence abuse to report the known or suspected incident of domestic violence abuse to a local law enforcement agency immediately or as soon as possible by telephone, and to prepare and send a written report to the same agency within 2 working days of receiving the information concerning the incident. Hospitals are mandated by law to report by telephone and in writing, a victim of abuse that is transferred to the hospital within 36 hours of transfer.

For purposes of this section, healthcare professional “mandated reporters” include any healthcare practitioner (physician, surgeon, psychiatrist, podiatrist, chiropractor, dentist, optometrist), coroner, dental hygienist, EMTs I & II, paramedics, public health employees, psychologist, psychological assistants, marriage/family/child counselors and trainees, nurses, residents, interns, licensed clinical social worker employed in a healthcare 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. Domestic violence abuse that is assaultive or abusive and reportable conduct is defined as intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent serious bodily injury to himself/herself, or another (CA Penal Code 11160(d)(1)-(d)(24)). A mandated reporter must report any person suffering from any wound or other physical injury inflicted by his/her own act or inflicted by another where the injury is by means of a firearm, or 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. Mental, emotional, and verbal abuse is also technically considered domestic violence abuse, but mandated reporters are not required to report this type of abuse. Domestic violence is abuse committed against an adult or fully emancipated minor who is or has been a spouse, cohabitant, or person with whom the perpetrator has had a child or with whom the perpetrator has had a dating or engagement relationship, and can occur between unmarried or married, cohabitating or not, heterosexual or homosexual couples. Cohabiting definition may include but not be limited to: 1) sexual relations between the parties while sharing the same living quarters, 2)

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sharing of income or expenses, 3) joint use or ownership of property, 4) whether the parties hold themselves out as husband and wife, 5) the continuity and length of the relationship.

The reporting duties of mandated reporter are individual and cannot be delegated to another individual. If 2 or more mandated reporters are present in a situation, they may, by mutual agreement, designate one of themselves to make the required telephone and written reports. However, if a mandated reporter becomes aware that the designated individual failed to report, he/she must then report. Failure to report domestic violence abuse as prescribed above is a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine. A healthcare practitioner may also be liable in civil court for damages that occur if the victim is further victimized because of a failure to report the abuse. A healthcare practitioner may also lose his/her license or credential.

Supervisors or administrators may not impede or inhibit reporting by a mandated reporter, nor may they take any actions against the reporter for making a report. Any supervisor or administrator who violates this, is guilty of an infraction punishable by a fine not to exceed \$5,000.00.

I understand that I am a legally mandated reporter and hereby attest that I understand my obligation to report domestic violence abuse as described above and will fulfill this obligation.

Signature: _____ Date: _____

Printed Name/Title: _____
Phone #: _____

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Sample Domestic Violence Abuse Screening Questionnaire

Please check Yes or No for each of the following questions:

General Questions

YES NO

- ___ ___ 1. Do you ever feel afraid of, or threatened by, your partner?
- ___ ___ 2. Are you in a relationship in which you have been physically hurt/threatened by your partner?
- ___ ___ 3. Are you in a relationship in which you are treated badly?
- ___ ___ 4. Have you been hit or battered in the last 6 months or since I last saw you?
- ___ ___ 5. Has your partner ever destroyed things that you cared about?
- ___ ___ 6. Has your partner ever threatened or abused your children?
- ___ ___ 7. Does your partner ever force you to engage in sex that makes you feel uncomfortable?
- ___ ___ 8. We all fight at home. What happens when you and your partner fight or disagree?
- ___ ___ 9. Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing your education?
- ___ ___ 10. Does your partner watch your every move? Call home/work multiple times/day?
- ___ ___ 11. Does your partner accuse you of having affairs with everyone?

Danger Assessment Questions

- ___ ___ 1. Has the physical violence increased in frequency over the past year?
- ___ ___ 2. Has the physical violence increased in severity over the past year and/or has a weapon or threat with a weapon been used?
- ___ ___ 3. Has he/she ever tried to choke you?
- ___ ___ 4. Is there a gun in the house?
- ___ ___ 5. Has he/she ever forced you into sex when you did not wish to do so?
- ___ ___ 6. Does he/she use drugs (uppers, amphetamines, speed, PCP, angel dust, cocaine, crack, street drugs, heroin, or mixtures)?
- ___ ___ 7. Does he/she threaten to kill you and/or you believe he/she is capable of killing you?
- ___ ___ 8. Is he/she drunk every day or almost every day? What quantity per day of ETOH use? _____
- ___ ___ 9. Does he/she control most of your daily activities? For instance, does he/she tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? If he/she tries, but you do not let him/her, check here _____
- ___ ___ 10. Have you ever been beaten by him/her while you are pregnant? If never pregnant by current partner check here _____
- ___ ___ 11. Is he/she violently and constantly jealous of you? For instance does he/she say, "If I can't have you, no one can?"
- ___ ___ 12. Have you ever threatened or tried to commit suicide?
- ___ ___ 13. Has he/she ever threatened or tried to commit suicide?
- ___ ___ 14. Is he/she violent outside of the home?
- ___ ___ 15. Is he/she constantly possessive, fearing you are having affairs/other relationships?

TOTAL YES ANSWERS: _____

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Plan Ahead Checklist

Organizations I can call for help:

Emergency	911
Police/Sheriff	_____
Hotline	_____
Shelter	_____

People I can call for Support:

Family	_____
Friend	_____
Counselor	_____
Other	_____

Places I can go if I must leave home:

(do not write down addresses)

1. _____
2. _____
3. _____
4. _____

Things I will take if I have to leave:

- Money
- Keys
- Driver's License
- Car registration
- Checkbooks
- Credit cards
- Medications
- Address book
- Green card(s)
- Other _____
- Other _____

Additional things I will take if I have time:

- My birth certificate
- My children's birth certificates
- Automobile pink slip
- Lease, rental agreement or house deed
- Bankbooks
- Insurance papers
- Pictures and personal items of importance
- Family medical records
- Social security cards
- Welfare identification

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- School records
- Work permits
- Passport
- Divorce papers
- Jewelry
- Other _____
- Other _____

Preparations I can make as part of my Action Plan:

- Pack a bag with clothing, toiletries and medications for myself and my children and keep it in a safe place
- Have extra money, keys, identification and copies of important papers in a safe place in case I need them
- Keep extra clothing, toiletries, money and copies of important documents with someone I trust (I will memorize this name, and NOT write it down)
- Know the location of a family violence shelter or other safe place and how to get there
- Alert my neighbors to call 911 if they hear any suspicious sounds coming from my home
- Practice making an emergency escape (with my children) and traveling to the location I have chosen as a safe place
- Join a support group or talk with a counselor
- Read about domestic violence and learn about my legal rights
- Make a list of other preparations I may want to consider:
 - _____
 - _____
 - _____
 - _____