Impact of Family Violence

- **The cost of intimate partner violence exceeds $5.8 billion in 2003 with $4.1 billion being spent for direct medical and mental health care.** [i]
- **FFY 2009 there were 3.6 million children in the USA referred to Child Protective Services at least once.** [ii]
- **According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.** [iii]
- **Health care costs may be reduced by at least 20% by hospital-based family violence interventions.** [iv]

---

Topics

- Child Abuse
- Intimate Partner Violence (*aka. Domestic Violence*)
- Elder/Dependant Adult Abuse
Child Abuse

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (U.S. Department of Health and Human Services. Administration for Children and Families. Child Welfare Information Gateway. (2009) Definitions of Child Abuse and Neglect: Summary of State Laws.)
Child Abuse

Types of Abuse

- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional
- “Other”
Physical Abuse

- Non-accidental physical injuries inflicted by an adult.
  - *These can include minor bruises to severe fractures to death.*
  - *Injuries caused by hitting, biting, choking, stabbing, burning, throwing.*
- Injury is considered abuse regardless of whether caregiver intended to hurt the child.
Signs of Physical Abuse

Child’s Appearance
- Bruises & welts (*in various stages of healing & with unusual patterns*)
- Lacerations & abrasions (*in various stages of healing & with unusual patterns*)
- Burns
- Fractures
- Human bite marks

Child’s Behavior
- Wary of physical contact with adults
- Apprehensive when other children cry
- Demonstrates extremes in behavior (*i.e. extreme aggressiveness or withdrawal*)
- Frightened of caregiver
- Reports injury by caregiver or adult
Signs of Physical Abuse

Caregiver’s Behavior

• Offers illogical, inconsistent, or no explanation of child’s injury.
• Uses harsh discipline inappropriate for child’s age, transgression and condition.
• Significantly misperceives child (i.e. views child as bad, evil, a monster, etc.)
• May have substance abuse and/or mental health issues.
Neglect

- Lack of necessary clothing, food and shelter
- Medical non-compliance
- Inattention to child’s emotional needs
- Permitting child to use drugs and/or alcohol
- Lack of supervision and/or failure to protect
- Failure to educate a child or attend to special education needs
- Abandonment
Signs of Neglect

Child’s Appearance/Behavior

- Child is consistently dirty, unwashed, and/or inappropriately dressed
- History of non-organic failure to thrive
- Without supervision for extended periods of time or when engaged in dangerous activities
- Child has unattended medical symptoms or lacks routine medical care
- Is exploited, overworked and/or kept from attending school
Signs of Neglect

**Caregiver’s Behavior**

- Appears to misuse drugs and/or alcohol
- Has a chaotic lifestyle
- May have mental health issues
- Impaired cognitive functioning
- Caregiver has a chronic illness that is negatively impacting their ability to attend to needs of the child
Sexual Abuse

- Molestation
- Incest
- Rape
- Exploitation through prostitution and/or pornography
- Indecent exposure
Signs of Sexual Abuse

**Child’s Appearance**
- Has torn, stained or bloody underclothing
- Experiences pain or itching in the genital area
- Had bruises, bleeding or swelling in the genital area
- History of encopresis or enuresis
- Is pregnant or has a STD

**Child’s Behavior**
- Appears withdrawn or engages in fantasy or infantile behavior
- Has poor peer relationships or appears isolated
- Is fearful or anxious during examinations
- Engages in delinquent acts or runs away
- Eating disorder
- Discloses sexual abuse
Signs of Sexual Abuse

Caregiver’s Behaviors

- Overprotective or jealous of child
- Views child as a sexualized object
- Isolates child from peers and/or other relatives
- Had been sexually abused as a child
- Appears to have a substance abuse issue
- May have a mental health condition
Emotional Abuse

- Pattern of behavior that impairs a child’s emotional development or sense of self-worth
- Criticism, threats or rejection
- Withholding love, support or guidance
Signs of Emotional Abuse

**Child’s Appearance/Behavior**

- Have little interest in what is going on around him or her and not be eager to try new activities
- Have inappropriate responses to pain, other people, or changes in his or her environment
- Avoids caregiver
- Act overly fearful, angry, depressed, or anxious
- Poor school performance
- Inflict self-injury or be self-destructive
Signs of Emotional Abuse

Caregiver’s Behaviors

- Extreme jealousy of child
- Significantly misperceives child (i.e. views child as bad, evil, a monster, etc.)
- May have a substance abuse issue
- May have a mental health condition
- Isolates the child from peers or other family members
“Other”

- Newborns with positive tox screening
- Caregiver’s substance abuse that negatively impacts the growth and development of the child
- Caregiver’s mental health condition that negatively impacts the growth and development of the child
- Abandonment
- Witnessing intimate partner violence
Child Abuse Assessment Guidelines

• The above behavioral indicators described are Risk Factors only. They suggest, but are not evidence of, abuse or neglect alone. A further assessment is indicated when these behaviors are observed.

• Social Work consultation is always available
  – Adult Social Work: 353-1504
  – Pediatric Social Work: 353-2655
Ok, I Am Worried. Now What?

- A referral to Children’s Protective Services (CPS) must be made when a professional working with a child suspects – *based on physical evidence or disclosure* – that the child has been physically, sexually or emotionally abused, and/or is being neglected.
Who Refers?

- **Mandated Reporters:** Professionals in the health/mental health fields who come in contact with children. This includes MD’s, nurses, PCAs, pharmacists, OT/PT/RT, social workers, child life specialists, chaplains, material services, etc.

- **Basically, anyone who works at UCSF**
Why Should I Refer?

- Protect a child from continued maltreatment
- Provide help/treatment to their caretakers
- It is the law
You Are Not Alone

- Consult with your supervisor, manager or attending

- Consult the social worker on your service
  - Adult: # 353-1504
  - Pediatric: # 353-2655

- Consult Child Protective Services (CPS)
How Do I Make a Referral?

- Call the CPS office in the child’s county of residence immediately upon suspicion
- Complete & mail CPS Referral Paperwork (SS 8572) within 36 hours of referral
- If there are physical injuries noted on exam the treating MD/NP must also complete Cal-EMA 2-900 form
# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Pursuant to Penal Code Section 11166

PLEASE PRINT OR TYPE

CASE NUMBER

<table>
<thead>
<tr>
<th>NAME OF MANDATED REPORTER</th>
<th>TITLE</th>
<th>MANDATED REPORTER CATEGORY</th>
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<thead>
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<th>PRESENT LOCATION OF VICTIM</th>
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<th>OTHER RELEVANT INFORMATION</th>
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<tr>
<th>DEFINITIONS AND INSTRUCTIONS ON REVERSE</th>
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DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11166 to submit to DOJ a Child Abuse Investigation Report Form 59-83.5F (1) as an initial investigation was conducted or (2) the incident was material which is the child abuse.

WHITE COPY - Police or Sheriff's Department, BLUE COPY - County Welfare or Probation Department, GREEN COPY - District Attorney Office, YELLOW COPY - Reporting Party.
Where Can I Find These Forms?

- All pediatric nursing units
- Emergency Department Unit Secretary
- Pediatric Acute Care Clinic MD chart room
- Pediatric Social Work Office (# 353-2655)
- Adult Social Work Office (# 353-1504)
- Online: [www.ag.ca.gov/childabuse/pdf/ss_8572.pdf](http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf)

*File copy of report in the Confidential Section of the patient’s chart*
Intimate Partner Violence (aka. Domestic Violence)

The term Intimate Partner Violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/definitions.html
Who is At-Risk?

- Women of all ages are at risk for domestic and sexual violence, and those age 20 to 24 are at the greatest risk of experiencing non-fatal intimate partner violence.
- Young women age 20 to 24 also experience the highest rates of rape and sexual assault, followed by those 16 to 19.
- People age 18 and 19 experience the highest rates of stalking.
- American Indian and Alaska Native women experience the highest rates of intimate partner violence.
- Men are victims too. This includes same-sex abuse and/or women abusing men.

Physical & Behavioral Indicators

- The patient’s explanation of an injury is inconsistent with the appearance of the injury.
- An unexplained delay in seeking treatment.
- The patient is unconcerned or overly concerned with an injury.
- History of non-specific physical or complaints and/or repeated visits to health care facilities.
- Overly attentive or aggressive partner.
- Multiple injuries in varying stages of healing.
- If patient discloses IPV, take a history of the violence and prior episodes: Continue to ask questions.
I Am Worried, Now What?

- Assess patient’s immediate safety, this may include assisting them with shelter referral.
- Assist patient with filing a police report by calling SFPD.
- Consult with social work.
  - Adult Social Work: 353-1504
  - Pediatric Social Work: 353-2655
IPV: Am I Mandated To Report?

- If you are the **treating** health practitioner then you are mandated to file a report even without patient consent
- Immediately call: SFPD Domestic Violence Response Unit (415) 553-9220
- Within Two Working Days: Complete written report (UCSF form 862-066Z – *Report of Injuries by a Firearm or Assaultive or Abusive Conduct*)
IPV: Mandated Reporting

This is in addition to patient’s voluntary formal police report and/or request for police assistance
Where Can I Find These Forms?

- Labor & Delivery (15L)
- Emergency Department
- Adult Social Work (# 353-1504)
- Pediatric Social Work (# 353-2655)

*File copy of report in the Confidential Section of the patient’s chart*
I Am Not The Treating Provider, *But* Am Still Worried

- Listen without judgment

- Refer to Social Work
  - *Adult Social Work*: 353-1504
  - *Pediatric Social Work*: 353-2655

- Consult with your Supervisor

- Offer community referrals
# Family Violence Resources in San Francisco – October 2010

<table>
<thead>
<tr>
<th><strong>Police Department/District Attorney</strong></th>
<th><strong>Elder Crisis Intervention</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Police and Fire</td>
<td>Adult Protective Services</td>
</tr>
<tr>
<td></td>
<td>355-6700/1-800-814-0009</td>
</tr>
<tr>
<td>Non-emergency Police (SFPD)</td>
<td>Friendship Line for the Elderly</td>
</tr>
<tr>
<td></td>
<td>752-3778</td>
</tr>
<tr>
<td>Domestic Violence Unit (SFPD)</td>
<td>Gay, Lesbian, Bisexual, Transgender Crisis</td>
</tr>
<tr>
<td>follow up investigation</td>
<td>Intervention</td>
</tr>
<tr>
<td></td>
<td>Community United Against Violence (CUAV)</td>
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<tr>
<td></td>
<td>333-HELP</td>
</tr>
<tr>
<td>Juvenile and Family Services Division</td>
<td>Domestic Violence Shelters – 3 Confidential Locations</td>
</tr>
<tr>
<td>(SFPD)</td>
<td>Asiana Women’s Shelter</td>
</tr>
<tr>
<td></td>
<td>1-877-753-0880</td>
</tr>
<tr>
<td>Sexual Assault Unit (SFPD)</td>
<td>La Casa de Las Madres</td>
</tr>
<tr>
<td></td>
<td>1-877-753-1850</td>
</tr>
<tr>
<td>District Attorney (DA)</td>
<td>Rosalie House/Riley Center</td>
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<tr>
<td></td>
<td>255-0165</td>
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<tr>
<td>DA’s Victim Services</td>
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<thead>
<tr>
<th><strong>Reporting Lines for Abuse</strong></th>
<th><strong>Counseling: General</strong></th>
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</thead>
<tbody>
<tr>
<td>SF DHSH Child Abuse Reporting</td>
<td>Community Mental Health Referrals/Access</td>
</tr>
<tr>
<td>558-2050/1-800-850-5553</td>
<td>255-3737</td>
</tr>
<tr>
<td>Domestic Violence Reporting (SFPD)</td>
<td></td>
</tr>
<tr>
<td>558-9220</td>
<td></td>
</tr>
<tr>
<td>Adults/Elder Protective Services</td>
<td></td>
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<tr>
<td>355-6700/1-800-814-0009</td>
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<thead>
<tr>
<th><strong>Crisis Lines: 24 hour / 7 days a week</strong></th>
<th><strong>Counseling: Victims of Domestic Violence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Asian Women’s Shelter</em></td>
<td>Cameron House, 920 Sacramento</td>
</tr>
<tr>
<td><em>Friendship Line for the Elderly</em></td>
<td>781-0401</td>
</tr>
<tr>
<td><em>La Casa de Las Madres (adults and teens)</em></td>
<td>Community United Against Violence (CUAV)</td>
</tr>
<tr>
<td><em>National Domestic Violence Hotline</em></td>
<td>333-HELP</td>
</tr>
<tr>
<td><em>National Sexual Assault Hotline</em></td>
<td>Services for Gay, Lesbian, Bisexual, Transgender Community</td>
</tr>
<tr>
<td><em>Riley Center</em></td>
<td>Gladie Women’s Center, 674-0023</td>
</tr>
<tr>
<td><em>San Francisco Women Against Rape</em></td>
<td>Jewish Family &amp; Children’s Services, 449-1200</td>
</tr>
<tr>
<td><em>SF Suicide Prevention</em></td>
<td>La Casa de Las Madres, 503-0500</td>
</tr>
<tr>
<td>SFGH Psychiatric Emergency</td>
<td>Safestart Support Line, 552-2943</td>
</tr>
<tr>
<td>TALKline Family Support Center</td>
<td>441-KIDS</td>
</tr>
<tr>
<td>(phone support for parents and caregivers)</td>
<td>(victims/families with children ages 0-6)</td>
</tr>
<tr>
<td><em>WOMAN, Inc. (Spanish/English)</em></td>
<td>SFGH Trauma Recovery/Rape Treatment Center</td>
</tr>
<tr>
<td>1-877-384-3578/604-4712</td>
<td>437-3000</td>
</tr>
<tr>
<td>Youth Crisis Line</td>
<td>Shalom Bari (call for location), 1-866-SHALOM-7</td>
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<tr>
<td></td>
<td>WOMAN, Inc., 355 Valencia #30 (drop-in center), 804-4722</td>
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<thead>
<tr>
<th><strong>Child/Youth Trauma and Sexual Abuse</strong></th>
<th><strong>Counseling: Victims of Sexual Assault</strong></th>
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<tbody>
<tr>
<td>Child and Adolescent Support, Advocacy</td>
<td>SFGH Rape Treatment Center: 437-3000</td>
</tr>
<tr>
<td>and Resource Center (CASASC) (up to 18 yrs)</td>
<td>1-866-SHALOM-7</td>
</tr>
<tr>
<td></td>
<td>WOMAN, Inc., 355 Valencia #30 (drop-in center), 804-4722</td>
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<thead>
<tr>
<th><strong>Adult Crisis Intervention</strong></th>
<th><strong>Counseling: Children, Youth and Family</strong></th>
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<tbody>
<tr>
<td>SFGH Mobile Crisis Team</td>
<td>Cameron House, 781-0401</td>
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<tr>
<td>Westside Crisis Clinic</td>
<td>Catholic Charities, 564-7882</td>
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<tr>
<td>245 11th St (drop-in center)</td>
<td>Child Trauma Research Project (Intake Line), 206-5311</td>
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<tr>
<td></td>
<td>Family Service Agency, 474-7310</td>
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<td></td>
<td>Instituto Familiar de la Raza, 229-050</td>
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<td></td>
<td>La Casa de Las Madres, 1-877-923-0700</td>
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<td></td>
<td>Larkin Street Youth Services, 1-800-660-6196</td>
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<td>(child trauma ages 0-5 years, English, Spanish, and Portuguese)</td>
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<td>Family Service Agency, 474-7310</td>
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<td>Instituto Familiar de la Raza, 229-050</td>
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<td></td>
<td>La Casa de Las Madres, 1-877-503-1850</td>
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<td></td>
<td>Larkin Street Youth Services, 1-800-660-6196</td>
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<td></td>
<td>LINC (UCSF/SFGH) (child witness of DV age 0-18 yrs), 206-4444</td>
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<td>Parents Place, 359-2454</td>
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<td>TALKline Family Support Center, 441-KIDS</td>
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| **Children’sulative**                  | **Legal Resources** |
|                                         | Asian Pacific Islander Legal Outreach, 567-6225 |
|                                         | Bay Area Legal Aid (BayLegal), 808-300-5554 |
|                                         | Cooperative Restraining Order Clinic, 252-2844 |
|                                         | Immigrant Assistance Line – Spanish/English, 808-7339 |
|                                         | Legal Assistance to the Elderly, 538-3333 |
|                                         | Legal Services for Children, Inc., 863-3762 |
|                                         | SF Bar Association (radiation services) 982-1600 |
|                                         | SF Bar Association (referral line) 989-1616 |

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<tr>
<th><strong>Public Health Nursing (PHN)</strong></th>
<th><strong>Bay Area Domestic Violence Resources (24/7)</strong></th>
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<tbody>
<tr>
<td>Provides home visits to high risk prenatal and postpartum women and chronically ill children</td>
<td>Alameda County, 1-510-536-7233</td>
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<td>Contra Costa County, 1-888-215-5555</td>
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<td></td>
<td>Marin County, 924-6616 (English) 924-3455 (Spanish)</td>
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<td></td>
<td>San Mateo County, 1-650-312-8515</td>
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<td>Santa Clara County, 1-408-279-2962</td>
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<td>Solano County, 1-888-867-7233</td>
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<th><strong>Additional Resources</strong></th>
<th><strong>Behavioral Health Services</strong></th>
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<tr>
<td>HELPLINK (info &amp; referral for any social service), 808-HELP</td>
<td>Substance Abuse/Mental Health, 503-4730</td>
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<tr>
<td>SFPDH Women’s &amp; Children’s Health Referrals: 1-800-300-9950</td>
<td>LEAP (Look To End Abuse Permanently) <a href="http://www.leanfs.org">www.leanfs.org</a></td>
</tr>
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Changes? Call SF Department of Public Health, Perinatal Services, 415-575-5081.
Elder/Dependant Adult Abuse

Types of Abuse

- Physical
- Sexual
- Neglect
- Emotional
- Financial Exploitation
When to Refer?

A referral to Adult Protective Services (APS) must be made when a professional working with the elder adult (65 or older) and/or dependant adult suspects – based on physical evidence or disclosure – that the patient has been abused, neglected and/or exploited.
Types of Elder/Dependant Adult Abuse

- Physical Abuse
  - *Injuries not consistent with explanation provided*

- Neglect
  - *Basic needs not being met*
  - *Medical non-compliance*

- Financial Abuse
  - *Misuse or stealing of funds*

- Sexual Abuse
  - *Unexplained STDs or infections*
  - *Signs of rape*
Who Refers?

- Mandated reporters are professionals in the health/mental health fields such as MD’s, nurses, PCAs, pharmacists, OT/PT/SLP/RT, social workers, chaplains, nutritionists, etc.

- Everyone who works at UCSF
Why Refer?

- Prevent and remedy abuse, neglect or exploitation
- Maintain the elder or dependent adult in their own homes
- Strengthen a person's capacity for self-maintenance
- Provide direct services or linking victims to community services
How to Refer

• Call immediately upon suspicion to the APS office in the patient’s county of residence

• Complete and mail APS form (SOC341) within 48 hours of referral
## CONFIDENTIAL REPORT

**REPORT OF SUSPECTED DEPENDENT ADULT ABUSE**

**NOT SUBJECT TO PUBLIC DISCLOSURE**

**DATE COMPLETED:**

### A. VICTIM
- Check box if victim consents to disclosure of information (Ombudsman use only - WC 15626.6a)

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<thead>
<tr>
<th>Name (Name Only)</th>
<th>Gender</th>
<th>Race</th>
<th>Employment Status</th>
<th>Income</th>
<th>Health Status</th>
<th>Rel. to Victim</th>
<th>Way Victim Arrived</th>
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### B. INCIDENT INFORMATION
- Address where incident occurred

#### 1. PERPETRATED BY OTHERS (WC 15610.07 & 15610.08)
- [ ] Assault
- [ ] Battery
- [ ] Harassment
- [ ] Other

#### 2. SELF-NEGLECT (WC 15610.7c & 15610.7d)
- [ ] Malnutrition
- [ ] Inadequate Medical Care
- [ ] Inadequate Housing
- [ ] Other

### C. REPORTING PARTY:
- Check appropriate box if reporting party consents confidentially to:
- [ ] All
- [ ] All but victim
- [ ] All but complainant

### D. INCIDENT INFORMATION
- Address where incident occurred

#### 1. INCIDENT LOCATION:
- Physical Location
- Address Line 1
- Address Line 2
- City
- State
- Zip

#### 2. INCIDENT INFORMATION:
- Description of incident

### E. INCIDENT INFORMATION
- Name of suspected abuser

#### 1. PHYSICAL INJURY:
- Physical Injuries
- Abnormalities

#### 2. MEDICAL CARE:
- Provider
- Phone

### F. REPORTER/INFORMATION:
- Name
- Address
- Phone

### G. TARGETED ACCOUNT:
- Account Number
- Type of Account

### H. OTHER PERSON RESPONSIBLE FOR VICTIM’S CARE
- Person’s Name

### I. TELEPHONE REPORT MAILED TO:
- Local RES
- State RES
- Federal RES

### J. WRITTEN REPORT:
- Description of agency receiving report

### L. RECEIVING AGENCY USE ONLY
- Date (mm/dd/yyyy)

### M. APD/OA:
- Case Number

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**UCSF Medical Center**

**UCSF Benioff Children’s Hospital**
Where Do I Find The APS Report?

- Adult Social Work: 353-1504
- Pediatric Social Work: 353-2655
- Online: http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm

File copy of report in the Confidential Section of the patient’s chart
UCSF Abuse Policies

Available in the Medical Center Manuals

How to access:

- UCare Links
- Medical Center Manuals
- Admin Policies
- Functional Chapters
- Patient Care