

APPENDIX O

Special Considerations for Caring for Diverse Populations

*Domestic Violence Intervention:
A Guide for Health Care Professionals**

Special Considerations for Caring for
Diverse Populations

Many factors about an individual's life circumstances may influence their ability to seek help and reap the most positive benefits from the help that is offered. The following information may provide some guidance in dealing with the diversity of the patients you may encounter.

Race/Ethnicity/Culture/Religion

Race/ethnicity may create challenges to service. Commonly held stereotypes about people of color may affect the care they are offered. At the same time, pressure from the racial/ethnic community to be loyal to and protect the image of the community may deter some from seeking care. For non-English speaking patients, an interpreter should be made available so that the patient does not have to rely on a family member to interpret in this sensitive situation. The patient's culture may place restrictions on discussing sexual issues with or being examined by a health care provider of the opposite gender. In some cultures, non-marital sexual contact, even when perpetrated by force, may render a victim unacceptable for an honorable marriage.

In some cultures, female circumcision is practiced. Females who are circumcised and/or infibulated may have perceived reactions of shock or repulsion by health care providers in the past. Depending on the extent of circumcision or infibulation and subsequent healing, sexual assault may cause severe trauma - both physical injury to the perineum and psychological trauma (e.g., reliving the genital mutilation).

As with race/ethnicity and culture, religion may create challenges to service delivery. Religious doctrines may prohibit a female from being disrobed in the presence of a male who is not her husband, or forbid a genital exam by a male. Such practices are considered a further violation. Female care providers should be made available for patients who request them.

Some people are fearful or distrustful of law enforcement officials and health care providers. It is essential that the examiner not make assumptions. The examiner should express a desire to provide what the patient wants and needs and should inquire about the patient's expectations.

As part of professional continuing education, community leaders of local ethnic groups should be invited to present information to examiners on cultural differences and to define the services that are important for their community. The local Rape Crisis Center can assist in providing outreach and educational presentations (see Appendix M). Every effort should be made for the examiners to understand and accommodate the ethnic, cultural and religious needs of the patient.

Gender

Male patients reporting sexual assault often fear that they will be viewed as weak or unmasculine. Heterosexual male patients may fear that they will be viewed as homosexual, if the perpetrator was male.

Female patients may have concerns that the assault will result in pregnancy, or will adversely affect a current or future pregnancy.

Intersexual patients are people born with both male and female physical characteristics. Transgendered patients are people who are living as the opposite of their birth-assigned gender, sometimes with the assistance of surgery and/or hormonal therapy. Both intersexual and transgendered patients often experience discrimination and mockery in our society. Fear of inadequate or harmful health care may make these individuals reluctant to seek care. When an individual is identified as an intersexual or transgendered person, clarify what pronoun the patient uses to describe themselves. Demonstrating sensitivity to correct terminology, and asking open-ended questions allows patients the opportunity to share additional information about themselves.

The Adolescent Patient

Adolescents often know their perpetrators prior to the assault. Adolescents are most often raped by their peers; many of these patients have faced multiple assailants.

For some adolescents, the assault may be their first sexual contact. Because sexual identity and body image are rapidly changing, the effects of a sexual assault can be particularly devastating. The adolescent patient may view the assault as a sexual encounter, rather than an act of violence, thereby distorting the image of a healthy sexual relationship.

The psychological reactions of adolescent rape survivors are in many ways similar to those of adult survivors. However, these reactions may be intensified in the adolescent due to developmental concerns. Some of the critical effects may be:

- A destructive influence on emerging sexuality and sexual awareness;
- Self-blame and guilt over the risk-taking behavior which may be perceived as having contributed to the victimization;
- Fear of disclosure and repercussions, especially from family and peers;
- Damage to sense of identity and self-esteem (e.g., self-doubt, loss of trust in one's own judgment, peer stigmatization);
- Loss of autonomy and independence as a result of the assault (e.g., imposed curfew or other perceived punishment, family over-protectiveness); and,
- Distrust of the protective nature of authority.

It is important to note that sexual assault of an adolescent may represent incest or sexual abuse by a family member. New York State Social Service Law, Section 413 requires that health care professionals report any incident of suspected or actual child sexual abuse to the State Central Register of Child Abuse and Maltreatment. If the examiner has cause to suspect

that the adolescent may be an abused or maltreated child, the professional should refer to the facility's protocol for dealing with such cases.

Domestic Violence

Sexual assault victims may be in a violent domestic relationship. Victims of domestic violence have the additional trauma of long-term, repetitive assault, with the possibility that the violence will continue, escalate, and even end in death. It is, therefore, important that examiners avoid making the assumption that the victim does not know, and is not in an intimate relationship with the assailant. One study found that 33%- 46% of women in an emergency department population who were physically assaulted by their partners were also sexually assaulted.

Domestic violence should be addressed when treating every patient. If the patient discloses that she is a victim of domestic violence or if the examiner suspects domestic violence, the examiner should provide the patient with an additional referral to domestic violence services after sexual assault treatment and evidence collection are completed. It is important to remember that many women in New York State are not aware that marital rape is a crime. This information must be conveyed to the patient. Rape within the context of marriage or a domestic relationship may be additionally traumatic for the patient who may be emotionally and economically dependent on her assailant. For more information regarding the treatment of patients who are victims of domestic violence, refer to *Domestic Violence Intervention: A Guide for Health Care Professionals*, included in this Appendix. For further information, call the New York State Office for the Prevention of Domestic Violence at (518) 486-8462.

The Elderly Patient

As with other patients, the elderly patient may experience extreme humiliation, shock, disbelief, and denial. Sexual violence may intensify feelings of physical vulnerability, diminished resilience, and mortality. Fear, anger, or depression can be especially severe in older patients who are isolated, lack a support system, or live on a limited income.

¹Forster, G. and Skinner, C. J. (1995). The coexistence of physical and sexual assault. American Journal of Obstetrics and Gynecology, 172, 1644-1645.

In general, the elderly are physically more vulnerable than younger adults, and injuries from an assault are more likely to be life-threatening. In addition to possible pelvic injury and sexually transmissible diseases (STDs), the older patient may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses. Hearing impairment and other physical conditions associated with advancing age, coupled with the initial reaction to the crime, may render the elderly patient unable to make his or her needs known, which may result in prolonged or inappropriate treatment. Also, it is not unusual for first-responders or care providers to mistake this confusion and distress for dementia.

Medical and social follow-up services must be made easily accessible to older patients, as they may not otherwise seek assistance. Without encouragement and assistance in locating services, many older patients may be hampered in their ability to recover.

The Patient with a Disability

Some patients have physical or mental disabilities which require adapting an exam to the patient's needs (e.g., a person with quadriplegia may require extra pillows or cushions to provide adequate support; a hearing impaired person may require the assistance of a translator; a person having schizophrenic hallucinations may require a mental health professional as part of the team providing care).

Adults who are particularly vulnerable to sexual assault include individuals who have communication impairments, an altered level of consciousness (e.g., the victim who is comatose), or individuals who are impaired by mental illness, developmental disability, substance abuse, disease (e.g., Alzheimer's disease), or medication.

When an individual is assaulted in an institution or group home (e.g., while a resident of a nursing home), the institution should ensure that the victim is offered a health care and evidentiary exam for several reasons. The appropriate attention of an examiner documents that the institution administered appropriate treatment to the victim. The evidence can later serve in the prosecution of the offender. In a case in which an employee is suspect, and the patient is not able to confirm or deny the suspicion, the evidence may be the standing stone on which the employee is found to be guilty or innocent.²

When a patient is not legally able to give consent (e.g., a person with Alzheimer's disease), or a patient who does not have the ability to consent (e.g., a comatose patient), permission should be sought from a person legally authorized to consent for the patient, such as a legal guardian.

Section 2803-d of the Public Health Law (see Appendix K) requires that health care providers report physical abuse, mistreatment, or neglect of a person receiving care or services in a residential health care facility. Reports of suspected physical abuse, mistreatment, or neglect must be made immediately by telephone and in writing within forty-eight hours to the New York State Department of Health (see Appendix L for patient care hotline numbers).

A health care exam and collection of evidence, regardless of the consenting party, must never be undertaken against the will of the patient. Health care providers should ensure that the patient totally understands the scope of injury, disease and other sequelae that could result from a sexual assault in attempting to secure patient cooperation and consent.

The Homeless Patient

For some homeless patients, the problems of poverty and discrimination have already resulted in a high incidence of victimization, as well as inadequate access to quality health care. There may be a mistrust of health care and law enforcement personnel, particularly if there has been a history of unpleasant or disappointing experiences with such professionals.

The Patient who is an Undocumented Alien

Individuals who are in this country illegally, may be reluctant to seek health care or notify law enforcement officials when they have been sexually assaulted.

The Patient Engaged in Illegal Activity

Individuals who engage in illegal activities, such as drug use or prostitution, may be reluctant to seek health care or notify law enforcement officials when they have been sexually assaulted. Such a patient may believe herself responsible because she was in a vulnerable state or environment, or she may be fearful of her own arrest. It is important, as with all other patients, that the health care provider maintains a non-judgmental attitude.

Sexual Orientation

The sexual orientation of a patient can be a relevant factor in his or her reactions to the sexual assault and subsequent interaction with the health care and criminal justice systems. Lesbians and gay men, when targeted in hate crimes, may be subject to sexual assaults specifically because of their sexual orientation. As with all other victims, fear may cause reluctance to disclose important information about the assault.

Assumptions on the part of the examiner about the sexual orientation of a victim may lead to failure to identify specific needs of lesbians or gay male patients and compromise medical or legal interactions. Taking care to avoid assumptions about the sexual orientation of the patient, and knowing lesbian and gay-identified referral resources, will greatly enhance the quality of services that can be provided to gay and lesbian patients.

It is recommended that health care facilities serving specific populations seek the assistance of community members to help develop procedures that will reflect the special needs of those populations.

1 Forster, G. and Skinner, C.J. (1995). The coexistence of physical and sexual assault. *American Journal of Obstetrics and Gynecology*, 172, 1644-1645.

2 Pharris, M. (February, 1998). Allegations of sexual assault on the inpatient unit: how to respond. *Journal of Emergency Nursing*, 24(1), 98-100.

Medical and Legal Protocol for Dealing with Victims of Domestic Violence

New York State Office for the Prevention of Domestic Violence
80 Wolf Road
Albany, NY 12205
2004

Medical and Legal Protocol for Dealing with Victims of Domestic Violence

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A note about our use of gender specific language: Because the vast majority of victims of adult domestic violence are women who are abused by their male partners, the content of the protocol refers to victims as female and abusers as male. However, the majority of the content in this protocol will apply to all victims regardless of their gender of their partner including gays, lesbians, transgender people and men who are physically abused by their female partners.

Medical and Legal Protocol for Dealing with Victims of Domestic Violence

Overview

Introduction Domestic violence is a health care problem of pandemic proportion with far reaching implications. Women in the US make close to 700,000 visits to the health care system per year as a result of injuries due to physical assault.¹ This number does not reflect the visits made for numerous chronic health problems exacerbated by domestic violence such as depression, substance abuse and hypertension.

Many patients are discharged with only the presenting symptoms or injuries having been treated, leaving the underlying cause of the problem, domestic violence, unaddressed. Failing to identify domestic violence can result in incorrect diagnosis, costly unnecessary testing, and increased utilization of health care services and hospitalizations.

Domestic Violence Domestic violence is a pattern of coercive tactics that can include physical, psychological, sexual, economic and emotional abuse perpetrated by one person against an adult intimate partner, with the goal of establishing and maintaining power and control over the victim.²

Domestic violence occurs in all ethnic, religious, socio-economic, sexual preference and age groups.

Domestic Violence Myths

The following are often blamed as a "cause" for domestic violence:

- Alcohol/substance abuse
- Stress
- Socio-economic factors
- Anger/loss of control
- Another person's behavior

While these factors may be contributing, they are not causal. Many people experience the above factors and do not abuse their partners.

¹ Family Violence Prevention Fund, "Health Care Public Policy and Domestic Violence," available from <http://endabuse.org/programs/printable/display.php3?DocID=209> ; Internet; accessed 12 April 2004.

² Model Domestic Violence Policy for Counties (New York: NYSOPDV, January 1998) p 1.

Tactics & Clinical Cues

Tactics of control may manifest in the following ways:

Tactics	Health Care Manifestations
<p><u>Physical Abuse</u></p> <ul style="list-style-type: none"> • Biting • Grabbing • Punching • Shoving • Kicking • Slapping • Shooting • Stabbing, etc. • Withholding medication, medical care, medical equipment, nutrition • Forcing use of alcohol or other drugs 	<ul style="list-style-type: none"> • Ecchymosis (bruises) • Lacerations, often to arms & face • Headaches • Anxiety • Hyperventilation • Hypertension • Chest pains • Chronic pain • During pregnancy <ul style="list-style-type: none"> – Injury to abdomen, breasts, genitalia – Hemorrhaging, including placental separation – Uterine rupture – Miscarriage/stillbirth – Pre-term labor – Premature rupture of membranes • Delay in seeking prenatal care • Frequently missed appointments • Lack of attendance to prenatal education • Poor nutrition • Continued use of cigarettes, drugs and/or alcohol during pregnancy

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Tactics & Clinical Cues

Tactics	Health Care Manifestations
<p><u>Psychological Abuse</u></p> <ul style="list-style-type: none"> • Instilling, or attempting to instill fear through ridiculing or humiliating the victim • Destroying property • Threatening to harm self or victim • Blaming abuse on victim • Injuring, killing, or threatening to injure or kill pets 	<ul style="list-style-type: none"> • Depression • Anxiety • Hypertension • Chronic muscle tension • Psychosomatic illness • Suicidal ideation • Homicidal ideation • Substance abuse
<p><u>Sexual Abuse</u></p> <ul style="list-style-type: none"> • Coercing, or attempting to coerce any sexual activity without consent <ul style="list-style-type: none"> – Rape, sodomy, attacks on sexual parts of the body – Unprotected sex – Sex with others – Forced prostitution – Degrading, sexually explicit behavior toward victim – Taking/showing sexually explicit film or photos and using them against the victim • Attempts to undermine a person’s sexuality <ul style="list-style-type: none"> – Treating partner in a sexually derogatory manner – Criticizing sexual performance and desirability – Accusations of infidelity – Withholding sex 	<ul style="list-style-type: none"> • STD’s • HIV • Multiple pregnancies • Pregnancy-related injuries, usually around abdomen, breast and genitalia • Spontaneous abortion • Sexual assault injuries • Depression • Anxiety

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Tactics & Clinical Cues

Tactics	Health Care Manifestations
<p><u>Economic Abuse</u></p> <ul style="list-style-type: none"> • Making, or attempting to make a person financially dependent 	<ul style="list-style-type: none"> • Depression • Anxiety • Migraines/headaches • Reluctance to schedule additional tests, or accept needed prescriptions
<p><u>Emotional Abuse</u></p> <ul style="list-style-type: none"> • Undermining, or attempting to undermine, a person's self-worth <ul style="list-style-type: none"> – Constant criticism – Put downs – Insults – Name calling – Silent treatment – Manipulating feelings/emotions – Repeatedly making and breaking promises – Subverting partner's parenting and/or relationship with children – Threatening to harm, kill or abduct children – Using child visitation to harass victim 	<ul style="list-style-type: none"> • Depression • Anxiety • Hypertension • Chronic muscle tension • Substance abuse • Suicidal ideation • Homicidal ideations • Psychosomatic illness <p>***NOTE: Any pre-existing conditions can be exacerbated by domestic violence</p>

Identification & Guidelines

Identification To achieve early identification of domestic violence, private routine screening is recommended for all female patients over the age of 16. In addition, men and women in gay and lesbian relationships are also at risk for domestic violence and should be routinely screened. (Please review NYSDOH Guidelines for Integrating Domestic Violence Screening in Relation to HIV Counseling, Testing, Referral and Partner Notification found at <http://www.health.state.ny.us/nysdoh/rfa/hiv/protocol.htm>)

Patients receiving care in the emergency department, and surgical, primary care, pediatric, prenatal, substance abuse and mental health settings should be informed that **“Because intimate partner violence and abuse are so common, we screen for it routinely.”** This gender-neutral statement communicates to the patient that the physician is knowledgeable about domestic violence and does not assume that everyone is heterosexual.

If the patient does not disclose abuse, consider domestic violence if any of the following is observed:

- Injuries to face, neck, throat, chest, abdomen or genitals
- Evidence of sexual assault; vaginal/anal injuries
- Bilateral or patterned injuries
- Injuries during pregnancy
- Delay between injury and treatment
- Multiple injuries in various stages of healing
- Injury inconsistent with patient’s explanation
- Frequent use of emergency department services
- History of trauma related injury
- Chronic pain symptoms with no apparent etiology
- Repeated psychosomatic or emotional complaints
- Suicidal ideation or attempts
- An overly attentive or aggressive partner accompanying the patient
- Patient appears fearful of partner

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Identification & Guidelines

Guidelines

The following guidelines are designed to assist medical personnel in treating victims of domestic violence.

1. Interview the patient in private. Ask any accompanying spouse, friend or family member to leave the treatment area. Questioning the patient about domestic violence in the presence of the abuser, suspected abuser or other family members may put the patient in extreme danger.
2. Convey an attitude of concern and respect for the patient and assure the confidentiality of any information provided.
3. Inform the patient of routine domestic violence screening policy and ask the patient directly if the injuries or complaints are the result of abuse by someone they know.
4. If domestic violence is disclosed, communicate to the victim that they are not alone, they are not to blame for the abuse, and that help is available.
5. Take the patient's history and conduct a thorough medical examination, with appropriate laboratory tests and x-rays. If the extent or type of injury is not consistent with the explanation the patient gives, note this in the medical record. A question to elicit information about site and cause of injury that might indicate domestic violence should be asked. Ask for specifics and document using the patient's own words.

"She threw a cup of coffee at me" is better than "We were arguing and things got out of hand."

"Patient states that her husband, Joseph Smith, hit her with his belt" is better than "Patient has been abused."

All emergency department logs should include a code for domestic violence.

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Identification & Guidelines

Guidelines (continued)

6. Preserve physical evidence. Bag torn or blood stained clothing and/or weapon. Mark bag with patient's name, date and name of person who collected evidence. Keep evidence under lock until it is turned over to the police, prosecutor or patient's lawyer. Refer to your facility's sexual assault protocol for evidence collection information.
7. Help the victim assess their immediate safety and safety of the children. Respect and accept the victim's evaluation of the situation. Talk with your local domestic violence program staff for further information on safety assessment and safety plans. Offer to contact the local domestic violence service provider. If appropriate, offer to call the police. Tell the patient that battering is a crime and help is available. Support the patient's decision.
8. Offer to photograph the patient's injuries. See your facility's sexual assault protocol for further information.
9. Encourage the patient to call a local domestic violence program or the toll-free statewide **Domestic Violence Hotline (English 1-800-942-6906 or Spanish 1-800-942-6908)**. Ensure access to a private telephone.
10. If you are working in a hospital or diagnostic and treatment center, The Family Protection and Domestic Violence Intervention Act of 1994 requires that you provide a copy of "The Victims Rights Notice" to all suspected or confirmed victims of domestic violence. A copy of this notice can be found at www.health.state.ny.us/nysdoh/provider/women.htm In addition, Chapter 217 of the Laws of 1997 mandates that hospitals providing maternity/newborn services and diagnostic and treatment centers that offer prenatal care services must distribute a notice regarding family violence to all patients at prenatal visits or at post-partum visit. This notice, "Are You And Your Baby Safe?" can be ordered from www.health.state.ny.us/nysdoh/publication_catalog/index.htm Provide additional information and referrals for counseling, shelter, support groups and legal assistance in the community. Assure confidentiality.

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Identification & Guidelines

Guidelines
(continued)

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11. Make safety the primary goal of all interventions. Victims are likely to be the best judge of what is safe for them. If it is necessary to follow-up with medical appointments, laboratory tests or prescriptions, ask directly if the victim can safely do so, or what could be done to make it possible for her to meet follow-up care needs.
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Sample Assessment Questions

Notification of Routine Screening

Let your patients know that you ask everyone about domestic violence.

- “Because intimate partner violence and abuse are so common, we screen for it routinely.”

Assessment Questions

Avoid asking patients questions using the term “domestic violence.” Most victims do not initially identify with the term, and their understanding of the term varies greatly.

Tailor the following questions to your practice:

Questions that tell victims they are not alone:

- Many patients tell me their partners have hurt them. Is this happening to you?

Questions based on observation:

- You seemed frightened of your partner. Has he ever hurt you?
- Your partner seemed not to want to let me speak with you alone. I’m concerned that he might want to control what you tell me. Do you think that is happening?
- I noticed you check with your partner before you answer any questions. Are you afraid you might get hurt if you say the “wrong” thing?

Questions about physical abuse:

- Are you in a relationship where you get hit, punched, kicked or hurt in any way?
- Do arguments ever end in your partner pushing, shoving or slapping you?
- Has your partner ever used a fist or weapon to hurt or threaten you?

Questions about sexual abuse:

- Does your partner force you to engage in sex that makes you uncomfortable?
- Does your partner ignore your decisions regarding safe sex or contraceptives?

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Sample Assessment Questions

Assessment Questions (continued)

Questions about emotional abuse, threats or intimidation:

- Does your partner ever call you names or put you down?
 - When your partner gets angry, does he throw things? Hurt your pet?
 - Does your partner accuse you of having affairs? Check up on you?
 - Do you have to ask your partner's permission to do things you want to do?
-

Avoid These Questions

Avoid the following:

Labeling questions:

- Are you a victim of domestic violence?
- Are you battered?...abused?

Blaming questions:

- Why didn't you come to the hospital sooner?
- Why didn't you leave the first time he hit you?
- Why didn't you call the police?

Be cautious about giving advice (go to a shelter, leave your partner). Your advice may have safety implications of which you are unaware, while providing information about available resources may be helpful.

Referrals

Domestic Violence Service Providers

A domestic violence service provider is located in every county in New York State. These programs offer both residential and non-residential services.

Services can include:

- Emergency shelter
- 24 hour hotline
- Information and referral services
- Advocacy
- Counseling
- Children’s services
- Medical services
- Transportation
- Support groups
- Follow-up
- Community education/outreach

To locate the provider in your county, go to www.ocfs.state.ny.us and click on Domestic Violence Service Providers.

Counseling & Therapy

When appropriate, the victim and children may be referred to counseling to assist them in processing the abuse and the possible transition of the family.

Under no circumstances should family therapy or couples counseling be recommended. These forms of treatment assume a balance of power that does not exist when domestic violence is present and could put the victim’s safety at risk.

Legal Overview

The Family Protection and Domestic Violence Intervention Act

The Family Protection and Domestic Violence Intervention Act of 1994 requires that hospital and diagnostic and treatment center staff provide the Victim's Rights Notice to all suspected and confirmed victims of domestic violence. While not required by law, other health care providers are encouraged to provide victims with this notice. See Appendix A.

The Victim's Rights Notice can also be found at www.health.state.ny.us/nyhdoh/provider/women.htm

New York State Department of Health Regulatory Codes

CHAPTER V MEDICAL FACILITIES/SUBCHAPTER C STATE HOSPITAL CODE
ARTICLE 6 TREATMENT CENTER AND DIAGNOSTIC CENTER OPERATION

Section 751.5 Operating policies and procedures.

The operator shall ensure:

- a. The development and implementation of policies and procedures written in accordance with prevailing standards of professional practice which include but are not limited to:
 8. the identification, assessment, reporting and referral of cases of suspected child abuse or maltreatment and identification and treatment of domestic violence;
 9. the identification of patient's medically related, personal and social problems which may interfere with the patient's treatment, recovery or rehabilitation;
 10. the establishment and implementation, in conjunction with a qualified social worker, of a plan, consistent with available community and center resources, to provide or arrange for the provision of social work, psychological and health educational services that may be necessary to meet the treatment goals of its patients;

Section 751.6 Personnel

The operator shall ensure:

- k. that each employee, as applicable, receives on-the-job training necessary to perform his/her duties;
- l. that all staff receive education in the identification, assessment, reporting and referral of cases of suspected child abuse, maltreatment, and identification and treatment of domestic violence;

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Legal Overview

**New York
State
Department of
Health
Regulatory
Codes**
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CHAPTER V MEDICAL FACILITIES SUBCHAPTER A - MEDICAL FACILITIES - MINIMUM STANDARDS / ARTICLE 2 HOSPITALS/ PART 405 HOSPITALS - MINIMUM STANDARDS (STATUTORY AUTHORITY: PUBLIC HEALTH LAW 2803, 2805 - k, 2805 - l, 2805-m and 4351)

- e. Domestic Violence. The hospital shall provide for the identification, assessment, treatment and appropriate referral of cases of suspected or confirmed domestic violence. The hospital shall establish and implement written policies and procedures consistent with the requirements of this section, which shall apply to all service units of the hospital.

Emergency Services

- 3. Domestic Violence. The emergency services shall develop and implement policies and procedures that provide for the management of cases of suspected or confirmed domestic violence victims in accordance with the requirements of subdivision (e) of Section 405.9 of this Part.

**Chapter 217
Laws of 1997**

Chapter 217 of the Laws of 1997 mandates that hospitals that have maternity/newborn services and diagnostic and treatment centers that offer prenatal care services distribute a notice regarding family violence to all patients at prenatal visits or at the post-partum visit. This notice, "Are You And Your Baby Safe?" provides information about the effects of child abuse/maltreatment and domestic violence and services available to adult victims.

Copies of "Are You And Your Baby Safe?" can be obtained from the NYS Department of Health. To order, call (518) 474-5370, or go to www.health.state.ny.us/nysdoh/publication_catalog/index.htm.

Appendix A - Victim's Rights Notice

The Victim's Rights Notice was prepared to inform victims of domestic violence of their legal rights and remedies available under the law. If you are a victim of domestic violence you are encouraged to speak privately with a social worker or someone who can help you. You should be interviewed privately out of eyesight or earshot of anyone who accompanies you. Your rights as a patient will be violated if hospital staff asks if you are a victim of domestic violence in front of any accompanying partner or family member.

IF YOU ARE A VICTIM OF DOMESTIC VIOLENCE:

The police can help you:

- Get to a safe place away from the violence.
- Get information on how the court can help protect you against the violence.
- Get medical care for injuries you or your children may have.
- Get necessary belongings from your home for you and your children.
- Get copies of police reports about the violence.
- File a complaint in criminal court, and tell you where your local criminal and family courts are located.

The courts can help:

- If the person who harmed or threatened you is a family member or someone you've had a child with, then you have the right to take your case to the criminal courts, family court or both.
- If you and the abuser aren't related, weren't ever married or don't have a child in common, then your case can be heard only in criminal court.
- The forms you need are available from the family court and the criminal court.
- The courts can decide to provide a temporary order of protection for you, your children and any witnesses who may request one.
- The family court may appoint a lawyer to help you in court if it is found that you cannot afford one.
- The family court may order temporary child support and temporary custody of your children.

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Appendix A - Victim's Rights Notice

New York state Law states: "If you are the victim of domestic violence, you may request that the officer assist in providing for your safety and that of your children, including providing information on how to obtain a temporary order of protection. You may also request that the officer assist you in obtaining your essential personal effects and locating and taking you, or assist in making arrangements to take you and your children to a safe place within such officer's jurisdiction, including but not limited to a domestic violence program, a family member's or a friend's residence, or a similar place of safety. When the officer's jurisdiction is more than a single county, you may ask the officer to take you or make arrangements to take you and your children to a place of safety in the county where the incident occurred. If you or your children are in need of medical treatment, you have the right to request that the officer assist you in obtaining such medical treatment. You may request a copy of any incident reports at no cost from the law enforcement agency."

"You have the right to seek legal counsel of your own choosing and if you proceed in family court and if it is determined that you cannot afford an attorney, one must be appointed to represent you without cost to you. You may ask the district attorney or a law enforcement officer to file a criminal complaint. You also have the right to file a petition in the family court when a family offense has been committed against you. You have the right to have your petition and request for an order of protection filed on the same day you appear in court, and such request must be heard that same day or the next day court is in session. Either court may issue an order of protection from conduct constituting a family offense which would include, among other provisions, an order for the respondent or defendant to stay away from you and your children. The family court may also order the payment of temporary child support and award temporary custody of your children. If the family court is not in session you may seek immediate assistance from the criminal court in obtaining an order of protection. The forms you need to obtain an order of protection are available from the family court and the local criminal court. Calling the following 800 numbers can access the resources available in this community for information relating to domestic violence, treatment of injuries, and places of safety and shelters. Filing a criminal complaint or a family court petition containing allegations that are knowingly false is a crime." [CPL 530.011(6)]

GET HELP NOW

GET SAFE

STAY SAFE

1-800-942-6906 (English)

1-800-942-6908 (Spanish)

or call your local Domestic Violence Program

Appendix B - Domestic Violence and Health Care Bibliography

Bibliography

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