Respond to Domestic Violence

Medical Staff Training Guide
For California Physicians

Recognize ➔ Validate ➔ Assess ➔ Connect

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Respond to Domestic Violence

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1. Introduction - DV & IPV

Domestic violence is common. The term refers to violence between two persons who are in an intimate relationship (versus, for example, elder or child abuse) and the preferred term is now “intimate partner violence,” IPV.

All medical offices should be prepared to recognize IPV and to provide appropriate support to IPV victims.

Medical personnel should:
- Ask about IPV and recognize the red flags of IPV.
- Understand the dynamics of victimization and abuse.
- Appreciate the consequences of abuse and validate the patient’s feelings.
- Properly document IPV.
- Quickly assess victim safety and help with safety planning.
- Respond to state reporting requirements.
- Know how to connect patients to local IPV resources.

With good training, well-crafted policies and procedures, and frequent review all staff members can assist in managing even the most difficult situations.

2. The Basic Concepts - RADAR

Health care practitioners can teach others the important steps for dealing with IPV. Ask them to use their RADAR.

R - Routinely screen all patients for IPV.
A - Acknowledge and validate your patient’s experience.
D - Document your findings.
A - Assess patient safety.
R - Review and refer as necessary. Connect with local resources.

3. Before Implementing Routine IPV Screening

1. Examine your current policies and procedures.
Are they creating barriers that keep abused patients from getting appropriate health care? Such policies may include:
- A policy that allows partners to be present during the history and physical examination. This makes it difficult to ask about abuse in a protected and confidential manner.
- The public or semipublic screening of patients for IPV.

2. Provide staff training.

3. Develop IPV screening and management policies and procedures.

4. Add IPV questions to your routine intake procedures or to patient history forms.

5. Identify and contact local support agencies.

6. Provide brochures and literature about IPV in your waiting area or restrooms.

4. Establish IPV Policies

1. Clarify that the policy covers intimate partner (domestic) violence.
- The policy deals with physical, emotional, financial, and sexual abuse occurring between adults who are in an intimate relationship.
- There should be separate but similar policies for rape, child abuse, and elder abuse (as appropriate for your clinical setting).
- Describe where the protocols are to be used.

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2. Describe how screening is to be done.
   - Screening shall be done in private.
   - Screening will be performed by a person authorized to write in the medical record (specify as necessary).

3. Explain how to respond to disclosures.
   - Use appropriate verbal responses.
   - Document findings in the medical record.
   - Follow procedures for obtaining photographs and evidence.
   - Assess safety.
   - Assist with safety planning.
   - Follow established procedures for referrals.

4. State how and when to report IPV to California law enforcement authorities.

5. How to Screen for IPV

   1. Screen all women and men with indicators of abuse.
   2. Interview the patient in private and/or offer them a confidential intake form.
   3. Use a framing statement.
      Introduce questions about partner violence with non-judgmental framing statements:
      - “Because abuse and violence are so common in women’s lives, I have begun to ask questions about abuse routinely.”
      - “We ask all of our patients about violence in their relationships. Has your partner ever hit you or hurt you in any way?”
      - “I know I have been seeing you in a clinic for a few years now. Because of the high frequency of abuse, I have started to ask all my patients more about their relationships.”
      - “Because there is help available, we now ask every woman about domestic violence.”
      - “I do not know if this is a problem for you, but because so many patients I see are dealing with abusive relationships I’ve started asking about it routinely.”
      - “Violence affects many families. Violence in the home may result in physical and emotional problems for you and your child. We are offering services to anyone who many be concerned about violence in their home.”

   4. Follow the framing statement with direct screening questions.
      Follow framing statements with direct, behaviorally specific questions. Ask about partners rather than husbands or spouses
      - “Have you ever been hit, kicked, slapped, shoved, strangled, forced to have sex, or otherwise hurt by your partner?”
      - “Are you currently or have you ever been in a relationship where you were physically hurt, threatened, or made to feel afraid?”
      - “I’m concerned that someone hurting you may have caused your injuries/symptoms. Did someone hurt you, or has anyone been hurting you?”
      - “Many women come in with injuries like yours, and often they are a result of someone hitting them. Is this what happened to you?”
      - “Do you ever feel afraid of your partner? Do you feel you are in danger? Do you feel that it is safe for you to go home?”
• “Has your partner ever destroyed things that you cared about?”
• “Has your partner ever threatened or abused your children?”
• “Do you have guns in your home? Has your partner ever threatened to use them when he was angry?”
• “Has he/she ever forced you to have sex when you did not want to or refused to practice safe sex?”
• “Do you feel controlled or isolated by your partner?”
• “Are you concerned about your safety because of violence at home?”

5. Use indirect questions as a lead-in to more direct questions or when a patient has denied abuse, but you feel it is a possibility.
• “I am asking you about this because I am concerned about your safety.”
• “Have you been under any stress lately? Are you having problems with your partner? Do your arguments or fights ever become physical? Are you ever afraid? Have you ever gotten hurt?”
• “You seem to be concerned about your partner. Can you tell me more about that? Does she/he ever act in ways that frighten you?”
• “You mentioned that your partner loses his/her temper with the children. Can you tell me more about that? Has he/she ever hit you or the children?”
• “How are things going in your relationship? All couples argue/fight. What happens when you disagree? Do you fight physically?”
• “You mentioned that your partner uses alcohol. How does she/he act when she/he becomes intoxicated? Does her/his behavior ever frighten you? Does she/he ever become violent?”
• “Couples have different ways of resolving their conflicts. How do you

and your partner deal with conflicts? What happens when you disagree? What happens when your partner does not get his/her way?”
• “If you or anyone you know were being abused and needed help, would you know whom to ask, what to do, where to go?”
• “Look at this questionnaire. How would you score?” Show (and score with the patient) the HITS score (see Appendix)

6. If the patient seems offended, assure her/him that your questions are routine.
• “I am sorry. I didn’t mean to offend you. I have seen many women in my practice with injuries such as yours that have been caused by abuse. Most women won’t tell me what really happened unless I ask.”
• “Domestic violence is so common today that doctors are screening all their patients in order to help. I have begun asking all my patients as part of my routine practice about potential violence in their lives.”

7. If the patient says “No,” but you suspect abuse, open the door for future communication.
• “I have seen people who are embarrassed or scared to tell me they have been hit, and I understand that. I just want you to know that if you are ever hurt or scared it’s OK to tell me about it. I want you to know that this is a safe place for you to come to.”
• Offer materials on IPV to all women and any male with indicators.
• Document your opinion. Offer resources and schedule a follow-up appointment.
8. Implement office strategies to separate abusers from victims.

- Develop a clear and posted policy prohibiting family or visitors in the exam room.
- Use trained interpreters for patients requiring assistance.
- Develop a strategy for distracting a potential abuser, such as the need for assistance with insurance forms or the need for additional labwork.

6. How to Respond to IPV

1. Give therapeutic messages.
   - Encourage her (or him) to talk about it. “Would you like to talk about what has happened to you?” “How do you feel about it?” “What would you like to do about this?”
   - Listen non-judgmentally. This begins the healing process and often clarifies the type of referrals your patient might need. “I care. I am glad you told me. I want to know more about your situation so we can work together to keep you as safe and healthy as possible.”
   -Validate the experience. “You are not alone, help is available to you. You do not deserve to be hit or hurt, no matter what.”
   -Assure patients that help is available. “I am very concerned about you. My office staff and I are here to help you.” “Let me give you the name/number of a person/place to call if you need to leave your home.”

2. Document findings in the patient’s medical record.
   - Document the patient’s statements in her/his own words.
   - Avoid pejorative or judgmental documentation (e.g., write “patient declines services” rather than “patient refuses services,” “patient states” rather than “patient alleges”).
   - Include the date, time, and location of incidents where possible.
   - Describe any objects or weapons used in an assault (e.g., knife, iron, closed or open fist).
   - Provide names or descriptions of any witnesses to the abuse.
   - Describe type, color, texture, size, and location of any injuries.
   - Use a body map to supplement the written description (see Appendix).
   - Document referrals made and options discussed.
   - Document follow-up arrangements.

3. Photograph any Injuries.
   - Obtain a signed consent form prior to photographing the patient. Include a label and date (see Appendix).
   - Use a color bar in the first picture of each roll of 35 mm film or on one image of digital or instant film.
   - Photo documentation should include: a full-body image of the clothed patient, a close-up facial view, and a close-up view of the patient’s identification card or plate.
   - Remove all clothing. Use an examination gown or other drapes.
   - Each injury should have a medium distance body part image and then at least two close-ups, with one at a 90-degree angle and one tangential to the injury (that tries to duplicate patient and abuser positions).
   - Use color film and a measuring standard (such as a ruler) to assess the size of each individual injury, ideally taking one image with the standard and one without, so as to avoid suspicion that something was hidden behind the standard.
• Abuser has access to a gun or has previously used or threatened the victim with a gun.
• Abuser leaves threatening notes on victim’s car.
• If the patient feels they are in danger, arrangements should be made to protect their safety.

4. Assess risk.
• If there is a serious risk of suicide or homicide, the patient should be kept safe until an emergency psychiatric evaluation can be obtained.
• If any one of these risk factors is present, encourage the patient to speak to a local IPV/DV advocate so that detailed safety planning and information regarding community resources can be conveyed.
  ▪ Abuser is violent outside the home.
  ▪ Abuser uses violence against children.
  ▪ Abuser threatens to kill the victim or children or to commit suicide.
  ▪ Threats are escalating.
  ▪ Abuser or victim abuses alcohol or drugs.
  ▪ Abuse occurs during pregnancy.
  ▪ Victim has attempted to or is planning to leave or divorce in the near future or has sought outside intervention to end the abuse.
  ▪ Abuser sexually assaults the victim.
  ▪ Abuser is obsessed with the victim, is stalking or following the victim, or is exhibiting signs of extreme jealousy.
  ▪ Abuser communicates with victim against her will.
  ▪ Abuser has seriously injured the victim in the past.
  ▪ Abuser has threatened to harm children/family members if the victim leaves.

5. Assist with safety planning.
• If necessary, request permission to contact police or emergency personnel (911).
• Complete a safety plan with the patient (see Appendix).
• Review discharge instructions with patient (see Appendix).
• Do not leave messages on answering machines or with family members unless you know it is safe to do so.

6. Follow referral procedures.
• Contact appropriate office personnel for IPV assistance.
• Follow guidelines for police referrals, community service referrals, shelter referrals, crisis intervention, financial assistance, children’s programs, medical advocacy, etc.

7. Reporting IPV to Law Enforcement Authorities
• California Penal Code §11160 requires health care practitioners to report to local law enforcement authorities any patient who is suffering from injuries the practitioner believes are related to “the commission of a crime.” The law is specific to IPV but not restricted to IPV.
• Practitioners must make a verbal report immediately and file a written report within 2 working days (see Appendix).
Appendix - Forms and Resources

1. RADAR Assessment and Documentation Form
2. HITS Screening Tool
3. Assessing for Suicide Risk
4. Safety Plan
5. Discharge Instructions
6. Consent to Photograph
7. Reimbursement of IPV Services
8. California Suspicious Injury Report (Form OES-920)
**RADAR**  
**IPV Assessment and Documentation Form**

**R = ROUTINELY SCREEN**
**A = ACKNOWLEDGE PATIENT’S EXPERIENCE**
**D = DOCUMENT YOUR FINDINGS**

Patient Report (Use Patient's Own Words) - Place, time, name, and relationship of abuser, weapon use. Description of assault (struck with fist, object, kicked, thrown, etc.)

Examination Findings:

<table>
<thead>
<tr>
<th>R = REVIEW OF OPTIONS/REFERRALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety planning discussed? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Social Work referral? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>DV advocate referral? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Shelter referral? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Domestic violence hotline given? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Legal Aid referral? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Follow-up appointment? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was an interpreter needed? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, which language:</td>
</tr>
<tr>
<td>Was the interpreter available? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>In cases of known or reasonably suspected assaultive injuries was telephone report made to law enforcement? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, number called:</td>
</tr>
<tr>
<td>Report made to:</td>
</tr>
<tr>
<td>Written follow up sent on OES 920? ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
## HITS Screening Tool

<table>
<thead>
<tr>
<th>How often does your partner:</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
<th>Fairly often (4)</th>
<th>Frequently (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically hurt you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insult you or talk down to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threaten you with harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scream or curse at you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### To Score:

1. Give the following points for each answer:

   - Never = 1
   - Rarely = 2
   - Sometimes = 3
   - Fairly often = 4
   - Frequently = 5

   Total points: _______

2. Add up the points.

3. A score of **10 or more** indicates intimate partner violence in women.

4. A score of **11 or more** indicates intimate partner violence in men.

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Assessing for Suicide Risk

You can use the SAD PERSONS scale to help remember the major risk factors for suicide and to estimate a person’s suicide risk.

<table>
<thead>
<tr>
<th>SAD PERSONS Scale</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>&lt;10 or &gt;65 years of age</td>
<td>1</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Admits to depression or decreased concentration, appetite, sleep, libido</td>
<td>2</td>
</tr>
<tr>
<td><strong>Previous attempts or psychiatric care</strong></td>
<td>Previous suicidal attempt or psychiatric care (outpatient or inpatient)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Ethanol abuse</strong></td>
<td>Stigmata of chronic addiction or recent frequent use</td>
<td>1</td>
</tr>
<tr>
<td><strong>Rational thinking loss (psychosis)</strong></td>
<td>Organic brain syndrome or psychosis</td>
<td>2</td>
</tr>
<tr>
<td><strong>Social support lacking</strong></td>
<td>No close family, friends, job, or active religious affiliation</td>
<td>1</td>
</tr>
<tr>
<td><strong>Organized plan to commit suicide</strong></td>
<td>Well-thought-out plan or life-threatening presentation</td>
<td>2</td>
</tr>
<tr>
<td><strong>No spouse (divorced, widowed, single)</strong></td>
<td>Recent death or on anniversary date</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sickness (physical illness)</strong></td>
<td>Determined to repeat attempt or ambivalent</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Score**

- < 6: Low Risk
- 6-8: Intermediate Risk
- > 8: High Risk

Determine whether the patient has a history of suicide attempts. If there is a history of attempts, obtain more information about what precipitated the attempt and what the patient did during the attempt, e.g., took an overdose of aspirin, etc. You should inquire whether the patient sought help or treatment before an attempt and the potential lethality of the method.

In general, the more serious the previous attempt, the higher the risk of a future attempt. Suicide is more common among first-degree relatives of suicide victims; therefore, you should ask about a patient’s family history of suicide.

**Carefully assess the patient’s support system.** Determine whether the patient has family or friends who will be available to provide assistance and support to the patient. A suicidal patient who lives alone may require hospitalization, whereas a patient with identical risk factors who lives with family members might be safely treated as an outpatient.

**Assess the home environment for access to lethal weapons.** You may be able to engage the patient’s family members to remove weapons from the home.

**References**


Safety Plan

Do not take this home unless it is safe to do so.

Step 1: Safety during a violent incident
1. If I have/decide to leave my home, I will go to _____________.
2. I can tell _________ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
3. I can teach my children how to use the telephone to contact the police.
4. I will use __________ as my code word so someone can call for help.
5. I can keep my purse/car keys ready at _________ (place), in order to leave quickly.
6. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave
1. I will keep copies of important documents, keys, clothes and money at ________________
2. I will open a savings account by ________________(date) to increase my independence.
3. I will check with ________________ to see who would be able to let me stay with them or lend me some money.
4. If I plan to leave, I won’t tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.
5. Other things I can do to increase my independence include:
   - I can keep a cell phone or change for my phone calls with me at all times.
   - I understand that if I use my telephone credit card or cell phone, the telephone bill will show my partner the numbers I have called.

Step 3: Safety in my own residence
1. I can change the locks on my doors and windows as soon as possible.
2. I can replace wooden doors with steel/metal doors.
3. I can install additional locks, bars, poles to wedge against doors, and electronic systems.
4. I can install motion sensor lights outside.
5. I will teach my children how to make a collect call to ________________ if my partner takes them.
6. I will tell people who take care of my children that my partner is not permitted to pick up my children.
7. I can inform ________________ (neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with a protection order
1. Always carry a certified copy with me and keep a photocopy.
2. I will give my protection order to police departments in the community where I work and live.
3. I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal of non-permitted weapons.

Discharge Instructions

If you are currently being abused…

Are you here as a result of someone hitting or threatening you—a spouse, boyfriend, relative or someone you know? Have you been sexually abused by someone you know? As you read this, you may be feeling confused, frightened, sad, angry or ashamed.

You are not alone! Unfortunately, what happened to you is very common. Domestic violence does not go away on its own. It tends to get worse and more frequent with time. There are people who can help you. If you want to begin talking about the problem, need a safe place to stay, or want legal advice — call one of the resources given to you today.

While still at the clinic/hospital…

- Think about whether it is safe to return home. If not, call one of the resources given to you today or stay with a friend or relative.
- Battering is a crime and you have the right to legal intervention. You should consider calling the police for assistance. You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Contact a local DV program or an attorney for more information.
- Ask the doctor or nurse to take photos of your injuries for your medical record.

When you get home…

- Develop an “exit plan” in advance for you and your children. Know exactly where you could go even in the middle of the night — and how to get there.
- Pack an overnight bag in case you have to leave home in a hurry. Either hide it yourself or give it to a friend to keep for you.
- Pack toilet articles, medications, an extra set of keys to the house and car, an extra set of clothing for you and your children, and a toy for each child. Keep them in a safe place.
- Have extra cash, loose change for phone calls, checkbook, or savings account book hidden or with a friend.
- Pack important papers and financial records (the originals or copies), such as social security cards, birth certificates, green cards, passports, work authorization and any other immigration documents, voter registration cards, medical cards and records, drivers license, rent receipts, title to the car, and proof of insurance. Keep them in a safe place.

Consent to Photograph

The undersigned hereby authorizes ________________________________
(Organization)
and the attending physician to photograph or permit other persons in the employ
of this facility to photograph ________________________________ while
(Patient)
under the care of this facility, and ____________________________ agrees that the
(Patient)
negatives or prints may be stored in their medical record, sealed in a separate envelope,
so that they may be used later for evidence. These photographs will be released only to
police or to the prosecutor when the undersigned gives permission to release the
medical records or in case of a court order. The undersigned does not authorize any
other use of these photographs.

____________________________
Date

____________________________
Patient’s Signature

____________________________
Witness

____________________________
Patient’s Street Address

__________________________  ________________  ____________
City       State       ZIP Code
Reimbursement of IPV Services

There are two major reimbursement sources for health care services provided to victims of violence, including IPV victims: 1) insurance reimbursement through appropriate use of diagnostic and procedural coding and 2) compensation through State Victim Assistance and Compensation Programs.

Coding for Insurance Reimbursement

ICD-9 Diagnostic Codes: General diagnostic codes for domestic violence fall under Adult Maltreatment and Abuse (995.8). Specific ICD-9 codes you can use are:

- 995.81: physically abused person, battered person, spouse or woman
- 995.82: adult emotional/psychological abuse
- 995.83: adult sexual abuse
- 995.84: adult neglect (i.e. nutritional)
- 995.85: other adult abuse and neglect

ICD-10 Diagnostic Codes: The ICD-10 codes for domestic violence typically fall under the assault codes (X85-Y09) and specifically include Y07.0, Assault by spouse or partner.

CPT Codes: Current Procedural Terminology (published annually by the American Medical Association) codes describe procedures and services used by the physician.

There are no codes specific to the evaluation and care of domestic violence patients. However, providing care and services to domestic violence patients can be complex and time consuming so the following services and codes are often appropriate. Since the CPT rules change annually, you should confirm these codes with a current edition of the publication:

- Complex evaluation and management codes may be appropriate.
- Team conferencing (99374-2) regarding referrals, case management, teleconferencing by patient with community DV advocate and then DV advocate summarizes issues addressed with physician.
- Care plan oversight (99374-5).
- Preventive medicine services (99381) for screening and assessment of issues that impact patient safety.
- Preventive medicine counseling (99401) safety planning and danger assessment, educational videos, educational materials.
- Services provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic services (99058)
California Victim Compensation Program (VCP)

Another important resource that can provide reimbursement for health care services to IPV victims is the California Victim Compensation Program (VCP), which is authorized through provisions of the federal Victims of Crime Act (VOCA). The VCP helps victims of violent crime, including IPV victims, pay for their medical and mental health care. Victims can apply for compensation by filing an application with the California Victim Compensation and Government Claims Board, which administers the VCP. The application can be downloaded at www.boc.ca.gov/Victims.htm. Once an application has been reviewed and approved, health care providers may be able to direct bill for uncompensated IPV services. Information on billing is at http://www.boc.ca.gov/ProviderInformation.htm.

Eligibility for Compensation

To be eligible for compensation, a person must be a victim of a qualifying crime involving physical injury, threat of physical injury or death. For certain crimes, emotional injury alone may qualify. Please call 1-800-777-9229 for questions regarding eligibility.

Eligible Medical and Mental Health Services

If there are no other sources of medical cost reimbursement, such as health insurance, MediCal, or worker’s compensation, the following medical expenses may be reimbursed if they are due to a crime:

- Medical and medical-related expenses for the victim, including surgery, dental expenses, replacement of eyeglasses or assistive devices.
- Outpatient mental health treatment or counseling.
- In-patient psychiatric hospitalization costs under dire or exceptional circumstances.

Time Limits

Under most circumstances, the Board cannot pay a bill that is more than 3 years old. If you are considering submitting an expense that is more than three years old, contact the Customer Service Unit (1-800-777-9229) for more information. You may want to ask to speak to the compensation specialist who is reviewing the claim.

More Information

For more information about the California Victim Compensation Program or to apply for compensation:

- Call 1-800-777-9229 to receive an application by mail or to get help with applying.
- Write to: California Victim Compensation and Government Claims Board, Victim Compensation Program, PO Box 3036. Sacramento, CA 95812-3036