

Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings

Approved by the Chicago Hospital Council, Board of Directors, June 20, 1985

Chicago Metropolitan Battered Women's Network

Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings

A joint project of the Chicago Hospital Council and the Chicago Metropolitan Battered Women's Network.

Written By:

Daniel J. Sheridan, M.S., R.N.
Rush-Presbyterian-St. Luke's Medical Center
CMBWN Health Committee Chairperson

Linda Belknap, B.S., R.N.
Rush-Presbyterian-St. Luke's Medical Center

Barbara Engel, M.P.H.
Loop Center YWCA

Susan Katz, M.A.
United Charities

Patricia Kelleher, M.P.H.
formerly of Cook County Hospital

(The authors would like to acknowledge and thank Ann Marie Brooks, D.N.Sc., R.N., formerly of Rush-Presbyterian-St. Luke's Medical Center for her work on earlier drafts of this book.)

©1985 Chicago Hospital Council

Table of Contents

	PAGE
Introduction,	2
I. Overview,	4
II. Common Questions Asked About Battered Women,	5
III. Legal Aspects,	8
IV. Identification and Assessment of Battered Women in Emergency Room Settings	, 12
V. Medical Management,	15
VI. Psychological Management/Support,	17
VII. Marital Rape,	19
VIII. Management Checklist,	20
IX. Appendices,	21
A. Illinois Domestic Violence Act (Public Act 82-621),	22
B. Illinois Criminal Code,	28
C. Chicago Municipal Code,	28
D. Illinois Abused and Neglected Children Reporting Act,	29
E. Assault, Battery, and Aggravated Battery Statutes,	35
F. Victim Rights Sheet—Sample,	37
G. Injury Map,	38
H. Police Complaint Form—Sample,	39
I. Emergency Room Policy and Procedure—Sample,	41
J. Referral Card—Sample,	42
K. Rape Victims Emergency Treatment Act,	43
L. Chicago Hospital Council Guide to Hospital—News Media Relations,	44
M. Release of Information Form,	45
N. Chicago Metropolitan Battered Women's Network Membership—Services Provided,	46
O. References,	51

1

Introduction

Chicago area hospital emergency departments treat a constantly expanding spectrum of health problems. No longer is the emergency department a place to only treat the sick and physically injured.

Perhaps one of the most difficult problems faced by emergency department personnel is the identification and treatment of battered women. Emergency room personnel are usually the first contact with one of society's most under-exposed neglects—the battered woman.

There are many facets to the treatment of battered women. First is the initial physical damage. Last is the referral of the victim to a supportive environment where violence is the object of treatment.

In between, and the most difficult to assess, are rights under state and local criminal codes as well as the psychological, the emotional, and the follow-up aspects of care.

The Chicago Hospital Council is pleased to co-sponsor the publication, *Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings*. These Guidelines are designed to assist the hospital in the identification, treatment and referral of battered women victims. These Guidelines are intended to make a difficult societal problem more manageable for those who are first called upon to treat it.

Special recognition should be given to the Chicago Metropolitan Battered Women's Network. Through the efforts of the Network, this important publication is possible.

Publication of these Guidelines affirms hospitals' continued commitment to meeting the health care needs of their patients.

Earl C. Bird
President
Chicago Hospital Council
2

Battered women are being seen with increasing frequency in emergency departments. Effective treatment of battered women patients depends on the health care team having a working knowledge of the often complex medical-social-legal aspects of family violence. Ineffective emergency department intervention may place battered women at risk for future, life-threatening, psychological and/or physical abuse.

This manual was written primarily for health care professionals in emergency department settings, however, most of the information in this manual is applicable in any health care setting. While the manual contains, in parts, detailed legal terminology and definitions of various assault and battery statutes, *the hospital does not have the responsibility to determine if any criminal offense occurred*. The legal information is provided to assist health care providers to be more educated patient advocates and as an easily accessible referral source for hospital legal and social service personnel.

This publication is, in part, modeled after the Chicago Hospital Council publication, *Guidelines for the Treatment of Victims of Suspected Sexual Assault*. I would like to acknowledge our appreciation of those people whose efforts in improving the medical treatment of sexual assault victims aided us in our efforts to improve the medical treatment of battered women victims.

Daniel J. Sheridan, M.S., R.N.
Chairperson, Health Committee
Chicago Metropolitan Battered
Women's Network

Mr. Sheridan is also the founder and chairperson of the Rush Coalition Against Spouse Abuse, Rush-Presbyterian-St. Luke's Medical Center and a registered nurse in the Medical Center's emergency department.

3

I. Overview

In response to mounting public concern around the issue of domestic violence, especially battered women, the following protocol has been written. The protocol is to be used by the emergency room (ER) team to help detect and assist battered women. Identification of battered women by emergency medical staff is critically important because many battered women's first encounter with helping professionals is an emergency room visit.

Recent studies have found that more women seek emergency room treatment for injuries caused by battering than for any other single reason; that battered women are more likely to be abused if they are pregnant; that alcoholism is at least 15 times greater in battered women than non-battered women; that battered women attempt suicide more than non-battered women; and that battered women are more likely to be referred to psychiatric services than non-battered women.

The battered woman comes to the emergency room both physically and emotionally wounded. Although she comes to the ER for immediate treatment of her injuries, she often needs social/psychological assistance in coping with or leaving the abusive environment. To concentrate solely on the medical needs of this individual will mean that she will likely return to the ER, perhaps with more serious injuries. The battered woman may also present with psychosomatic complaints and medical complaints and often will not identify herself as a battered woman. Homicide statistics indicate that unless she gets help, she or her abusive mate may return dead on arrival.

Battered women are found in every ethnic, religious, social, economic and age group. They may come from different

backgrounds but the feelings of fear, shame, guilt, anger, and embarrassment over their beatings are universal. The battered woman's feelings of frustration and fear are often overwhelming and the issues of where to turn for assistance (if she decides she wants it) are bewildering and confusing. For these reasons, sensitivity and compassion to battered women who come to the emergency room are extremely important. It is not only important to ask direct questions in a sensitive and compassionate way, but also to create an environment that allows the woman the sense of strength and dignity that will help her take charge of her life.

The following material is presented to enhance the emergency room team's understanding of battered women. The material will also assist in the direct treatment of her physical and psychological needs.

4

II. Common Questions Asked About Battered Women

Question: How often do battered women utilize emergency room services?

Answer: Research indicates that battered women use emergency room services 10 times more frequently than physicians estimate; and that 25 percent of the women who come to the ER with trauma received those injuries from family violence (Stark, Flitcraft, and Frazier, 1979).

Question: Why do battered women stay in violent relationships?

Answer: There are many reasons battered women may stay in an abusive relationship. Some of these are:

- financial restrictions, her inability to support herself and children on a severely lowered income;
- emotional ties and attachments; hope that the violent relationship will change;
- concern for the welfare of the children;
- fear of leaving and the concomitant abuse;
- few safe places to go;
- low self-esteem; and
- family and social pressure to make the marriage work.

Question: Are battered women masochists?

Answer: Masochists are people with many options who consistently choose the one most painful. Battered women have few options and most often have tried multiple strategies to end the abuse. They may in fact love the man who beats them, not because he beats them, but in spite of his violence. Masochists are neurotic and are led by their neurosis to "choose" pain. Battered women do not choose to be beaten.

Question: Are battering men always violent?

Answer: No, they can at times be tender, loving and remorseful. These behavioral changes can and often do ensnare the woman into believing the relationship will change.

Question: Are battered women only physically abused?

Answer: No, in addition to being physically battered she is psychologically abused. She is told by her mate that she is repulsive, worthless and incompetent. She may be isolated by his often irrational and violent jealousy. The battered woman may have no outside contact, no rebuttal to his insults or support for her self-worth. Consequently, the battered woman may begin to believe his devastating accusations. Her self-esteem plummets.

Question: Do battered women provoke the abuse?

Answer: No. No one deserves to be beaten—no matter how verbally aggressive they may be. Both partners may be responsible for the dysfunctional relationship but the man's violent behavior is his choice, his own responsibility. The woman cannot and should not be held responsible for the man's violence.

Question: Why don't battered women try to stop the violence, seek help or leave?

Answer: Battered women do seek help. A study showed that women who had been struck once a month or more often had either obtained a divorce or separation, called the police or utilized a social agency. However, many of these professionals are not properly trained to assist the battered woman. Leaving the batterer does not always ensure the woman's safety. Battered women have been murdered and their children kidnapped after leaving abusive relationships.

5

II. Common Questions Asked About Battered Women (Continued)

Question: Why should minor injuries be of concern to the health care providers?

Answer: Even a minor assault is a crime. No one has a right to hit another person, even once. In addition, since many violent relationships start with minor abuse which then escalates, it is important to offer help as early in the relationship as possible. A woman should not have to wait until the abuse is severe before she receives help.

Question: Does abuse cause serious injury?

Answer: The injuries resulting from the abuse are often very severe. These injuries include black eyes; broken arms, noses and ribs; stab wounds; ruptured spleens; severe bruising and a wide range of lacerations severe enough to need suturing. The violence

escalates. According to FBI statistics, one-quarter of all murders in the U.S. are between family members; one-half of these (12.5%) are between husband and wife. Although the victims are divided almost equally between husband and wife, a 1969 Tort Commission on Violence reported that women who kill are motivated by self defense 7 times as often as men. In one study, approximately 40% of all female homicide victims were killed by husbands or boyfriends while only 10% of male victims were killed by wives or girlfriends (Dobash & Dobash, 1979).

Question: Do battered women have personality disorders that cause them to seek battering relationships?

Answer: No. However, battered women may display psychopathological problems, suicidal tendencies, anxiety, depression, and crippling low self-esteem by the time they reach the ER, but these are most commonly an effect of victimization, not a cause. Often battered women were reared in families where violence and abuse were part of their daily lives; therefore to be abused as an adult may be a common expectation.

Question: Are shelter resources for battered women adequate?

Answer: No. There are very few places for women to go for safety. The number is appallingly small, especially when FBI statistics show that a woman is beaten every 18 seconds. Since the number of women who need the service is so large, the few existing shelters are always filled to capacity. Consequently, there are always more women and children who need a safe place to go than there are women and children who find safe places.

Question: Isn't woman abuse a private family matter and of no concern to others in society?

Answer: Crime is society's concern whether in or out of the family. Moreover, society cannot afford to tolerate the victimization of family members. While the violence may not occur in all families, the effects go far beyond the members involved. The statistics below show that the beating of women permeates our society. When a problem is so widespread, it becomes a social problem.

- Approximately one-half of all married women in the U.S. suffer from some form of physical abuse by their husbands (Walker, 1979).
- Approximately 28 million women in the U.S. are battered (R. Langley, Wife Beating: The Silent Crisis, testimony before the New York State Legislature in April, 1977).

6

- 45% of all assault and battery cases in the U.S. are by husbands against wives (Fleming, 1979).

Question: What effect does the violence have on children?

Answer: A woman may stay in a violent relationship for the children's benefit but it has been shown that "frequently women in abusive situations become more motivated to seek help at the point where the violence is extended to their children." (Fleming, 1979). Statistics show that children do not derive any advantage from remaining in a violent home.

- 54% of the husbands in one study who beat their wives also beat their children (Fleming, 1979).
- The Child Protection Program in Milwaukee County, Wisconsin estimates that there is a battered woman in 1 of every 3 referrals of a battered child. (Fleming, 1979).
- Children frequently become accidental victims of wife assault when they attempt to stop a fight or protect their mother. (Fleming, 1979).
- Of the victims who contacted Ann Arbor NOW Domestic Violence Project, 33.3% had witnessed violence between their parents. Of the assailants, 49.1% had witnessed such violence. (Fleming, 1979).

7

III. Legal Aspects

State Statute

Chapter 38, 206-3.2 of the Illinois Criminal Code (copy attached; see Appendix B) requires that hospitals notify the local law enforcement agency where the alleged crime occurred when it reasonably appears that the injury for which the person is seeking treatment was sustained as the victim of a criminal offense.

Assault and/or battery are crimes regardless of the relationship of the assailant to the victim. Hospitals should not attempt to determine whether the reported crime actually occurred before reporting the incident to the local law enforcement agency. Domestic violence is a criminal offense, but the determination of its occurrence can only be made by the courts. Law enforcement should be notified in any case in which it reasonably appears to hospital personnel that assault or battery has occurred. However, the domestic violence victim should be informed by hospital personnel that when the police arrive she has the final choice whether or not to file the complaint.

Although state law requires reporting of any treatment for injuries that reasonably appear to have been sustained as the result of domestic abuse, the reality is that the criminal justice system cannot guarantee the victim's safety. Therefore, the victim's request that the police not be notified may have merit. This is an area of sensitivity, and it is recommended that the subject be discussed thoroughly by all members of the hospital's domestic violence treatment team.

Chicago Municipal

Chapter 137-16 of the Municipal Code of Chicago (copy attached; see Appendix C) requires that hospitals located in Chicago who

have reasonable cause to believe that a crime may have occurred report by telephone to the Chicago Police Department the fact that a crime may have occurred, and the name and address of the victim whose treatment is the result of such an apparent crime. The Chicago Police Department needs to be informed of the address where the alleged crime occurred.

Documentation of such a telephone call should be placed in the medical record. Such documentation should include:

1. the date and time of the call;
2. the name of the person making the call;
3. the name of the person receiving the-call; and
4. the information provided to the police.

Such notification is not required if the victim was brought to the hospital by a Chicago police officer and that officer filed a report. If so, note the officer's name and badge number in the medical record.

Notification of the occurrence of an incident of domestic violence should be made to the police department within whose jurisdiction the assault occurred. If the victim is unsure of the location within which the assault occurred, hospital personnel should notify the police department whose jurisdiction includes the hospital.

Illinois Domestic Violence Act: Summary

The Illinois Domestic Violence Act (Public Act 82-621) went into effect March 1, 1982. Its purposes are:

- to recognize domestic violence as a serious crime against the individual and society, which produces disharmony in thousands of Illinois families, promotes a pattern of escalating violence which frequently culminates in intra-family homicide, and creates an emotional atmosphere that is not conducive to healthy childhood development;

8

- to provide law enforcement officers with the means to offer immediate, effective assistance and protection to victims of domestic violence, while recognizing that law enforcement officers often become the secondary victims of domestic violence when attempting to intervene; and
- to expand the civil and criminal remedies available to the victims of domestic violence, including, if necessary, the physical separation of the parties to prevent further abuse.

(See Appendix A for the text of the Illinois Domestic Violence Act.)

Although the law was primarily intended to meet the needs of abused women, it can be used to protect male and female victims of all ages, including children, incapacitated persons, and the elderly. The law pertains to any person who seeks protection from another family member or member of the same household.

A. What Constitutes Abuse?

The law's definition of abuse includes striking, threatening, harassing, or interfering with personal liberty. Striking includes slapping, hitting, punching, kicking, biting, or any other violent touching. Threatening includes any threats of violence. Harassing can be either physical or mental, including such acts as preventing telephone calls, destroying property, following the victim, or interfering with her employment. Interfering with personal liberty includes things such as locking the victim in the house, taking away all money or keys, or otherwise restricting the person's ability to move about freely. Abuse does NOT include "reasonable discipline" of a child by a parent or by someone acting as a parent.

B. Who Can Use the Domestic Violence Act?

Anyone who has been abused by any other family or household member can use the law. This includes a husband, a wife, a former husband, a former wife, parents, children, or anyone sharing a common household. Thus, persons living together but not married are protected, as are ex-spouses even if they no longer share the same household.

Two people involved in an abusive relationship who have never lived together, and who are not related by blood or marriage are not protected under the Illinois Domestic Violence Act (IDVA).

Any third party, including a hospital, can petition for an Order of Protection on behalf of a minor child or an adult who is prevented by physical or mental incapacity, or by advanced age, from filing on their own behalf. This third party can be the hospital's official designee(s).

C. What Kind of Protection Can an Abused Person Get?

Under the IDVA, an abused person's chief protection is the issuance of an "Order of Protection" by a judge. This order may include any or all of the following provisions:

- prohibiting the abuser from threatening further abuse or continuing the abuse;
- granting exclusive temporary possession of the mutual residence to the victim, or ordering the abuser expelled from the residence (a "vacate order");
- awarding temporary custody or establishing visitation rights of children;
- prohibiting child snatching;
- requiring the abuser to undergo counseling;
- prohibiting the theft or destruction of property;
- requiring temporary support of the victim or of the abuser's children;
- requiring compensation for medical and out-of-pocket expenses;

- requiring payment of court costs and attorney's fees; and
- providing other temporary remedies that may be appropriate.

Violation of the first two provisions listed above

9

III. Legal Aspects (Continued)

(prohibition of abuse and exclusive possession of residence) poses the gravest danger to victims of domestic violence. Therefore, violation of either has been established as a Class A misdemeanor punishable by fine and/or a jail term of up to one year. The criminal status of these acts gives police the right to arrest the abuser and provide protection to the victim before further violence occurs. In addition to deterring violation of the order, the criminal penalties should impress upon the abuser/violator the seriousness of his actions. If the abuser violates the other provisions of an Order of Protection, a judge still has discretionary powers to impose fines or other penalties through "contempt of court" proceedings.

D. How Is an Order of Protection Obtained?

A woman has three options when seeking an Order of Protection. First, she may seek an Order of Protection in civil court in conjunction with a divorce, separation, or custody case. Second, she may obtain the Order of Protection in civil court as an independent action unrelated to any other proceedings. Third, an Order of Protection may be obtained in criminal court if the abuser has been arrested or if the victim has filed charges against him. An Order of Protection can be issued which takes effect before the case goes to court (while the abuser is free on bail or awaiting his court date), during the court proceedings if the case is continued, or after a conviction is obtained as part of the case disposition. Orders of Protection may be granted for up to one year.

Under certain conditions, an emergency ("ex parte") Order of Protection can be obtained without the abuser being notified; however, it lasts only ten days with one ten-day extension possible. After that period, the abuser must be afforded all due process before an ongoing order can be granted. Not all remedies are available "ex parte."

E. What Other Protections Does the Act Provide?

The Illinois Domestic Violence Act increases protection for abused women in three ways. It provides 1) police with greater responsibility for assisting victims, reporting incidences of domestic violence, and enforcing Orders of Protection; 2) judges with better standards for use in domestic violence cases while increasing their responsibility in granting and denying Orders of Protection; and 3) attorneys with better remedies to seek on behalf of the victims of domestic violence. The Order of Protection can provide virtually all the legal remedies a domestic violence victim needs through one court action.

Consent for Treatment

Emergency treatment of any patient, including victims of domestic violence, requires the consent of the patient or responsible party when possible. Many victims are severely traumatized by the experience and it is important that hospital personnel be sensitive when informing the victim of what is to be done and why. Even if it is clear that the patient does not or cannot understand what has been said, treatment should be initiated promptly. Hospitals may require a second written consent for the victim to be photographed.

Release of Evidence

All evidence shall be retained by the hospital and may be released only upon the specific, written consent of the victim, the parent or guardian of the victim who is under 18 years of age, or upon receipt by the hospital of a subpoena or court order. It should be noted that evidence includes not only medical records, but smears, slides, x-rays, clothing and photographs.

10

The only information that may be released without the victim's specific consent, a subpoena or a court order is:

1. The report to the police of the incident and the victim's name and address. (See Appendix L).
2. The report to the Illinois Department of Children and Family Services as required by the Illinois Abused and Neglected Child Reporting Act (see Appendix D).

An authorization form for release of information to the police is attached as Appendix M. Should the victim refuse to release information to the police, such refusal should be noted in the medical record.

In the event that the victim agrees to the collection of evidence but does not agree to its release to the local law enforcement agency, it is suggested that the hospital retain the evidence in a secure place for seven days. Sometimes, the victim will not agree initially to release the evidence, but several days later will agree to its release.

Medical Record

Recordkeeping is a critical facet in the treatment of domestic violence victims. Complete and accurate documentation of the injuries and the care given to the victim are critical to the legal process.

It should be remembered that the determination of whether a crime occurred is the responsibility of the court, not those treating the victim. The medical record should not reflect any conclusions regarding whether a crime occurred. The diagnosis on the chart should be stated as "battered woman syndrome" or "family violence victim," plus any pertinent medical findings.

In addition, hospital personnel should not give any verbal opinion to law enforcement personnel about whether a crime has occurred.

11

IV. Identification and Assessment of Battered Women in Emergency Room Settings

Many battered women are reluctant to identify themselves as victims of domestic violence for a number of complex reasons: e.g., fear that revelation will further jeopardize their safety; shame and humiliation; and denial or minimization of the repetitive and/or serious nature of the violence. This often makes it very difficult for the ER staff to identify the battered woman.

Studies of ER treatment of domestic violence victims have found that only a small percentage of battered women were identified and treated, despite the reality that the prevalence of domestic violence in ER populations has been demonstrated in studies to be between 22 and 35 percent of all women presenting with physical trauma.

Battered women present for treatment in a number of different ways. If they present with injuries, they may not ascribe these to a battery. If they do say, for example, they were beaten, kicked, or stabbed, they may be reluctant to reveal their relationship to the assailant. Battered women may present with psychosomatic complaints related to the chronic stress of living in an abusive situation. They may be unaware of the relationship of their symptoms to the violence in their lives. In order for the battered woman and the ER staff to begin to make the connection between life situations and her presenting complaints, the staff needs to ask direct questions in a supportive, open, and concerned manner.

A team of a physician, nurse, and a social worker should be available, if possible. Trained female health care professionals are often more effective in obtaining information from women abused by men. Much of the historical data can be obtained prior to the physician's physical exam. If a social worker is not immediately available, her/his involvement for counseling and follow-up should be arranged before the patient is discharged from the Emergency Department.

General Indicators

Assess for domestic violence when:

- the injuries sustained are not likely to be caused by the accident reported;
- the woman minimizes the frequency and/or seriousness of her injuries;
- the woman presents for treatment one or more days after the injury was sustained;
- the woman states that she is accident prone;
- x-ray evidence shows old and new fractures in different states of healing;
- there are repeat visits, with injuries becoming more severe as the frequency of visits increases;
- an over-protective mate is present who does not want the woman to be alone with the health care professional;
- child abuse is found and/or when there is a history of child abuse in the patient's or partner's families of origin;
- the woman seeks treatment for miscarriage or early labor;
- the woman frequently presents to the ER with somatic complaints;
- the woman attempts suicide or takes a drug overdose;
- there is a history of substance abuse by the patient or partner;
- the woman presents with a mental or psychiatric complaint.

A. Common Injuries Sustained Through Domestic Abuse: Physical Trauma

- injuries to head and neck are the most common: Periorbital hematoma, fractured mandible, orbit fractures, nasal fractures, perforated tympanic membranes, lacerations around the eyes and lips, contusions and soft tissue injuries, and injuries above the hairline. Assess for neurological trauma;

12

- injuries to breasts and broken ribs (usually from kicking);
- arm injuries (fractures from warding off blows to the head or from severe pulling or twisting of the arm);
- strangulation, bilateral carotid artery compression and resulting bruises;
- back or spine injuries from being thrown, pushed or kicked;
- soft-tissue injuries to the torso or extremities that may be hidden by clothing;
- injuries to the abdomen during pregnancy, and miscarriage as a result of trauma. Assess for history of violence with every woman who presents with miscarriage or early labor;
- assess for history of violence all injuries sustained from weapons of any type;
- burns as a result of cigarettes, appliances (irons), friction (rug) burns, scalding liquids, chemicals or arson.

The following symptoms often occur with other chronic stress situations, however, they are also indicators of domestic violence. It is critical to ask the appropriate questions to rule out battered woman syndrome.

B. Common Psychological Reactions to Domestic Violence: Characteristics of the Battered Woman Syndrome

- fear of further abuse or death;
- low self-esteem;
- anxiety;
- depression;
- sense of helplessness;
- sense of hopelessness;
- diminished self-confidence;
- repressed or expressed rage;
- guilt;

- overwhelming apprehension/ worry;
- suicidal thoughts, gestures and/or attempts;
- homicidal thoughts, gestures and/or attempts;
- increased forgetfulness (assess for neurological deficits);
- impaired ability to make decisions;
- sleep disturbance;
- anxiety, panic attacks.

C. Common Post Traumatic Stress Disorder Symptomatology of Domestic Violence

- hyperalertness/hypersensitivity;
- sleep disturbances;
- nightmares;
- eating disturbances;
- fatigue on awakening;
- startle response;
- lethargy;
- irritability;
- thought disorganization;
- mood swings;
- phobias.

D. Socio-Psychological Indicators of Chronic Physical Abuse

- forced isolation from family and community contacts;
- intense/ irrational jealousy expressed by partner or reported by patient;
- denial or minimization of the level and extent of the violence by patient or partner;
- exaggerated sense of personal responsibility for the success of the relationship/marriage;
- self blame (by the patient) for her partner's violent behavior;
- history of substance abuse by patient or partner (alcohol and/or prescription, over-the-counter or street drug abuse);
- history in patient or partner of child abuse, neglect or domestic violence in family of origin;

13

IV. Identification and Assessment of Battered Women in Emergency Room Settings (CONTINUED)

- history of child abuse or neglect involving patient or partner's children.

E. Common Somatic Indicators of Chronic Physical Abuse

- frequent headaches;
- gastro-intestinal symptoms;
- choking sensations;
- chest, pelvic and/or back pain;
- heart palpitations;
- numbness/tingling of extremities;
- dizziness.

F. Sample Questions

The following sample questions have been found to be helpful in obtaining a history of family violence. The medical professional may need to ask further specific questions offering the patient concrete examples of forms of abuse, i.e., kicking, hitting, slapping, to elicit further history.

Sample identification question: "It seems that the injuries you have could have been caused by someone hurting or abusing you. Did someone hurt you?"

Sample identification question: "Sometimes when people come to the Emergency Room with physical symptoms like yours, we find that there may be trouble at home. We are concerned that someone is hurting or abusing you. Is this happening to you?"

Sample identification question: "Sometimes when people feel the way you feel it is because they may have been hurt or abused at home. Is this happening to you?"

14

V. Medical Management

Utilizing the diagnosis of "battered woman syndrome" or "family violence victim" on medical records may possibly be the most important aspect of prudent medical management. To diagnose the battered woman per specific injury or complaint is to deny the

etiology of the symptoms. Battered women patients frequently respond positively to health care workers who straight-forwardly and non-judgmentally acknowledge the fact of family violence.

This section is a quick reference for the procedures to be performed and the recommended order in which they should be performed during the examination and treatment of the victim. All specimens and evidence collected for law enforcement must be labeled with the victim's name, exact source of specimen or evidence, name of person collecting specimen or evidence, time and date. All specimens or evidence collected must be properly sealed per local police and hospital policy.

1. Review old medical chart for history of prior abuse.
2. Separate battered woman patient from alleged abuser if present.
3. Provide patient with privacy and ask directly if family violence played a role in her seeking medical attention.
4. Provide a general explanation of medical procedures and consent to photograph forms (when appropriate).
5. Record medical history (exact words of victim when possible) with particular attention to:
 - a. date, time and location of battery;
 - b. the alleged perpetrator;
 - c. specifics of the battering incident (e.g., punched in face four times, kicked in right ribs three times; stabbed to abdomen one time);
 - d. previous history of abuse: physical and psychological;
 - e. types of injuries sustained in prior batterings;
 - f. history of family violence including child abuse;
 - g. danger/lethality of situation for patient and/or family members (e.g., presence of weapons and ammunition, history of assaults on property or pets, interference with personal liberty at home or at work);
 - h. prior attempts to utilize medical/social support services.
6. Photograph injuries prior to treatment (when medically prudent). Include photograph(s) in medical record (provide victim with duplicate photograph per hospital policy). The use of an injury map (see Appendix G), in addition to photograph(s), is recommended.
7. Preserve as possible evidence patient's bloodied clothing and foreign objects removed from patient (e.g., bullets, glass, knives).
8. Thoroughly examine patient for presenting, concealed, unsuspected, or old injuries. (Battered women frequently report that ER personnel only examine and treat the reported or obvious injury and fail to assess and treat injuries hidden by clothing.)
9. Assess the battered woman per history (and per examination if indicated) for trauma to genitalia. (Many battered women are subjected to forced coitus by the alleged abuser with resultant physical and psychological trauma as described in Rape Trauma Syndrome literature. If the battered woman has been sexually assaulted, utilize existing sexual assault victim protocols.)
10. Notify Social Services/Battered Women Treatment Team of presence of battered woman victim.
11. Give patient appropriate community referrals for shelter and support.
12. Inform patient of her right to and how to access her medical records.
13. Act as patient's advocate with police, other medical staff, or others as needed.
14. Provide patient with safe environment to explore options to break cycle of violence.

15

V. Medical Management (Continued)

Discharge Planning

While the physical and emotional trauma that battered women sustain is serious, most of the physical injuries can be effectively treated in an ER setting, and initial efforts to reduce the emotional trauma can also begin in the ER. Few battered women are hospitalized; therefore, the following discharge plan is provided as a guide. The discharge planner should discuss with the patient:

- the significance and likelihood of future danger (Violence is cumulative and increases in intensity and frequency);
- her options (e.g., returning to the same situation, going to a shelter, staying with family or friends, legally removing the spouse or partner from the home);
- implications for children, including the danger and lethality of the violent relationship;
- detailed information on legal options and referrals (e.g., filing criminal charges, obtaining an order of protection, court advocacy);
- appropriate referrals to battered women shelters, counseling agencies, law enforcement agencies.

16

VI. Psychological Management/Support

Battered women often experience severe psychological reactions to their abusive relationships. Immobilizing fear, low-self-esteem, anger, or exaggerated sense of responsibility for the success or failure of the relationship, and self-blame are common. Effective intervention provided by ER personnel should include providing a safe and supportive environment, opportunity for improved understanding of self, immediate medical and psychological treatment, assistance in establishing future goals, and appropriate referrals.

SETTING FOR TREATMENT AND POLICE INTERVIEW

Prior to examination, a consultation with the victim should take place in a private setting, preferably a private office or examining room located within or adjacent to the emergency department. Similar facilities should be made available for use by the police in

interviewing the victim. No police officer should be present in the examining room during the victim's medical evaluation. Under no circumstance should consultation or interviewing of any kind occur in the emergency department waiting room or other public area. Likewise, under no circumstance should the battered woman patient be interviewed or treated in the presence or within hearing distance of her alleged abuser.

It is recommended that a hospital staff member or designated advocate remain with the victim through most of the emergency room department experience and police interview in the event the victim desires or is in need of support and advocacy.

Health care professionals interacting with battered women victims must maintain an empathic attitude and remain non-judgmental. Verbalizations with the victims must be presented slowly and in a soft, concerned tone. If the health care provider's own anxieties and anger escalate, this will only foster an increase in the victim's anxiety and fear and compromise her ability to comprehend or decrease her willingness to accept advocacy and support.

It is important that the health care professional ask the battered woman victim what she would like to do. The role of the health care worker is to provide the woman with options and a safe environment to make her decisions.

Some hospitals utilize members of their social service, nursing, pastoral care, or psychiatric departments to assist the victim in dealing with the psychological effects of the incident. The role of the support person is to minimize guilt feelings and anxiety on the part of the victim. The support person can further assist the victim by helping to explain the necessary medical procedures and the subsequent legal process. Information about follow-up counseling should be recorded in the medical record and printed referral information should be given to the victim. This follow-up counseling can be provided by the hospital or by referral.

An important aspect of psychological support is advocating for the battered woman victim as she interacts with the police. Historically, law enforcement response to domestic violence has been inadequate. Only rarely will victims of family violence be brought to the hospital by the police. Frequently battered women have not notified the police that they have been victimized. If the police were called to the scene of the abuse, battered women frequently state that the police did not take a report or talked them out of making a report. Victims need to be informed that the hospital is legally obligated to call the police to the emergency room every time a person presents with injuries sustained during the commission of a crime. Battered women should be informed that they are crime victims and that if not married to the abuser they may qualify for assistance via the Crime Victims Assistance Program of the Attorney General's Office. Victims should be informed that they can choose to make or not make a report when the police officer arrives.

It has been documented that making a report and following through with criminal proceedings against alleged abusers are among the most effective means of stopping repeated abuse.

17

VII. Marital Rape

Many victims of domestic violence are also victims of spousal rape. In addition to the battery and psychological abuse that the domestic violence victim is subject to, approximately 37% of this population is also forced to submit to sexual acts through the use of force or threats of force. Many women assume that once married it is their responsibility to acquiesce to any or all sexual behavior by their spouse; and since for battered women the price of non-compliance may be increased physical abuse many women submit and suffer sexual victimization yet do not acknowledge this forced sexual contact as "rape". However, the psychological impact of being sexually victimized by a spouse may be high. Fear, shame, humiliation, depression, anger, loss of sexual appetite and alienation are common reactions.

Battered women victims can now have violations of both the sexual assault and the domestic violence laws prosecuted. Illinois criminal law now recognizes the existence of spousal "rape". Under the Criminal Sexual Assault Law of 1984, spouses may file complaints against their spouses for only the most serious of the sexual assault offenses, Aggravated Criminal Sexual Assault.

Aggravated Criminal Sexual Assault (criminal sexual assault plus one aggravating factor) must be alleged in order to charge a spouse. An assault is defined as any contact, however slight, between the sex organ of one person and the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person, or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration, if it is accomplished through *force or threat of force*. Force or threat of force is defined as: "the use of force or violence, or the threat of force or violence, including but not limited to the following situations:

1. when the accused threatens to use force or violence on the victim or any other person, and the victim under the circumstances reasonably believed that the accused had the ability to execute that threat; or
2. when the accused has overcome the victim by use of superior strength or size, physical restraint or physical confinement."

The aggravating factors that must be alleged are any one of the following:

1. "the accused displayed, threatened to use, or used a dangerous weapon or any object fashioned or utilized in such a manner as to lead the victim under the circumstances reasonably to believe it to be a dangerous weapon; or
2. the accused caused bodily harm to the victim; or
3. the accused acted in such a manner as to threaten or endanger the life of the victim or any other person; or
4. the criminal sexual assault was perpetrated during the course of the commission or attempted commission of any other felony by the accused; or
5. the victim was 60 years of age or over when the offense was committed."

18

In addition, spouses must report Aggravated Criminal Sexual Assault within thirty days to either their local law enforcement agency or to their State's Attorney's offices for charges to be brought. However, for good cause shown— such as when the spouse-victim has been hospitalized, physically restrained or confined, or threatened by the other spouse—the court may extend the thirty day reporting requirement.

If convicted of this Class X felony the spouse-offender will be subject to from six to thirty years imprisonment; probation is not possible.

Few spouses may choose to prosecute. However, every battered women should be asked directly whether there is forced sexual contact in her marriage, and apprised of this legal option. Special sensitivity and care must be used when dealing with marital rape victims. This person has been intimately violated by someone she may love or may have loved at one time. She also may be in danger of further physical or sexual abuse if she chooses the option of prosecution. Careful documentation must be made of the sexual assault (utilizing the Vitullo® Evidence Collection Kit and existing sexual assault protocols) and any other physical evidence; e.g., bruising, lacerations, scratches. The patient's statement must be accurately noted in the medical record.

19

VIII. Management Checklist

The following section is intended solely as a quick reference for the procedures explained in detail in previous sections. This section is not necessarily all inclusive, and the order may vary from patient to patient.

Use indicators based on what the woman says and nature of injuries to determine whether you suspect family violence.

1. If you suspect abuse, provide woman with privacy and ask directly using variation of sample questions provided.
2. Once abuse has been confirmed, inform victim of health worker's legal obligation to call police for report purposes. Explain to victim her right to talk or not talk to police. Provide patient with advocacy and support during police interview.
3. Identify woman as domestic violence victim/battered woman on medical record.
4. Obtain consent for treatment and evidence collection and give general explanation of medical procedures.
5. Collect medical history. Document in woman's own words extent of abuse and history of past abuse.
6. Document in medical record physical, psychological findings, photograph injuries (after obtaining signed release) and use injury maps to document physical injuries.
7. Preserve evidence per hospital policy and procedures.
8. Examine patient for concealed or old injuries.
9. Perform gynecological exam utilizing sexual assault protocols and evidence collection kits if woman gives a history of being sexually assaulted.
10. Notify Battered Woman Treatment Team of presence of victim in emergency room.
11. Provide victim with appropriate community referrals.
12. Inform patient of her right to access medical records.
13. Inform victim of her rights under the Illinois Domestic Violence Act and how to obtain an Order of Protection.
14. Finalize discharge plan based on the victim's choices.

20

Appendices

A. Illinois Domestic Violence Act (Public Act 82-621)	22
B. Illinois Criminal Code	28
C. Chicago Municipal Code	28
D. Illinois Abused and Neglected Children Reporting Act	29
E. Assault, Battery, and Aggravated Battery Statutes	35
F. Victim Rights Sheet—Sample	37
G. Injury Map	38
H. Police Complaint Form—Sample	39
I. Emergency Room Policy and Procedure—Sample	41
J. Referral Card—Sample	42
K. Rape Victims Emergency Treatment Act	43
L. Chicago Hospital Council Guide to Hospital—News Media Relations	44
M. Release of Information Form	45
N. Chicago Metropolitan Battered Women's Network Membership—Services Provided	46
O. References	51

Appendix A

Illinois Domestic Violence Act (Public Act 82-621)

Article I—General Provisions

Par.

2301-1. Short title.

Cross References

Compliance with orders of protection, conditions of probation and conditional discharge, see ch. 38, 1005-6-3, 1005-6-3.1.
Probation and conditional discharge, conditions of, see ch. 38, 1005-6-3.

Par.

2301-2. Purposes—Rules of construction.

2301-3. Definitions.

Supervision, incidents and conditions of, see ch. 38, Paragraph 1005-6-3.1.

Library References

Breach of the Peace 16.

C.J.S. Breach of the Peace § 17.

2301-1. Short title

§ 101. Short title. This Act shall be known and may be cited as the Illinois Domestic Violence Act.

P.A. 82-621, § 101, eff. March 1, 1982.

Title of Act:

An Act concerning abuse between family or household members. PA. 82- 621, approved Sept. 24,1981, eff. March 1, 1982.

2301-2. Purposes—Rules of construction

§ 102. Purposes; rules of construction. This Act shall be liberally construed and applied to promote its underlying purposes, which are to:

(1) Recognize domestic violence as a serious crime against the individual and society which produces family disharmony in thousands of Illinois families, promotes a pattern of escalating violence which frequently culminates in intrafamily homicide, and creates an emotional atmosphere that is not conducive to healthy childhood development;

(2) Recognize that victims of domestic violence are often emotionally and financially dependent on their abuser and are therefore unable to appropriately protect themselves from violence;

(3) Provide tools for law enforcement officers to provide immediate, effective assistance and protection of victims of domestic violence, recognizing that law enforcement officers often become the secondary victims of domestic violence in the high rates of police injuries and deaths that occur in response to domestic violence calls; and

(4) Expand the civil and criminal remedies for victims of domestic violence, including, if necessary, the physical separation of the parties to prevent further abuse.

P.A. 82-621, § 102, eff. March 1, 1982.

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2301-3. Definitions

§ 103. Definitions. For the purposes of this Act, the following terms shall have the following meanings:

(1) “Abuse” means the act of striking, threatening, harassing or interfering with the personal liberty of any family or household member by any other family or household member, but excludes any reasonable, discipline of a minor child by a parent or person in loco parentis of such minor child.

(2) “Family or household members” means spouses, individuals who were formerly spouses, individuals sharing a common household, parents and children, or persons related by blood or marriage.

(3) “Order of protection” means a final, preliminary or temporary order granted by the court which may include any or all of the remedies outlined in Section 208 of this Act,¹ Sections 109-1 and 111-8 of the Code of Criminal Procedure of 1963,² Section 5-5 of the Juvenile Court Act,³ or Sections 5-6-3 or 5-6-3.1 of the Unified Code of Corrections, as now or hereafter amended.⁴ P. A. 82-621, § 103, eff. March 1,1982. Amended by P. A. 82-888, § 1, eff. Aug. 5, 1982.

¹ Paragraph 2302-8 of this chapter.

²Chapter 38, 109-1 and 111-8.

³ Chapter 37, 705-5.

⁴Chapter 38, 1005-6-3 or 1005-6-3.1

P.A. 82-888, in subd. (1), substituted “excludes any” for “excluding”; and in subd. (2), inserted “or persons related by blood or marriage”.

Section 4 of PA. 82-888 approved Aug. 5, 1982, provided:

“This Act takes effect upon its becoming a law”.

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. 261.

Article II—Orders of Protection

Par.

2302-1. Power of the circuit courts. 2302-2. Commencement of action— Pleading.

2302-3. Service of process.

2302-4. Ex parte orders.

2302-5. Venue.

2302-6. Application of Civil Practice Law.

2302-7. Petitions of poor persons.

2302-8. Order of protection—Remedies.

Par.

2302-9. Orders of protection— Contents.

2302-10. Notice to parties and law enforcement agencies. 2302-11. Duration of orders.

2302-12. Enforcement of orders. 2302-13. Trial by jury.

2302-14. Immunity from prosecution (New).

2302-1. Power of the circuit courts

§ 201. Power of the circuit courts. The circuit courts shall have the power to issue orders of protection.

P.A. 82-621, § 201, eff. March 1, 1982.

2302-2. Commencement of action—Pleading

§ 202. Commencement of action; pleading, (a) Actions for order of protection are commenced:

(1) By requesting an order of protection as preliminary or post-judgment relief or as a component of the final judgment in a proceeding under the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended;¹ or

(2) By filing a petition for an order of protection; or

(3) By requesting, through the respective State's Attorneys, an order of protection in a criminal proceeding during pre-trial release of a defendant or as a condition of probation, conditional discharge or supervision.

(b) A person may seek an order of protection (1) for herself or himself; (2) on behalf of a minor child; or (3) on behalf of any person prevented by physical or mental incapacity or because of advanced age from seeking an order of protection on his or her behalf.

(c) All petitions seeking an order of protection shall allege abuse by a family or household member and be verified or accompanied by affidavit.

(d) The court shall provide, through the office of the clerk of the court, simplified forms and clerical assistance to help with the writing and filing of a petition under this Section by any person not represented by counsel.

22

P. A. 82-621, § 202, eff. March 1, 1982. Amended by P.A. 82-888, § 1, eff. Aug. 5, 1982; PA. 83-101, § 1, eff. Aug. 18, 1983. Paragraph 101 et seq. of this chapter.

P.A. 82-888, in subd. (b)(3), inserted "or because of advanced age".

P.A. 83-101 added subd. (d).

Section 2 of P.A. 83-101, approved Aug. 18, 1983, provided:

"This Act takes effect upon its becoming a law".

Law Review Commentaries

Domestic abuse. 1983, U.111.L.Rev. 261.

2302-3. Service of process

§ 203. Service of process, (a) When an action for an order of protection is commenced by filing a petition for an order of protection, as provided by paragraph (2) of subsection (a) of Section 202 herein,¹ the summons and that petition shall be personally served upon the respondent. The summons shall require the respondent to file an appearance not later than 7 days after service, shall be served by a sheriff or other law enforcement officer at the earliest time and shall take precedence over other summonses except those of a similar emergency nature.

(b) When an action for an order of protection is commenced in conjunction with a proceeding under the Illinois Marriage and Dissolution of Marriage Act² or the Criminal Code of 1961,³ service of summons or execution of warrant and the time permitted for appearance or answer shall be governed by such Act or Code, as now or hereafter amended, and no additional service of process shall be required.

(c) Upon motion by the petitioner, the court may order service of process to be made by a private person over 18 years of age and not a party to the action.

P.A. 82-621, § 203, eff. March 1, 1982.

¹ Paragraph 2302-2 of this chapter.

² Paragraph 101 et seq. of this chapter.

³ Chapter 38, 1-1 et seq.

Law Review Commentaries

Domestic abuse. 1983, U.111.L.Rev. 261.

2302-4. Ex parte orders

§ 204. Ex parte orders, (a) Notwithstanding any other provision of law, an order of protection shall issue ex parte if the court finds that:

(1) The petitioner has diligently attempted to obtain service of process upon the respondent and has diligently attempted to serve written notice of the date, time and location of the hearing, together with a copy of the petition and all supporting affidavits upon the respondent in accordance with Illinois Supreme Court Rules 11 and 12; or

(2) For each specific remedy sought by the petitioner, the irreparable injury which that remedy is intended to prevent would be

likely to occur if the respondent were given any prior notice, or earlier notice than was actually given, of the petitioner's efforts to obtain judicial relief.

(b) The duration, contents and remedies to be included in any ex parte order shall be governed by this Section and by Sections 208, 209 and 211 of this Act;¹ provided that ex parte orders shall not require the respondent to attend counseling, or to pay support, monetary compensation, fees or costs.

(c) Upon 2 days' notice to the petitioner who obtained an ex parte order or upon such shorter notice as the court may prescribe, a respondent who is subject to an ex parte order issued pursuant to this Section may appear and move for the dissolution or modification of the order and in that event the court shall proceed to hear and determine such motion as expeditiously as possible. Any such motion for dissolution or modification by the respondent shall be supported by affidavit. Nothing herein shall be construed to abolish or limit any means, otherwise, available by law, for obtaining dissolution, modification or discharge of any orders issued pursuant to this Act.

P.A. 82-621, § 204, eff. March 1, 1982.

1 Paragraphs 2302-8, 2302-9 and 2302-11 of this chapter.

Law Review Commentaries

Domestic abuse. 1983. U.111.L.Rev. 261.

2302-5. Venue

§ 205. Venue, (a) Except as provided in subsection (b) of this Section, proceedings for an order of protection may be had in any county where the petitioner or respondent resides or in which the alleged abuse occurred.

(b) When an order of protection is requested in connection with a proceeding under the Illinois Marriage and Dissolution of Marriage Act¹ or the Criminal Code of 1961,² the venue provisions of that Act or Code, as now or hereafter amended, shall apply.

(c) Objection to venue is barred if not made within such time as respondent's response is due.

P.A. 82-621, § 205, eff. March 1, 1982.

¹ Paragraph 101 et seq. of this chapter.

²Chapter 38, 1-1 et seq.

2302-6. Application of Civil Practice Law

§ 206. Application of Civil Practice Law. Any proceeding for an order of protection shall be in accordance with the Civil Practice Law, as now or hereafter amended,¹ except:

(1) As otherwise provided in this Act; and

(2) If the action for an order of protection is commenced in connection with a proceeding under the Illinois Marriage and Dissolution of Marriage Act, as otherwise provided in that Act, as now or hereafter amended.²

P.A. 82-621, § 206, eff. March 1, 1982. Amended by P.A. 82-783, Art. XI, § 85, eff. July 13, 1982.

1 Chapter 110, 2-101 et seq.

2 Paragraph 101 et seq. of this chapter.

The amendments by P.A. 82-783, Art. XI were necessary to revise references to laws which were superseded by the Code of Civil Procedure, sech. 110, 1-101 et seq.

For provisions of P. A. 82-783, Art. I, § 1 relating to intent and supersedure and Art. XII, § 1 relating to effective dates and extension or revival of repealed Acts, see note following ch. 1, § 1023.

2302-7. Petitions of poor persons

§ 207. Petitions of poor persons, (a) Whenever a petitioner files an affidavit stating that he or she is seeking a temporary order of protection ex parte and lacks the funds to pay the costs of filing and service, the petition commencing the action for an order of protection shall be filed and service shall be made without payment of such costs or prior leave of court to proceed in forma pauperis. At the hearing on the petitioner's request for an ex parte relief, the court shall determine the petitioner's eligibility to proceed in forma pauperis.

(b) In all other petitions for an order of protection in which notice is given to the parties, the petitioner may file an application

23

Appendix A (Continued)

for leave to proceed in forma pauperis, supported by an affidavit in compliance with Illinois Supreme Court Rule 298.

(c) For purpose of determining whether a petitioner has the funds available to pay the costs of filing and service under this Act, the income of the family or household member alleged to be abusing the petitioner shall not be considered.

P.A. 82-621, § 207, eff. March 1, 1982.

Law Review Commentaries

Domestic abuse. 1983, U.111.1..Rev. 261.

2302-8. Order of protection—Remedies

§ 208. Order of protection: remedies (a) Upon a finding of abuse, the court shall have the power to issue an order of protection granting any or all of the remedies outlined in this Section. These remedies shall be in addition to other civil or criminal remedies which may be available to the petitioner.

(b) Except as otherwise provided in this Act, the court's decision to deny any or all of these remedies shall not be based in

whole or in part on evidence as to whether or not the petitioner has acted in defense of himself or herself, another family or household member or any minor child, or has left the residence or household to avoid further abuse by the respondent.

(c) The order of protection may include any or all of the following remedies:

(1) Ordering the respondent to refrain from striking, threatening, harassing or interfering with the personal liberty of the petitioner or any other family or household member;

(2) Granting possession of the residence or household to the petitioner; to the exclusion of the respondent, when (i) the parties are spouses; or (ii) the residence or household is solely or jointly owned or leased by the petitioner; or (iii) the respondent has a legal duty to support the petitioner or minor children. No order under this Act shall affect title to real property. Nothing in this paragraph shall preclude the court from ordering the respondent to provide suitable alternate housing for the petitioner or minor children in lieu of excluding the respondent from the mutual residence or household;

(3) Upon motion by the petitioner and upon determination by the court that it has jurisdiction under Section 4 of the Illinois Uniform Child Custody Jurisdiction Act, as now or hereafter amended,¹ awarding temporary custody or establishing visitation rights with regard to minor children, in accordance with standards set forth in Part VI of the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended;²

(4) Prohibiting the respondent from removing a minor child from the jurisdiction or concealing a minor child from his or her parent or person in loco parentis, or ordering the respondent to appear in court with a minor child;

(5) Requiring or recommending the respondent to undergo counseling for a specified duration with a social worker, psychologist, clinical psychologist, psychiatrist, family service agency, mental health center guidance counselor, or any other guidance service the court deems appropriate;

(6) Restraining the respondent from transferring, encumbering, concealing, damaging or otherwise disposing of petitioner's property or joint property of the petitioner and respondent; or from improperly using an aged family member's resource, financial or otherwise, for respondent's profit or advantage, or for the profit or advantage of another person;

(7) Requiring the respondent to pay temporary support for the petitioner or any child in the petitioner's custody, or both, when the respondent has a legal obligation to support that person, in accordance with standards set forth in Sections 504 and 505 of the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended;³

(8) Requiring the respondent to pay to the petitioner actual monetary compensation for losses suffered as a direct result of the abuse. Compensatory losses shall include, but not be limited to, medical expenses related to the abuse, loss of earnings or support, out-of-pocket losses for injuries sustained, and moving expenses. The respondent shall have a right to a jury trial on the issue of whether to require any payments under this subsection (8). Upon the motion of either party, for sufficient cause, the court may set a later hearing on the issue of the amount of damages, if any, to be awarded;

(9) Requiring the respondent to pay court costs and reasonable attorney's fees, in connection with any action to obtain, modify, enforce, appeal or reopen any order of protection, in accordance with standards set forth in Section 508 of the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended;⁴

(10) Entering such injunctive relief as may be necessary or appropriate and referring to the aging network petitioners 60 years of age or older.

(d) In determining whether to grant a specific remedy in an order of protection, the court shall consider relevant factors, including but, not limited to the following, and shall make findings thereon:

(1) the frequency, severity, pattern and consequences of the respondent's past abuse of the petitioner or any family or household members, including the concealment of his or her location in order to evade service of process or notice, and the likelihood of danger of future abuse to the petitioner or any family or household members;

(2) whether any minor child is in danger of abuse or neglect by the respondent, or whether the respondent has threatened or attempted to remove the child from the jurisdiction of the court; and

(3) where the court has denied a remedy under paragraph (2) of subsection (c) of this Section, the manner in which the hardship which would result from temporary exclusion of the respondent from his or her residence substantially outweighs the hardship which would result if the petitioner or any family or household members were deprived of safe and peaceful occupancy of the home by the threat of future abuse of the petitioner.

P.A. 82-621, § 208, eff. March 1, 1982. Amended by P.A. 82-888, §

1, eff. Aug. 5, 1982.

1 Paragraph 2104 of this chapter.

2 Paragraph 401 et seq. of this chapter.

3 Paragraphs 504 and 505 of this chapter.

4 Paragraph 508 of this chapter.

P.A. 82-888, in subd. (c)(6), inserted "or from improperly using an aged family member's resources, financial or otherwise, for respondent's profit or advantage, or for the profit or advantage of another person"; and in subd. (c)(10), inserted "and referring to the aging network petitioners 60 years of age or older".

Cross References

Additional remedies, see ch. 38. 111-8.

Ex parte orders, applications of this paragraph, see ^ 2302-4 of this chapter.

Order of protection, remedies included, see 2301-3 of this chapter.

Law Review Commentaries

Domestic abuse. 1983. U.Ill.L.Rev. 261.

2302-9. Orders of protection—Contents

§ 209. Orders of protection: Contents, (a) All orders of protection shall describe, in reasonable detail and not by reference to

any other document, what the court has ordered the respondent to do or refrain from doing, the duration of the order, and the reason for denial of the petitioner's request for any remedy described in subsection (c) of Section 208 of this Act.¹

24

(b) Any ex parte order of protection shall state the date and hour of issuance, the reason for entering the order ex parte and the date, time and place of the hearing for extension of the order.

(c) All orders of protection shall include a notice, printed in conspicuous type, advising the respondent that willful violation of any provision constitutes contempt of court and may further result in fine or imprisonment.

P.A. 82-621, § 209, eff. March 1, 1982.

¹ Paragraph 2302-8 of this chapter.

Cross References

Ex parte orders, application of this paragraph, see 2302-4 of this chapter.

2302-10. Notice to parties and law enforcement agencies

§ 210. Notice to parties and law enforcement agencies, (a) Any order of protection shall be filed promptly in the office of the clerk of the court and entered of record. The clerk of the court shall promptly provide upon request a copy of any order of protection under this Act to the petitioner and to the respondent. A reasonable fee shall be charged for issuance of the required copies. However, this fee shall be waived for a petitioner proceeding in forma pauperis pursuant to Section 207 of this Act.¹

(b) The clerk of the court shall transmit to the sheriff having a law enforcement jurisdiction in that county a copy of any recorded order of protection, so that the sheriff may furnish the necessary data for the record maintained by the Department of Law Enforcement pursuant to Section 302 of this Act² and may serve the order upon the respondent, if necessary, under subsection (c) of this Section.

(c) Any order issued under this Act shall be personally served upon the respondent, in the manner provided for the service of process in civil proceedings and payment therefore shall be by petitioner unless waived pursuant to Section 207 of this Act or otherwise by law unless the respondent or his or her attorney were present in court at the time the order was rendered by the court.

(d) Copies of any subsequent amendment or revocation of the order shall be issued and served in the same manner as provided in this Section.

P.A. 82-621, § 210, eff. March 1, 1982.

¹ Paragraph 2302-7, of this chapter.

² Paragraph 2303-2 of this chapter.

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2302-11. Duration of orders.

§ 211. Duration of orders, (a) Except as otherwise provided in this Section, an order of protection shall be valid for a fixed period of time, not to exceed one year; provided that any order for a fixed period of time less than one year may be extended for a total duration of one year.

(b) Any ex parte order shall expire within 10 days after entry unless; (1) extended for good cause shown for a further period not to exceed 10 days; or (2) dissolved in accordance with subsection (c) of Section 204 of this Act.¹

(c) An order of protection entered as preliminary relief in a proceeding under the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended,² shall be valid until entry of judgment under Section 413 of that Act.

(d) When an order of protection has been incorporated in a final judgment under the Illinois Marriage and Dissolution of Marriage Act, as now or hereafter amended, the duration of any provisions of the order authorized by that Act shall be governed by that Act.

(e) An order of protection entered in connection with a criminal proceeding shall be valid for the duration of the pre-trial release, probation, conditional discharge or supervision, as the case may be.

P.A. 82-621, § 211, eff. March 1, 1982.

¹ Paragraph 2302-7 of this chapter.

² Paragraph 101 et seq. of this chapter.

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2302-12. Enforcement of orders

§ 212. Enforcement of orders, (a) Any violation of an order of protection concerning relief authorized under paragraphs (1) and (2) of subsection (c) of Section 208 of this Act¹ shall be a Class A misdemeanor, if the violation occurs after the respondent has been served notice of the order or otherwise has acquired actual knowledge thereof.

(b) Nothing in this Section shall be construed to diminish the inherent authority of the courts to enforce their lawful orders though civil or criminal contempt proceedings. In a contempt of court proceeding where the verified petition for a rule to show cause sets forth facts evidencing an immediate and present danger that the respondent will flee the jurisdiction or inflict physical violence on the petitioner or minor children, the court may order the attachment of the respondent without prior service of the rule to show cause.

P.A. 82-621, § 212, eff. March 1, 1982.

¹ Paragraph 2302-8 of this chapter.

Cross References

Arrest without warrant, see 2303-1

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. of this chapter. 261.

2302-13. Trial by jury.

§ 213. Trial by jury. Except as otherwise provided, there shall be no trial by jury in any proceeding to obtain or modify an order of protection under this Act; however, nothing in this Section shall deny any existing right to trial by jury in a proceeding to enforce a provision of an order of protection.

P.A. 82-621, § 213, eff. March 1, 1982.

2302-14. Immunity from prosecution

§ 214. Immunity from Prosecution. Any individual or organization acting in good faith to do any of the following in complying with the provisions of this Act shall not be subject to criminal prosecution or civil liability as a result of such action: providing any information to the appropriate law enforcement agency, provided that the giving of any information does not violate any privilege of confidentiality under law; assisting in any investigation; assisting in the preparation of any materials for distribution under the Act; or by providing services ordered under an order of protection.

P.A. 82-621, § 214, added by P.A. 83-101, § 1, eff. Aug. 18, 1983.

Library References

Criminal Law 42.

C.J.S. Criminal Law §§ 41, 46.

Article III—Law Enforcement Responsibilities

Par,

2303-1. Arrest without warrant.

2303-2. Data maintenance by law officers enforcement agencies.

Par.

2303-3. Reports by law enforcement

2303-4. Assistance by law enforcement officers.

2303-5. Limited law enforcement liability.

25

Appendix A (Continued)

2303-1. Arrest without warrant

Text of paragraph effective until July 1, 1984.

§ 301. Arrest without warrant, (a) Any law enforcement officer may make an arrest without warrant if the officer has probable cause to believe that the person has committed or is committing a misdemeanor pursuant to subsection (a) of Section 212 of this Act.¹

(b) Any law enforcement officer may make an arrest without warrant if the officer has probable cause to believe that the person has committed or is committing a violation of Sections 9-1, 9-2, 9-3, 10-4, 10-5, 11-1, 11-3, 11-4, 11-5, 11-10, 11-11, 11-15, 11-15.1, 11-20a, 12-1, 12-2, 12-3, 12-4, 12-4.1, 12-5, 12-6, or 12-11 of the Criminal Code of 1961, as now or hereafter amended,² and the alleged offender and victim are family or household members, as defined in this Act, even if the violation did not occur in the presence of the officer.

(c) The law enforcement officer may verify the existence of an order of protection by telephone or radio communication with his or her law enforcement agency or by referring to the copy of the order provided by the petitioner or respondent.

P.A. 82-621, § 301, eff. March 1, 1982.

¹ Paragraph 2302-12 of this chapter.

² Chapter 38, 9-1.9-2. 9-3. 104. 10-5. 11-1. 11-3. 114, 11-5. 11-10. 11-11, 11-15, 11-15.1, 11-20a. 12-1 to 124.1, 12-5, 12-6 or 12-11.

For text of paragraph effective July 1, 1984, see f 2303-1, post.

2303-1. Arrest without warrant

Text of paragraph effective July 1, 1984.

§ 301. Arrest without warrant, (a) Any law enforcement officer may make an arrest without warrant if the officer has probable cause to believe that the person has committed or is committing a misdemeanor pursuant to subsection (a) of Section 212 of this Act.¹

(b) Any law enforcement officer may make an arrest without warrant if the officer has probable cause to believe that the person has committed or is committing a violation of Sections 9-1, 9-2, 9-3, 10-4, 10-5, 11-15, 11-15.1, 11-20a, 12-1, 12-2, 12-3, 12-4, 12-4.1, 12-5, 12-6, 12-11, 12-13, 12-14, 12-15 or 12-16 of the Criminal Code of 1961, as now or hereafter amended,² and the alleged offender and victim are family or household members, as defined in this Act, even if the violation did not occur in the presence of the officer.

(c) The law enforcement officer may verify the existence of an order of protection by telephone or radio communication with his or her law enforcement agency or by referring to the copy of the order provided by the petitioner or respondent.

P.A. 82-621, § 301, eff. March 1, 1982. Amended by P.A. 83- 1067, § 13, eff. July 1, 1984.

1 Paragraph 2302-12 of this chapter.

2 Chapter 38, 9-1, 9-2, 9-3, 10-5, 11-15, 11-15.1, 11-20a, 12-1 to 12-4.1, 12-5, 12-6, 12-11, 12-13, 12-14, 12-15, or 12-16.

For text of paragraph effective until July 1, 1984, see 2303-1 ante.

PA. 83-1067, in subpar. (b), deleted “11-1, 11-3, 11-4, 11-5, 11-10, 11-11” inserted “12-13, 12-14, 12-15 or 12-16”.

Law Review Commentaries

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2303-2. Data maintenance by law enforcement agencies

§ 302. Data maintenance by law enforcement agencies, (a) All sheriffs shall furnish to the Department of Law Enforcement, daily, in the form and detail the Department requires, copies of any recorded orders of protection issued by the court and transmitted to the sheriff by the clerk of the court pursuant to subsection (b) of Section 210 of this Act.¹

(b) The Department of Law Enforcement shall maintain a complete and systematic record and index of all valid and recorded orders of protection issued pursuant to this Act. The data shall be used to inform all dispatchers and law enforcement officers at the scene of an alleged incident of abuse or violation of an order of protection of any recorded prior incident of abuse involving the abused party and the effective dates and terms of any recorded order of protection.

P.A. 82-621, § 302, eff. March 1, 1982.

1 Paragraph 2302-10 of this chapter.

Law Review Commentaries:

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2303-3. Reports by law enforcement officers

§ 303. Reports by law enforcement officers, (a) Every law enforcement officer investigating an alleged incident of abuse between family or household members shall make a written police report of any bona fide allegation and the disposition of such investigation. Such police report shall include the abuse victim’s statements as to the frequency and severity of prior incidents of abuse by the same family or household member and the number of prior calls for police assistance to prevent such further abuse.

(b) Every police report completed pursuant to this Section shall be recorded and compiled as a domestic crime within the meaning of Section 5.1 of “An Act in relation to criminal identification and investigation”, approved July 2, 1931, as now or hereafter amended.¹

P.A. 82-621, § 303, eff. March 1, 1982.

1 Chapter 38, H 206-5.1.

Law Review Commentaries:

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2303-4. Assistance by law enforcement officers

§ 304. Assistance by law enforcement officers, (a) Whenever a law enforcement officer has reason to believe that a “person has been abused by a family or householder member, the officer shall immediately use all reasonable means to prevent further abuse, including:

(1) Providing or arranging transportation for the victim of abuse to a medical facility for treatment of injuries or to a nearby place of shelter or safety;

(2) Accompanying the victim of abuse to his or her place of residence for a reasonable period of time to remove necessary personal belongings and possessions;

(3) Offering the victim of abuse immediate and adequate information of his or her rights, written in English and Spanish, which shall include a summary of the procedures and relief available to victims of abuse under this Act, one referral to a social service agency, and the officer’s name and badge number; and

(4) Arresting the abusing party where appropriate.

(b) Whenever a law enforcement officer does not exercise arrest powers or otherwise initiate criminal proceedings, the officer shall:

(1) Make a police report of the investigation of any bona fide allegation of an incident of abuse and the disposition of such investigation, in accordance with subsection (a) of Section 303 herein;¹

(2) Inform the victim of abuse of the victim’s right to request that a criminal proceeding be initiated, including specific times and places for meeting with the State’s Attorney’s office, a warrant officer or other official in accordance with local procedure; and

26

(3) Advise the victim of the importance of preserving evidence.

P.A. 82-621, § 304, eff. March 1, 1982.

1 Paragraph 2303-3 of this chapter.

Law Review Commentaries:

Domestic abuse. 1983, U.Ill.L.Rev. 261.

2303-5. Limited law enforcement liability

§ 305. Limited law enforcement liability. Any act of omission or commission by any law enforcement officer acting in good faith in rendering emergency assistance or otherwise enforcing this Act shall not impose civil liability upon the law enforcement officer or his or her supervisor or employer, unless the act is a result of willful or wanton misconduct.
P.A. 82-621, § 305, eff. March 1, 1982.

Law Review Commentaries:

Domestic abuse. 1983, U.111.L.Rev. 261.

Article IV—Amendatory Provisions

Article IV made certain conforming amendments to other Acts.

Article V—(Effective Date)**Par.**

2305-1. Effective date.

2305-1. Effective date

§ 501. This Act shall become effective on March 1, 1982.
P.A. 82-621, § 501, eff. March 1, 1982.

Law Review Commentaries:

Domestic abuse. 1983, U.111.L.Rev. 261.

Domestic Violence Shelters**Par.**

2401. Definitions.

2402. Service programs— Administration.

Par.

2403. Domestic Violence Shelter and Service Fund.

2403.1. Deposit of Fees

2401. Definitions.

§ 1. The terms used in this Act shall have the following meanings ascribed to them:

(a) “Domestic violence” means attempting to cause or causing bodily injury to a family or household member, or placing a family or household member, by threat of force, in fear of imminent physical harm.

(b) “Family or household member” means a spouse, person living as a spouse, parent, or other adult person related by consanguinity or affinity, who is residing or has resided with the person committing domestic violence.

(c) “Shelter” means a facility providing, but not limited to temporary residential facilities to family or household members who are victims of domestic violence and their children.

P.A. 82-645, § 1, eff. Jan. 1, 1982.

Title of Act:

An Act in relation to domestic relations and domestic violence shelters and service programs.

P.A. 82-645, approved Sept. 24, 1981, eff. Jan. 1, 1982.

2402. Service programs— Administration.

§ 2. The Department of Public Aid shall administer domestic violence, shelters and service programs, or shall provide for their administration by not-for-profit corporations with whom the Department has contracts, for adults and their dependents who are the subjects of domestic violence.

P.A. 82-645, § 2, eff. Jan. 1, 1982.

Library References:

Asylums and Institutional Care Facilities 2.

C.J.S. Asylums and Institutional Care Facilities 2 to 4.

2403. Domestic Violence Shelter and Service Fund.

§ 3. The Department of Public Aid shall provide for the funding of domestic violence shelters and service programs from the Domestic Violence Shelter and Service Fund. In allotting monies from such fund, the Department shall give priority to shelters or programs offering or proposing to offer the broadest range of services and referrals to the community served. Such shelters or programs may be operated by community-based organizations or units of local government. The Department shall require shelters or programs eligible for funding under this Act to provide matching funds in such percentage as the Department shall by rule determine and such percentage shall be uniform throughout the State.

PA. 82-645, § 3, eff. Jan. 1, 1982.

Cross References:

Deposits in fund, see ch. 35, 1.2f.

Miller, 1983,67 111. Dec. 850, 94 Ill.2d 52, 445 N.E.2d 330.

Notes of Decisions:

Validity 1/2. 1/2

Validity

This paragraph would be construed, as originally drafted, to have required that the circuit court clerk and the county clerk to deposit the fees with the county treasurer who was required to deposit the fees into the fund and, as to construed, was constitutional. Gill V.

1. In general:

The county clerk, upon receipt of a \$25 marriage license fee, and a circuit court clerk, upon receipt of a \$45 filing fee in dissolution of marriage cases, should deposit the entire fee with the county treasurer who, in turn, must then pay \$10 of each marriage license fee and \$5 of each marriage dissolution fee into the Domestic Violence Shelter and Service fund in the State treasury. 1981 Op. Atty. Gen. No. 81-043.

2403.1. Deposit of fees

§ 3.1. Each circuit and county clerk shall deposit with the county treasurer, in accordance with Section 2 of “An Act to provide for the timely deposit of fees collected pursuant to law by any elected or appointed official of local government”, approved September 1, 1972,¹ all fees or portions of fees collected pursuant to law, which are designated for payment into the Domestic Violence Shelter and Service Fund. The county treasurer shall, monthly, by the 10th day of the month following receipt, remit the amounts so deposited to the State Treasurer, who shall deposit such amount into the Domestic Violence Shelter and Service Fund in the State treasury. P.A. 82-645, § 3.1, added by P.A. 82-888, § 2, eff. Aug. 5, 1982.

¹ Chapter 85, § 722.

Notes of Decisions:

1. Construction and application:

The county clerk, upon receipt of a \$25 marriage license fee, should deposit the entire fee with the county treasurer who, in turn, must then pay \$ 10 of each marriage license fee into the Domestic Violence Shelter and Service Fund (f 2403 of this chapter) in the State treasury. 1981 Op. Atty. Gen. No. 81-043.

27

Appendix B

Illinois Criminal Code

Chapter 38-Criminal Law And Procedure

206—3.2 Notification of Treatment of Firearm Injury and Injury Sustained In Commission of or Received From Criminal Offense. 3.2 It is the duty of any person conducting or operating a medical facility, or any physician or nurse as soon as treatment permits to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person, who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:

- (1) Any injury resulting from the discharge of a firearm;
- (2) Any injury sustained in the commission of or as a victim of a criminal offense.

Any hospital, physician or nurse, shall be forever held harmless from any civil liability for their reasonable compliance with the provisions of this Section.

Added by P.A. 77-1424, § 1, eff. Sept. 2, 1971.

Appendix C

Chicago Municipal Code

Municipal Code Of Chicago:

§ § 137-16 to 137-17

Report to Police

137-16. It shall be the duty of any person conducting or operating a hospital to telephone the Department of Police immediately upon application for treatment of a person, who is not accompanied by a Chicago Police officer when it reasonably appears that the person requesting treatment has received:

- a) Any injury resulting from the discharge of a firearm;
- b) Any injury or wound apparently inflicted by any object used as a weapon;
- c) Any injury sustained in the commission of or as a victim of a criminal offense;
- d) An animal or human bite;
- e) Poisoning;

- f) Any injury sustained on public property;
- g) Any injury in which a moving motor vehicle was involved;
- h) Any injury of any cause where it is evident that death will probably ensue as a direct result thereof, or when death has resulted.

The hospital shall not be held responsible for inaccurate information being given by the patient or those accompanying him.

Be It Ordained by the City Council of the City of Chicago:*

Section 1. The Municipal Code of Chicago, Chapter 137-17, is hereby amended by adding a new Section to be known as Section 137-17.1 as follows:

137-17.1. Upon reporting a rape, an attempted rape or other felonious sex crime to the police, the victim will be taken to the nearest hospital designated for the comprehensive emergency treatment of patients as defined in the Illinois Hospital Licensing Act and approved by the Board of Health.

The victim will be taken into the Hospital through an entrance appropriate to the maintenance of privacy.

The victim will receive an immediate preliminary physical examination by the attending physician to identify and treat any emergencies other than the rape, such as fractures, knife wounds, contusions, or lacerations.

The consenting victim will be interviewed by a trained hospital staff member, preferably a female psychiatric social worker, in a private setting. The hospital staff member will evaluate and counsel the victim and advise follow-up care for the victim, either through the receiving hospital or through the appropriate outside agencies.

The hospital staff member, with consent of the victim, will remain with the victim during the preliminary police investigation primarily to provide support to the victim and to also assist the police in obtaining information needed to properly carry out their investigation.

During the period, the name of the victim and the circumstances attendant to the incident will not be publicized by the hospital, the Police Department, or any other agency. The hospital staff member will so inform the victim.

The consenting victim will be examined by a qualified gynecologist who will fill out a prescribed form detailing the time, date, place and findings of the examination, and note the location of any contusions, abrasions, bruises, and lacerations.

With the victim's written consent, a copy of this form will be furnished to the appropriate investigating police officer, the State's Attorney, the venereal disease section of the Chicago Board of Health when appropriate. Within seven days the form will be typewritten, signed by the examining gynecologist and furnished upon request to the aforementioned agencies.

The consenting victim, if not allergic to specific drugs, will be furnished with anti-conception and anti-venereal disease treatment, unless contra-indicated for medical reasons.

The Comprehensive Hospital will accept any alleged victim who appears without police assistance. Such hospitals will continue to notify the Police Department according to Chapter 137-16 of the Municipal Code of Chicago. The hospital will then follow the procedure heretofore enumerated.

**Incorporated into the Municipal Code of Chicago, December 20, 1974*

28

Appendix D

Abused and Neglected Child Reporting Act

AN ACT creating the Abused and Neglected Child Reporting Act and repealing and amending other Acts.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section I. This Act shall be known and may be cited as the Abused and Neglected Child Reporting Act.

Section 2. The Illinois Department of Children and Family Services shall, upon receiving reports made under this Act, protect the best interest of the child, offer protective services in order to prevent any further harm to the child and to other children in the family, stabilize the home environment and preserve family life whenever possible. Recognizing that children also can be abused and neglected while living in public or private residential agencies or institutions meant to serve them, this Act also provides for the reporting and investigation of child abuse and neglect in such instances. In performing any of these duties, the Department may utilize such protective services of voluntary agencies as are available.

Section 2.1. Any person or family seeking assistance in meeting child care responsibilities may use the services and facilities

established by this Act which may assist in meeting such responsibilities. Whether or not the problem presented constitutes child abuse or neglect, such persons or families shall be referred to appropriate resources or agencies. No person seeking assistance under this Section shall be required to give his name or any other identifying information.

Section 3. As used in this Act unless the context otherwise requires:

“Child” means any person under the age of 18 years.

“Department” means Department of Children and Family Services.

“Local law enforcement agency” means the police of a city, town, village or other incorporated area or the sheriff of an unincorporated area.

“Abused child” means a child whose parent or immediate family member, or any person responsible for the child’s welfare, or any individual residing in the same home as the child, or a paramour of the child’s parent:

- a) inflicts, causes to be inflicted, or allows to be inflicted upon such child, physical injury, by other than accidental means which causes death, disfigurement, impairment of physical or emotional health, loss or impairment of any bodily function;
- b) creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
- c) commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended, and extending those definitions of sex offenses to include children under 18 years of age*;
- d) commits or allows to be committed an act or acts of torture upon such child; or
- e) inflicts excessive corporal punishment.

“Neglected child” means any child whose parent or other person responsible for the child’s welfare does not provide the proper or necessary support, education as required by law, or medical or other remedial care recognized under State law as necessary for a child’s well-being or other care necessary for his or her well-being, including adequate food, clothing and shelter, or who is abandoned by his or her parents or other person responsible for the child’s welfare.

“Child Protective Service Unit” means certain specialized State employees of the Department assigned by the Director to perform the duties and responsibilities as provided under Section 7.2 of this act.²

“Person responsible for the child’s welfare” means the child’s parent; guardian; foster parent; any other person responsible for the child’s care at the time of the alleged abuse or neglect; or any other person responsible for the child’s welfare in a public or private residential agency or institution.

“Temporary protective custody” means custody within a hospital or other medical facility or a place previously designated for such custody by the Department, subject to review by the Court, including a licensed foster home, group home, or other institution; but such place shall not be a jail or other place for the detention of criminal or juvenile offenders.

“An unfounded report” means any report made under this Act for which it is determined after an investigation that no credible evidence of abuse or neglect exists.

“An indicated report” means a report made under this Act if an investigation determines that some credible evidence of the alleged abuse or neglect exists.

“An undetermined report” means any report made under this Act in which it was not possible to initiate or complete an investigation on the basis of information provided to the Department.

“Subject of report” means any child reported to the central register of child abuse and neglect established under Section 7.7 of this Act¹ and his or her parent, guardian or other person responsible who is also named in the report.

Section 4. Any physician, hospital, hospital administrator and personnel engaged in examination, care and treatment of persons, surgeon, dentist, osteopath, chiropractor, podiatrist, Christian Science practitioner, coroner, medical examiner, school personnel, truant officers, social worker, social services administrator, registered nurse, licensed practical nurse, director or staff assistant of a nursery school or a child day care center, law enforcement officer, registered psychologist, or field personnel of the Illinois Department of Public Aid or the Department of Public Health, Department of Mental Health and Developmental Disabilities, Department of Corrections, probation officer, or any other child care or foster care worker having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department. Whenever such person is required to report under this Act in his capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, he shall make report immediately to the Department in accordance with the provisions of this Act and may also notify the person in charge

¹ Chapter 23, ¶ 2061

² Chapter 23, ¶ 2055

³ Chapter 23, ¶ 2057.19

* *Amendment effective January 1, 1982*

Appendix D (Continued)

of such institution, school, facility or agency or his designated agent that such report has been made. The privileged quality of communication between any professional person required to report and his patient or client shall not only apply to situations involving abused or neglected children and shall not constitute grounds for failure to report as required by this Act. In addition to the above person required to report suspected cases of abused or neglected children, any other person may make a report if such person has reasonable cause to believe a child may be an abused child or a neglected child.

Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under

subsection (a)(7) of Section 26-1 of the "Criminal Code of 1961 ."* A child whose parent, guardian or custodian in good faith selects and depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care may be considered neglected or abused, but not for the sole reason that his parent, guardian or custodian accepts and practices such beliefs.

Section 4.1. Any person required to report under this Act, including field personnel of the Department, who has reasonable cause to suspect that a child has died as a result of abuse or neglect shall also immediately report his suspicion to the appropriate medical examiner or coroner. Any other person who has reasonable cause to believe that a child has died as a result of abuse or neglect may report his suspicion to the appropriate medical examiner or coroner. The medical examiner or coroner shall investigate the report and communicate his findings, orally within 72 hours and within 7 days in writing, to the local law enforcement agency, the appropriate State's attorney, the Department and, if the institution making the report is a hospital, the hospital.

Section 5. An officer of a local law enforcement agency, designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child's welfare, if (1) he has reason to believe that the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the person responsible for the child's welfare, presents an imminent danger to that child's life or health; (2) the person responsible for the child's welfare is unavailable or has been asked and does not consent to the child's removal from his custody; and (3) there is not time to apply for a court order under the Juvenile Court Act for temporary custody of the child. The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department. The Department shall promptly initiate proceedings under the Juvenile Court Act for the continued temporary custody of the child.

Where the physician keeping a child in his custody does so in his capacity as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated agent, who shall then become responsible for the further care of such child in the hospital or similar institution under the direction of the Department.

Said care includes, but is not limited to the granting of permission to perform emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor, and there is not time to apply for a court order under the Juvenile Court Act.*

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for emergency treatment.*

Section 6. Any person required to investigate cases of suspected child abuse or neglect may take or cause to be taken, at Department expense, color photographs and x-rays of the area of trauma on the child who is the subject of a report. The person seeking to take such photographs or x-rays shall make every reasonable effort to notify the person responsible for the child's welfare.

Section 7. All reports of suspected child abuse or neglect made under this Act shall be made immediately by telephone to the central register established under Section 7.7 on the single, Statewide, toll-free telephone number established in Section 7.6, or in person or by telephone through the nearest Department office. Reports made to the central register through the Statewide, toll-free telephone number shall be immediately transmitted to the appropriate Child Protective Service Unit. All reports by persons mandated to report under this Act shall be confirmed in writing to the appropriate Child Protective Service Unit, which may be on forms supplied by the Department, within 48 hours of any initial report. The Child Protective Service Unit shall send to the central register copies of all written confirmation reports it receives from all reporting sources within 24 hours of receipt, in a manner and form prescribed by the Department.

Written confirmation reports from persons not required to report by this Act may be made to the appropriate Child Protective Service Unit. Written reports from persons required by this Act to report shall be admissible in evidence in any judicial proceeding relating to child abuse or neglect. Reports involving known or suspected child abuse or neglect in public or private residential agencies or institutions shall be made and received in the same manner as all other reports made under this Act.

Section 7.1 To the fullest extent feasible, the Department shall cooperate with and shall seek the cooperation and involvement of all appropriate public and private agencies, including health, education, social service and law enforcement agencies, courts of competent jurisdiction, and agencies, organizations, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse or neglect.

Such cooperation and involvement shall include joint consultation and services, joint planning, joint case management, joint

** Amendment effective January 1, 1982*

30

public education and information services, joint utilization of facilities, joint staff development and other training, and the creation of multidisciplinary case diagnostic; case handling, case management, and policy planning teams.

Section 7.2. The Department shall establish a Child Protective Service Unit within each geographic region as designated by the Director of the Department. The Child Protective Service Unit shall perform those functions assigned by this Act to it and only such others that would further the purposes of this Act. It shall have a sufficient staff of qualified personnel to fulfill the purpose of this Act and organized in such a way as to maximize the continuity of responsibility, care and service of the individual workers toward the individual children and families.

Section 7.3. The Department shall be the sole agency responsible for receiving and investigating reports of child abuse or neglect made under this Act, except that the Department may delegate the performance of the investigation to a local law enforcement agency and to those private social service agencies which have been designated for this purpose by the Department prior to the effective date of this amendatory Act of 1979.

Section 7.4. The Department shall be capable of receiving reports of suspected child abuse or neglect 24 hours a day, 7 days a week. If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child disappear, or that the facts otherwise so warrant, the Child Protective Service Unit shall commence an investigation immediately, regardless of the time of day or night. In all other cases, investigation shall be commenced within 24 hours of receipt of the report. The investigation shall include: an evaluation of the environment of the child named in the report and any other children in the same environment; a determination of the risk to such children if they continue to remain in the existing environments, as well as a determination of the nature, extent and cause of any condition enumerated in such report, the name, age and condition of other children in the environment; and after seeing to the safety of the child or children, forthwith notify the subjects of the report in writing, of the existence of the report and their rights existing under this Act in regard to amendment or expungement. To fulfill the requirements of this Section, the Child Protective Service Unit shall have the capacity of providing or arranging for comprehensive emergency services to children and families at all times of the day or night.

Section 7.5. If the Child Protective Service Unit is denied reasonable access to a child by the parents or other persons and it deems that the best interests of the child so require, it shall request the intervention of a local law enforcement agency or seek an appropriate court order to examine and interview the child.

Section 7.6. There shall be a single, Statewide, toll-free telephone number established and maintained by the Department which all persons, whether or not mandated by law, may use to report suspected child abuse or neglect at any hour of the day or night, on any day of the week. Immediately upon receipt of such reports, the Department shall transmit the contents of the report, either orally or electronically, to the appropriate Child Protective Service Unit. Any other person may use the State-wide number to obtain assistance or information concerning the handling of child abuse and neglect cases.

Section 7.7. There shall be a central register of all cases of suspected child abuse or neglect reported and maintained by the Department under this Act. Through the recording of initial, preliminary, progress, and final reports, the central register shall be operated in such a manner as to enable the Department to: (1) immediately identify and locate prior reports or cases of child abuse or neglect; (2) continuously monitor the current status of all cases of child abuse or neglect being provided services under this Act; and (3) regularly evaluate the effectiveness of existing laws and programs through the development and analysis of statistical and other information.

The Department shall maintain in the central register a listing of unfounded report requests that the record not be expunged because the subject alleges an intentional false report was made. Such a request must be made by the subject in writing to the Department, within 10 days of the investigation.*

Section 7.8. Upon receiving an oral or written report of suspected child abuse or neglect, the Department shall immediately notify, either orally or electronically, the Child Protective Service Unit of a previous report concerning a subject of the present report or other pertinent information. In addition, upon satisfactory identification procedures, to be established by Department regulation, any person authorized to have access to records under Section 11.1 relating to child abuse and neglect may request and shall be immediately provided the information requested in accordance with this Act. However, no information shall be released unless it prominently states whether the report is "indicated." The names and other identifying data and the dates and the circumstances of any persons requesting or receiving information from the central register shall be entered in the register record.

Section 7.9. The Department shall prepare, print, and distribute initial, preliminary, progress, and final reporting forms to each Child Protective Service Unit. Initial written reports from the reporting source shall contain the following information to the extent known at the time the report is made: (1) the names and addresses of the child and his parents or other persons responsible for his welfare; (2) the child's age, sex, and race; (3) the nature and extent of the child's abuse or neglect, including any evidence of prior injuries, abuse, or neglect of the child or his siblings; (4) the names of the persons apparently responsible for the abuse or neglect; (5) family composition, including names, ages, sexes, and races of other children in the home; (6) the name of the person making the report, his occupation, and where he can be reached; (7) the actions taken by the reporting source, including the taking of photographs and x-rays, placing the child in temporary protective custody, or notifying the medical examiner or coroner; (8) and any other information the person making the report believes might be helpful in the furtherance of the purposes of this Act.

* *Amendment effective January 1, 1982*

Section 7.10. Upon the receipt of each oral report made under this Act, the Child Protective Service Unit shall immediately transmit a copy thereof to the state central register of child abuse and neglect. Preliminary reports from a Child Protective Service Unit shall be made no later than 7 days after receipt of an initial report and shall describe the status of the related investigation up to that time, including an evaluation of the present family situation and danger to the child or children, corrections or up-dating of the initial report, and action taken or contemplated.

Section 7.11. Progress reports from the Child Protective Service Unit shall be made at such regular intervals as the regulations of the Department establish, and shall describe the plan for protective, treatment, or ameliorative services and the services accepted or refused by the family.

Section 7.12. The Child Protective Service Unit shall determine, within 60 days, whether the report is "indicated" or "unfounded" and report it forthwith to the central register; where it is not possible to initiate or complete an investigation within 60 days the report may be deemed "undetermined" provided every effort has been made to undertake a complete investigation. The Department may extend the period in which such determinations must be made in individual cases for up to 30 days, but such extensions shall only be made once and only upon good cause shown. Final reports from the Child Protective Service Unit shall be made no later than 14 days after a case is determined to be unfounded or is closed for other reasons and shall describe the reasons and circumstances surrounding the close of the case and the unmet needs of the child or family, and the causes thereof, including the unavailability or unsuitability of existing services, and the need for additional services.

Section 7.13. The reports made under this Act may contain such additional information in the furtherance of the purposes of this Act as the Department, by rule, may require.

Section 7.14. All cases in the central register shall be classified in one of three categories: "indicated," "unfounded" or "undetermined," as the case may be. All information identifying the subjects of an unfounded report shall be expunged from the register forthwith except as provided in Section 7.7.* Identifying information on all other records shall be removed from the register no later than 5 years after the case is closed. However, if another report is received involving the same child, his sibling or offspring, or a child in the care of the persons responsible for the child's welfare, the identifying information may be maintained in the register until 5 years after the subsequent case or report is closed.

Section 7.15. The central register may contain such other information which the Department determines to be in furtherance of the purposes of this Act. Pursuant to the provisions of Sections 7.14 and 7.16, the Department may amend, expunge, or remove from the central register appropriate records upon good cause shown and upon notice to the subjects of the report and the Child Protective Service Unit.

Section 7.16. At any time subsequent to the completion of the Child Protective Service Unit investigation, a subject of a report may request the Department to amend, expunge identifying information from, or remove the record of the report from the register. If the Department refuses to do so or does not act within 30 days, the subject shall have the right to a hearing within the Department to determine whether the record of the report should be amended, expunged, or removed on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this Act. Such hearing shall be held within a reasonable time after the subject's request and at a reasonable place and hour. The appropriate Child Protective Service Unit shall be given notice of the hearing. In such hearings, the burden of proving the accuracy and consistency of the record shall be on the Department and the appropriate Child Protective Service Unit. A court finding of child abuse or neglect shall be presumptive evidence that the report was not unfounded. The hearing shall be conducted by the Director or his designee, who is hereby authorized and empowered to order the amendment, expunction, or removal of the record to make it accurate and consistent with this Act. The decision shall be made, in writing, at the close of the hearing, or within 30 days thereof, and shall state the reasons upon which it is based. Decisions of the Department under this Section are administrative decisions subject to judicial review under the Administrative Review Act.

Section 7.17. To the fullest extent possible, written notice of any amendment, expunction, or removal of any record made under this Act shall be served upon each subject of such report and the appropriate Child Protective Service Unit. Upon request of such notice, the Child Protective Service Unit shall take similar action in regard to the local child abuse and neglect index and shall inform, for the same purpose, any other individuals or agencies which received such record under this Act or in any other manner. Nothing in this Section is intended to require the destruction of case records.

Section 7.18. Pursuant to Sections 7.15 and 7.16 and for good cause shown, the Child Protective Service Unit may amend any report previously sent to the State-wide center. Unless otherwise prescribed by this Act, the content, form, manner and timing of making the reports shall be established by rules of the Department.

Section 7.19. Upon request, a subject of a report shall be entitled to receive a copy of all information contained in the central register pertaining to his case. However, the Department may prohibit the release of data that would identify or locate a person who, in good faith, made a report or cooperated in the subsequent investigation. In addition, the Department may seek a court order from the circuit court prohibiting the release of any information which the court finds is likely to be harmful to the subject of the report.

Section 8. The report required by this Act shall include, if known, the name and address of the child and his parents or other persons having his custody; the child's age; the nature of the child's condition including any evidence of previous injuries or disabilities; and any other information that the reporter believes might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect.

** Amendment effective January 1, 1982*

Section 8.1. If the Child Protective Service Unit determines that there is no credible evidence that a child is abused or neg-

lected, it shall close such a case. However, if it appears that the child or family could benefit from other social services, the local service may suggest such services for the family's voluntary acceptance or refusal. If the family declines such services, the Child Protective Service Unit shall take no further action.

Section 8.2. If the Child Protective Service Unit determines that there is a probable cause to believe the child is abused or neglected, based upon its determination of the protective, treatment, and ameliorative service needs of the child and family, the Child Protective Service Unit shall develop, with the family, an appropriate service plan for the family's voluntary acceptance or refusal. The Child Protective Service Unit shall comply with Section 8.1 by explaining its lack of legal authority to compel the acceptance of services and may explain its concomitant authority to petition the Circuit Court under the "Juvenile Court Act" or refer the case to the local law enforcement authority, State's Attorney, or criminal court.

Section 8.3. The Child Protective Service Unit shall assist a Circuit Court during all stages of the court proceeding in accordance with the purposes of this Act and the Juvenile Court Act.

Section 8.4. The Child Protective Service Unit shall provide or arrange for and monitor, as authorized by this Act, rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Court.

Section 8.5. The Child Protective Service Unit shall maintain a local child abuse and neglect index of all cases reported under this Act which will enable it to determine the location of case records and to monitor the timely and proper investigation and disposition of cases. The index shall include the information contained in the initial, progress, and final reports required under this Act, and any other appropriate information.

Section 9. Any person, institution or agency, under this Act, participating in good faith in the making of a report, or in the investigation of such a report or in the taking of photographs and x-rays or in the retaining of a child in temporary protective custody shall have immunity from any liability, civil, criminal or that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to report, or permitted to report, cases of suspected child abuse or neglect under this Act, shall be presumed.

Section 10. Any person who makes a report or who investigates a report under this Act shall testify fully in any judicial proceedings resulting from such report, as to any evidence of abuse or neglect, or the cause thereof. No evidence shall be excluded by reason of any common law or statutory privilege relating to communications between the alleged perpetrator of abuse or neglect, or the child subject of the report under this Act and the person making or investigating the report.

Section 11. All records concerning reports of child abuse and neglect and all records generated as a result of such reports, shall be confidential and shall not be disclosed except as specifically authorized by this Act or other applicable law. It is a Class A misdemeanor to permit, assist, or encourage the unauthorized release of any information contained in such reports or records.

Section 11.1. A person shall have access to the records described in Section 11⁴ only in furtherance of purposes directly connected with the administration of this Act. Such persons and purposes for access include:

- (1) A Child Protective Service Unit in the furtherance of its responsibilities under this Act;
 - (2) A law enforcement agency investigating a report of known or suspected child abuse or neglect;
 - (3) A physician who has before him a child whom he reasonably suspects may be abused or neglected;
 - (4) A person authorized under Section 5 of this Act⁵ to place a child in temporary protective custody when such person requires the information in the report or record to determine whether to place the child in temporary protective custody;
 - (5) A person having the legal responsibility or authorization to care for, treat, or supervise a child or a parent, guardian, or other person responsible for the child's welfare who is the subject of a report;
 - (6) Except in regard to harmful or detrimental information as provided in Section 7.19,^{ft} any subject of the report and if the subject of the report is a minor, his guardian or guardian ad litem;
 - (7) A court, upon its finding that access to such records may be necessary for the determination of an issue before such court; however, such access shall be limited to in camera inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it;
 - (8) A grand jury, upon its determination that access to such records is necessary in the conduct of its official business;
 - (9) Any person authorized by the Director, in writing, for audit or bona fide research purposes;
 - (10) Law enforcement agencies, physicians, courts and child welfare agencies in other states who are involved in suspected or indicated cases of child abuse or neglect and request information from the Department to aid in their assessment and service.*
- The Director shall establish by rule the criteria for the application of this section.

Section 11.2. Upon request, a mandated reporting source as provided in Section 4 of this Act may receive appropriate information about the findings and actions taken by the Child Protective Service Unit in response to its report.

Section 11.3. A person given access to the names or other information identifying the subjects of the report, except the subject of the report, shall not make public such identifying information unless he is a State's attorney or other law enforcement official and the purpose is to initiate court action. Violation of this Section is a Class A misdemeanor.

Section 11.4. Nothing in this Act affects existing policies or procedures concerning the status of court and criminal justice system records.

Section 11.5. Within the appropriation available, the

⁴ Chapter 23, ¶ 2061

⁵ Chapter 24, ¶ 2055

⁶ Chapter 23, ¶ 2057.19

** Amendment effective January 1, 1982*

33

Appendix D (Continued)

Department and the Child Protective Service Unit, both jointly and individually, shall conduct a continuing education and training program for State and local staff, persons and officials required to report, the general public, and other persons engaged in or intending to engage in the prevention, identification, and treatment of child abuse and neglect. The program shall be designed to encourage the fullest degree of reporting of known and suspected child abuse and neglect, and to improve communication, cooperation, and coordination among all agencies in the identification, prevention, and treatment of child abuse and neglect. The program shall inform the general public and professionals of the nature and extent of child abuse and neglect and their responsibilities, obligations, powers and immunity from liability under this Act. It may include information on the diagnosis of child abuse and neglect and the roles and procedures of the Child Protective Service Unit, the Department and central register, the courts and of the protective, treatment, and ameliorative services available to children and their families. The program may also encourage parents and other persons having responsibility for the welfare of children to seek assistance on their own in meeting their child care responsibilities and encourage the voluntary acceptance of available services when they are needed. It may also include publicity and dissemination of information on the existence and number of the 24 hour, State-wide, toll-free telephone service to assist persons seeking assistance and to receive reports of known and suspected abuse and neglect.

Section 11.6. All final administrative decisions of the Department under this Act are subject to judicial review under the Administrative Review Act, as now or hereafter amended, and the rules adopted pursuant thereto. The term “administrative decision” is defined as in Section 1 of the Administrative Review Act.

Section 11.7. The Director shall appoint the chairperson and members of a “State-wide Citizen’s Committee on Child Abuse and Neglect” to consult with and advise the Director. The Committee shall be composed of individuals of distinction in human services, law and community life, broadly representative of social and economic communities across the State, who shall be appointed to 3 year staggered terms. The chairperson and members of the Committee shall serve without compensation, although their travel and per diem expenses shall be reimbursed in accordance with standard State procedures. Under procedures adopted by the Committee, it may meet at any time, confer with any individuals, groups, and agencies; and may issue reports or recommendations on any aspect of child abuse or neglect it deems appropriate.

Section 12. “An Act for the reporting of certain cases of physical abuse, neglect or injury to children, and to make an appropriation in connection therewith,” approved March 31, 1965, as amended is repealed.

34

Appendix E

Assault, Battery, and Aggravated Battery Statutes,

38 § 12-1: Assault

Crim.Code § 12-1

(a) A person commits an assault when, without lawful authority, he engages in conduct which places another in reasonable apprehension of receiving a battery.

(b) Sentence.

Assault is a Class C misdemeanor.

Laws 1961, p. 1983, § 12-1, eff. Jan. 1, 1962. Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

38 § 12-2: Aggravated Assault,

Crim.Code § 12-2

(a) A person commits an aggravated assault, when, in committing an assault, he:

(1) Uses a deadly weapon;

(2) Is hooded, robed or masked in such manner as to conceal his identity;

(3) Knows the individual assaulted to be a teacher[^] or other person employed in any school and such teacher or other employee is upon the grounds of a school or grounds adjacent thereto, or is in any part of a building used for school purposes;

(4) Knows the individual assaulted to be a supervisor, director, instructor or other person employed in any park district and

such supervisor, director, instructor or other employee is upon the grounds of the park or grounds adjacent thereto, or is in any part of a building used for park purposes;

(5) Knows the individual assaulted to be a caseworker, investigator, or other person employed by the State Department of Public Aid or a County Department of Public Aid and such caseworker, investigator, or other person is upon the grounds of a Public Aid office or grounds adjacent thereto, or is in any part of a building used for Public Aid purposes, or upon the grounds of a home of a public aid applicant, recipient or any other person being interviewed or investigated in the employee's discharge of his duties, or on grounds adjacent thereto, or is in any part of a building in which the applicant, recipient, or other such person resides or is located;

(6) Knows the individual assaulted to be a peace officer, or a person summoned and directed by him or a correctional officer, while such officer is engaged in the execution of any of his official duties;

(7) Knows the individual assaulted to be a fireman engaged in the execution of any of his official duties;

(8) Knows the individual to be the driver, operator, employee or passenger of any transportation facility or system engaged in the business of transportation of the public for hire and the individual assaulted is then performing in such capacity or then using such public transportation as a passenger or using any area of any description designated by the transportation facility or system as a vehicle boarding, departure, or transfer location;

(9) Or the individual assaulted is on or about a public way, public property, or public place of accommodation or amusement; or

(10) Knows the individual assaulted to be an employee of the State of Illinois, a municipal corporation therein or a political subdivision thereof, engaged in the performance of his authorized duties as such employee.

(b) Sentence. Aggravated assault is a Class A misdemeanor.

Laws 1961, p. 1983, § 12-2, eff. Jan. 1, 1962. Amended by Laws 1961, p. 2457, § 1, eff. Aug. 1, 1961; Laws 1965, p. 294, § 1, eff. July 1, 1965; Laws 1965, p. 854, § 1, eff. July 1, 1965; Laws 1967, p. 341, § 1, eff. July 1, 1967; Laws 1967, p. 2595, § 1, eff. Aug. 3, 1967; Laws 1967, p. 3514, § 1, eff. Sept. 1, 1967; Laws 1967, p. 3608, § 1, eff. Sept. 5, 1967; Laws 1968, p. 99, § 1, eff. Aug. 17, 1968; Laws 1968, p. 166, § 1, eff. Aug. 20, 1968; P.A. 76-835, § 1, eff. Aug. 19, 1969; P.A. 77-2638, § 1, eff. Jan. 1, 1973.

38 § 12-3: Battery, Crim.Code § 12-3

(a) A person commits battery if he intentionally or knowingly without legal justification and by any means, (1) causes bodily harm to an individual or (2) makes physical contact of an insulting or provoking nature with an individual.

(b) Sentence.

Battery is a Class A misdemeanor.

Laws 1961, p. 1983, § 12-3, eff. Jan. 1, 1962. Amended by P.A. 77-2638, § 1, eff. Jan. 1, 1973.

38 12-4: Aggravated battery, Crim.Code § 12-4

§ 12-4. Aggravated Battery, (a) A person who, in committing a battery, intentionally or knowingly causes great bodily harm, or permanent disability or disfigurement commits aggravated battery.

(b) A person who, in committing a battery, commits aggravated battery if he either:

(1) Uses a deadly weapon;

(2) Is hooded, robed or masked in such manner as to conceal his identity;

(3) Knows the individual assaulted to be a teacher or other person employed in any school and such teacher or other employee is upon the grounds of a school or grounds adjacent thereto, or is in any part of a building used for school purposes;

(4) Knows the individual assaulted to be a supervisor, director, instructor or other person employed in any park district and such supervisor, director, instructor or other employee is upon the grounds of the park or grounds adjacent thereto, or is in any part of a building used for park purposes;

(5) Knows the individual assaulted to be a caseworker, investigator, or other person employed by the State Department of Public Aid or a County Department of Public Aid and such caseworker, investigator, or other person is upon the grounds of a Public Aid office or grounds adjacent thereto, or is in any part of a building used for Public Aid purposes, or upon the grounds of a home of a public aid applicant, recipient or any other person being interviewed or investigated in the employee's discharge of his duties, or on grounds adjacent thereto, or is in any part of a building in which the applicant, recipient, or other such person resides or is located;

(6) Knows the individual assaulted to be a peace officer, or a person summoned and directed by him or a correctional institutional employee, while such officer or employee is engaged in the execution of any of his official duties including arrest or attempted arrest;

35

Appendix E (Continued)

(7) Knows the individual harmed to be a fireman, paramedic, ambulance driver or other medical assistance¹ or first aid personnel employed by a municipality or other governmental unit and engaged in the execution of any of his official duties;

(8) Is, or the person battered is, on or about a public way, public property or public place of accommodation or amusement;

(9) Knows the individual to be the driver, operator, employee or passenger of any transportation facility or system engaged in

the business of transportation of the public for hire and the individual assaulted is then performing in such capacity or then using such public transportation as a passenger or using any area of any description designated by the transportation facility or system as a vehicle boarding, departure, or transfer location;

(10) Knowingly and without legal justification and by any means causes bodily harm to an individual of 60 years of age or older; or

(11) Knows the individual harmed to be a judge whom the person intended to harm as a result of the judge's performance of his or her official duties as a judge.

(c) A person who administers to an individual or causes him to take, without his consent or by threat or deception, and for other than medical purposes, any intoxicating, poisonous, stupefying, narcotic or anesthetic substance commits aggravated battery.

(d) A person who knowingly gives to another person any food that contains any substance or object that is intended to cause physical injury if beaten, commits aggravated battery.

(e) Sentence.

Aggravated assault is a Class 3 felony.

Amended by P.A. 81-175, § 1, eff. Aug. 13, 1979; P.A. 81-571, § 1, eff. Sept. 14, 1979; P.A. 81-763, § 1, eff. Sept. 16, 1979; P.A. 81-925, § 1, eff. Sept. 22, 1979; P.A. 81-1509, Art. 1, § 23, eff. Sept. 26, 1980; P.A. 83-423, § 1, eff. Jan. 1, 1984.

12-4.3: Aggravated battery of a child

§ 12-4.3. Aggravated Battery of a Child, (a) Any person of the age 18 years and upwards who intentionally or knowingly, and without legal justification and by any means, causes great bodily harm or permanent disability or disfigurement to any child under the age of 13 years, commits the offense of aggravated battery of a child.

Aggravated battery of a child is a Class 2 felony.

(b) Aggravated Battery of a Child when committed by a person engaged in the actual care of the child-special penalty provision.

(1) When a person engaged in the actual care of the victim child, as determined by the court on the facts before it, pleads guilty to, or is found guilty of the offense of aggravated battery of a child, the court may, without entering a judgment of guilt and with the consent of such person, defer further proceedings and place such person upon probation upon such reasonable terms and conditions as it may require. At least one such term of probation shall be that the person report to and cooperate with the Department of Children and Family Services at such times and in such programs as the Department of Children and Family Services may require.

(2) Upon fulfillment of the terms and conditions imposed, the court shall discharge such person and dismiss the proceedings. Discharge and dismissal under this Section shall be without court adjudication of guilt and shall not be deemed a conviction for purposes of disqualifications or disabilities imposed by law upon conviction of a crime and shall in no way be considered as a prior conviction for purposes of any habitual offender provisions of this Code. However, a record of the disposition shall be maintained and provided to any civil authority in connection with a determination of whether the person is an acceptable candidate for the care, custody, and supervision of children.

(3) Discharge and dismissal under this Section may occur only once.

(4) Probation under this Section shall be for not less than 2 years.

(5) In the event that the child dies of the injuries alleged, this Section shall be inapplicable.

(6) Subsection (b) is intended to be supplemental to, not in derogation of, any other proceeding available under the Juvenile Court Act.

Laws 1961, p. 1983, § 12-4.3, added by P.A. 81-1520, § 1, eff. Dec. 18, 1980.

36

Appendix F

Acta de Violencia Domestica de Illinois: Derechos de Las Victimas

La violencia es un crimen. Cualquier persona que golpéa, estrangula, patéa, amenaza, acosa o interfiere con la libertad personal de un miembro de su familia o de otra persona que vive en casa (con excepcion de disciplina parental razonable) ha quebrantado la ley.

Victimas de violencia domestica tienen el derecho de:

- ser protegidas de abuso adicional
- formular cargos criminales contra la persona que comete el abuso. (NOTA: Encarcelamiento es resultado posible si la persona que comete el abuso se encuentra culpable) pero hay otros alternatives.

La corte puede expedir una **Orden de Protección** a favor de la victima. La Orden puede:

- proteger de abuso adicional*
- excluir temporeramente la persona que comete violencia de vivir en la casa*
- ordenar a la persona que comete la ofensa a pagar manutencion, costos medicos y honorarios legales
- conceder custodia de los niños y prohibir el secuestro de los niños
- prohibir destruction de la propiedad de la victima
- requerir que la persona que comete la ofensa tenga tratamiento

- ofrecer otra solution como sea apropiada

Para obtener una **Orden de Protección**:

- a) pida a su abogado que registre una petición en la corte civil; o
- b) pida una **Orden de Protección** en conjunto con el procedi- miento de divorcio; o
- c) pida una **Orden de Protección** durante el curso del enjuicia- miento criminal.

Una Orden puede ser pedida a favor suyo y/o a favor de sus niños o un adulto incapacitado.

Los oficiales encargados del cumplimiento de las leYes han de usar todos los pasos razonables para evitar abuso adicional, incluyendo:

- Haciendo arreglos para la transportación de la víctima a una facilidad medico o albergue seguro, y/o acompañando la victima a su residencia o casa para recoger sus pertenencias.
- arrestando a la persona cometiendo el abuso cuando es apropiado, y completando un reporte de policía de todos los incidentes actuales (la victime debería recibir una copia del reporte).
- informando a la victima de sus derechos y de la importancia de preservar evidencia de los hechos

Si la persona que comete el abuso ha abandonado la escena del delito y no ha sido arrestado, todavia usted puede formular cargos criminales presentandose a la Oficina del Fiscal del Estado local durante las horas normales de trabajo.

Para ponerse en contacto con el programa de violencia domestica en su.area, vea el otro lado de este documento. Para otra ayuda, pongase en contacto con:

* Violación de estas provisiones es un Delito Menosgrave Clase A:

Nombre del Oficial, Departamento, Fecha, Placa No.

Illinois Domestic Violence Act: Rights Of Victims-Sample

Battery is a crime. Any person who hits, chokes, kicks, threatens, harasses or interferes with the personal liberty of another family or household member (except reasonable parental discipline) has broken the law.

Victims of domestic violence have the right to:

- be protected from further abuse
- press criminal charges against the abuser. (NOTE: jail is not the only outcome if the abuser is found guilty.)

The court may now issue an **Order of Protection** on the victim's behalf. The Order can:

- protect from further abuse*
- bar the violent party temporarily from the home*
- order the offender to pay support, medical costs and legal expenses
- award child custody and prohibit child snatching
- prohibit destruction of victim's property
- require offender to undergo counseling
- offer other relief as appropriate

To obtain an **Order of Protection**:

1. ask your attorney to file a petition in civil court; or
2. request an **Order of Protection** in conjunction with divorce proceedings; or
3. request an **Order of Protection** during the course of criminal prosecution.

An Order can be requested on your own behalf and/ or on behalf of a child or an incapacitated adult.

Law enforcement officers are to use all reasonable means to prevent further abuse, including:

- arranging for the victim's transportation to a medical facility or safe shelter, and/ or accompanying the victim back to the residence to get belongings.
- arresting the abuser where appropriate, and completing a police report on all bona fide incidents (victim should get a copy of the report).
- advising the victim of his/her rights and the importance of preserving evidence.

If the abuser has left the scene and has not been arrested, you can still press criminal charges by going to your local State's Attorney's Office during normal business hours.

To contact the domestic violence program in your area, see the reverse side of this sheet. For other help, contact:

* Violation of these provisions is a Class A Misdemeanor: Officer's Name, Department, Date, Badge No.

Appendix G

Injury Map

[Illustration of multiple angles of the human body and head]

Appendix H

Police Complaint Form –Sample

**Complaint Regarding Police
Response to Battered Woman Call**

For assistance in completing this form, contact Aviva Futorian at the Legal Assistance Foundation of Chicago, 341-1070.

Send Complaint To: Women’s Law Project,

c/o Legal Assistance Foundation,

343 South Dearborn Street,

Chicago, Illinois 60604

1. Date Complaint Mailed:

2. Complaint Form Completed By: (Name; Organization, if any)

Phone:

Signature:

3. Your Name:

Phone:

Address:

Best time to Reach:

4. Batterer’s Name:

Relationship to you:

5. Place of incident (beating):

Date:

6. Date police were called:

Time:

7. Officer’s name(s) and/or badge number(s)*:

8. Did you have an Order of Protection when police were called? Yes, No

9. Were you living with batterer when police were called? Yes, No

10. Did you have visible injuries? (e.g., bruises, redness, swelling, cuts, etc.) Yes, No

Describe Injuries:

11. Any other evidence of violence? (e.g., broken furniture, torn clothing, witnesses, etc.) Yes, No If So, Describe:

12. Did you ask police to make an arrest? Yes, No

(Over)

IMPORTANT NOTE: Officers’ names and/or badge numbers are NOT needed in order to make a complaint (unless the incident occurred more than a month ago). However if this information is available, it can be very helpful.

Appendix H (Continued)

13. Did police make an arrest? Yes, No

If “No”, what did they say was the reason they refused to arrest him?

Victim married to batterer

Police said you had no visible injuries

Police did not see beating

Batterer was not present when police arrived

Police said batterer had right to sign cross-complaint

Other:

14. Did police make inappropriate remarks? Yes, No
Describe Remarks:

15. Did the police threaten to arrest you? Yes, No

16. Were you referred to the Warrant Office to file a complaint? Yes, No

17. Were you given the "Victim Rights Information Sheet?" Yes, No

18. Did you feel the police discouraged you from pressing charges? Yes, No
If "Yes" How?

19. Did police prepare a police report? Yes, No

20. What was the number (RD Number) of the report (if you know)?:

21. Did they tell you to see a lawyer and go to civil court? Yes, No
Describe Incident:

40

Appendix I Emergency Room Policy and Procedure –Sample

Section: Rush-Presbyterian-St. Luke's Medical Center Emergency Services
Subject: **Battered Women—Identification, Treatment & Referral of**

Policy:

1. Medical, Nursing and Support Services are provided to the battered woman victim upon admission to Emergency Service.
2. The Charge Nurse assigns a Primary Nurse to assist the physician resident.
3. Privacy is ensured by interviewing and examining the patient alone.
4. The suspected battered woman is asked if her injuries are the result of a beating.
5. It is the responsibility of the individual who identifies the battery victim to notify the clerical staff who initiates a police referral.
6. The Chicago Police Department is notified when a patient presents to Emergency Service with injuries incurred as a victim of a crime (See Emergency Services, Chicago Police Department—Cases Reportable To).
7. Photographs are taken when indicated only after signed informed consent is obtained from the patient.
8. Battered women patients have access to their medical records in accordance with Medical Records Policy and Procedure (See Medical Records Operational Policy and Procedure).
9. Appropriate referrals for shelters, counseling, and other services within the community are provided to the woman prior to discharge.

Responsibility Procedure

R.N., Physician

1. Notify unit clerks of presence of alleged battered woman patient.

Clerical Coordinator

- 1.1 Obtain from patient the address of where battery occurred.
- 1.2 Call Chicago Police Department to report presence of battered woman victim in Emergency Service.

R.N., Physician

2. Assign battered woman to appropriate area.

Clerical Coordinator

- 2.1 Separate patient from alleged assailant if present.
- 2.2 Call Security for assistance as needed.

R.N.

3. Record history of abuse in words of victim.

R.N., Physician

4. Obtain informed consent to take photos.
 - 4.1 Call Security Supervisor to bring camera to Emergency Service.
 - 4.2 Take picture(s) of injury(ies).
 - 4.3 Staple picture(s) to Nursing Notes chart page.

R.N.,

5. Notify Social Services of presence of a battered woman victim.

Clerical Coordinator R.N.

6. Give patient appropriate community referrals for shelter and support.
7. Inform patient of her right to and how to access her medical records.
8. Act as patient's advocate with police, medical staff or others as needed.

Appendix J

Referral Card-Sample

Domestic Violence Referrals-January, 1985

- Rush-Presbyterian-St. Luke's Medical Center—Social Services, 942-5358
- Women Abuse Action Project, 561-3500
- Traveler's Aid Women's Program (24 Hour Answering Service), 435-4500
- Loop YWCA Women's Services, 372-6600
- Mujeres Latinas en Accion, 226-1544
- Lutheran General Hospital (Daytime) 696-5475 (Evening and weekend), 696-5151
- YMCA's "Outrage" Program for abused teenagers (24 Hour Number), 385-0010
- Child Abuse Hotline (toll-free), 1-800-252-2873

Emergency Lodging For Battered Women

- Rainbow House/Arco Iris, 521-4865
- Greenhouse, 278-4566
- Family Rescue, 375-8400
- Tubman Center for Battered Women, 924-3151
- House of Good Shepherd, 935-3434
- Sienna House, 539-7795
- Crisis Center for South Suburbia, 974-1091

Help For Men Who Abuse

- Traveler's Aid Abuser Program, 435-4500
- Men Overcoming Violence, 421-3551
- Mujeres Latinas en Accion, 226-1544
- Crisis Center For South Suburbia, 974-1091

Philosophy: The Rush-Presbyterian-St. Luke's Medical Center community is committed to serving the needs of victims of domestic violence. This card lists some of the major social service agencies in Chicago that provide services not normally found in most health care institutions for people involved in abusive domestic settings.

Domestic Violence Referrals In The Chicago Area

Compiled by:

The Rush Coalition Against Spouse Abuse (RCASA)

Appendix K

Rape Victims Emergency Treatment Act

An ACT requiring hospitals to render emergency hospital service to rape victims who request treatment and providing for reimbursement of costs by the State in certain cases. P.A. 79-564, approved Aug. 26, 1975, eff. Jan. 1, 1976.

87.1. Short title

§ 1. Short Title. This Act shall be known and may be cited as the "Rape Victims Emergency Treatment Act."

87-2. Hospitals to furnish emergency service

§ 2. Hospitals to furnish emergency service. Every hospital required to be licensed by the Department of Public Health pursuant to the Hospital Licensing Act,¹ approved July 1, 1953, as now or hereafter amended, which provides general medical and surgical hospital services shall provide emergency hospital service, in accordance with rules and regulations adopted by the Department of Public Health, to all alleged rape victims who apply for such hospital emergency services in relation to injuries or trauma resulting from the rape.

In addition every such hospital, except hospitals participating in community or area wide plans in compliance with Section 4 of this Act,² shall submit to the Department of Public Health a plan to provide hospital emergency services to alleged rape victims which shall be made available by such hospital. Such plan shall be submitted to the Department of Public Health for approval prior to such plan becoming effective. The department of Public Health shall approve such plan for emergency service to alleged rape victims if it finds that the implementation of the proposed plan would provide adequate hospital emergency service for alleged rape victims.

Amended by P.A. 81-933, § 1, eff. Jan. 1, 1980.

¹ Paragraph 142 et seq. of this chapter.

² Paragraph 87-4 of this chapter.

87-3. Community or area wide plan for emergency services to rape victims

§ 3. Community or area wide plan for emergency services to rape victims. A hospital is authorized to participate, in conjunction with one or more other hospitals or health care facilities, in a community or area wide plan for the furnishing of hospital emergency service to alleged rape victims on a community or area wide basis provided each hospital participating in such a plan shall furnish such hospital emergency services as it is designated to provide in the plan agreed upon by the participating hospitals to any alleged rape victim who applies for such hospital emergency services in relation to injuries or trauma resulting from the rape.

87-4. Community or area wide plans—Submission to Department

§ 4. Community or area wide plans—Submission to department. Community or area wide plans may be developed by the hospitals or other health care facilities in the community or area to be served, and shall provide for the hospital emergency services to alleged rape victims which shall be made available by each of the participating hospitals. All such plans shall be submitted to the Department of Public Health for approval prior to such plan becoming effective. The Department of Public Health shall approve such plan for community or area wide hospital emergency service to alleged rape victims if it finds that the implementation of the proposed plan would provide an adequate hospital emergency service for the people of the community or area to be served.

87.5. Minimum requirements for hospitals providing emergency service to rape victims

§ 5. Minimum requirements for hospitals providing emergency service to rape victims. Every hospital providing emergency hospital services to an alleged rape victim under this Act shall, as minimum requirements for such services, provide, with the consent of the alleged rape victim, and as ordered by the attending physician, the following:

(1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of an alleged rape victim or which may be used as evidence in a criminal proceeding against a person accused of the rape, or both; and records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the alleged rape victim;

(2) appropriate oral and written information concerning the possibility of infection, venereal disease and pregnancy resulting from rape;

(3) appropriate oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from rape;

(4) such medication as deemed appropriate by the attending physician;

(5) a blood test to determine the presence or absence of venereal disease;

(6) written or oral instructions indicating the need for a second blood test 6 weeks after the rape to determine the presence or absence of venereal disease; and

(7) appropriate counseling as determined by the hospital, by trained personnel designated by the hospital.

87-6. Powers and duties of Department of Public Health

§ 6. Powers and duties of Department of Public Health. The Department of Public Health shall have the duties and responsibilities required by Section 6.1 through 6.3.¹

¹ Paragraphs 87-6.1 through 87-6.3 of this chapter.

87-6.1. Implementation of Act

§6.1. To prescribe minimum standards, rules and regulations pursuant to the Illinois Hospital Licensing Act approved July 1, 1953, as now or hereafter amended,¹ necessary to implement this Act, which shall apply to every hospital required to be licensed by the Department of Public Health. Such standards shall include, but not be limited to, a uniform system for recording results of medical examinations and all diagnostic tests performed in connection therewith to determine the condition and necessary treatment of alleged rape victims, which results shall be preserved in a confidential manner as part of the hospital record of the patient.

¹Paragraph 142 et seq. of this chapter.

87-6.2. Emergency services—Development and operation of programs

§ 6.2. To assist in the development and operation of programs which provide emergency services to alleged rape victims, and, where necessary, to provide grants to hospitals for this purpose.

43

Appendix K (Continued)

87-6.3. Reimbursement of hospital and ambulance costs

§ 6.3. To establish standards, rules and regulations, for the reimbursement to hospitals and ambulance providers of costs of providing services to alleged rape victims and alleged victims of deviate sexual assault, pursuant to Section 7 of this Act.¹ Amended by P.A. 81-176, § 1, eff. Jan. 1, 1980.

¹ Paragraph 87-7 of this chapter.

87-7. Hospital charges and reimbursement

§ 7. Hospital charges and reimbursement. When any hospital or ambulance provider furnishes emergency services to any alleged rape victim, or any alleged victim of deviate sexual assault as defined by the Department of Public Health pursuant to Section 6.3 of this Act,¹ who is neither eligible to receive such services under The Illinois Public Aid Code² nor covered as to such services by policy of insurance, the hospital and ambulance provider shall furnish such services to that person without charge and shall be entitled to be reimbursed for its costs in providing such services by the Department of Public Health.

Amended by PA. 81-1182, § 1, eff. July 1, 1980.

¹ Paragraph 87-6.3 of this chapter.

² Chapter 23. 1-I et seq.

87-8. Penalties

§ 8. Penalties. Any hospital violating any provisions of this Act shall be guilty of a petty offense for each violation, and any fine imposed shall be paid into the general corporate funds of the city, incorporated town or village in which the hospital is located, or of the county, in case such hospital is outside the limits of any incorporated municipality.

87-9. Abortion services not required by Act

§ 9. Nothing in this Act shall be construed to require a hospital to provide any services which relate to an abortion.

Appendix L

Chicago Hospital Council Guide To Hospital-News Media Relations

Police and Fire Cases

Many accident cases coming to the hospital must be entered on police records. According to a 1965 Chicago ordinance¹ this applies to “any injury resulting from the discharge of a firearm; any injury or wound apparently inflicted by any object used as a weapon; any injury sustained in the commission of or as a victim of a criminal offense; an animal or human bite; poisoning; any injury sustained on public property; any injury in which a moving motor vehicle was involved; any injury of any cause where it is evident that death will probably ensue as a direct result thereof, or when death has resulted.”

In any of these cases, hospitals may release the following details to the press without the patient’s consent:

- Name, address, marital status, age, sex, occupation, employer.
- Nature of accident (e.g., auto, fire, shooting).
- General information on nature of injury and condition of patient.

News media people find it especially helpful when the hospital has such data available. In addition to expediting the reporter’s work, this advance information assures accuracy of name spellings, addresses, etc., and saves the hospital staff time in repeating details. Where children are involved, adding the parents’ names is also helpful.

In situations that may reflect discredit on a patient or his family (involving such alleged circumstances as suicide or attempted suicide, intoxication, drug addiction, psychiatric counseling or care, child abuse or rape or moral turpitude), hospitals are justified in withholding such details to protect themselves against damage suits.² In these situations, the police officer involved in the incident is a preferred source of information.

On a police case, news media representatives desiring a supplemental news source, may choose to call the News Affairs Division of the Chicago Police Department (744-5480), 8:00 a.m. to 4:30 p.m.; all other hours: First Deputy Superintendent’s Office (744-6603). In suburban situations, news media representatives may wish to call local police departments.

¹ *Chicago City Code, Chapter 137-16, July 7, 1965.*

² *For cases involving victims of sexual assault, Section 137-17.1 of the Chicago Municipal Code prohibits the publication of the victim’s name.*

44

Appendix M

The adjacent Release of Evidence form is based upon the form currently included in the Vitullo" Evidence Collection Kit for Sexual Assault Examination. Permission has been received from RMJ Associates, Inc. (formerly the Citizens Committee for Victim Assistance) to reproduce this form for use in your hospital's treatment of battered women.

Authorization For Release Of Information And Evidence To Law Enforcement Agency (Please print, type or use a patient information stamp)

Patient’s Name:

Date of Birth:

Hospital Number:

I hereby authorize: (Name of Hospital)

to release the following information covering treatment given to me on Month, Day, Year, to (Name of law enforcement agency)

Authorized For Release, Not Authorized For Release (check those which apply)

1. Copies of medical records covering treatment provided by the above-mentioned hospital for this incident
2. X-rays or copies of X-rays taken in connection with examination
3. Slides/smears/specimens (including foreign bodies removed from patient such as bullets, knives, broken glass, etc.)
4. Photographs
5. Clothing

Authorized for release (please list clothing or miscellaneous items)

Name of person authorizing release of information (please type or print): Last, First, Middle, Date

Person authorizing release of information is (check one) Patient, Patient's Parent, Patients' Guardian, Other (specify)

Signature of person authorizing release of information

Receipt Of Information

I certify that I have received the following items (check those which apply):

One sealed evidence kit

Medical records

X-rays or copies of X-rays

Slides/Smears/Specimens (if no evidence kit is used)

Photographs

Sealed clothing bag(s) (if more than one sealed clothing bag, please note):

Other

Signature of person receiving information and/or articles: Date, Time

I.D.#/Star#/Title

Person receiving article(s) is representative of

Name of person releasing articles: Printed Name, Signature

Original to Hospital/Carbon Copy to Law Enforcement Agency/Carbon Copy to Patient

RMJ Associates. Inc. 1985 (formerly Citizens Committee for Victim Assistance). Used with permission.

45

Appendix N

Services For Battered Women

Social Service Organization Name, Address, Phone Number	24- Hour Hotline	Fees			Battered Women Counseling				Abuser Counsel ing	Info. and Referres al	Legal Servic	Advocacy	
		Free	Slid ing Scale	Rate	Individ ual	Grou p	Fami ly	Coup le				Leg al	Othe r
Shelters Chicago Abused Women Coalition P.O. Box 476608 Chicago, IL 60647-6608 278-4110	278- 4566	X			X	X				X		X	
Community Crisis Center 600 Margaret Place Elgin, IL 60120 697-2380	697- 2380	X				X			Groups for Abusive Men	X		X	X
Constance Morris Crisis Center c/o Des Plaines Valley Community Center—Hull House 6125 South Archer Summit, IL 60501 458-6920	485- 5254	X			X	X	X	X	X	X		X	
Crisis Center For South Suburbia P.O. Box 304 Worth, IL 60482 974-1091	974- 1791	X			X	X			Sliding Scale Fee X Group	X		X	
Evanston Shelter 1215 Church Street Evanston, IL 60201 864-8445	864- 8780	X		5 beds \$30/ wk.	X	X				X		X	
Family Rescue P.O. Box 17528 Chicago, IL 60617 375-8400	375- 8400	X			X	X	X		Occas.	X		X	

Life Span P.O. Box 445 Des Plaines, IL 60616 824-4457	824-4454	X			X	X				X		X	
Loop YWCA Women's Services 37 S. Wabash Chicago, IL 60603 372-6600 ext. 61		X			X	X				X	X	X	X
Lutheran General Hospital Rape & Domestic Violence Program 1775 Dempster Street Park Ridge, IL 60068 696-2210 ext. 5475			X							X			
Men Overcoming Violence Emerson House 645 N. Wood Street Chicago, IL 60622 384-8200		X							Some Individual, Mostly Groups	X		X	
Metro-Help 2210 N. Halsted Chicago, IL 60614 880-9860	1-800-621-4000 929-5150	X			X Via Referrals	X Via Referrals	X Via Referrals	X Via Referrals	X Via Referrals	X			
Mujeres Latinas En Accion 1823 W. 17th St. Chicago, IL 60608 226-1544		X			X	X	X	X		X		X	

48

Appendix N

Services For Battered Women

Social Service Organization Name, Address, Phone Number	24- Hour Hotline	Fees			Battered Women Counseling				Abuser Counsel ing	Info. and Referrals	Legal Service	Advocacy	
		Fre e	Slidi ng Scale	Rate	Individ ual	Grou p	Famil y	Coup le				Leg al	Othe r
Family Abuse Program— Rush-Presbyterian-St. Luke's Medical Center Jelke Mailroom 1753 W. Congress Pkwy. Chicago, IL 60612 942-6800			X	X	X	X	X	X		X			
Sarah's Inn P.O. Box 710 Oak Park, IL 60303 386-3305 Only Emergency Shelter If Available	386-3305	X			Short and Long Term	X				X		X	
South Suburban Family Shelter P.O. Box 550 South Holland, IL 60473 335-4125	335-3028	X			X	X	Child ren Of Adult Clien ts	X	X	X		X	X
Southwest Women Working Together 3201 W. 63rd St. Chicago, IL 60629 436-0550		X	X	\$1- \$35	X	X				X			
Travelers & Immigrants Aid 74 W. Randolph Chicago, IL 60606 435-4564	435-4500 Contact— Chgo. Ans. Service	X			X	X	X	X	X Group	X			

	e												
United Charities—Calumet 235 E. 103rd St. Chicago, IL 60628 264-3010			X		X	X	X	X	X	X			
United Charities—Loop 14 E. Jackson Chicago, IL 60604 939-1300			X		X	X	X	X	X	X	X		

49

Appendix N (Continued)

Services For Battered Women

Social Service Organization Name. Address, Phone Number	24- Hour Hotlin e	Fees			Battered Women Counseling					Info. and Referres al	Legal Servical	Leg	Othe r
		Fre e	Slidi ng Scale	Rate	Individ ual	Grou p	Fami ly	Coup le	Abuser Counsel ing				
United Charities—Near South 2105 S. Michigan Chicago, IL 60616 225-7400			X		X		X	X	X	X			
United Charities—Parkside 3445 W. Central Chicago, IL 60634 282-9535			X		X		X	X	X	X			
United Charities—Murdock Center 329 S. Wood Chicago, IL 60607 829-9327													
United Way of Chicago Referral Services 106 S. Michigan Chicago, IL 60610 580-2800		X			Short Term Only					X			
Woman Abuse Action Project/ Uptown Hull House 4520 N. Beacon Chicago, IL 60640 561-3500	Call Rainb ow House	X			X	X		At Wom an's Requ est		X		X	
Women In Crisis Can Act (WICCA) 2114 W. Belmont Chicago, IL 60618 528-3303										X			
Women's Law Project 343 S. Dearborn Chicago, IL 60604 341-1070		X								X	X	X	X

50

Appendix O

References

- Boylan, A.M.&Taub, N., 1981, *Adult Domestic Violence: Constitutional, Legislative And Equitable Issues*. Washington, D.C.; Legal Services Corporation Research Institute.
- Campbell, J., 1984, *Nursing Care Of Victims Of Family Violence*. Reston, Va.; Reston Pub. Co.
- Chapman, J.R. & Gates, M. (eds.), 1978, *The Victimization Of Women*. Beverly Hills; Sage Pub.
- Costa, J.J., 1983, *Abuse Of Women: Legislation, Reporting, And Prevention*. Lexington, Mass.; Lexington Books.

- Dobash, R.E. & Dobash R., 1979, *Violence Against Wives: A Case Against The Patriarchy*. New York; Free Press.
- Fleming, J.B., 1979, *Stopping Wife Abuse: A Guide To The Emotional, Psychological And Legal Implications For The Abused Woman And Those Helping Her*. New York; Anchor Press/Doubleday.
- Hilberman, E., 1980, Overview: the 'wife-beater's wife' reconsidered. *American Journal of Psychiatry*. Nov.; 137, 11,; 1336-47.
- Martin, D., 1981, *Battered Wives*. San Francisco; Volcano Press.
- Pagelow, M.D., 1981, *Woman-Battering, Victims And Their Experiences*. Beverly Hills; Sage Pub.
- Roberts, A.R. (ed.), 1984, *Battered Women And Their Families: Intervention Strategies And Treatment Programs*. New York; Springer Pub.
- Roy, M. (ed.), 1977, *Battered Women: A Psychosociological Study Of Domestic Violence*. New York; Van Nostrand Reinhold.
- Stark, E.,etal, 1979, Medicine And Patriarchal Violence: The Social Construction Of A 'Private' Event. *International Journal of Health Services*, 9, 3,; 461-93.
- Walker, L.E., 1979, *The Battered Woman*. New York; Harper& Row.
- Walker, L.E. 1984, *The Battered Woman Syndrome*. New York; Springer Pub.