Intimate Partner Violence Algorithm University Hospital

Recommend SCREENING all women between the ages of 14 and 46 years

ASK any patient with risk factors

I ask all my patients if they are in a relationship or in a home with someone who may be hurting or controlling them because this can affect a person’s health (and the health of children). Please be aware that in some instances what you tell me may have to be reported to the police.

Are you in a relationship with someone who physically hurts, threatens or emotionally abuses you?

**SCREEN NEGATIVE**

Physical findings consistent with assault/abuse? §26-23a-2

- YES

- CALL POLICE if treating an assaultive injury: 801-585-2677
- CALL DCFS if children present during assault: 855-323-3237

- OR

- ARE YOU NOW OR HAVE YOU EVER BEEN
  - Humiliated or emotionally abused by a partner?
  - Afraid of a partner?
  - Raped or forced to have sexual activity by a partner?
  - Kicked, hit, slapped or otherwise hurt by a partner?
  - Strangulation (Has anyone ever ‘choked’ or ‘strangled’ you?)

- YES

- “Are you here today to be treated for injuries caused by another person?” §26-23a-2

- OR

- NO

**SCREEN POSITIVE**

Physical findings consistent with assault/abuse?

- YES

- “I am concerned that you may not be in a healthy relationship. This can affect your health and the health of your children. Here are some resources. I strongly urge you to call the crisis hotline number (800-897-LINK) or speak to a DV advocate (801-799-3756). They can help you.”

- NO

“Document what patient stated in her own words and what resources were given to the patient. Discuss Safety Issues.”

“Contact DCFS 855-323-3237 if acts of IPV were committed in the presence of a child. §76-5-109.1”

“Consider other resources”

- In ED and after hours call ED Social Worker: Smart Web
- Ambulatory/Inpatients call social worker: Smart Web
- Notify hospital security if needed: 801-581-2294
- DV Crisis Hotline Number (LINK LINE): 800-897-LINK
- SANE Nurse: 801-461-5888
- Call DV Advocate if patient so desires: 801-799-3756
- YWCA DV Shelter: 801-537-8600

“I am glad you are in a healthy relationship. Would you like some resources in case you or someone you know ever needs help?”
Vulnerable Adult Abuse Algorithm University Hospital

Presentation Concerning for Vulnerable Adult Abuse

If you suspect Elder/Disabled Adult Abuse and patient has no cognitive dysfunction* separate patient from accompanying adults and ask:

YES

Is patient medically stable?

NO

Stabilize patient as appropriate--then proceed with algorithm

*If patient has cognitive dysfunction consult:
- Psychiatry
- Neurology
- Consider Geriatrician

“Are you here today to be treated for injuries caused by another person?”

\[26-23a-2; 76-5-111.1\]

If YES to question 2,3,4,OR 5

\[76-5-111.1\]

If NO to questions 2,3,4,AND 5

- Physical findings consistent with assault/abuse
  AND/OR
- HCP notices: poor eye contact, withdrawn nature, malnourishment, hygiene issues, inappropriate clothing, or medication compliance issues and elder/disabled adult abuse suspected

\[76-5-111.1\]

If YES to question 2,3,4,OR 5

\[76-5-111.1\]

If NO to questions 2,3,4,AND 5

- Refer to Social Worker as needed
- Reiterate to patient that UHC is a resource if needed
- Ensure follow-up with PCP
- Consider referral to Geriatrician

CONSIDER OTHER RESOURCES

- See IPV Algorithm if needed
- CALL POLICE: 801-585-2677 OR CALL APS: 800-371-7897

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, other assisted devices or medical care, or from being with people you wanted to be with?
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
4) Has anyone tried to force you to sign papers or to use your money against your will?
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

Document:
- What patient stated in her/his own words;
- What resources were given to the patient; and
- Reports made to authorities

\[76-5-111.1\]
If YES

Assessment of Potential Danger
Ask Hotline (888-373-7888) to assist in assessing level of danger.
Be vigilant of immediate environment
Questions to consider:
• Is the trafficker present?
• What will happen if the patient does not return to the trafficker?
• Does the patient believe he/she or a family member is in danger?
• Is the patient a minor?

Document what patient stated in her/his own words and what resources were given to the patient.

Important Dynamics for Assessment
• Keep in mind that the victim may not self-identify as a human trafficking victim
• Victims have been conditioned not to trust others
• Victims have been conditioned not to tell the truth
• Speak to the patient alone without accompanying adults (adults may portray themselves as relatives)
• Prioritize the patient’s medical needs and safety as the primary reason for the assessment

Human Trafficking (HT) Algorithm University Hospital
Presentation Concerning for Human Trafficking

If you suspect TIP ask:

"Are you here today to be treated for injuries caused by another person?"
§26-23a-2

If you suspect HT ask questions alone with the patient:
• “Have you ever been forced to do work when you didn’t want to do?”
• “Does anyone hold your identity documents?”
• “Has your employer threatened you if you leave?”
• “Have you ever exchanged sex for food, shelter, drugs, or money?”

< 18 years of age
§62A-4-401
• CALL POLICE 801-585-2677 AND
• CALL DCFS (IF < 18 YO) 855-323-3237 AND
• CALL SHF (IF < 18 yo) 801-662-1000

CONSIDER OTHER RESOURCES:
• 24/7 Human Trafficking Hotline 888-373-7888
• Notify hospital security 801-581-2294
• In ED and after hours ED Social Worker: Smart Web
• Ambulatory/Inpatients Social Worker: Smart Web
• Utah Trafficking in Persons Task Force 801-200-3443
• SANE Nurse 801-461-5888
• Sexual Assault Crisis Hotline 801-467-7273
* See Child Abuse Algorithm if < 18 years old
* See IPV Algorithm if needed

≥ 18 years of age

If you suspect HT ask questions alone with the patient:

If you suspect TIP ask:

CALL POLICE 801-585-2677 AND
CALL DCFS (IF < 18 YO) 855-323-3237 AND
CALL SHF (IF < 18 yo) 801-662-1000

Stabilize patient as appropriate—proceed with algorithm

If patient medically stable?

NO

If NO

If YES

If you suspect HT ask questions alone with the patient:

"Are you here today to be treated for injuries caused by another person?"
§26-23a-2
Child Abuse and Neglect Algorithm University Hospital
Presentation Concerning for Child Abuse/Neglect

**Is patient medically stable?**

- **YES**
  - Physical Injuries
    - Assess for Risk Factors
    - Ask about IPV in the home
    - Carefully document history using quotes when possible
    - Perform a careful, thorough physical exam
    - CALL DCFS 855-323-3237
    - CALL SHF 801-662-1000
    - CONSIDER OTHER RESOURCES
      - Abuse Pediatrician 801-662-1000
      - Social Worker Smart Web
      - Police 801-585-2677
      - CJC 385-468-4580; 385-468-4560
  - Emotional Abuse
    - Assess for Risk Factors
    - Ask about IPV in the home
    - Carefully document history using quotes when possible
    - Perform a careful, thorough physical exam
    - CALL DCFS 855-323-3237
    - CALL SHF 801-662-1000
    - CONSIDER OTHER RESOURCES
      - Abuse Pediatrician 801-662-1000
      - Social Worker Smart Web
      - Police 801-585-2677
      - CJC 385-468-4580; 385-468-4560
  - Sexual Abuse
    - Assess for Risk Factors
    - Ask about IPV in the home
    - For children <14 years: call child abuse pediatrician on call at 801-662-1000
    - For children >14 years: call SANE nurse 801-461-5888
    - Contact Social Worker: SmartWeb
    - Contact Crisis Worker if after hours or in ED: 801-213-2825
    - Carefully document history using quotes when possible
    - Perform a careful, thorough physical exam
    - CALL DCFS 855-323-3237
    - CALL SHF 801-662-1000
    - CONSIDER OTHER RESOURCES
      - Abuse Pediatrician 801-662-1000
      - Social Worker Smart Web
      - Police 801-585-2677
      - CJC 385-468-4580; 385-468-4560
  - Witness to IPV
    - Assess for Risk Factors
    - See IPV Algorithm
    - Carefully document history using quotes when possible
    - Perform a careful, thorough physical exam
    - CALL DCFS 855-323-3237
    - CALL SHF 801-662-1000
    - CONSIDER OTHER RESOURCES
      - Abuse Pediatrician 801-662-1000
      - Social Worker Smart Web
      - Police 801-585-2677
      - CJC 385-468-4580; 385-468-4560
  - Neglect
    - Assess for Risk Factors
    - Ask about IPV in the home
    - Carefully document history
    - Perform a careful, thorough physical exam
    - CALL DCFS 855-323-3237
    - CALL SHF 801-662-1000
    - CONSIDER OTHER RESOURCES
      - Abuse Pediatrician 801-662-1000
      - Social Worker Smart Web
      - Police 801-585-2677
      - CJC 385-468-4580; 385-468-4560

- **NO**
  - Stabilize patient as appropriate—proceed with algorithm

**CONSIDER OTHER RESOURCES**
- Contact Social Worker Smart Web to help families with homelessness, socio-economic factors, educational needs, drug use, food insecurity and health insurance needs
- Child Abuse Pediatrician 801-662-1000 to help with evaluation if needed
- Hospital Security 801-581-2294
- Police 801-585-2677
Sexual Assault Algorithm University Hospital

Presentation Concerning for Sexual Assault
If patient is a Minor (<18 years old) or a Vulnerable Adult report to DCFS or APS and See Algorithms specific to Minors and Vulnerable Adults

Competent Adult Patient DOES disclose sexual assault AND you are treating assaultive injuries

- Start by Believing©
- Respond with validating statements
- Demonstrate empathy and concern
- Care for patient’s medical needs
- Offer resources and referrals
- Refer to Social Worker as needed
- Reiterate to patient that UHC is a resource if needed

CALL POLICE 801-585-2677
  • Call DCFS if < 18 855-323-3237
  • Call APS if vulnerable adult 800-371-7897
CALL RAPE RECOVERY 801-467-7273

FOR EXAM (See Medical Care Process and Prophylaxis)
> 18 years CALL WASATCH FORENSIC NURSES 801-461-5888
< 17 years CALL CHILD ABUSE PEDIATRICIAN 801-662-1000

*Note: Even though you have to call the police, let the patient know that she/he DOES NOT have to talk to the police

Competent Adult Patient DOES NOT disclose sexual assault but HCP is concerned

If you suspect Sexual Assault ask:
• Have you ever been touched sexually against your will or without your consent?
• Have you ever been forced or pressured to have sex?
• Do you feel you have no control over your sexual relationship(s) and will not be listened to if you say ‘no’ to having sex?

If YES To Any Question

If NO To All Questions

“For you here today to be treated for injuries caused by another person?” §26-23a-2

CALL RAPE RECOVERY 801-467-7273

• Refer to Social Worker as needed
• Reiterate to patient that UHC is a resource if needed
• Ensure follow-up with PCP
List of Algorithms

- Return to IPV Algorithm
- Return to Human Trafficking Algorithm
- Return to Child Abuse & Neglect Algorithm
- Return to Vulnerable Adult Algorithm
- Return to Sexual Assault Algorithm
PATIENT RISK FACTORS FOR IPV VICTIMIZATION

Historical Indicators
- Women between the ages of 20 and 34
- Having a disability
- Recent trauma history
- Unexplained injuries
- Injuries inconsistent with the story
- Delay in seeking medical care
- Physical injury during pregnancy
- Direct or indirect reference to abuse
- Alcohol/substance abuse
- History of depression, anxiety, suicidality
- Overly protective or controlling partner
- Having a child with alleged or confirmed child maltreatment
- Not following through with recommended treatments
- Chronically ‘no-showing’ for appointments
- Men in same sex relationships

Symptoms/Injuries Concerning for Abuse
- Injury to head, neck, torso, breasts, abdomen, or genitals
- Defensive wounds, e.g., bruises, lacerations on back of forearms/hands
- Strangulation injury
- Mental illness
- Sexually transmitted infections, including HIV
- Obstetrical complications
- Chronic pain syndromes, e.g., headaches, IBS, fibromyalgia, pelvic pain
- Poorly-controlled asthma
- Chronic fatigue
- Sleep disorders
PROCEDURE FOR IDENTIFYING VICTIMS OF IPV

**Document**
- Thoroughly document in the chart what you asked about IPV and what the patient said--quote the patient verbatim
- Document the patient’s description of the violence
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what information was given to the patient and the referrals made
- Domestic violence or intimate partner violence should not be written on the discharge information due to the increased safety risk to victims if the perpetrator acquires this information
- In the case of a pediatric chart when the parent is the victim
  - Ask if it is safe to document in the child’s chart
  - If there is a concern for confidentiality, then put the information in a chart made for the parent

**Assess Safety/Lethality**
- Involve a social worker and/or a domestic violence advocate to help the patient develop a safety plan
- Certain aspects of the violence that are most concerning for safety are
  - The most dangerous time for an IPV victim is when she tries to leave the relationship
  - Concerning characteristics for future lethality include alcohol use, drug use, access to guns/weapons, escalating violence, previous history of strangulation, and threats of homicide and/or suicide
RESOURCES FOR INTIMATE PARTNER VIOLENCE

Local Resources
- Utah DV LINK Line
  - 800-897-LINK (5465)
- Utah DV Advocates
- Wasatch Forensic Nurses (SANE)
- Rape Recovery Center
- Utah Coalition Against Sexual Assault
- Utah Victims of Crime

National Resources
- National DV Hotline
  - 800-799-SAFE (7233)
- National Sexual Assault
  - 800-656-HOPE (4673)
- Futures Without Violence

Patient Handouts
- General Resources
- Women and Men
  - CDC Fact Sheet
- Adolescents
  - Loveisrespect.org
  - Teen Dating Violence (CDC)
- UDOH Teen Dating Violence Resources
  - Teen Dating Violence Toolkit
  - Teen Dating Violence in Utah
<table>
<thead>
<tr>
<th>Police Departments</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Campus Police</td>
<td>801-585-2677</td>
</tr>
<tr>
<td>Centerville</td>
<td>801-292-8441</td>
</tr>
<tr>
<td>Farmington</td>
<td>801-451-5453</td>
</tr>
<tr>
<td>Layton</td>
<td>801-497-8300</td>
</tr>
<tr>
<td>Midvale</td>
<td>801-743-7000</td>
</tr>
<tr>
<td>Murray</td>
<td>801-264-2673</td>
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<tr>
<td>Orem</td>
<td>801-229-7070</td>
</tr>
<tr>
<td>Park City (Summit Co Sheriff)</td>
<td>435-615-3500</td>
</tr>
<tr>
<td>Riverton</td>
<td>801-743-7000</td>
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<tr>
<td>Salt Lake City</td>
<td>801-799-3000</td>
</tr>
<tr>
<td>South Jordan</td>
<td>801-840-4000</td>
</tr>
<tr>
<td>Stansbury Park (Sheriff)</td>
<td>435-882-5600</td>
</tr>
<tr>
<td>West Valley</td>
<td>801-840-4000</td>
</tr>
<tr>
<td>Domestic Violence Related ICD-10 Codes</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
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<tr>
<td><strong>Domestic violence affecting pregnancy</strong></td>
<td>O9A.319</td>
</tr>
<tr>
<td><strong>Domestic violence affecting pregnancy in first trimester</strong></td>
<td>O9A.311</td>
</tr>
<tr>
<td><strong>Domestic violence affecting pregnancy in second trimester</strong></td>
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<tr>
<td><strong>Domestic violence affecting pregnancy in third trimester</strong></td>
<td>O9A.313</td>
</tr>
<tr>
<td><strong>Domestic violence affecting pregnancy, antepartum</strong></td>
<td>O9A.319</td>
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<tr>
<td><strong>Domestic violence complicating pregnancy</strong></td>
<td>O9A.319</td>
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<tr>
<td><strong>Domestic violence complicating pregnancy in first trimester</strong></td>
<td>O9A.311</td>
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<tr>
<td><strong>Domestic violence complicating pregnancy in second trimester</strong></td>
<td>O9A.312</td>
</tr>
<tr>
<td><strong>Domestic violence complicating pregnancy in third trimester</strong></td>
<td>O9A.313</td>
</tr>
<tr>
<td><strong>Domestic violence complicating pregnancy, unspecified trimester</strong></td>
<td>O9A.319</td>
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<tr>
<td><strong>Domestic violence of an adult</strong></td>
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<tr>
<td><strong>Domestic violence of an adult, initial encounter</strong></td>
<td>T74.91XA</td>
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<tr>
<td><strong>Domestic violence of an adult, sequela</strong></td>
<td>T74.91XS</td>
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<tr>
<td><strong>Domestic violence of an adult, subsequent encounter</strong></td>
<td>T74.91XD</td>
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<td><strong>Domestic violence victim</strong></td>
<td>Z65.4</td>
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<tr>
<td><strong>Victim of domestic violence</strong></td>
<td>Z65.4</td>
</tr>
<tr>
<td><strong>Exposure of child to domestic violence</strong></td>
<td>Z63.8</td>
</tr>
</tbody>
</table>

*(Consider patient safety if the perpetrator may see the bill)*
**Signs (Red Flags) Concerning for Vulnerable Adult Abuse**

**Abuse**
- Unexplained bruises or welts
- Multiple bruises
- Unexplained fractures, abrasions and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse
- Frequent visits to the emergency department

**Neglect**
- Dehydration
- Lack of glasses, dentures, or hearing aids if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

**Self-Neglect**
- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aids if needed
- Failure to keep medical appointments

**Exploitation**
- Disappearance of possessions
- Forced to sell house or change one’s will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances/No money for food or clothes
**History concerning for Vulnerable Adult Abuse**

History
Cognitive dysfunction can influence whether the elder or disabled person recognizes the abuse, is believed when reporting the abuse or can decide options for intervention. If the patient has cognitive dysfunction, consult Psychiatry and Neurology. If patient is cognitively appropriate and has risk factors for being a victim of abuse or concerns are suspected, if possible get patient alone. There is a paucity of research in screening questions for elder adult abuse and even more so for disabled adult abuse. Some suggested questions to ask include:

- Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
- Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
- Has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?
- Has anyone you depend on refused to help you with an important personal need such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?
- Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
- Has anyone tried to force you to sign papers or to use your money against your will?
- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
- Do you feel safe where you live?
- Are you afraid of anyone?
- Are you made to stay in your room or left alone a lot?
- Has your caregiver ever refused to help take care of you when you asked for help?

Return to Vulnerable Adult Algorithm
**Documentation for Vulnerable Adult Abuse**

- Thoroughly document in the chart what you asked and what the patient said--quote the patient verbatim
- Note the date and time of the encounter
- Document the patient’s description of the violence, abuse, and/or exploitation
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what treatment was required
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or APS if appropriate
**Physical Signs and Symptoms Concerning for Vulnerable Adult Abuse**

**Physical**
- Welts, wounds and injuries (e.g., bruises, lacerations, dental problems, head injuries, broken bones, pressure sores)
- Persistent physical pain and soreness
- Nutrition and hydration issues
- Sleep disturbances
- Gastrointestinal problems
- Increased susceptibility to new illnesses (including STI)
- Exacerbation of preexisting health conditions
- Increased risk for premature death

**Psychological**
- Higher levels of distress
- Depression
- Increased risks for developing fear/anxiety reactions
- Learned helplessness
- Post-traumatic stress disorder

**Physical Examination**
A thorough examination should be performed on any patient suspected of being a victim of vulnerable adult abuse. The physical examination and history is performed to establish that the patient is medically stable.

- Gather patient history separately from accompanying person
- Note the patient’s general condition and demeanor
- Conduct a visual exam of the patient’s entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, tympanic membranes and auditory canal, oral cavity, external genitalia, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status
- Note the behavior and emotional state of the patient during the examination
- Photograph any visible marks, bruises or other injuries as per protocol
**RESOURCES FOR VULNERABLE ADULT ABUSE AND GO TO GENERAL RESOURCES**

### 911 For Emergency

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah Adult Protective Services</td>
<td>800-371-7897</td>
</tr>
<tr>
<td>Utah Domestic Violence Hotline</td>
<td>800-897-LINK (5465)</td>
</tr>
<tr>
<td>Sexual Assault Hotline</td>
<td>888-421-1100</td>
</tr>
<tr>
<td>Rape Recovery Crisis</td>
<td>801-467-7273</td>
</tr>
<tr>
<td>National Committee for the Prevention of Elder Abuse</td>
<td>202-464-9481</td>
</tr>
<tr>
<td>National Adult Protective Services Association</td>
<td>217-523-4431</td>
</tr>
<tr>
<td>National Center on Elder Abuse</td>
<td>855-500-3537</td>
</tr>
<tr>
<td>U.S. Administration on Aging</td>
<td>800-677-1116</td>
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<tr>
<td>Alzheimer’s Association Utah Chapter</td>
<td>800-272-3900</td>
</tr>
<tr>
<td>Salt Lake County Aging Services</td>
<td>385-468-3200</td>
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### Domestic Violence Advocate Programs (if patient is a DV Victim)

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centerville</td>
<td>801-451-4300</td>
</tr>
<tr>
<td>Farmington</td>
<td>801-451-3556</td>
</tr>
<tr>
<td>Layton</td>
<td>801-546-8539</td>
</tr>
<tr>
<td>Midvale</td>
<td>385-468-9350</td>
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<tr>
<td>Murray</td>
<td>801-284-4203</td>
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<tr>
<td>Orem</td>
<td>801-229-7128</td>
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<tr>
<td>Park City (Summit Co Sheriff)</td>
<td>435-615-3600</td>
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<tr>
<td>Riverton</td>
<td>801-743-7000</td>
</tr>
<tr>
<td>Salt Lake City</td>
<td>801-799-3756</td>
</tr>
<tr>
<td>South Jordan</td>
<td>801-412-3660</td>
</tr>
<tr>
<td>Stansbury Park (Sheriff)</td>
<td>800-833-5515</td>
</tr>
<tr>
<td>West Valley</td>
<td>801-963-3223</td>
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### Domestic Violence Shelters (LINK LINE) 800-897-LINK (5465)

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<thead>
<tr>
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<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Davis County Safe Harbor</td>
<td>801-451-4300</td>
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<tr>
<td>Salt Lake County</td>
<td>801-255-1095</td>
</tr>
<tr>
<td>South Valley Sanctuary</td>
<td>801-255-1095</td>
</tr>
<tr>
<td>YWCA Women in Jeopardy</td>
<td>801-537-8600</td>
</tr>
<tr>
<td>Summit County Peace House</td>
<td>800-647-9161</td>
</tr>
<tr>
<td>Tooele County Pathways</td>
<td>800-647-9161</td>
</tr>
<tr>
<td>Utah County Center for Women and Children in Crisis</td>
<td>801-377-5500</td>
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### Elder Abuse Related ICD-10 Codes
(Consider patient safety if the perpetrator may see the bill)

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>Elder abuse, initial encounter</td>
<td>T74.91XA</td>
</tr>
<tr>
<td>Elder abuse, sequela</td>
<td>T76.91XS</td>
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<tr>
<td>Elder abuse, subsequent encounter</td>
<td>T76.91XD</td>
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<tr>
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<td>Adult neglect (nutritional), sequela</td>
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<td>Adult neglect (nutritional), subsequent encounter</td>
<td>T74.01XD</td>
</tr>
<tr>
<td>Medical neglect of adult by caregiver</td>
<td>T74.01XA</td>
</tr>
<tr>
<td>Medical neglect of adult by caregiver, initial encounter</td>
<td>T74.01XA</td>
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<tr>
<td>Medical neglect of adult by caregiver, sequela</td>
<td>T74.01XS</td>
</tr>
<tr>
<td>Medical neglect of adult by caregiver, subsequent encounter</td>
<td>T74.01XD</td>
</tr>
</tbody>
</table>
RISK FACTORS (RED FLAGS) FOR VICTIMS OF HUMAN TRAFFICKING

- General Indicators
- Specific Indicators
- Specific Health Indicators
Risk Factors (Red Flags) for Victims of Human Trafficking

General Indicators
- Patient does not have any type of legal documentation, e.g., driver’s license, state-issued identification card, passport, Green Card, etc.
- Patient is living with employer
- Patient claims to be “just visiting” an area but is unable to articulate where he/she is staying or cannot remember addresses; the individual does not know the city or state of his/her current location
- Patient has numerous inconsistencies in his/her story
- Someone is claiming to speak for, or on behalf of victim—e.g., an interpreter, often of the same ethnic group, male or female; victim is not allowed to speak for him/herself
- Patient exhibits behaviors including “hyper-vigilance” or paranoia, fear, anxiety, depression, submission, tension and/or nervousness
- Patient exhibits a loss of sense of time or space
- Patient avoids eye contact
- Patient uses false identification papers—may not be victim’s real name
- Patient is not in control of his/her own money
Risk Factors (Red Flags) for Victims of Human Trafficking

Specific Indicators

- Family dysfunction (e.g. abuse in the home, neglect, absence of a caregiver, or substance abuse) is a major risk factor for sex trafficking and can be an important warning sign that the individual might be a victim
- Patient is a runaway youth
- Patient is homeless youth
- Youth in foster care (a study in New York found that 85% of DMST victims had experienced contact with the child welfare system)
- The age of the patient has been verified to be under 18 years old and is involved in the sex industry
- The age of the patient has been verified to be under 18 and has a record of prior arrest(s) for prostitution
- Discrepancies in behavior and reported age—i.e., clues in behavior or appearance that suggest that the individual is underage, but he/she lies about his/her age
- Evidence of sexual trauma
- Multiple or frequent sexually transmitted infections (STIs), especially evidence of lack of treatment for STIs
- Multiple or frequent pregnancies
- Patient reports a large number of sexual partners
- Patients who are under the age of 18 in the presence of an older boyfriend
**Risk Factors (Red Flags) for Victims of Human Trafficking**

**Specific Health Indicators**
- Malnourishment or generally poor health
- Signs of physical abuse—in particular, unexplained injuries or signs of prolonged abuse
  - Bruises
  - Black eyes
  - Burns
  - Cuts
  - Broken bones
  - Broken teeth
  - Multiple scars
- Evidence of a prolonged infection that could have been easily treated from a routine exam
- Non-medical abortion attempt
- History of multiple spontaneous and/or induced abortions
- Addiction to drugs and/or alcohol
- Patient has no idea when his/her last medical exam was
- Lack of healthcare insurance—paying with cash

Return to HT Risk Factors

Return to Human Trafficking Algorithm
# Resources for Victims of Human Trafficking

## General Resources

| 911 For Emergency |  
|-------------------|--------------------------------------------------|
| Utah 24/7 Crisis Hotline for HT Victims | 888.3737.888 |
| Utah Domestic Violence Hotline | 800-897-LINK (5465) |
| Utah TIP Line (for nonemergency HT issues) | 801-200-3443 |
| Sexual Assault Hotline | 888-421-1100 |
| Rape Recovery Crisis | 801-467-7273 |
| Department of Child and Family Services | 855-323-3237 |
| Immigration and Customs Enforcement (ICE) | 866-872-4973 |
| U.S. DOJ TIP Reporting and Help Line | 888-428-7581 |
| Asian Association of Utah—Refugee and Immigrant Center | 801-467-6060 |
| Attorney General Victim Advocate | 801-281-1206 |
| FBI Victim Services | 801-579-6400 |

## Victims of Sexual Assault

| >14 years old Salt Lake SANE | 801-461-5888 |
| <14 years old SHF Child Abuse Pediatrician | 801-662-1000 |
Documentation

- Thoroughly document in the chart what you asked and what the patient said—quote the patient verbatim
- Document the patient’s description of the violence and abuse
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or DCFS if appropriate
**QUESTIONS FOR VICTIMS OF HUMAN TRAFFICKING**

**History**
If patient has risk factors for being a victim of trafficking or concerns are suspected, if possible get patient alone. Always have a chaperone during the history and physical exam. If the patient is not allowed to speak for him/herself involve security or law enforcement. Some suggested questions to ask include:

- Have you ever been forced to do work you didn’t want to do?
- Can you leave your job if you want to?
- Has a boyfriend, friend, employer or anyone forced you to have sex to pay off a debt, for money or for drugs?
- Does anyone hold your identity documents (i.e. driver’s license/passport) for you? Why?
- Can you come and go as you please?
- Have physical abuse or threats from your employer made you fearful to leave your job?
- Has anyone lied to you about the type of work you would be doing?
- Were you ever threatened with deportation or jail if you tried to leave your situation?
**Procedure for Identifying Victims of Human Trafficking**

If you suspect that a patient is a victim of human trafficking:

- Isolate the patient from any adult(s) accompanying him/her
- Perform a safety check:
  - Is it safe for you to talk to me right now?
  - How safe do you feel right now?
  - Do you feel like you are in any kind of danger while speaking with me at this location?
  - Is there anything that would help you to feel safer while we talk?
  - If you suspect that the patient is in immediate danger, notify police and hospital security

- Be sensitive, every incident of human trafficking and trauma is different
- Remember that the patient usually will not identify as being a victim
- Record as much information about the situation as possible
- Provide the patient with resources if it is safe to do so
- If the patient is less than 18 years of age, notify law enforcement and DCFS
- Contact Utah Human Trafficking Task Force (801-200-3443)
- If the patient is a competent adult who has assaultive injuries or is a victim of rape or sexual assault report to law enforcement
- Contact Social Work and Contact the National Human Trafficking Resource Center (NHTRC) Hotline (888.3737.888) for additional resources or information
There are no ICD-10 Codes for Trafficking

Suggested codes for specific abuse or violence
(Consider patient safety if the perpetrator may see the bill)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of torture</td>
<td>Z65.4</td>
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<tr>
<td>Victim of crime</td>
<td>Z65.4</td>
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<tr>
<td>Victim of violence</td>
<td>Z65.4</td>
</tr>
<tr>
<td>Victim of physical trauma</td>
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<td>X58-XXXXA</td>
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<td>Victim of physical trauma, sequela</td>
<td>X58-XXXS</td>
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<tr>
<td>Victim of physical trauma, subsequent encounter</td>
<td>X58-XXXD</td>
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<tr>
<td>Adult victim of non-domestic physical abuse</td>
<td>T74.11XA</td>
</tr>
<tr>
<td>Adult victim of non-domestic physical abuse, initial encounter</td>
<td>T74.11XA</td>
</tr>
<tr>
<td>Adult victim of non-domestic physical abuse, sequela</td>
<td>T74.11XS</td>
</tr>
<tr>
<td>Adult victim of non-domestic physical abuse, subsequent encounter</td>
<td>T74.11XD</td>
</tr>
<tr>
<td>Confirmed victim of abuse in adulthood</td>
<td>T74.91XA</td>
</tr>
<tr>
<td>Confirmed victim of abuse in adulthood, initial encounter</td>
<td>T74.91XA</td>
</tr>
<tr>
<td>Confirmed victim of abuse in adulthood, sequela</td>
<td>T74.91XS</td>
</tr>
<tr>
<td>Confirmed victim of abuse in adulthood, subsequent encounter</td>
<td>T74.91XD</td>
</tr>
<tr>
<td>Confirmed victim of sexual abuse in adulthood</td>
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<tr>
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<td>T74.21XS</td>
</tr>
<tr>
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<td>T74.21XD</td>
</tr>
<tr>
<td>Personal history of adult victim of abuse</td>
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<tr>
<td>Assault by person unknown to victim</td>
<td>Y09,Y07.9</td>
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<tr>
<td>Sexual assault by bodily force by multiple persons unknown to victim</td>
<td>T74.21XA</td>
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<tr>
<td></td>
<td>T24.22X</td>
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Adult Abuse Related ICD-10 Codes
(Consider patient safety if the perpetrator may see the bill)

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
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<td>Unspecified adult maltreatment, confirmed, initial encounter</td>
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<td>Unspecified adult maltreatment, suspected, initial encounter</td>
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<td>Adult physical abuse, confirmed, initial encounter</td>
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<td>T76.11XA</td>
<td>Adult physical abuse, suspected, initial encounter</td>
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<td>T74.31XA</td>
<td>Adult psychological abuse, confirmed, initial encounter</td>
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<tr>
<td>T76.31XA</td>
<td>Adult psychological abuse, suspected, initial encounter</td>
</tr>
<tr>
<td>T74.21XA</td>
<td>Adult sexual abuse, confirmed, initial encounter</td>
</tr>
<tr>
<td>T76.21XA</td>
<td>Adult sexual abuse, suspected, initial encounter</td>
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<td>T74.01XA</td>
<td>Adult neglect or abandonment, confirmed initial encounter</td>
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<td>T76.91XA</td>
<td>Unspecified adult maltreatment, suspected initial encounter</td>
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<tr>
<td>Z91.49</td>
<td>Other personal history of psychological trauma, not elsewhere classified</td>
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</table>

Return to IPV Algorithm
Return to Vulnerable Adult Algorithm
Return to Human Trafficking Algorithm
Return to Sexual Assault Algorithm
PRESENTATION CONCERNING FOR CHILD ABUSE & NEGLECT
Risk Factors for Child Abuse & Neglect
Historical Indicators Concerning for Child Abuse & Neglect
Signs and Symptoms Concerning for Child Abuse & Neglect

Return to Child Abuse & Neglect Algorithm
**Risk Factors for Child Abuse & Neglect**

**Individual Risk Factors for Maltreatment**
- Child younger than 4 years of age
- Child with special needs or disabilities

**Individual Risk Factors for Perpetration**
- Parents lack of understanding child’s needs, child development and parenting skills
- Parental substance abuse
- Parental mental illness
- Nonbiological, transient caregivers in the home
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, low income
- Parental thoughts and emotions that tend to support or justify maltreatment behavior
- Parental history of being a victim of current or past abuse
- Harsh parenting
- Parent being a perpetrator of intimate partner violence

**Family Risk Factors**
- Social isolation
- Family disorganization
- Intimate partner violence or other violence in the home
- Parenting stress, poor parent-child relationships, and negative interactions
HISTORICAL INDICATORS CONCERNING FOR CHILD ABUSE & NEGLECT

- Absence of trauma history
- Minor trauma history to explain serious injury
- Trauma history inconsistent with the injury
- Histories that change/evolve/differ
- Trauma history in which child plays developmentally inappropriate role
- Serious trauma blamed on child/sibling
- Delay in seeking medical care not explained by natural progression of symptoms or access to health care
- Child reports inflicted injury, regardless of what adults say
- Difficulty in managing a chronic illness
- Multiple, bilateral injuries
- Bruising in an infant who is not ambulating
- Unusual bruising patterns not explained by known trauma or bleeding disorders
- Unable to locate parents
- Parent’s affect is inappropriate to the child’s condition
- Prior findings for abuse
**Signs or Symptoms Concerning for Child Abuse & Neglect**

**Physical Abuse**
- Infants with
  - subdural hematoma
  - retinal hemorrhages
  - rib fractures or metaphyseal fractures
  - multiple, complex skull fractures
  - long bone fractures
- Bruises
  - in a nonambulating infant
  - that occur on the scalp, cheek, pinnae, neck, abdomen or buttocks
  - that occur in a pattern
- Burns
  - with well-demarcated margins
  - sparing the buttocks as seen in immersion burns
  - sparing of inguinal folds as seen in immersion burns
  - with a pattern not consistent with history
  - that are symmetric
  - For burn injured pediatric patients admitted to the University Burn Unit – refer to the Burn Center/Safe and Healthy Families Referral Protocol

**Sexual Abuse** (NOTE: absence of physical signs of sexual abuse does not mean that the abuse did not occur)
- A child’s direct statement describing sexual abuse is the most definitive historical indicator
- Non-specific behavioral complaints include
  - excessive fears, phobia, nightmares
  - any abrupt change in behavior
  - aggressive or withdrawn behavior
  - poor school performance
  - change in appetite
  - sleep problems
  - runaway
  - suicide ideations or attempts
- Specific behavioral complaints include
  - detailed information about adult sexual behavior in a young child
- explicit demonstration of sexual play
- compulsive masturbation in normally developing child
- excessive sexual curiosity for age

- Sexually-transmitted infections especially if under age 14 years
- Penetrating genital trauma (acute or healed) in the absence of a history of non-sexual penetrating genital trauma such as straddle injuries or high-energy pelvic trauma

**Emotional Abuse**
- Extremes in behavior, such as overly compliant or demanding behavior, extreme passivity or aggression
- Behavior is inappropriately adult (parenting other children) or inappropriately infantile
- Delayed physical or emotional development
- Suicide attempts
- Lack of attachment with parent
- Observation of harsh parenting, e.g. blaming, belittling, berating child

**Neglect**
- Frequent school absenteeism
- Frequent school absenteeism
- Lacks needed medical or dental care, immunizations or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for weather
- Parent or child abuses alcohol or drugs
- States that there is no one at home to provide care
- Parental indifference toward child
- Parental alcohol and/or substance abuse
- Malnourishment/Failure to Thrive without a medical cause
**Documentation for Child Abuse & Neglect**

- Thoroughly document in the patient’s chart what you asked about the child’s presentation and what the parent or patient said—quote the parent or patient verbatim
- Document the parent’s or patient’s description of the incident
- Ask the parent(s) separately and privately about intimate partner violence in the home
- Note the date and time of the encounter
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what treatment was required
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or DCFS if appropriate
Physical Examination for Child Abuse & Neglect

A thorough examination should be performed on any child suspected of being abused or neglected. The physical examination and history is performed to establish that the patient is medically stable.

- If child is verbal, gather patient and parent histories separately
- Note the child’s general condition and demeanor
- Determine the child’s weight, length/height and head circumference (if less than 3 years)
- Conduct a visual exam of the child’s entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, retina, tympanic membranes and auditory canal, oral cavity, external genitalia, buttocks, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status as appropriate for age
- Assess development
- Note the behavior and emotional state of the child during the examination
- Photograph (Utah Statute 62A-4a-406) any visible marks, bruises or other injuries as per protocol
- For concerns of alleged sexual abuse, please call SHF child abuse pediatrician (801-662-1000) or Wasatch Forensic Nurses (SANE) (801-461-5888)
INFORMATION FOR PARENTS ON TOXIC STRESS

ACEs and Toxic Stress Handout
American Academy of Pediatrics The Resilience Project
CDC Essentials of Childhood

GENERAL RESOURCES FOR PSYCHOSOCIAL NEEDS for VICTIMS OF CHILD ABUSE & NEGLECT

Return to Child Abuse & Neglect Algorithm
## Diagnostic Tests that May Be Used in the Medical Assessment of Child Abuse & Neglect

<table>
<thead>
<tr>
<th>Type of Injury or Condition</th>
<th>Diagnostic Tests</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Fractures**               | Skeletal survey (21 view): humeri, forearms, femurs, lower legs, hands, feet, skull, cervical spine, thorax (including oblique views) and lumbar spine, pelvis | •Recommended for all children with suspicious injuries under age 2  
•Repeat skeletal survey in 2 weeks for high-risk cases  
•Single whole-body films are unacceptable |
| **Bruises and head trauma** | Tests for hematologic disorders:  
•CBC with platelets,  
•Activated partial thromboplastin time von Willebrand’s panel (vWF antigen, vWF activity,  
•Factor VIII activity  
•Factor VIII level (if head trauma)  
•Factor IX level (if head trauma) | •Recommended when bleeding disorder is a concern because of clinical presentation or family history  
•A DIC screen (d-dimer and fibrinogen) should be performed for patients with intracranial injury, because intraparenchymal damage can alter coagulation |
| **Abdominal Trauma**        | Liver injury: AST & ALT | May be helpful in diagnosing occult liver injury |
|                             | Pancreatic injury: Amylase and lipase | May be helpful in diagnosing pancreatic injury |
|                             | Renal injury: UA for hematuria | May be helpful in diagnosing renal injury |
|                             | CT scan of abdomen with IV contrast | Abdominal injury may have no outward signs |
| **Head Trauma**             | CT scan head | •Recommended for all infants <6 months of age with extracranial injuries concerning for abuse  
•When used in conjunction with radiographs may enhance detection of skull fractures and CT scanning may provide clinically relevant information more expeditiously than MRI  
•Request 3-D reformat of head CT in all cases of suspected abuse (can generally be requested within 24 hours even if imaging done at an outside facility) |
|                             | MRI head/neck | •Diffusion-weighted scan may surpass CT in characterizing extent of intracerebral edema  
•MRI may provide better dating of intracranial injuries than CT; more sensitive than CT for subtle intracranial injuries in patients with normal CT results and abnormal neurologic exams; more sensitive than plain radiographs and CT for detecting cervical spine fractures/injury |
|                             | Pediatric ophthalmologic evaluation | Evaluation for retinal hemorrhages |
| **Sexual Abuse**            | Recommend consulting SANE nurse or SHF child abuse pediatricians |
# Resources for Child Abuse & Neglect

<table>
<thead>
<tr>
<th>Resources for Child Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>911 For Emergency</strong></td>
</tr>
<tr>
<td>Department of Child and Family Services (DCFS)</td>
</tr>
<tr>
<td>Utah Domestic Violence Hotline</td>
</tr>
<tr>
<td>Sexual Assault Hotline</td>
</tr>
<tr>
<td><strong>Sexual Assault</strong></td>
</tr>
<tr>
<td>Salt Lake Sexual Assault Nurse Examiners (&gt; 14 years)</td>
</tr>
<tr>
<td>PCMC Safe and Healthy Families (&lt;14 years)</td>
</tr>
<tr>
<td><strong>Domestic Violence Advocate Programs</strong></td>
</tr>
<tr>
<td>Centerville</td>
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<tr>
<td>Farmington</td>
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<tr>
<td>Layton</td>
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<tr>
<td>Midvale</td>
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<tr>
<td>Murray</td>
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<tr>
<td>Orem</td>
</tr>
<tr>
<td>Park City (Summit Co Sheriff)</td>
</tr>
<tr>
<td>Riverton</td>
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<tr>
<td>Salt Lake City</td>
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<tr>
<td>South Jordan</td>
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<tr>
<td>Stansbury Park (Sheriff)</td>
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<tr>
<td>West Valley</td>
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<tr>
<td><strong>Domestic Violence Shelters (LINK LINE)</strong></td>
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<td>Davis County Safe Harbor</td>
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<td>Salt Lake County</td>
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<tr>
<td>South Valley Sanctuary</td>
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<td>YWCA Women in Jeopardy</td>
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<tr>
<td>Summit County Peace House</td>
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<tr>
<td>Tooele County Pathways</td>
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<tr>
<td>Utah County Center for Women and Children in Crisis</td>
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<tr>
<td><strong>Mental Health Care for Young Children</strong></td>
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<tr>
<td>The Children’s Center</td>
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<tr>
<td>Salt Lake City Center, 350S 400 E, SLC</td>
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<tr>
<td>Kearns Center, 5242 S 4820 W, Kearns</td>
</tr>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Exposure of child to domestic violence</td>
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<td>Child abuse in family</td>
</tr>
<tr>
<td>Child abuse, physical, initial encounter</td>
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<td>Child abuse, physical, subsequent encounter</td>
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<td>Parental concern about possible child abuse</td>
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</tr>
<tr>
<td>Suspected victim of abuse in childhood, unspecified abuse type, initial encounter</td>
</tr>
<tr>
<td>Suspected victim of abuse in childhood, unspecified abuse type, sequela</td>
</tr>
<tr>
<td>Suspected victim of abuse in childhood, unspecified abuse type, subsequent</td>
</tr>
<tr>
<td>Neglect of child, initial encounter</td>
</tr>
<tr>
<td>Neglect of child, sequela</td>
</tr>
<tr>
<td>Neglect of child, subsequent encounter</td>
</tr>
<tr>
<td>Child Neglect, nutritional, initial encounter</td>
</tr>
<tr>
<td>Child Neglect, nutritional, sequela</td>
</tr>
<tr>
<td>Child Neglect, nutritional, subsequent encounter</td>
</tr>
<tr>
<td>Emotional neglect of child, initial encounter</td>
</tr>
<tr>
<td>Emotional neglect of child, sequela</td>
</tr>
<tr>
<td>Emotional neglect of child, subsequent encounter</td>
</tr>
<tr>
<td>Neglect infant, initial encounter</td>
</tr>
<tr>
<td>Neglect infant, sequela</td>
</tr>
<tr>
<td>Neglect infant, subsequent encounter</td>
</tr>
</tbody>
</table>
STANDARDS WHEN ASSESSING VICTIMS OF SEXUAL ASSAULT

- When a sexual assault victim presents to a medical setting within 120 hours of the assault, the patient should be given the opportunity to have a forensic exam by a sexual assault nurse examiner or other trained medical provider
  - If a sexual assault victim presents greater than 120 hours after the assault consult SANE 801-461-5888 to determine if a forensic exam is indicated
- Every effort should be made to protect the evidence when providing medical care to the sexual assault patient
  - Limit medical intervention such as removing clothing, obtaining clean catch urinalysis, or closing wounds, until after the forensic exam
- Utah Statute §26-21b-201 requires emergency contraception to be provided to all victims of sexual assault who may become pregnant as a result of the assault
- Centers for Disease Control and Prevention (CDC) recommendations should be followed for STD and pregnancy prophylaxis

Return to Sexual Assault Algorithm
**Patient Risk Factors for Sexual Assault**

Identification of risk factors for sexual assault may assist in the development of prevention efforts. In no way do any risk factors imply that an ‘at-risk’ victim is responsible for the assault. Sexual assault can and does happen to anyone.

**General Risk Factors**
- Being female
- Age <30 years
- Drug or alcohol abuse
- Prior incidence of sexual assault or abuse (as a child or an adult)
- Being incarcerated or institutionalized
- Having mental health issues

**Factors that increase campus sexual assault risk**
- Alcohol use
- Numerous sexual partners
- Freshman or sophomore status
- First few months of the school year
- Weekends
- Between the hours of midnight and 6am
- Off-campus parties
**Signs and Symptoms of Sexual Assault (Also See Risk Factors for Sexual Assault Victimization)**

All women and men who present with signs and/or symptoms of sexual assault should be asked about the experience in a private, confidential area without friends or family.

**Signs and Symptoms**
- Trauma/injuries
- Perineal injuries
- Vaginal discharge/bleeding
- Rectal or genital bleeding
- Anal tears/dilation
- Symptoms of STIs in adults or youth
- Concerns for pregnancy in adults or youth
- Intoxication/drug use
- Homeless adults or youth

Return to Sexual Assault Algorithm
**Questions to Ask a Patient Suspected to be a Victim of Sexual Assault**

**What to Ask**
- Have you ever been touched sexually against your will or without your consent?
- Have you ever been forced or pressured or talked into having sex?
- Do you feel that you have no control over your sexual relationships and will not be listened to if you say ‘no’ to having sex?

When a patient has experienced sexual violence further questioning is important in order to identify appropriate services.

**Follow-up Questions to Ask**
- Have you ever been touched sexually against your will or without your “When did this happen?”
- If there have been multiple incidents ask, “When was the most recent incident?”
- “Are you experiencing any pain or bleeding now?”
- “Did you receive any medical care or a forensic examination for the collection of evidence?”
- “Was this reported to law enforcement?”

Return to Sexual Assault Algorithm
**Patient Disclosure of Sexual Assault**

- **Start by Believing®**
  - *Start by Believing* is a public awareness campaign uniquely focused on the public response to sexual assault. Knowing how to respond is critical—a negative response can worsen the trauma and foster an environment where perpetrators face zero consequences for their crimes.
  - As part of the University of Utah Hospital and Clinics commitment to adhering to trauma-informed principles of care, the concept of *Start by Believing* can be extended to all patients who enter our health care system with histories of abuse, neglect or exploitation.

- Stop and make eye contact
- Respond with validating messages that allow the patient to feel validated and believed
  - “I am really sorry that happened to you.”
  - “That sounds like it was a terrifying experience.”
  - “I am really glad you had the courage to tell me.”
  - “I want you to know it wasn’t your fault.”

- Validate the response
- Demonstrate empathy and concern
REPORTING REQUIREMENTS

- Utah law requires reporting sexual violence to law enforcement when treating ANY patient for sexual assault (Utah Statute §26-23a-2)
- Any patient < 18 years of age with a concern (either immediate or in the past) for sexual abuse must be reported to law enforcement or DCFS (Utah Statute §62A-4a-403)
- Vulnerable adults for which there is a concern for sexual assault (either current or in the past) must be reported to law enforcement or Adult Protective Services (APS) (Utah Statute §76-5-111.1)
- The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence. Such disclosures can be made only to government agencies authorized by law to receive such reports
  - HIPAA allows providers to disclose abuse that is required to be reported to comply with state law
  - Utah law allows for reporting domestic violence to authorities without disclosure to the patient or their representatives prior to the report
### Medical Care of a Victim of Sexual Assault—Process

<table>
<thead>
<tr>
<th>Process</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Provide medical care as necessary for the patient’s health and safety</td>
</tr>
</tbody>
</table>
| Preserve Forensic Evidence                    | • Avoid washing or cleaning the patient  
• Allow the collection of forensic evidence simultaneous to medical care (e.g., collecting forensic vaginal swabs when evaluating for vaginal bleeding  
• Delay non-urgent interventions until after the collection of forensic evidence |
| Contact Rape Recovery Center Hospital Response Team | This is crucial to support the patient, not only during the forensic and other exams but afterwards as the patient deals with the aftermath of the assault. The RRC HRT services include  
• Providing support for the patient  
• Assisting the patient after a traumatic experience  
• Offering resources for the sexual assault victim  
• Assisting with the completion of paperwork for Utah Office for Victims of Crime (UOVC) ensuring payment to the hospital, SANE, medications and potential future services |
| Collection of Forensic Evidence              | SANE or other trained person with knowledge in  
• Appropriate collection techniques  
• Documentation of evidence collection  
• Proper management for chain of custody |
| Timing of Forensic Exam                      | • Exams are generally done up to 120 hours (5 days) after the assault. Longer time frames are considered on an individual basis so call the SANE team for guidance  
• Consider an exam in all situations of sexual assault/violence. Evidence can be found even if Digital contact only  
After bathing/showering  
Patient is having menses  
Consensual sex after the assault |
| Forensic Exam Options                        | Salt Lake Sexual Assault Nurse Examiners (SLSANE) 801-461-5888  
• Forensic exams provided for patients ≥14 years old  
• SANE nurses will come to the hospital  
Primary Children’s Safe and Healthy Families 801-662-1000  
• Forensic exams for patients <14 years old  
Family Justice Center Sexual Assault Nurse Examiners (FJCSANE) 801-537-8600  
• Forensic exams for patients > 14 years old  
• Patient will need to go to the FJC Clinic so generally this service is not used by hospital personnel |
<table>
<thead>
<tr>
<th>Prophylaxis Guidelines</th>
<th>All SA victims should be offered prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gonorrhea, Chlamydia, Trichomonas</strong></td>
<td>Ceftriaxone 250 mg im x 1 AND Azithromycin 1 gram po, single dose AND Metronidazole 2 grams po, single dose</td>
</tr>
<tr>
<td><strong>Pregnancy (if assault could have resulted in a pregnancy)</strong></td>
<td>Levonorgestrel 1.5mg PO, single dose (Plan B)</td>
</tr>
</tbody>
</table>
| **Hepatitis B** | **Status of Assailant is Unknown**  
- Unvaccinated patients: Hepatitis B vaccine (without HBIG). This should be provided at the time of the initial exam for prophylactic effect. The patient will need additional doses of the vaccine in 1-2 months after initial dose and 4-6 months after initial dose.  
- Vaccinated patients: No need for vaccine  
- Assailant is known to be Hepatitis B positive  
- Unvaccinated patients: Hepatitis B vaccine AND HBIG  
- Vaccinated patients who never did receive postvaccination testing: Hepatitis B vaccine x 1 |
| **Tetanus** | Tetanus vaccine if >10 years since last tetanus vaccine or if >5 years if there are serious or contaminated injuries |
| **HPV** | If patient has not been vaccinated with HPV, then give to female patients 9-26 years and male patients 9-21 years. Will need follow-up dose at 1-2 months and 6 months after the initial dose |
| **HIV** | **MUST BE GIVEN WITHIN 72 HOURS OF THE SEXUAL ASSAULT**  
- Complete informed consent to evaluate risk factors and the patient’s willingness to comply with medication regimen  
- Lab work required before initiating HIV nPEP  
  - CBC with diff  
  - CMP  
  - HIV antibody (repeat at 6 weeks, 3 months, 6 months)  
  - Hepatitis B surface antigen  
  - Hepatitis B antibody  
  - Hepatitis C antibody  
- Medications started as soon as possible (give 5 day supply)  
  - Truvada 1 tablet po q day  
  - Isentress 1 tablet po BID  
  - Zofran 8 mg 30 minutes before nPEP medications  
- Follow-up (to complete 30 days of nPEP prophylaxis)  
  - ≥18 years old: University of Utah Clinic 1A; <18 years old: Primary Children’s Safe and Healthy Families |

**Medical Care of a Victim of Sexual Assault—Prophylaxis**

**Prophylaxis Guidelines**

- All SA victims should be offered prophylaxis
- **Gonorrhea, Chlamydia, Trichomonas**
  - Ceftriaxone 250 mg im x 1 AND Azithromycin 1 gram po, single dose AND Metronidazole 2 grams po, single dose
  - **NOTE**: If alcohol has been recently ingested or emergency contraception is provided, metronidazole or tinidazole (2 grams PO single dose) can be taken by the sexual assault survivor at home rather than as directly observed therapy to minimize potential side effects and drug interactions
- **Pregnancy (if assault could have resulted in a pregnancy)**
  - Levonorgestrel 1.5mg PO, single dose (Plan B)
- **Hepatitis B**
  - **Status of Assailant is Unknown**
    - Unvaccinated patients: Hepatitis B vaccine (without HBIG). This should be provided at the time of the initial exam for prophylactic effect. The patient will need additional doses of the vaccine in 1-2 months after initial dose and 4-6 months after initial dose.
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      - CBC with diff
      - CMP
      - HIV antibody (repeat at 6 weeks, 3 months, 6 months)
      - Hepatitis B surface antigen
      - Hepatitis B antibody
      - Hepatitis C antibody
    - Medications started as soon as possible (give 5 day supply)
      - Truvada 1 tablet po q day
      - Isentress 1 tablet po BID
      - Zofran 8 mg 30 minutes before nPEP medications
    - Follow-up (to complete 30 days of nPEP prophylaxis)
      - ≥18 years old: University of Utah Clinic 1A; <18 years old: Primary Children’s Safe and Healthy Families
## Resources and Referrals for Sexual Assault

### 911 For Emergency

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape Recovery Center Hospital Response Team</td>
<td>801-467-7273</td>
</tr>
<tr>
<td>Salt Lake Sexual Assault Nurse Examiners (SLSANE)</td>
<td>801-461-5888</td>
</tr>
<tr>
<td>Primary Children’s Safe and Healthy Families</td>
<td>801-662-1000</td>
</tr>
<tr>
<td>Sego Lily Center for the Abused Deaf</td>
<td>801-614-7885</td>
</tr>
<tr>
<td>Utah Domestic Violence Hotline</td>
<td>800-897-LINK (5465)</td>
</tr>
<tr>
<td>Sexual Assault Hotline</td>
<td>888-421-1100</td>
</tr>
<tr>
<td>VINE (Victim Information and Notification Everyday)</td>
<td>877-884-8463</td>
</tr>
<tr>
<td>Department of Child and Family Services (DCFS)</td>
<td>855-323-3237</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>800-371-7897</td>
</tr>
<tr>
<td>Utah Trafficking in Persons 24/7 Crisis Hotline</td>
<td>888-373-7888</td>
</tr>
</tbody>
</table>

### Sexual Assault

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt Lake Sexual Assault Nurse Examiners (&gt; 14 years)</td>
<td>801-461-5888</td>
</tr>
<tr>
<td>PCMC Safe and Healthy Families (&lt;14 years)</td>
<td>801-662-1000</td>
</tr>
<tr>
<td>Family Justice Center SANE (&gt;14 years)</td>
<td>801-236-3370</td>
</tr>
</tbody>
</table>

### Domestic Violence Advocate Programs

<table>
<thead>
<tr>
<th>City</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centerville</td>
<td>801-451-4300</td>
</tr>
<tr>
<td>Farmington</td>
<td>801-451-3556</td>
</tr>
<tr>
<td>Layton</td>
<td>801-546-8539</td>
</tr>
<tr>
<td>Midvale</td>
<td>385-468-9350</td>
</tr>
<tr>
<td>Murray</td>
<td>801-284-4203</td>
</tr>
<tr>
<td>Orem</td>
<td>801-229-7128</td>
</tr>
<tr>
<td>Park City (Summit Co Sheriff)</td>
<td>435-615-3600</td>
</tr>
<tr>
<td>Riverton</td>
<td>801-743-7000</td>
</tr>
<tr>
<td>Salt Lake City</td>
<td>801-799-3756</td>
</tr>
<tr>
<td>South Jordan</td>
<td>801-412-3660</td>
</tr>
<tr>
<td>Stansbury Park (Sheriff)</td>
<td>800-833-5515</td>
</tr>
<tr>
<td>West Valley</td>
<td>801-963-3223</td>
</tr>
</tbody>
</table>
### Resources and Referrals for Sexual Assault and General Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rape Recovery Center</strong></td>
<td>801-467-7273</td>
</tr>
<tr>
<td><strong>Domestic Violence Shelters (LINK LINE)</strong></td>
<td>800-897-LINK (5465)</td>
</tr>
<tr>
<td>Davis County Safe Harbor</td>
<td>801-451-4300</td>
</tr>
<tr>
<td>Salt Lake County</td>
<td></td>
</tr>
<tr>
<td>- South Valley Sanctuary</td>
<td>801-255-1095</td>
</tr>
<tr>
<td>- YWCA Women in Jeopardy</td>
<td>801-537-8600</td>
</tr>
<tr>
<td>Summit County Peace House</td>
<td>800-647-9161</td>
</tr>
<tr>
<td>Tooele County Pathways</td>
<td>800-647-9161</td>
</tr>
<tr>
<td>Utah County Center for Women and Children in Crisis</td>
<td>801-377-5500</td>
</tr>
<tr>
<td><strong>Mental Health Care for Young Children</strong></td>
<td></td>
</tr>
<tr>
<td>The Children’s Center</td>
<td>801-582-5534</td>
</tr>
<tr>
<td>- Salt Lake City Center, 350S 400 E, SLC</td>
<td></td>
</tr>
<tr>
<td>- Kearns Center, 5242 S 4820 W, Kearns</td>
<td>801-966-4251</td>
</tr>
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</table>
## Sexual Assault Related ICD-10 Codes

(Consider patient safety if the perpetrator may see the bill)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Child abuse, sexual</td>
<td>T74.22XA</td>
</tr>
<tr>
<td>Child abuse, sexual, initial encounter</td>
<td>T74.22XA</td>
</tr>
<tr>
<td>Child abuse, sexual, sequela</td>
<td>T74.22XS</td>
</tr>
<tr>
<td>Child abuse, sexual, subsequent encounter</td>
<td>T74.22XD</td>
</tr>
<tr>
<td>Child abuse, unspecified</td>
<td>T76.92XA</td>
</tr>
<tr>
<td>Parental concern about child sexual abuse</td>
<td>Z03.89</td>
</tr>
<tr>
<td>Suspicion of child sexual abuse</td>
<td>T76.22XA</td>
</tr>
<tr>
<td>Suspicion of child sexual abuse, initial encounter</td>
<td>T76.22XA</td>
</tr>
<tr>
<td>Suspicion of child sexual abuse, sequela</td>
<td>T76.22XS</td>
</tr>
<tr>
<td>Suspicion of child sexual abuse, subsequent encounter</td>
<td>T76.22XD</td>
</tr>
<tr>
<td>Victim of sexual abuse in adulthood</td>
<td>T74.21XA</td>
</tr>
<tr>
<td>Victim of sexual abuse in adulthood, initial encounter</td>
<td>T74.21XA</td>
</tr>
<tr>
<td>Victim of sexual abuse in adulthood, sequela</td>
<td>T74.21XS</td>
</tr>
<tr>
<td>Victim of sexual abuse in adulthood, subsequent encounter</td>
<td>T74.21XD</td>
</tr>
<tr>
<td>Adult sexual abuse, suspected, initial encounter</td>
<td>T76.21XA</td>
</tr>
<tr>
<td>Personal history of adult physical and sexual abuse</td>
<td>Z91.410</td>
</tr>
<tr>
<td>Sexual assault by bodily force by multiple persons unknown to victim</td>
<td>T74.21XA  T24.22X</td>
</tr>
</tbody>
</table>
Health Resources

Return to **IPV**  **VAA**  **HT**  **CAN**  **SA**

**Life Threatening Emergency** ............. 911

- Adult Protective Services ................. 800-371-7897
- Child Protective Services .................. 855-323-3237
- Crisis/Suicide Prevention .................. 801-587-3000
- Domestic Violence Hotline ................. 800-897-5465
- National Suicide Prevention ............... 800-273-8255
- Poison Control ................................ 800-222-1222
- Rape Recovery Crisis ....................... 801-467-7273
- Sexual Assault Hotline ..................... 888-421-1100
- Trafficking National Hotline .............. 888-373-7888

**ADULT AND CHILD ABUSE/NEGLECT**
- Adult Protective Services .................. 800-371-7897
- Child Protective Services .................. 855-323-3237
- Children’s Justice Center .................. 385-468-4560
- Guardian Ad Litem ........................... 801-578-3962

**DOMESTIC VIOLENCE**
- Domestic Violence Hotline ................. 800-897-5465
- Family Justice Center ...................... 801-236-3370
- Legal Aid Society of Salt Lake ............ 801-328-8849
- Utah Office of Crime Victims .............. 801-238-2360
- YWCA Shelter ................................ 801-537-8600

**EDUCATION**
- Horizonte Instruction and Training ......... 801-578-8574
- Salt Lake Community College .............. 801-957-4111
- English Skills Learning Center .......... 801-328-5608

**EMPLOYMENT/JOB TRAINING**
- Department of Workforce Services ......... 801-526-0950
- Deseret Industries .......................... 801-240-7202
- LDS Employment Services ................ 801-240-7240
- Labor Commission .......................... 801-530-6800
- People Helping People ...................... 801-583-5300

**FAMILY SUPPORT SERVICES**
- Family Support Center (Crisis Nursery) ...... 801-255-6881
- Division of Child & Family Services ...... 855-323-3237
- Parenting Classes .......................... 211
- Support Groups .............................. 211

**FINANCIAL COUNSELING**
- AAA Fair Credit Foundation ................. 800-351-4195
- Cornerstone Financial Education .......... 800-336-1245
- NeighborhoodWorks Salt Lake .............. 801-539-1590

**FOOD ASSISTANCE**
- Food Pantries ................................ 211
- Food Stamps .................................. 801-526-0950
- Home Delivered Meals Seniors ............. 385-468-3200
- Utah Food Bank .............................. 801-887-1275
- WIC (Women, Infants & Children) .......... 801-538-6960

**HOUSING ASSISTANCE**
- Family Promise Shelter ..................... 801-961-8622
- Housing Authority ........................ 801-487-2161
- The Road Home .............................. 801-359-4142
- Youth Services .............................. 385-468-4500

**IMMIGRATION SERVICES**
- Catholic Community Services ............. 801-977-9119
- Refugee and Immigration Center ......... 801-467-6060

**MENTAL HEALTH**
- Salt Lake Co Crisis ......................... 801-587-3000
- UNI ......................................... 801-583-2500
- Valley Mental Health ....................... 801-270-6550

**PEOPLE WITH DISABILITIES**
- 711 Relay Utah ................................ 711
- Division of Services for People with Disabilities . 877-568-0084
- Sego Lily Center for the Abused Deaf .... 888-328-5486
- Utah Parent Center/Autism Information .... 801-272-1051
- Work Activity Center ....................... 801-977-9779

**RAPE/Sexual Assault**
- Rape Recovery Center ....................... 801-467-7273
- Rape/Sexual Assault Crisis Hotline ........ 888-421-1100
- Sego Lily Center for the Abused Deaf .... 888-328-5486
- UCASA ....................................... 801-746-0404

**SENIOR CITIZENS**
- AARP ........................................ 866-448-3616
- Salt Lake County Aging Services .......... 385-468-3200

**SEXUALLY TRANSMITTED DISEASES/AIDS**
- Planned Parenthood Association .......... 801-532-1586
- Utah AIDS Foundation ...................... 801-487-2323

**SUBSTANCE ABUSE**
- Alcoholics Anonymous ...................... 801-484-7871
- Al-Anon Family Groups ..................... 801-262-9587
- Narcotics Anonymous ....................... 877-479-6262
- SL County Assessment and Referral Unit .... 801-468-2009
- Tobacco Quit Line .......................... 888-567-TRUTH (8788)

**UTILITIES**
- American Red Cross ......................... 801-323-7000
- Assist, Inc (Emergency Home Repairs) ..... 801-355-7085
- HEAT (Home Energy Assistance Target) ..... 801-521-6107
- Questar Gas (Customer Service) .......... 800-323-5517
- Utah Telephone Assistance Program ....... 800-948-7540
- Rocky Mountain Power ...................... 888-221-7070

**HELP WITH PRESCRIPTIONS**
- If you need a prescription but do not have health insurance, RxConnectUtah might be able to help: [http://www.health.utah.gov/rxconnectutah/](http://www.health.utah.gov/rxconnectutah/)
- For discounted drug prices go to: [goodrx.com](http://www.goodrx.com)