County of Santa Clara Health System

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Better Health for All



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DATE: March 29, 2021

TO: Honorable Members of the Board of Supervisors

Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive and

Director, County of Santa Clara Health System

Jackie Lowther, EMS Director Julie Lowther

SUBJECT: EMS SART Protocols - Update

At the Board of Supervisors meeting on June 4, 2019 (Item 29), Supervisor Chavez requested that the Emergency Medical Services (EMS) Agency provide a report relating to Sexual Assault Response Team (SART) protocols, a sexual assault tracking mechanism for emergency medical services responders, SART training timelines for all first responders countywide, and updates regarding communication between the SART and Emergency Medical Services. A preliminary report was provided to the Board off agenda on October 24, 2019. This report provides updated information and statistics gathered in Calendar Year 2020. Additionally, the last SART report was provided at the January 19, 2021 (ID # 104309) Health and Hospital Committee (HHC) meeting. Data was also presented to the Santa Clara County SART Committee on February 25, 2021.

In addition to SART, the EMS Agency also wanted to focus on all mandatory reportable events required by first responders, which includes: child, elderly and domestic violence. Training was presented on October 1, 2019 to all 911 and non-911 responder Program Managers, who in turn were responsible for training all system providers by December 31, 2019.

The documentation module for the field medics was implemented January 1, 2020. Each patient is assessed for signs and symptoms of abuse. The providers collect necessary data regarding suspected patient abuse, neglect, or domestic violence. The data is linked to values of "Cause of Injury" accidental Injury "hit, struck, other" by another person, asphyxiation – mechanical suffocation, injury from blunt object (assault), stabbing/cut/laceration (assault), firearm injury, maltreatment/abuse, sexual abuse. The EMS Agency began to receive data in February 2020, and we were able to present our first report to HHC in April of 2020. This report evaluates the overall data in Santa Clara County for 2020, and further analysis of any patterns and trends throughout the county will continue.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian County Executive: Jeffrey V. Smith

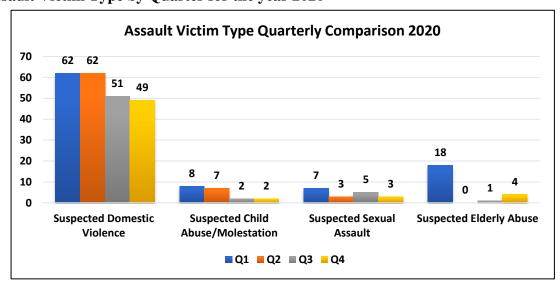
#### Domestic Violence Calls by Quarter for the year 2020

Domestic Violence	2020			
	Q1	Q2	Q3	Q4
Calls	62	62	51	49

The number of calls is not always reflective of the total number of domestic violence incidents as some incidents are not reported and/or are not captured in the database inclusion criteria for domestic violence. To date, there is no conclusive evidence of association with an increase or decrease in domestic violence calls and the time of year.

In addition, the Santa Clara County EMS Agency is finalizing the Assault/Abuse/ Domestic Violence protocol. These guidelines will provide standards for identification of suspected abuse and the requirements for prehospital personnel when incidents of child, elder, dependent adult, or domestic violence is reported or reasonably suspected. Currently, all medics have been trained on these requirements, however this policy will include parameters and resources for all field personnel.

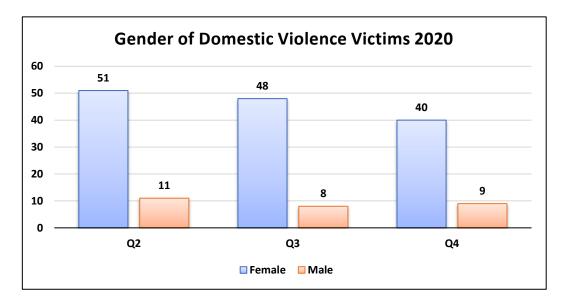
#### Assault Victim Type by Quarter for the year 2020



Analysis: Q4 showed the lowest occurrence of domestic violence during the year, marking nearly a 21% reduction from Q1 and a 4% reduction from Q3. After collecting data for the past year, the high totals seen in quarter 1 for elderly abuse, sexual assault and child abuse appear to be outliers to the trends seen the rest of the year. Social adjustment to sheltering in place could

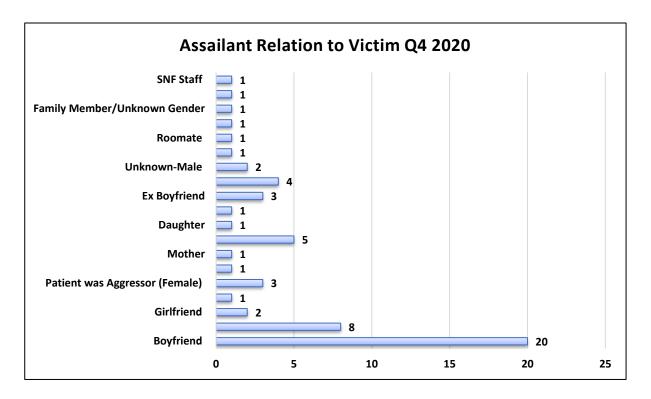
account for the high totals seen in Q1. Conversely, we did not observe similarly high values with the return of sheltering in place in Q4, thereby supporting the theory of social adjustment.

#### Domestic Violence Victim Gender by Quarter for the year 2020 (Q2-Q4)



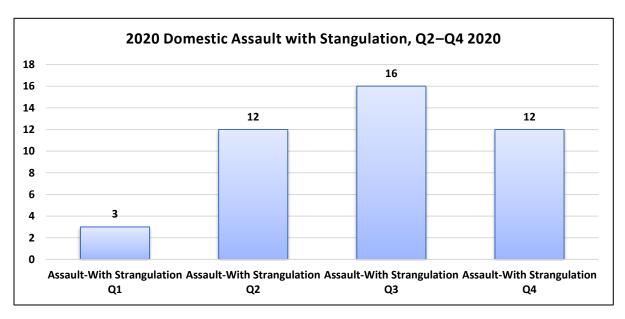
Analysis: Female continues to be the predominate gender of domestic violence victims. Female gender makes up 80% of the domestic violence victims between Q2 through Q4 and male gender making up 20% of the domestic violence victims. Gender data for all victims was classified as the victims' gender identification at the time of their assessment.

# **Assailant Relation to Victim Q4 2020**



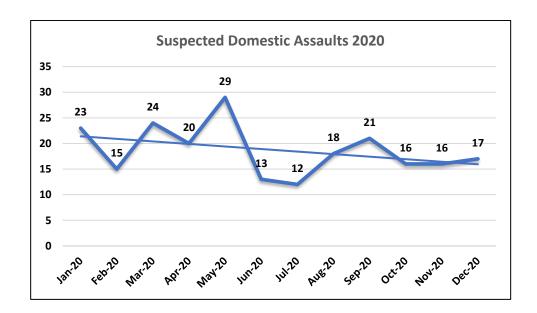
Analysis: In direct contrast to domestic violence victim gender data, males were the predominate gender of assailants in Q4 2020. The most frequent suspected abuser was a boyfriend (N=20), followed by husband (N=8) or brother (N=5). This has continued throughout the year of data collection.

# Domestic Violence Calls with Strangulation by Quarter for the year 2020 (Q2-Q4)



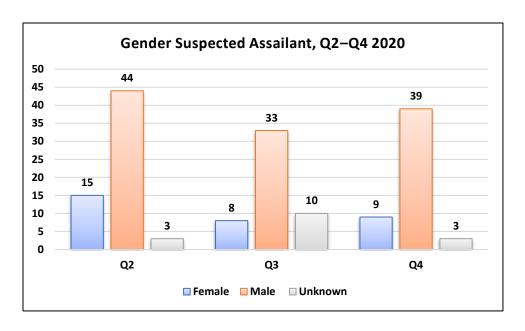
Analysis: After a complete year of data collection, domestic assault with strangulation data illustrates a normal distribution as documentation and methodology of data capturing was better defined and operationalized from Q1 to Q2. The increase in cases is not a depiction of increased assaults, rather data collection methods being more specific in capturing assault with strangulation incidents. In Q4, domestic assault with strangulation saw a 25% reduction from Q3. The average age of all victims with strangulation depicted above was 31 years old with the youngest victim being 12 and the oldest victim being 52 years old. All the victims were female.

#### Suspected of Domestic Violence Assaults by Month for the year 2020



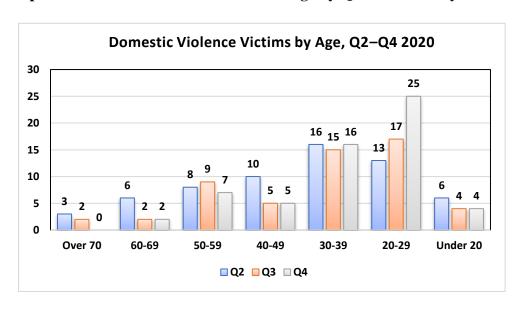
Analysis: This graph illustrates the suspected domestic violence cases for calendar year 2020. Observed increases occurred in March, May, and September, all of which being pivotal time intervals in relation to the shelter in place orders. The county's highest number of suspected domestic assaults occurred during the first shelter in place (March–May 2020), accounting for approximately 33% of suspected domestic assaults in 2020 (N=225). The overall trend, however, continued to decrease as the year concluded, regardless of additional public health orders.

# Gender of Suspected Assailant by Quarter for the year 2020 (Q2-Q4)



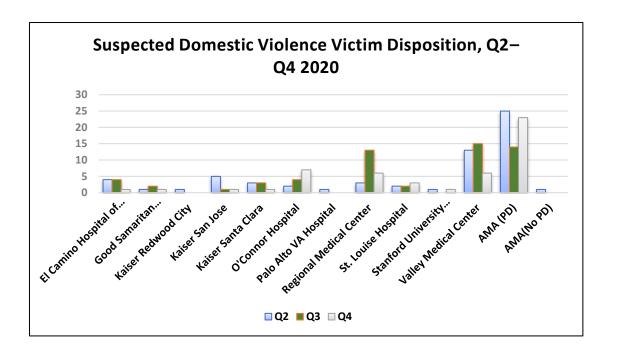
Analysis: The graph above illustrates the gender of the suspected assailant for Q2, Q3 and Q4. In the combined aggregate, males made up 70% of the suspected assailant gender with females making up 20% and unknown or refused to report representing 10%. In Q4, males made up 76% of the assailants while females made up 18% and unknown or refused to report represented 6%. After a year of data collection, the observed ratio of male assailants to female assailants suggests males are 3 times more likely to be an assailant than females.

# Comparisons of Domestic Violence Victim Age by Quarter for the year 2020



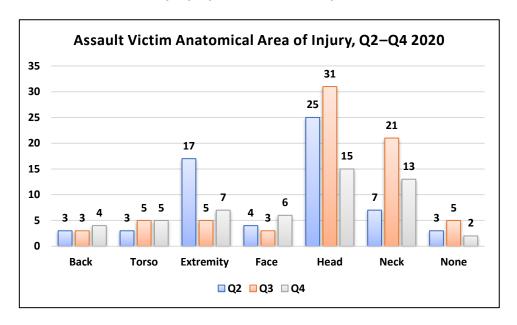
Analysis: The graph above illustrates the suspected domestic violence victims by age group. The most at-risk age groups are 20-29 (n=55) and 30-39 (n=47). The 40-49 demographic showed a 63.6% reduction in cases when compared to the 20-29 demographic and a 57.4% reduction from the 30-39 demographic. The 50-59 demographic showed a 20% increase in cases from the 40-49 demographic while showing a 56.3% reduction when compared to the 20-29 demographic and a 48.9% reduction when compared to the 30-39 demographic. The least at-risk demographic groups of 60-69 showed a decrease in cases of 81.1% against the peak (20-29) and the over 70 demographics showed a decrease in cases of 90.9% against peak (20-29).

#### Comparisons of Domestic Violence Victim Disposition by Quarter for the year 2020



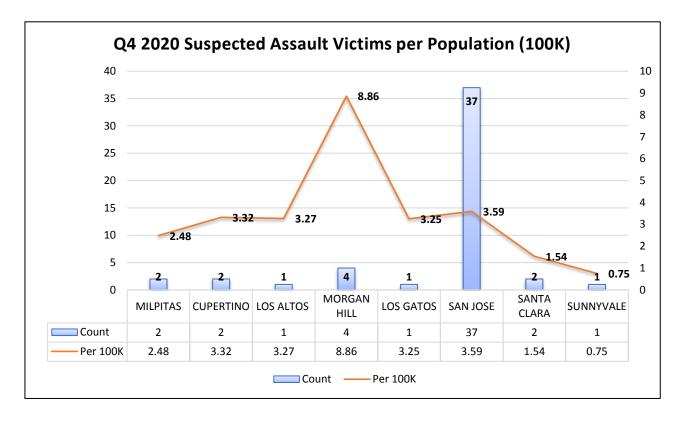
Analysis: Victims electing not to be transported and signing an Against Medical Advice (AMA) form represented the most prominent disposition at 46%. All these patients that signed an AMA and refused transport had the presence of law enforcement at the scene. O'Connor Hospital received the most domestic violence victims during Q4 (n=7) followed by Santa Clara Valley Medical Center (n=6) and Regional Medical Center (n=6).

# Assault Victim Area of Injury by Quarter for the year 2020 (Q2-Q4)



Analysis: The above graph illustrates the total areas of injury from all assault victims between Q2 and Q4. Please note this total will not match up with the number of victims since the victim may be injured in multiple locations. In Q2, the predominate anatomical area of injury amongst assault victims was the head (N=25), followed by an extremity (N=17). Quarter 3 and Quarter 4 followed similar patterns for anatomical area of injury with the head yielding the highest number of incidents (N=31 Q3, N=15 Q4) and the neck yielding the second highest number of incidents (N=21 Q3, N=13 Q4). Additionally, a marked decrease is observed from Q3 to Q4 for head and neck as the anatomical area of injury, with incidents decreasing 69% for head injuries and 47% for neck injuries.

# Comparisons of Suspected Assault Victims by Population for Q4 2020



Analysis: The graph shows a disproportionate account of suspected assault victims by city population. Morgan Hill has a population of approximately 45,000 people. San Jose, conversely, has the highest population of the cities listed at approximately 1.02 million people. While the suspected number of assault victims was highest in San Jose for Q4 (N=37), when cases were assessed by population per 100,000, Morgan Hill yielded a rate five times the rate of San Jose (8.86 and 3.59, respectively). This suggests a higher incidence of suspected assault in a smaller, more concentrated population. An overlay of demographic variables, such as race, economic status, and educational attainment, would assist in identifying dispersion of suspected assault victims more prominent in Morgan Hill and other smaller cities than San Jose.