The California Child Abuse & Neglect Reporting Law

Issues and Answers for Mandated Reporters

Rady Children's Hospital San Diego

Acknowledgements

The Chadwick Center and Office of Child Abuse Prevention are grateful to Eliana Gil, Ph.D., for the work she did as the original author of this publication. We also wish to acknowledge the following people for their contributions: Diane Nissen, MSW, Allyson Kohl, LMFT; Catharine J. Ralph, LCSW; Kim Ralph, MSW, and Patty Lough, MSW, LCSW, Ph.D.

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Rev. 6/2012

Table of Contents

Introduction

This handbook was originally written to help mental health professionals understand the Child Abuse Reporting Law and their reporting responsibilities, and to identify and address major treatment issues. This revised edition also includes issues specific to various other professionals, specifically: child care providers, clergy, educators, law enforcement, and medical professionals. Information about working with children with disabilities and the mandated reporting process is also included.

For the mandated reporter, making a report of suspected child abuse can be difficult. Concerns about how the person suspected of abusing a child will react, what the outcome will be, and whether or not the report will put the child at greater risk are often present. The best way to minimize the difficulty of reporting is to be fully prepared for the experience. Mandated reporters should be knowledgeable about reporting requirements and the process that is triggered when a report is made. Responding to suspected child abuse requires a team effort involving professionals from a variety of disciplines including child protection workers, law enforcement, medical personnel, and mental health professionals.

Information contained in this publication is offered as an aid to mandated reporters in reporting suspected child abuse. It clarifies basic information. It is not meant to be all-inclusive or to cover all situations, nor should it be considered legal advice. Because mandated reporters include individuals in a variety of professions, it is important to be educated about protocols and issues specific to your profession. When in doubt about what to do in a particular situation, contact your local child welfare agency and/or law enforcement agency. Additional resources, including toll free numbers and web sites, are listed in the Appendix section.

Rev. 6/2012

The Reporting Law

The first child abuse reporting law in California, enacted in 1963, pertained only to physicians. It mandated that physicians report evidence of physical abuse. As knowledge and understanding of child abuse increased over time, it became evident that other professionals might also be in a position to identify maltreatment. This led to a substantial increase in the number of professional groups designated in state laws as mandated reporters. The expansion of the ranks of mandated reporters was accompanied by a broadening of the concept of reportable maltreatment to include sexual abuse, emotional maltreatment, and neglect.

The Child Abuse and Neglect Reporting Act (CANRA) was passed in 1980. Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report. Procedures for reporting have also been clarified. In California, certain professionals are required to report known or suspected child abuse. Other citizens, though not required by law to report, may also do so. It is important for mandated reporters to stay abreast of periodic amendments in the law. Your local Child Abuse Prevention Council or Child Protective Agency has current reporting law information.

1. Why Must You Report?

The primary intent of the reporting law is to protect the child. Protecting the identified victim may also provide the opportunity to protect other potential victims. It is equally important to provide help for the suspected abuser. The report of abuse may be a catalyst for bringing about change in the home environment, which in turn may lower the risk of abuse.

2. What is Child Abuse?

Child abuse and neglect, as defined in CANRA, includes: physical abuse, sexual abuse (including both sexual assault and sexual exploitation), willful cruelty or unjustified punishment, unlawful corporal punishment or injury, and neglect (including both acts and omissions).

Under current law, child abuse does not include

- "A mutual affray between minors." (PC 11165.6)
- "Reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer." (PC 11165.4)
- "An amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil." (PC 11164.5)

In addition, "A child receiving treatment by spiritual means…or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect." (PC 11165.2[b])

3. What to Report

The California Child Abuse and Neglect Reporting ACT (CANRA) can be found in California Penal Code Sections 11164 - 11174.3. The following is a partial description of the statute. Mandated reporters should become familiar with the detailed requirements as they are set forth in CANRA.

Under the law, when the victim is a child (a person under the age of 18) and the perpetrator is any person (including a child), the following types of abuse must be reported by all legally mandated reporters:

Physical abuse (PC 11165.6) is defined as physical injury inflicted by other than accidental means on a child, or intentionally injuring a child.

Child sexual abuse (PC 11165.1) includes sexual assault or sexual exploitation of anyone under the age of 18. Sexual assault includes sex acts with children, intentional masturbation in the presence of children, and child molestation. Sexual exploitation includes preparing, selling, or distributing pornographic materials involving children; performances involving obscene sexual conduct; and child prostitution.

Willful cruelty or unjustified punishment (PC 11165.3) includes inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of the child's person or health. "Mental suffering" in and of itself is not required to be reported; however, it **may** be reported. Penal Code11166.05 states: "Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to an agency specified in Section11165.9". (The specified agencies include any police department, sheriff's department, county probation department, if designated by the county to receive mandated reports, or the county welfare department.)

Unlawful corporal punishment or injury (PC 11165.4), willfully inflicted, resulting in a traumatic condition.

Neglect (PC11165.2) of a child, whether "severe" or "general," must also be reported if the perpetrator is a person responsible for the child's welfare. It includes both acts and omissions that harm or threaten to harm the child's health or welfare.

General neglect means the failure of a caregiver of a child to provide adequate food, clothing, shelter, medical care, or supervision, where no physical injury to the child has occurred.

Severe neglect means the intentional failure of a caregiver to provide adequate food, clothing, shelter, or medical care where injury has occurred or is likely to occur. Severe neglect also includes those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

Any of the above types of abuse or neglect occurring in out-of-home care must also be reported (PC 11165.5). (For a discussion of newborns with a positive toxicology screen, or for information on child abuse in relation to domestic violence, see the "Frequently Asked Questions" section.)

4. Who Reports?

Under CANRA, legally mandated reporters include, but are not limited to

- Clergy Members (i.e., a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization)
- Any custodian of records of a clergy member
- Child Care Providers (e.g., an administrator of a public or private day camp; an administrator or employee of public or private youth center, recreation program, or organization; a licensee, administrator, or employee of licensed community care or child day care facility; an employee of a child care institution (foster parents, group home personnel, personnel of residential care facilities))
- Educators (e.g., teachers; instructional aides; teacher's aides or assistants employed by any public or private school; classified employees of any public school; administrative officers or supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; any employee of a County Office of Education or the State Department of Education whose duties require direct contact and supervision of children; Head Start Program teachers)
- Law Enforcement (i.e., any employee of any police department, county sheriff's department, county probation department, or county welfare department; peace officers; firefighters (except for volunteer firefighters); and animal control officers or humane society officers)
- Medical Professionals (e.g., nurses, paramedics, EMT's, physicians, dentists, chiropractors, alternative health practitioners, physical therapists)
- Mental Health Professionals (e.g., clinical social workers, trainees and interns; marriage, family and child counselors, trainees and interns; school counselors; psychologists, psychological assistants, and interns; alcohol and drug counselors)
- Commercial Film and Photographic Print Processors

  A complete list of mandated reporters is provided in the California Penal Code (PC) section 11165.7.

5. When Do You Report?

Child abuse must be reported when one who is a legally mandated reporter "…has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse or neglect…" (PC 11166[a]). "Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse" (PC 11166[a][1]). Although wordy, the intent of this definition is clear: if you suspect, report.

Reports must be made immediately, or as soon as practically possible, by phone. A written report must be forwarded within 36 hours of receiving the information regarding the incident (PC 11166[a]). The written report must be submitted on a Department of Justice form (SS 8572), which can be obtained at www.ag.ca.gov/childabuse. Click on the link for forms. Forms can also be obtained from your local police or sheriff's department (not including a school district police or security department) or a county welfare department (PC 11168) or can be printed from Appendix A in this manual.

6. To Whom Do You Report?

The report must be made to a county welfare department, probation department (if designated by the county to receive mandated reports), or to a police or sheriff's department, not including a school district police or security department (PC 11165.9). Reports by commercial print and photographic print processors are to be made to the law enforcement agency having jurisdiction over the case (PC 11166[e]).

7. Joint Knowledge – Who Reports?

When two or more mandated reporters jointly have knowledge of suspected child abuse or neglect, a single report may be made by the selected member of the reporting team. Any member of the reporting team who has knowledge that the designated person has failed to report must do so him or herself (PC 11166[h]).

8. Safeguards for Mandated Reporters

In order to protect mandated reporters from repercussions for reporting as required, CANRA includes specific safeguards as follows:

- Those persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required, even if the knowledge or reasonable suspicion of the abuse or neglect was acquired outside of their professional capacity or scope of employment. Mandated reporters and others acting at their direction are not liable civilly or criminally for photographing the victim and disseminating the photograph with the report. (P.C. 11172(a))

- § No supervisor or administrator may impede or inhibit a report or subject the reporting person to any sanction (PC 11166[f].
- § The identity of the reporting party and the contents of the child abuse report are confidential and may only be disclosed to specified persons and agencies (PC 11167[d][1]; PC 11167).
- § In the event a civil action is brought against a mandated reporter as a result of a required or authorized report, he or she may present a claim to the State Board of Control for reasonable attorney's fees incurred in the action if he or she prevails in the action or the court dismisses the action (PC 11172 [c].)

9. Penalties for Failure to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in county jail and/or up to a $1000 fine (P.C. 11166[c]). He or she may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report (Landeros vs. Flood (1976) 17C.3d399). Furthermore PC 11166.01[b] states that "any mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect… where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars ($5,000), or by both that fine and imprisonment."

10. Feedback to Reporter

After the investigation has been completed or the matter reaches a final disposition, the investigating agency shall inform the mandated reporter of the results of the investigation and any action the agency is taking (P.C. 11170(b)(2)).

11. After the Report is Made

Child protection workers and/or law enforcement officers may contact you to gather additional information to aid in their investigation. You may have knowledge about the child and/or family which can aid the investigators in making accurate assessments and providing appropriate services. It is important to know the policies and procedures regarding confidentiality and release of information for your profession, and to keep written documentation of all contacts.

Substantiated cases of child abuse and neglect may be litigated in criminal court, family court, juvenile court, and other legal arenas. When these cases go to court, mandated reporters may be asked to provide testimony. You may receive a subpoena requiring you to appear in court to testify as to the context and content of the child's disclosure of abuse. It is important that you are familiar with your agency's procedures for receiving and responding to subpoenas.

Identification

Identifying evidence of child abuse requires first the understanding that child abuse can occur in any family, regardless of socio-economic status, religion, education, ethnic background, or other factors. Secondly, the professional must be aware of and alert to the signs of child abuse. Red flags for abuse and neglect are often revealed in environmental problems, individual parent or caregiver behaviors, family interactions, and physical and behavioral indicators in the child. A brief overview of some of these warning signals follows:

Environmental Problems

- Hazardous conditions (broken windows, faulty electrical fixtures, etc.)
- Extreme dirt or filth
- Medications, cleaners, toxins within reach of a child
- Guns or other weapons that are not properly secured
- Trash, rotted food, insects, or animal waste
- Choking hazards within reach of an infant or toddler

Parental or Caregiver Red Flags

- Parent lacks understanding of normal child behaviors and development:
    - Has unrealistic expectations of child (e.g., toilet-training of a six-month-old)
    - Is unduly harsh and rigid about childrearing
    - Singles out one child as “bad”, “evil”, or “beyond control”
    - Attributes badness to child or misinterprets child’s normal behavior (e.g., interprets an infant’s crying as evidence that the child hates the parent)

- Tells you of use of objects (belts, whips, clothes hanger) to discipline the child, or describes the use of inappropriate or extreme consequences (locking child in a closet, withholding meals)

- Parent lacks understanding of the parent-child relationship and/or perceives child in a negative light:
  - Is unable to describe positive characteristics of child
  - Berates, humiliates, or belittles child constantly
  - Turns to child to have his/her own needs met
  - Is indifferent to child

- Parenting is impaired by:
  - Depression or other mental illness
  - Substance abuse
  - Poverty/unemployment
  - Lack of social support
  - Domestic violence
  - Parental history of abuse or inadequate care (Note: Most abused children do not become abusive parents.)

Family Interactions

- Coercive parent-child interactions
- Limited positive parent-child interactions
- Heightened family conflicts

Physical Indicators in the Child

Physical Abuse

- Any injury in an infant, even a small bruise
- Injuries to the back, buttocks, ears, face (particularly the soft tissues of the cheek), neck, and genitalia
- Unexplained injuries, or injuries with improbable explanations
- Bruises or burns that are patterned or have a distinctive outline
- Broken bones, lacerations or unexplained bruises
- Burns (cigarette, scalding water, iron)
- Any injury when there is a delay in seeking appropriate medical care

Sexual Abuse

- Complaint of painful urination, defecation
- Difficulty sitting or walking
- Presence of sexually transmitted infection

Neglect

- Inorganic failure to thrive (failure to gain weight at the expected rate) or a malnourished child
- Inappropriate dress for weather
- Dirty clothes, poor hygiene
- Unattended medical or dental conditions
- Developmental delays

Behavioral Indicators in the Child

With regard to behavioral indicators, keep in mind that children react differently to being abused, and many abused children do not exhibit behavioral symptoms. The presence of any of the following indicators does not prove that a child is being abused but should serve as a warning signal to look further. While some of these behaviors may occur more with one type of abuse than another, they may overlap.

Child red flags for abuse/neglect include:

- Anxiety
- Depression, self-mutilation, suicidal gestures/attempts
- Low self-esteem
- Social maladjustment: Delinquent behavior (such as running away from home), use of alcohol or other drugs, academic/behavioral problems in school
- Other significant behavioral changes

Physical Abuse

- Hostile, aggressive or verbally abusive towards others
- Fearful or withdrawn behavior
- Destructiveness (breaks windows, sets fires, etc.)
- Out-of-control behavior/poor anger management
- Wariness of adults
- Discomfort when other children cry
- Fear of parents/caretakers or of going home

Sexual Abuse

The single most important indicator of sexual abuse is disclosure by the child. However, the nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, stepparents, friends or others in a caretaker role, make it extremely difficult for children to report sexual abuse. It is not unusual for children to delay weeks, months, or even years before disclosing sexual abuse. In addition, sometimes a child who seeks help is accused of making up stories. Many people may not believe the victim because the abuser is well-liked and others cannot believe he or she could be capable of sexual abuse. When the matter does come to the attention of authorities, the child may give in to pressure from parents or caretakers and deny that sexual abuse has occurred. The child may feel guilty about "turning in" the abuser or breaking up the family, and recant or change his or her story.

Although this pattern of denial is typical, it may result in skepticism when a child discloses sexual abuse. The sad reality of sexual abuse is that without third-party reporting, the child often remains trapped in secrecy by shame, fear, and threats by the abuser. It is important to recognize that children rarely fabricate these accounts; they should be taken seriously.

In addition, mandated reporters must stay alert and responsive to children's behaviors that are associated with sexual abuse. Although children frequently find it difficult to report they are being abused, they often develop coping mechanisms and behaviors which bring them to the attention of others. Red flag behaviors indicative of possible sexual abuse include

- Sexualized behavior and/or knowledge beyond developmental expectations
- Fearful or withdrawn behavior
- Changes in eating, sleeping or toileting (e.g., bedwetting, fecal soiling)
- Extreme compliance or defiance
- Emotional and/or behavioral problems

Neglect

Possible symptoms of child neglect are often difficult to identify as they are less defined than those for physical or sexual abuse. Observation, home visits, and/or the child's description of his or her living situation may be necessary to identify sufficient circumstances for reporting suspicions of neglect. It is important to remember, however, that these indicators should be evaluated in the context of the family's culture, values and economic situation. Behavioral indicators of possible neglect include

- Clingy or indiscriminate attachment

- Socially withdrawn

- Internalized emotional symptoms such as anxiety and depression

Emotional Abuse

Although emotional abuse is not as clearly defined in the law as other forms of maltreatment, it is generally recognized as a pattern of behavior by a caretaker that impairs a child's emotional and/or psychological development. This may include constant criticism, threats, rejection, intimidation or humiliation, acts intended to produce fear or guilt, withholding of love and support, and isolation. Witnessing of domestic violence also falls within the scope of emotional abuse. Reasonable suspicion of emotional abuse that **must** be reported often results from verbal disclosures or direct observation and involves any person willfully causing or permitting any child to suffer unjustifiable physical pain or mental suffering, or endangering the child's person or health (Penal Code 11165.3).

In the absence of a verbal disclosure or direct observation, suspicions of abuse **may** be reported when behavioral indicators alert the professional to suspect emotional abuse. Emotional and behavioral problems, in varying degrees, are common among children whose parents abuse them emotionally. Attention deficits, school difficulties, and poor social skills are among the most common. Penal Code 11166.05 provides that, "Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior towards self or others, may make a report…" These emotional and behavioral patterns may, of course, be due to other causes, but the suspicion of abuse should not be dismissed. Emotional abuse is often difficult to prove; cumulative documentation by a child protection agency may be necessary for effective intervention. Finally, emotional abuse is most often reported along with concerns of other types of abuse; any child who is being physically abused, sexually abused, or neglected is also being emotionally abused.

Guidelines for Determining Reasonable Suspicion

Reporting laws require a report be made when a mandated reporter has a "reasonable suspicion" of abuse. This criterion is intended to ensure that a maximum number of abused children are identified and protected. Judging what constitutes a "reasonable suspicion" in practice, however, can be difficult. In the absence of clear physical indicators or verbal reports of abuse, professionals must rely on direct observations of children and families to determine when a report should be made.

Making an assessment of possible child abuse entails collecting information in order to determine what the problem is, who is involved, and how to proceed. When evaluating a concern, it is important to maintain a clear distinction between determining whether there are grounds for reasonable suspicion and conducting an investigation of the allegations. Only a child protective agency or county designee can conduct the investigation.

Cultural Considerations

It is important to keep in mind cultural influences when assessing information or behavior, and to avoid allowing personal beliefs or biases to influence decision-making. Culture is shaped by many factors including race, ethnicity, gender, sexuality, class, disability status, immigration status, religion, age, nationality, and language. However, it is important to remember that this information is only a generalization and should not be used to stereotype. There is much heterogeneity within each cultural group.

Culture shapes attitudes and ideas about acceptable child behavior and discipline, and influences reactions to stress, trauma, and abuse. Furthermore, cultural differences may become evident in various aspects of child-rearing. For example, a family might have an attitude towards nudity that is more relaxed than is typical, but that in itself does not indicate sexual impropriety. The same can be said for family sleeping, which is common in some cultures. Parents might choose alternative forms of medicine for their children, including religious or spiritual healing, but this does not necessarily constitute neglect (P.C. 11165.2). Some families have a highly authoritarian structure and consider corporal punishment, such as spanking, an acceptable disciplinary measure. Other families consider the corporal punishment of children to be unacceptable under any circumstances. In addition, stereotypes concerning age and gender can influence reporting. For example, cases involving teenage boy victims may be least likely to be reported.

In order to work with people with various cultural identities in a way that promotes respect and dignity, mandated reporters must

- Recognize and reject own preexisting beliefs and biases
- Become educated about the culture(s) with whom you are working

- Focus on understanding information provided by individuals within the context at hand
- Remember to keep in mind cultural influences when assessing information or behavior
- Resist the temptation to classify or label persons based on cultural preconceptions
- Educate individuals/families from other cultures regarding American cultural expectations, practices, and traditions

There may be times when you must decide whether to report child abuse, try to educate the parents, or simply accept a questionable practice as "different" but not harmful. **If the practice falls within the legal definitions of child abuse, it must be reported.** If you are unsure whether what you have seen or heard is abuse, call a child protective agency for advice.

Talking with Children

You may become concerned about possible child abuse by observation of physical signs, by a child's behavior, or by a child's verbal disclosure. If you observe physical signs of abuse, employ only open-ended questions when asking the child about it. For example, if a child displays unusual bruising, ask "How did you get hurt?" rather than "Did your father do that? or "Who hit you?". If it is the child's behavior that concerns you, ask the child privately whether there is anything going on that is making the child angry or unhappy.

Among younger school-age children, verbal disclosures sometimes occur by accident, or the child may tell another child who then tells you. However it is disclosed, do not be dissuaded from reporting the situation if the child recants his or her statements. It is very common for a child who discloses abuse to then deny it out of fear of reprisal or of breaking up the family.

When talking with children about possible abuse, the following guidelines should be followed:

The Setting

- Conduct the discussion in private
- Sit next to the child, rather than behind a table or desk
- Conduct the discussion in language the child understands
- Talk with the child away from parents/guardians/suspects or other potentially influential people.

Gathering Information

- Remember to manage your own emotional response; do not express shock, disapproval, or disgust regarding the child, parent, or disclosure

- Allow the child to tell you of their experience in their own words; refrain from asking leading or suggestive questions

Common Mistakes to Avoid

- Do not introduce new terminology or information, especially when dealing with allegations of sexual abuse

- Be aware that children's understanding of the concept of time is often limited, and information about when and how often an incident occurred is best obtained from adults familiar with the child's history.

- Do not paraphrase. Allow the child to tell of his/her experience in his/her own words, and then document what the child says.

Finally, avoid making unrealistic promises to a child. For example, a child may ask you to promise not to tell anyone else of their disclosure. Mandated reporters must report suspicions of abuse. Therefore, it is important to let the child know what you will do as a result of the disclosure, explaining who you will tell and why. It is also important to reassure the child that he or she is not to blame for the abuse and that he or she deserves praise for having the courage to reveal the abuse.

What to Tell Parents/Caretakers

One of the biggest obstacles to reporting may be the feelings of the potential reporter. It is important to remember that the intention of a child abuse report is to protect a child, not punish the family. When a report is made, child protective agency workers can investigate and, when appropriate, intervene to provide services and education for parents.

Concerns about the caretaker's reaction to the report can also be a deterrent to reporting, and should be addressed. Although the identities of mandated reporters are confidential, mandated reporters often worry about repercussions, including being confronted by angry parents. Remember that becoming involved with investigatory agencies is often a confusing and perplexing experience for parents or caregivers. When confronted with an angry parent, it is important to remain calm and maintain a professional demeanor. Listening to and normalizing a parent's feelings while expressing appropriate concern and respect may help diffuse the situation. Informing the parent of your status as a mandated reporter during your initial contact may also help to alleviate some of this concern.

Deciding whether or not to tell a parent that you plan to report or already have reported child abuse can be a difficult decision. Although there are no legal guidelines for mandated reporters to follow in making this decision, keep in mind that your first priority is establishing the safety of the child. Any information that suggests that informing the parent(s) could increase the risk of further abuse to the child should be considered. Also, be aware that such action could interfere with the initial child welfare agency's investigation. For example, a parent might intimidate a child into recanting allegations and/or flee to avoid contact with investigators. It is important to advise the child welfare staff if a child is afraid to go home, may be at risk of harm due to disclosing the abuse, or may be under pressure to change or retract his or her statement.

Profession-Specific Information

Child Care Professionals

Child Care Licensing

Although the regulations for Family Child Care and Child Care Centers in California are somewhat different, both require that new child care workers obtain a criminal record clearance or exemption and also complete the Child Abuse Central Index (CACI) check.

According to Title 22, Division 12, Chapter 3 of the Manual of Policies and Procedures for Community Care Licensing, licensees must report to the Department by telephone or fax "any child injury requiring medical treatment; any unauthorized child absence; any suspected child abuse or neglect;…" The initial report must be followed by a written report within seven days. Licensees are also required to "notify a child's parent or authorized representative, as soon as possible but no later than the same business day, of any injury suffered by a child in care, any cases of violence in the home, and any dangerous activity such as illegal drug use or gunfire."

Reports made to the Department of Social Services, Community Care Licensing, are supplemental to reports that must be made to local child protection agencies in cases of suspected child abuse and neglect. Reporting to Community Care Licensing alone does not fulfill the mandated reporting requirements for child abuse and neglect.

Red Flags for Abuse in the Child Care Setting

Although there are many protections in place to help ensure the safety of children in the child care setting, it is important to be aware that abuse and neglect in daycare settings do occur, and account for up to three percent of all confirmed cases in a given year. Child care professionals should be educated about child development in order to establish age-appropriate expectations and discipline. Child care professionals are never to use corporal punishment, even if they have the parents' permission to do so. Red flag behaviors to be aware of in the child care setting are similar to parental indicators previously covered, and include

- Provider has unrealistic expectations of the child
- Provider is unduly harsh or rigid
- Provider berates, humiliates or belittles a child
- Provider yells or screams at children

- Provider exhibits inappropriate interest in a specific child
- Provider engages in inappropriate physical contact (e.g., forcing a child to hug or kiss him/her)

Supervisors who witness inappropriate behaviors by child care staff should document observations, and should meet with the staff member to address their concerns and establish a performance improvement plan. Termination of the staff member may be necessary if behavior that is detrimental to the children does not improve.

Physical Contact With Children

As adults in constant contact with children, child care providers must be aware of what is considered appropriate vs. inappropriate physical contact with children. Physical contact can be a positive gesture or affirmation when used appropriately. It is important to realize, however, that what is considered appropriate varies among individuals and is affected by such factors as age, gender, personal experience and cultural background. Touching is always a concern if it is done in secrecy or isolation from others or for the sexual gratification of the adult, and children need to be informed and empowered about what is appropriate and inappropriate touching.

When Abuse is Suspected in the Child Care Setting

As a child care provider, you and other staff are responsible for the well-being and safety of the children in your care. If you become aware that a colleague has done something that could be considered abusive or neglectful, you are required to report your suspicions. In addition, termination of the staff member may be required. It is important that you be knowledgeable about appropriate termination procedures.

Clergy

California's Child Abuse and Neglect Reporting Act was amended in 1997 to add members of the clergy to the list of mandated reporters. The Act further mandates that "any custodian of records of a clergy member" must report suspected child abuse. The reporting requirements and protections for clergy members are identical to the requirements and protections for other mandated reporters, except for the provision exempting suspicions of child maltreatment acquired during a "penitential communication" from the mandate to report. However, "Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter" (PC 11166 (d) (2)).

Penitential Communications

"'Penitential communication' means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret" (PC 11166(d)(1)(a)).

It is generally expected that personal matters divulged to clergy are held in confidence, but a moral as well as legal obligation to report exists when there is the possibility that a child is being harmed. In California, penitential communications are exempt from the requirement to report suspected abuse or neglect. However, the clergy-penitent privilege is typically interpreted narrowly by the courts in the context of child maltreatment. In addition, California Evidence Code Section 1032 provides a qualification to this exemption: "As used in this article, 'penitential communication' means a communication made in confidence, in the presence of no third person so far as the penitent is aware, to a member of the clergy…"

No matter how strictly the clergy member's faith tradition protects confidentiality, pastoral resources should be utilized to help protect children. Because the behavior of offenders often escalates over time if it is not stopped, effective intervention by child protection agencies is often the only motivation for the abuser to begin recovery. Rarely have strong words by a clergy member been effective in stopping an offender's behavior, yet spiritual guidance can be transformational during the necessary psychological treatment the offender usually requires. Faith communities can also provide support to the families of both offenders and victims - but not if the abuse is kept secret.

Due to the nature of child abuse, it is more likely that a disclosure of abuse will be made by a child or family member seeking assistance than by the suspect's voluntary confession. In these situations, though confidentiality is still a concern, the communication may not fall under the exemption provided by the clergy -penitent privilege. Therefore, it is crucial that mandated reporters inform families of the limits of confidentiality and address concerns about how the decision to report may impact their relationship.

Policies and Procedures for Congregations

There are many ways to make your religious institution a safe place where members can receive information and assistance when dealing with issues of child maltreatment. The following are some suggestions to break the silence that frequently surrounds the issues of child abuse in the faith community:

- Incorporate information about child abuse into your worship services
- Include those affected by family violence in your congregational prayers
- Provide support groups, educational opportunities, and/or respite care for parents

- Provide training and support for staff and volunteers who work with children (e.g., youth leaders, teachers, child care providers) regarding child abuse reporting
- Screen staff and volunteers who work with children
- Provide immediate and appropriate response to concerns or allegations of child abuse

Your religious institution should have a protocol detailing how suspected maltreatment is to be reported. These protocols delineate what information the clergy member will need to provide when reporting, and who is responsible for making the report. While the protocol may direct staff to refer all suspicions to a designated clergyperson who will then make the suspected child abuse report, remember that as a mandated reporter you are responsible for ensuring that the report is made.

It is important that your policy's section for responding to allegations of abuse includes procedures for handling allegations or rumors against staff or volunteers. Effective response procedures should include guidelines to ensure that

- All concerns and allegations are taken seriously and receive a response, with due respect for the individual's privacy and confidentiality
- Suspected abuse or neglect of children is reported to the proper authorities, as required by state law
- The accused volunteer or employee is suspended pending the results of the investigation
- The confidentiality of all involved (e.g., victims, families, the accused) is maintained within the scope of the investigation, and accusatory attitudes or statements are avoided

Educators

Educators have both professional and legal mandates to report suspected child abuse. According to Education Code 32282, "The comprehensive school safety plan shall include, but not be limited to… Identifying appropriate strategies and programs that will…address the school's procedures for complying with existing laws (related to) child abuse reporting procedures consistent with Article 2.5 (commencing with Section 11164) of Title 1 of Part 4 of the Penal Code."

Confidentiality

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under

an applicable program of the U.S. Department of Education. Under FERPA, parental consent is usually required before releasing information contained in school records. However, there are exceptions that can apply in cases of suspected child abuse and neglect. FERPA allows schools to disclose those records, without parental consent, to "appropriate officials in cases of health and safety emergencies" (34 CFR § 99.31). When disclosing personally identifiable information from education records under this exception, the educational agency or institution must document the threat to the health or safety of a student that led to the disclosure, and to whom the disclosure was made.

Corporal Punishment

In addition to the mandates of the Child Abuse Reporting Act, you should be aware of Education Code provisions relevant to corporal punishment:

44807. Educators may exercise reasonably necessary physical control over a pupil to maintain order, protect property, protect the health and safety of pupils, or maintain conditions conducive to learning.

49000. Children have the same protection against corporal punishment as adults.

49001. (a) "Corporal punishment" means the willful infliction of physical pain on a pupil. A reasonable amount of force used to quell a disturbance threatening physical injury to persons or damage to property, to obtain control of weapons or other dangerous objects, or in self-defense, is not construed as corporal punishment. Physical pain or discomfort caused by voluntary athletic competition or recreation is not construed as corporal punishment.

49001. (b) Educators may not inflict corporal punishment on a pupil. The Education Code's prohibition of corporal punishment supersedes any other authority.

In summary, a reasonable degree of physical control, when necessary to maintain order or protect property, health and safety, is permitted. Corporal punishment never is.

Physical Contact With Students

As adults in constant contact with children, educators must be aware of what is considered appropriate vs. inappropriate physical contact with a child in everyday classroom interactions. Physical contact can be a positive gesture or affirmation when used appropriately. It is important to realize, however, that what is considered appropriate varies among individuals and is affected by such factors as age, gender, personal experience and cultural background. Touching is always a concern if it is done in secrecy or isolation from others or for the sexual gratification of the educator, and children need to be informed and empowered about what is appropriate and inappropriate touching.

When Abuse is Suspected in the Educational Setting

When a child is in school or involved in a school-related activity, teachers and other staff are responsible for the care of that child. If you become aware that a colleague has done something that could be considered abusive or neglectful, you are required to report your suspicions.

Failure to Report

The Penal Code provides for mandated reporter's confidentiality as well as immunity from civil or criminal liability when making a legally mandated child abuse report. (P.C. 11172 [a]). However, educators risk both criminal and civil liability for failure to report. In addition, educators who fail to report may also risk loss of their license or credential (Ed. Code, 44421).

Law Enforcement

Unlike other criminal investigations, child abuse investigations require a multi-disciplinary approach, with each agency maintaining its own purpose, methods, and goals for intervention. The primary role of law enforcement in child abuse investigations is to investigate crimes and refer those believed to be responsible for the crime for criminal prosecution. Child welfare agencies focus on protecting children from further abuse and neglect and maintaining the integrity of the family. While at times these goals can appear to conflict, it is essential that agencies work together to minimize unnecessary duplication of effort while conducting a thorough and expeditious investigation which will result in the optimal response for the child and family.

Cross-Reporting

Penal Code 11166(k) requires law enforcement agencies, when responding to a report of possible child abuse, to cross-report to the local child protection agency immediately or as soon as practically possible so that the case can be evaluated and a protective service worker assigned. The report may be made by telephone, fax or electronic transmission. Telephone reports must be followed by a written report within 36 hours. In cases where the law enforcement agency received the report of child abuse from the child protection agency, the officer does not need to cross-report the allegations.

In addition to child abuse reporting, law enforcement officers' roles include providing education and advocacy aimed at prevention of child maltreatment, support for child protection services (for example, when responding to dangerous locations and/or individuals, or when it is necessary to remove a child from his/her home), immediate response to reports of child abuse/neglect, and ongoing child abuse investigation. As a first responder, law enforcement officers are tasked with determining if there is probable cause to believe a crime has occurred, documenting observations and collecting evidence, and determining what notifications will need to be made in order for further investigation to proceed.

Medical Professionals

When evaluating a child with injuries, healthcare professionals must always be aware of the possibility of abuse or neglect. A delay in seeking medical care, changing stories as to how the injury was sustained, and/or an implausible explanation for the mechanism of injury should always raise suspicion. In addition, when determining whether an injury was accidental or inflicted, the following information should be considered:

Bruises

Observation of bruises in young infants is uncommon and should prompt a full evaluation for other injuries as well as a report to child protective services. While bruising in a young infant should always raise concern, accidental bruises are expected in older infants and toddlers. For these children, the appearance and location of the bruise is important when assessing for abuse. Concerning bruises may have a clear shape (e.g., a belt, cord, or hand). Bruises that have a clear outline or edge without an obvious identifiable pattern are also uncommon in accidental injuries and suggest that the child was struck with an object. Common areas that are injured in accidental play include the bony prominences, especially the forehead, chin, knees, shins, and elbows. Areas that are not commonly bruised accidentally, and are therefore concerning for inflicted injury, include the ears, neck, abdomen, soft tissues of the cheeks, buttocks, and genitalia.

Any form of discipline that leaves marks or injuries constitutes physical abuse. These bruises are often found on areas of the body concealed by clothing, such as the buttocks, and are only revealed through a thorough skin evaluation which includes undressing the child. Bruises such as these should be reported for any age child. In addition, excessive or extensive bruising may be caused by severe abuse, and should also be reported.

Burns

Accidental burns, especially scald burns, usually do not have a well-defined border or obvious pattern. Any burn with clear demarcation or that has a clear shape (e.g., an iron) should raise concern for inflicted injury. Burns on an area of the body that would have been covered by clothing should also raise suspicion. Other considerations include determining whether the child could have caused the injury him/herself. In many cases, the information needed can only be obtained through a complete investigation by a child protection agency. Therefore, any suspicious injury must be reported.

Burns that appear to be consistent with the history provided but are a result of poor supervision or negligence by the caretaker should also be reported. Under CANRA, "'Severe neglect' also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered" (PC 1116502(a)).

Fractures

The age of the child is one of the most important factors to consider when assessing for abuse. Fractures in children who are non-ambulatory should always be reported. In addition, skeletal surveys are recommended for children who are under the age of two when there is concern for abuse or neglect. A skeletal survey consists of approximately 20 x-rays and should be read by a pediatric radiologist. This is because the most specific inflicted fractures, specifically rib fractures and classic metaphyseal lesions, are small and require detailed views.

Some fractures are more concerning for inflicted injury than others. For example, while any fracture in an infant is concerning, rib fractures and metaphyseal fractures are very specific for inflicted injury. Conversely, isolated simple skull fractures are more commonly accidental injuries. Consultation with a child abuse pediatrician may be helpful.

Abusive Head Trauma

Abusive head trauma is a theoretically preventable cause of infant morbidity and mortality. However, because the symptoms are vague (e.g., vomiting, fussiness, sleepiness, apnea, seizures) and the history provided by caretakers is usually incomplete, these injuries may go undetected. It is recommended that a head CT be obtained in infants when there is any concern for inflicted injury. An ophthalmologic exam may also be indicated to evaluate for retinal hemorrhages when abuse is suspected. Ideally, these children should be transferred to a pediatric facility for further evaluation.

Munchausen Syndrome by Proxy and Pediatric Condition Falsification

Munchausen Syndrome by Proxy is a condition in which a caregiver fabricates and/or induces illness in a child and repeatedly brings them to medical professionals for evaluation and treatment. The caregiver usually appears to be very concerned and devoted to the child. The illness is often prolonged or does not respond as expected to treatment, and the illness or symptoms may only occur in the presence of one caregiver. Often the child is brought to a number of different providers in different specialties and at different facilities. The morbidity in this condition may be directly related to the caregiver's actions, or may be the result of multiple invasive medical procedures in the search for a diagnosis. In Munchausen Syndrome by Proxy, the caregiver's intent is to assume the sick role by proxy. However, because parental intent is not always clear, this condition is now often called Pediatric Condition Falsification or Medical Child Abuse, which focuses more on the harm or danger to the child and less on the caregiver's motivations or intentions. The diagnosis and evaluation of this disorder can be complex and time-consuming, usually requiring extensive medical record review. Consultation with a Child Abuse Specialist and/or child protective services is recommended.

Sexual Abuse

Concerns about sexual abuse present in a variety of ways in a healthcare setting. Parents may have concerns about a child's unusual sexualized behaviors, they may have concerns about physical findings such as blood or discharge in their child's underwear, or a child or teen may disclose sexual abuse. When sexual abuse is suspected, only a limited initial exam should be performed. It is very important that the exam not be experienced as traumatic by the child. If there are obvious injuries, or if the last contact with the suspect was very recent (typically considered less than 3 - 5 days) the child and family should be referred to a local children's hospital and/or law enforcement agency so that a forensic exam may be conducted if necessary. A suspected child abuse report should also be made.

Even in situations when the need for an exam is not acute, the child may need to be referred to a child abuse specialist for further evaluation. Although injuries are uncommon, a negative preliminary exam does not mean that a forensic exam is unnecessary. Medical examinations in cases of child sexual abuse are time sensitive as evidence may be lost with each day and each shower or bath.

Also, it is important to remember that children should not be extensively or repeatedly interviewed about the incident. It is not unusual for children to be interviewed by medical personnel, law enforcement, child welfare services, tertiary medical personnel, and their parents. However, this is not considered best practice; ideally, interviews are coordinated and performed by trained interviewers. Information needed for initial decision-making can usually be obtained from the parent or caregiver, or by asking the child minimal questions such as, "What happened?"

Medical/Dental Neglect

Medical neglect includes a delay or failure in accessing health care, noncompliance with health care recommendations, or refusal of medical treatment. When considering medical neglect, medical professionals must evaluate whether the family understands the need for medical care and has the necessary resources to access medical care. Language differences, poverty, or mental illness also may impede the caretaker's ability to obtain health care.

Dental neglect has been defined by the American Academy of Pediatric Dentistry as a willful failure on the part of the child's parent or caregiver to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function, and freedom from pain and infection. Both medical neglect and dental neglect should be reported in order to give the investigative agencies the opportunity to assess the situation and determine the appropriate response.

Failure to Thrive

"Failure to Thrive" is a diagnosis that is given to an infant or child with either significant weight loss or failure to gain weight over time. It is most commonly caused by the caregiver not providing adequate calories to ensure growth due to lack of knowledge, resources, or effort. Failure to thrive can result in psychological and cognitive delays in development.

Failure to thrive is usually managed by a child's primary care doctor. If there are concerns that a child is not gaining weight even after the caregiver has been given appropriate instruction and resources, and a medical cause has been ruled out, a report of possible neglect may be necessary.

Medical Conditions that Mimic Abuse

When evaluating an injury that is suspicious for abuse, it is important to be aware of medical conditions that mimic abuse. For example, phytophotodermatitis, mongolian spots, bleeding disorders, impetigo, and staph -scalded skin infection can mimic inflicted bruises or burns. Medical conditions that mimic abusive fractures include osteogenesis imperfecta, rickets, and Caffey disease. However, these are uncommon and often require additional testing to rule out. Certain medical conditions and medications can cause osteopenia. Examples of these include prematurity, malignancy, prolonged steroid use or chemotherapy, or an older child that is bed-bound. Children with osteopenia may suffer fractures from routine care or seemingly minor trauma.

While medical conditions should be considered, they do not need to be ruled out prior to filing a report. A child abuse report should be filed while awaiting the results of additional evaluations so as not to delay an investigation. Consultation with a child abuse pediatrician, dermatologist, or burn specialist may be helpful.

Mental Health Professionals

Confidentiality

Mental health professionals have both an ethical and legal obligation to protect the confidentiality of their clients. Exceptions to this include reporting cases of suspected child abuse. Therefore, it is crucial that mental health professionals provide informed consent detailing the limits of confidentiality at the beginning of the professional relationship. This is best done both verbally and in writing to avoid confusion and ensure that the client understands the information provided. Concerns about how the decision to report may impact the therapeutic relationship can be mitigated when the limits of confidentiality have been clearly explained to the client. In addition, reporting of suspected child abuse can then be incorporated into the therapeutic context, and does not necessarily jeopardize progress in therapy.

Child protection workers and/or law enforcement officers may contact the reporter to gather additional information to aid in the investigation. In order to protect confidentiality, information released should be limited to the information contained in the child abuse report. A signed release of information is necessary for further interaction between the professional and investigators. Again, keeping written documentation of all contacts is essential.

Failure to Report

The Penal Code provides for mandated reporter's confidentiality as well as immunity from civil or criminal liability when making a legally mandated child abuse report (P.C. 11172 [a]). However, mental health professionals risk both criminal and civil liability for failure to report. If a professional fails to report suspected abuse and a child is abused or killed as a result, the professional can be sued for malpractice. In addition, administrative action may be taken, resulting in suspension or revocation of a practitioner's license.

Children With Disabilities

Incidence of Abuse

Children with disabilities are more vulnerable and have greater needs for care than non-disabled children, putting them at higher risk for abuse and neglect. In a national study conducted in 1993, researchers found that children with disabilities were 1.7 times more likely to be maltreated than their non-disabled peers (Crosse et.al.1993). Sullivan and Knutson (2000) found that children with disabilities are 3.44 times more likely to be maltreated when compared to children without disabilities. Although the numbers vary, other studies have consistently found an increased incidence of maltreatment for children with disabilities. Sullivan and Knutson also found that children with disabilities were more likely than their non-disabled peers to suffer multiple incidents as well as multiple forms of maltreatment. Be aware that children with behavioral challenges may be at higher risk for physical abuse as caregivers may have unrealistic expectations and become frustrated. It is crucial that those caring for children with behavioral disorders be educated about the child's needs and limitations. Education is also important in order to ensure that a child's special health care and educational needs are being met.

Disability-Related Risk Factors for Abuse/Neglect

Children with disabilities

- May be used to having their bodies touched by adults, without their permission, because of their need for physical assistance
- May be less likely to recognize dangerous situations and therefore less likely, or able, to take precautions
- Are often exposed to multiple caregivers
- May be unable to distinguish abusive from non-abusive acts due to intellectual impairment
- May have impaired communication, making it difficult to disclose abuse
- Are usually taught to be compliant
- Are viewed negatively by society, resulting in isolation and lack of social support
- Are rarely educated about abuse prevention (e.g., personal safety, sex education, human and civil rights)

Disability Symptoms Mimicking Signs of Abuse

Some disabilities can create symptoms that mimic those of abuse or increase risk of accidental injury. Professionals must be aware of this possibility when assessing concerns while recognizing that children with disabilities are at greater risk for abuse. If an injury or behavioral change is erroneously attributed to a child's disability, abuse or neglect of that child will be ignored and allowed to continue indefinitely. It is also important to keep in mind that when an injury is attributable to a child's disability, the possibility of neglect should also be evaluated.

What to Do When Abuse is Suspected

Because children with disabilities often have unique communication needs, it is important that mandated reporters recognize that interviewing these victims requires specialized training. It is especially important to utilize a collaborative team approach with this population, and to be informed about the issues relevant to the children with whom you work.

When talking with a child about concerns of abuse or neglect the professional must be aware of the child's method of communication. Children with disabilities may be more likely to employ concrete thinking and have difficulty with abstract concepts. Much like younger children, they may lack the vocabulary to describe their abusive experience, especially sexual abuse. Due to their socialization, they may be reluctant to express negative feelings or to "complain" about an adult's behavior. It is also important to be aware of

- Proximity issues – Space considerations differ for children with different types of disabilities. For example, a child with autism may need more space, while a child who has a sensory disorder (i.e., auditory, visual) may require less space than normal.
- Eye contact – Lack of eye contact may be attributable to a variety of causes, but be aware that victims with certain types of disabilities may avoid eye contact.
- Touch – Although it may be tempting to touch a child in an attempt to offer sympathy or support, be aware that some disabilities create a sensitivity to touch. In other cases, children with disabilities have not been taught appropriate boundaries and are very affectionate, even with strangers. It is best to limit touching of a child victim unless you have an established relationship with the child and are aware of his or her needs.

Use of Interpreters

Sometimes a child with a disability uses an alternate method of communication requiring an interpreter. When using an interpreter the following recommendations should be followed:

- Position yourself so that the child is able to observe both you and the interpreter easily
- Address the victim directly

- Speak in your regular voice, using a supportive tone and normal volume
- Whenever possible, interpretation should be provided by someone other than a family member or caretaker, who may be the perpetrator of the abuse.

Hidden Disabilities

Professionals working with children should be alert for the existence of disabilities that have not been previously identified, either because they are not visible or because behavioral indicators have been overlooked or misattributed. In addition, all child abuse victims should be evaluated for disabilities.

Major Treatment Issues

Although this section is intended primarily for therapists, the information provided may be helpful to all mandated reporters.

Barriers to Reporting

In addition to the barriers previously addressed, mental health professionals must confront and overcome their own internal barriers to reporting:

Denial

Professionals must recognize that child abuse can happen in any family. When professionals do not acknowledge the possibility of abuse, they miss the opportunity to assess and intervene, leaving children vulnerable and unprotected.

Rationalizing

Another danger is the professional's acceptance of unrealistic explanations for how an injury occurred. If any doubt exists, no matter how small, assessment should continue, and/or consultation should be sought.

Betrayal

Some professionals feel that if they report clients for suspected child abuse they will damage the client-therapist relationship because of the possible punitive consequences of such reports. If this notion is held by the professional, parents or caregivers may sense that they are being punished. Reframing the reporting as helpful to the family, because it will protect the child (and the parents in the long run) by getting them needed services, may by a more useful approach. While the fear that reporting will destroy the trust in the therapeutic relationship is understandable, if the report is made in a clear and nonthreatening way clients will be less likely to feel betrayed. Approaching suspected abuse as a matter-of-fact mandatory duty to protect children can help in undertaking the emotionally difficult task of reporting.

Family Breakup

Although relatively few of the large number of child abuse reports lead to the removal of a child from his/her home, this is often a fear of both parents and children. Although professionals must guard against giving false assurances, educating the family about the range of possible agency responses to the situation may be helpful. The current emphasis of child welfare services is on keeping the family together by providing intensive services. The child will be removed only if the child protective professionals determine that there is imminent danger to the child or that the caregivers are unable or unwilling to provide a safe environment for the child.

The Therapists' Reactions to Working with Abuse

Everyone has a reaction to child abuse. Some cringe with disgust and anger, and others cry with sadness and empathy. It is crucial for therapists to examine their own attitudes and feelings toward abusive parents and abused children. It is possible (and advisable) to acknowledge the discomfort or anger they may feel about the abuse, and yet prevent these feelings from interfering with their ability to be useful to families in treatment. Treatment will be ineffective if the therapist expresses angry or judgmental feelings toward the client, which may reinforce a sense of "badness" or "unworthiness". Most abusive people have fragile egos and are very susceptible to criticism. This does not preclude a therapist's making very strong and clear statements about the abusive behavior, but these should be made in a way the client can hear. An effective phrase might be, "I know you love your children and want to teach them to become productive citizens, but it is not OK for you to hurt them." It is, of course, crucial for the therapist to provide clients with clear alternatives to abusive behavior. The tendency to resort to old and familiar (abusive) behavior will persist, and part of the therapeutic goal is to replace the old behavior with new techniques.

Another mistake therapists sometimes make in working with abusive situations is to see themselves as "rescuers" of the child. Therapists must remain sensitive to the competitive relationship that may exist between the abusive parent/caregiver and the therapist regarding the needs of the child. If trust is established in the therapeutic relationship, the client may see the therapist as a parental figure. The more trust that is developed, the greater is the client's need to pull away and make demands by testing the therapist's ability to set limits. The client's dependency needs may also surface, which may cause a therapeutic crisis in a needy and frightened client. The client needs to experience and build trust and then needs to be directed toward other people in his or her life with whom a similar experience can be created.

Helpful Tools and Interventions

Confidentiality Statements – Parents and children should be given a confidentiality statement at the beginning of therapy (See Appendix B). Contrary to the belief of some, providing these statements does not seem to scare clients away or inhibit them. It is best to include confidentiality statements with other guidelines regarding the therapeutic relationship. Clients may or may not ask questions related to confidentiality. However, limits of confidentiality should be explained both verbally and in writing to clients. The following are some suggested statements therapists could use:

To Parent – What we discuss in therapy is confidential with two exceptions. If I think you are going to hurt yourself, or if I think you are going to hurt someone else, including your child, I will need to take protective action which would include contacting the appropriate authorities.

To Child – What we discuss in therapy is confidential with three exceptions. If I think you are going to hurt yourself, if I think you are going to hurt someone else, or if I think someone, including your parents, is hurting you, I will need to let someone know who can provide additional help for you.

In statements about the limits of confidentiality therapists should be certain that their clients are aware that child abuse, suicide, homicide, and threat of homicide are matters that must be reported if they are suspected. The Tarasoff vs. Regents of the University of California (1976)17 Cal.3d 425, decision established that a therapist may be liable for injuries resulting from a failure to report their suspicions regarding these issues. Of course, these are all circumstances in which the therapeutic and legal arenas overlap, and the therapist must take substantive action in the best interest of the client or intended victims.

The Use of Contracts – Contracts are written agreements between the therapist and the client. Contracts specify goals of therapy, with clear behavioral descriptions of expected outcomes. The structure a contract provides is helpful when working with abusive families; families in crisis respond well to clearly specified objectives. In addition, families can feel a greater sense of control if they are able to understand what behavior on their part will lead to their desired outcome. Often the clients are mandated by the court to attend therapy. In those cases, it is particularly helpful to use contracts so that expectations are clear to all agencies and individuals involved.

Limit Setting – Reporting suspected child abuse is often an effective way to set clear limits regarding unacceptable behavior. Clients may feel cared for when a therapist sets limits on the client's self-destructive or self-defeating behaviors. Because most abusers do not want to hurt their children, they need to be taught alternative methods of discipline; reporting can be a way to model the setting of limits.

Use of Authority – Many mental health professionals are trained to encourage clients to draw conclusions and choose their own direction. In abuse situations, however, the therapist must feel comfortable with his/her use of authority to maximize safety for parents and children. It may take some time before a mental health professional is comfortable making reports and explaining this decision to the client. The decision should be presented in a firm and supportive manner. The therapist can tell the clients that he/she recognizes their feelings of helplessness and anger and that he/she will be available to help them take some control over their lives. Offering a matter-of-fact and caring approach counters the message that the abuse is so repugnant it must be kept hidden, or that the therapist does not take the abuse seriously.

Facing Denial – It is common for abusive parents/caregivers to deny that they have been abusive. This is to be expected. They have a great deal to protect, and they are usually feeling judged and exposed. When working with families in which abuse has occurred, the therapist should focus on assessment of strengths, weaknesses, and concerns based on an understanding of the underlying family dynamics. However, the therapist must always work within the scope of his or her training and experience. While the therapist can use the legal system effectively and cooperatively, it is not the therapist's job to prove culpability or collect evidence. It is essential for the therapist to create a safe and trusting environment conducive to self-

disclosure, while consistently raising the issue of denial, being aware that some clients will never admit to the abuse.

"Stay With" the Client – After a report is made, it is important to continue supportive contact with the client. Child clients, especially, will benefit from having access to the therapist since frequently they are propelled into a child welfare system which can be perceived as insensitive and demanding. In addition to coping with his or her abuse, the child who has been abused may also be dealing with the process of investigation and prosecution of the abuser. The child may need someone to answer questions about the investigatory or court processes, and to provide appropriate support and reassurance.

Telling the Client a Report Is Being Made – For clinicians and therapists, deciding whether or not to tell the suspected abuser that a report is being made is a highly sensitive and complicated issue which should be evaluated on a case-by-case basis.
In some cases, telling the client about the report may be therapeutically advisable. In so doing, the therapist employs clinical leverage by using authority to set a firm and necessary limit. The therapist can reassure the parent that steps will be taken to help him/her gain control so that the abuse does not continue or lead to serious injury of the child. If the therapist does not mention the report to the client, secrecy and tension can result which may lead to the client feeling suspicious, isolated, and betrayed. While it also can be beneficial to give clients the opportunity to make the report themselves, telling clients to report does not negate the therapist's mandate to report.

Informing the client of the report is contraindicated in cases when doing so could increase the risk of further abuse to the alleged victim. Other risk factors (e.g., if the parent is psychotic, has poor impulse control coupled with a history of violent behavior, has a problem with alcohol or drugs, or is likely to flee the area) should also be considered. In addition, telling the abuser that a report is being made can damage the child abuse investigation. Mandated reporters are not required by law to tell the client a report of child abuse is being made. When in doubt seek consultation and/or call your local child protection hotline and ask for assistance.

Consultation/Coordination– Consultation with team members should be sought when there is uncertainty as to whether or not to report. Once a report is made, coordination of services can decrease the disruption to the family in crisis and optimize the use of the various agencies' limited resources. Case conferences give therapists and other providers the opportunity to identify areas of concern, establish expectations for change, and define the roles of the many professionals involved in each case. When a specific plan of action is designed by a multi-disciplinary team and key players are identified, it is easier to provide clear direction to the parents.

Potentially Harmful Strategies

Threatening/ Bargaining With Client – Threatening to report abuse may give the client the impression that reporting is a punishment and that the decision to report is optional. Bargaining, such as saying, "I won't report you this time, but if you do it again I'll have to" sends the message that sometimes it is all right to be abusive, but other times it is not. The client may find the double message confusing, resulting in escalation of his/her behavior or unwillingness to continue in treatment. Threats and bargaining are not options for the reporter. The reporting law states that reports must be made by those engaged in specified professions when the reporter has reasonable suspicion or knowledge of child abuse.

Abandoning The Client – After a report is made, it is important to provide ongoing support to the client throughout the investigation.

Arguing – Many clients will argue that they are not abusive since their own parents did the same or worse things to them. Have clients describe previous abuse and then explain that the reporting laws have changed. Let them know that, were their parents'/caregivers' abusive behavior to occur today, it would be reportable as child abuse.

Frequently Asked Questions

How should I decide whether or not to report suspicions of child abuse?

Reporting should be done when a person either knows or suspects that a child has been or is in danger of abuse or neglect. **Hard proof is not needed to make a report.** The standard by which a report should be made is "reasonable suspicion". **Reasonable suspicion** means that it is "objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect" (Penal Code 11166 (a) (1)). Verbal disclosures of abuse should always be reported.

However, reports must be made in good faith. Use common sense. A report of child abuse is serious and may have a lifelong impact on the child and his or her family. Never make a false or malicious report. If you are in doubt at all about whether to report a particular situation, consult with a colleague and/or telephone your local child abuse hotline and discuss the situation.

What if I make a mistake?

Dr. C. Henry Kempe, a pioneer in the field of child abuse prevention, once said he would rather apologize to a parent because he made a mistake about reporting the abuse than apologize to a brain-damaged child because he did not report. It is better to err in the direction of over-reporting than under-reporting. It is important to note that mandated reporters are immune pursuant to statute if they make a report in good faith, but they are liable if they fail to report when they have reasonable suspicion.

May reports be made anonymously?

Persons not legally mandated to report may make anonymous reports. Mandated reporters must identify themselves when making child abuse reports.

Are volunteers mandated reporters of child abuse?

No. According to Penal Code 11165.7 (b), "… volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect" to the appropriate agency, with the exception that any employee or volunteer of a Court Appointed Special Advocate program is also a mandated reporter.

Furthermore, Penal Code 11166, section (a) states that "a mandated reporter shall make a report… whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably

suspects has been the victim of child abuse or neglect." Section (c) further clarifies that "any other person" who suspects abuse may make a report, and defines "any other person" to include "a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment." However, mandated reporters in these circumstances are strongly encouraged to report known or suspected instances of child abuse or neglect to the appropriate agency.

What is the fine line between physical abuse and discipline?

Under California Welfare and Institutions Code Section 300(a), reasonable and age appropriate spanking to the buttocks where there is no evidence of serious physical injury does not constitute abuse. However, if the discipline is excessive or forceful enough to leave injuries, physical abuse has occurred. The use of instruments increases the likelihood of injuries as does the excessive punishment of young children. The intent of the reporting law is not to interfere with appropriate parental discipline, but to respond to extreme or inappropriate discipline which is abusive. If you have reasonable suspicion of abuse, even with no visible signs, you are required to report.

What if the abuse occurred in the past?

There is no time limitation regarding the reporting of child abuse. If a victim is under age 18, the abuse must be reported.

What if an adult states that he/she was abused as a child?

The child abuse reporting law mandates a report be made when there is reasonable suspicion or knowledge that children may be at risk. Therefore, childhood abuse of adults should be reported if there is a reasonable suspicion that there may be another potential child victim. (This does not impose an investigatory duty on the professional.)

What happens if the abuser is someone outside the household?

A report of suspected abuse by someone who does not live in the child's home is made in the same way as any other report.

At what age is a child most at risk for abuse?

Children of any age may be abused or neglected. However, infants and toddlers are most likely to sustain serious injuries due to their fragility. Adolescents who are abused may not receive needed help due to a belief that they provoked their abuse or should have been able to protect themselves from abusive situations. Despite their age and size, it is important to remember that adolescents are often just as vulnerable as younger children to physical, sexual and emotional abuse and neglect.

Does a positive toxicology screen at time of delivery require a child abuse report?

Not necessarily. According to PC 11165.13, "a positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Section123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made. However, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department, and not to a law enforcement agency." Health and Safety Code 123605 provides for the establishment of county protocols to assess the needs of the mother, child and family, determine the level of risk to the substance exposed infant, and gather data for information and planning purposes.
The assessment is to be performed by a health practitioner or medical social worker before the infant is released from the hospital.

Is parental consent required to take photographs of suspicious or concerning injuries to a child?

Any mandated reporter may take photographs of a child to document abuse without the parent's or caregiver's consent (PC 11172). However, any other use of those photographs is prohibited.

Is parental consent required to obtain a skeletal survey or head CT if child abuse is suspected?

Physicians or dentists may obtain x-rays of a child without the consent of the parent or guardian, but only for the purposes of diagnosing possible child abuse or neglect or determining the extent of child abuse or neglect (PC 11171.2).

In cases of domestic violence when there is a child in the home, is it reportable as child abuse?

While each county handles this issue differently, domestic violence is being reported in some counties as emotional abuse (Penal Code 11166.05). When a child is in the home, medical personnel, law enforcement, or domestic violence units generally report to Child Welfare Services. In addition, a judge can order an emergency protective order if a child is determined to be in "immediate and present danger of abuse by a family or household member, based on an allegation of a recent incident of abuse or threat of abuse by the family or household member" (California Family Code Section 6250). If you encounter a situation of domestic violence where there is concern about the safety and well-being of a child, contact your local child welfare agency and/or law enforcement agency.

What is the difference between children's "normal" sex play and sexual abuse?

The lack of contemporary normative data regarding sexual activity among young children makes differentiating between normal sex play and sexual abuse difficult. It is clear, however, that very young children without exposure or experience do not usually have substantial or detailed knowledge about sexual activity and that the child who exhibits developmentally inappropriate behaviors has probably either been exposed to that behavior or has experienced it. Exposure may have occurred directly (by observing people engaged in sexual activities) or indirectly (through media such as television or movies). Factors to be considered in addition to developmental appropriateness include the dynamics of the situation. Was coercion, threat, intimidation or force involved? Were age and size of the children involved similar? Even in cases involving children of similar age and size it is possible that the activity is abusive if threats, force, or coercion is present. Differences in emotional maturity and status must also be evaluated. For example, a child who has been delegated the authority of "babysitter" by parents has a distinct status or power advantage over other children, even if the age differential is not large. Many assessment questions must be considered when professionals are presented with situations in which children are engaging in sexual activity. It is important to understand not only the child's knowledge base but also the sources of that knowledge. In most cases of this type, consultation is very helpful.

When is sexual activity between minors reportable?

Guidelines for determining when a report should be made can be found in the Penal Code as well as in case law. In the case of Planned Parenthood Affiliates v. Van de Kamp 181 Cal. App.3d 245 (1986), the court found that if, in the judgment of the reporting professionals, there are no indications of sexual or other abuse (see previous question), then voluntary and consensual sexual behavior between minors under the age of 14 who are of similar age need not be reported. However, in the case of People v. John L. 209 Cal. App. 3d 1137 (1989), the court determined that Penal Code Section 288(a) prohibits all sexual contact with persons under the age of 14 if the offender is over age 14, regardless of the young person's consent. Finally, if a minor over the age of 14 engages in sexual intercourse, a report may be required based on the age difference between the partner and minor or when there is additional information to indicate that the sexual activity was not consensual.

See Appendix C for a chart summarizing the reporting requirements based on the age difference between the partner and the minor. As these guidelines can be somewhat confusing, consultation with a child abuse professional and/or your local child welfare agency is always advisable when in doubt about whether or not to make a report.

If I suspect abuse of a disabled child in a home or institution, is it reportable as child abuse?

Yes. Any suspected child abuse or neglect should be reported. Studies have found that children with disabilities are more likely to be victims of maltreatment than their non-disabled peers.

What if I learn of abuse, but have been told that it has already been reported?

As a mandated reporter, you are responsible for reporting suspicions of abuse when you become aware of them. Assuming that someone else, including another professional, has had the opportunity to report does not satisfy your reporting requirement. Keep in mind that cumulative reports are factored into the child protection assessment, and the information you provide may or may not have been included in previous reports.

What happens after a report is made?

Child welfare and/or law enforcement agencies are responsible for investigating the referral once it is made. The age of the child, seriousness of the allegations, the identity of the suspected abuser, and his or her access to the child are some of the factors considered when determining the appropriate level of intervention. When it appears that a child is in immediate danger, an emergency response worker will be dispatched together with law enforcement. If it is determined that the risk to the child is not imminent, it may take three to ten days for a child protection worker to begin their investigation. In some cases, the referral may not be assigned for investigation, but will remain in the case file should future concerns be reported. Those required to report should be aware that reporting does not always mean that a civil or criminal proceeding will be initiated against the suspected abuser.

Not all reports meet the criteria for investigation by both child welfare services and law enforcement. When the abuser is someone outside the family, the child protection agency may investigate to determine if the child is being protected in his/her home. Once the safety of the child has been established, appropriate referrals for services, such as counseling or medical care, may be given. Cases of out-of-home abuse are generally closed by the welfare or probation department, while law enforcement continues the criminal investigation. On the other hand, law enforcement may not respond to reports in which a criminal investigation is not indicated; the family may be contacted only by local child welfare services.

When the abuser is a family member, the focus of intervention is to ensure the safety of the child. Removing a child from the home is an action taken only when the child cannot remain there safely. The child protection worker's responsibility is to assess the situation and offer services and resources designed to enable families to stay together whenever possible. Services such as referrals to counseling, parenting classes, or substance abuse treatment, as well as assistance in obtaining medical care,

emergency shelter, or transportation, are designed to address the problems of the family and child. If removal becomes necessary, services are provided to facilitate reunification of the family. When a child is removed from his or her home, several options for placement are considered (e.g., a noncustodial parent, relatives, foster care, residential placement) based upon the specific needs of the child. Termination of parental rights is only considered in severe cases of abuse or when the parent has failed to complete the requirements necessary for reunification.

When there is an allegation that abuse or neglect has occurred in a licensed daycare or out-of-home care facility, the state licensing agency, in conjunction with law enforcement and child welfare services, conducts its own investigation of the allegations. The licensing agency may temporarily suspend or revoke the facility's license based on the results of its investigation. This action is independent of the outcome of the law enforcement or child welfare services investigations or any civil action resulting from such investigations; only a preponderance of evidence is necessary in order to take action against a licensed care facility.

Procedures in child welfare agencies vary from county to county. Therefore, it is important to understand the local procedures which are set in motion by a report.

Conclusions and Resources

It is crucial that mandated reporters become familiar with reporting laws and procedures and not let denial, fear, or ignorance interfere with providing help to families in which abuse is suspected. Therapists are advised to familiarize themselves with social services, the legal system, and helping agencies in their community. Frequently, coordinating therapy with other helping services will result in enhanced treatments for the family. Training and consultation are also highly encouraged for any professional working with child abuse. In addition to local expertise, there are many excellent written materials, training programs, seminars and/or conferences which can be consulted when questions regarding specific cases arise. Online materials, information, and resources are listed in Appendix D (Statewide and National Resources) and Appendix E (Profession-Specific References/Resources). In addition, your local Child Abuse Prevention Council or child welfare agency should be familiar with existing local services.

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: http://www.leginfo.ca.gov/calaw.html (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof ***within 36 hours*** of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** ***Within 36 hours*** of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY

NAME OF MANDATED REPORTER	TITLE	MANDATED REPORTER CATEGORY
REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City Zip		DID MANDATED REPORTER WITNESS THE INCIDENT? ❒ YES ❒ NO
REPORTER'S TELEPHONE (DAYTIME) ( )	SIGNATURE	TODAY'S DATE

B. REPORT NOTIFICATION

❒ LAW ENFORCEMENT ❒ COUNTY PROBATION ❒ COUNTY WELFARE / CPS (Child Protective Services)	AGENCY	
ADDRESS Street City Zip		DATE/TIME OF PHONE CALL
OFFICIAL CONTACTED - TITLE		TELEPHONE ( )

C. VICTIM
One report per victim

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS Street City Zip		TELEPHONE ( )	
PRESENT LOCATION OF VICTIM	SCHOOL	CLASS	GRADE

PHYSICALLY DISABLED? ❒ YES ❒ NO	DEVELOPMENTALLY DISABLED? ❒ YES ❒ NO	OTHER DISABILITY (SPECIFY)	PRIMARY LANGUAGE SPOKEN IN HOME
IN FOSTER CARE? ❒ YES ❒ NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: ❒ DAY CARE ❒ CHILD CARE CENTER ❒ FOSTER FAMILY HOME ❒ FAMILY FRIEND ❒ GROUP HOME OR INSTITUTION ❒ RELATIVE'S HOME		TYPE OF ABUSE *(CHECK ONE OR MORE)* ❒ PHYSICAL ❒ MENTAL ❒ SEXUAL ❒ NEGLECT ❒ OTHER (SPECIFY)
RELATIONSHIP TO SUSPECT	PHOTOS TAKEN? ❒ YES ❒ NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ❒ YES ❒ NO ❒ UNK

D. INVOLVED PARTIES

VICTIM'S SIBLINGS

NAME	BIRTHDATE	SEX	ETHNICITY	NAME	BIRTHDATE	SEX	ETHNICITY
1.				3.			
2.				4.			

VICTIM'S PARENTS/GUARDIANS

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS Street City Zip	HOME PHONE ( )	BUSINESS PHONE ( )	
NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS Street City Zip	HOME PHONE ( )	BUSINESS PHONE ( )	

SUSPECT

SUSPECT'S NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS Street City Zip	TELEPHONE ( )		
OTHER RELEVANT INFORMATION			

E. INCIDENT INFORMATION

IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX ❒ *IF MULTIPLE VICTIMS, INDICATE NUMBER:* _____

DATE / TIME OF INCIDENT	PLACE OF INCIDENT
NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)	

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

Rev. 6/2012

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

Appendix B

Confidentiality Statements and Agreement (Sample)

A statement outlining confidentiality expectations between counselor and client is important in the beginning of a therapeutic relationship. A copy should be given to the client. Here is a sample:

This is a sample of a confidentiality agreement used by counselors.

Confidentiality: All information between counselor and client is held strictly confidential unless:

1. the client authorizes release of information with a signature;

2. the counselor is ordered by a court to release information;

3. a client presents a physical danger to self or others;

4. child abuse/ neglect are suspected;

5. In these latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

Confidentiality Agreement

What is discussed in therapy is confidential unless and until you (client) give consent to its release, with two exceptions. I will need, and am compelled by law, to report to an appropriate other person(s) if:

1. I believe that you are in danger of hurting yourself or someone else, and

2. If there is reasonable suspicion that a child has been abused or neglected.

I (client) have read the foregoing, understand its content and agree to the conditions stipulated herein.

Client Signature: _____

Therapist signature:_____

Date: _____

Appendix C

KEY: **M** = *Mandated. A report is mandated based solely on age difference between partner and patient.*
CJ = *Clinical Judgment. A report is not mandated based solely on age; however, a reporter must use clinical judgment and must report if he or she has a reasonable suspicion that act was coerced, as described above.*

AGE OF PATIENT	AGE OF PARTNER										
	12	13	14	15	16	17	18	19	20	21	22 and older
11	CJ	CJ	M	M	M	M	M	M	M	M	M ⇨
12	CJ	CJ	M	M	M	M	M	M	M	M	M ⇨
13	CJ	CJ	M	M	M	M	M	M	M	M	M ⇨
14	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M ⇨
15	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M ⇨
16	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
17	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
18	M	M	CJ	CJ	CJ	CJ	Chart design by David Knopf, LCSW, UCSF. *The legal sources for this chart are as follows*: Penal Code §§ 11165.1; 261.5; 261; 259 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1989); 226 Cal. Rptr. 361, 381 (1st Dist. Ct. App. 1986); 73 Cal. Rptr. 2d 331, 333 (1st Dist. Ct. App. 1998).				
19	M	M	CJ	CJ	CJ	CJ					
20	M	M	CJ	CJ	CJ	CJ					
21 and older	M	M	M	M	CJ	CJ					

Reference: UNDERSTANDING CONFIDENTIALITY AND MINOR CONSENT IN CALIFORNIA *An Adolescent Provider Toolkit*

Appendix D

Statewide and National Resources

Statewide Resources

Website for Online Mandated Reporter Training
http://mandatedreporterca.com/default.htm

Child Abuse and Neglect Reporting Act (CANRA)
www.leginfo.ca.gov/calaw.html

California Department of Social Services (CDSS)
http://www.cdss.ca.gov/cdssweb/default.html

Office of Child Abuse Prevention (OCAP)
California Department of Social Services
(916) 651-6960
http://www.childsworld.ca.gov/PG2289.html

Prevent Child Abuse California
(916) 244-1900
http://core2.thecapcenter.org/pca-ca/whoweare/mission

California Child Care Resource and Referral Network
(415) 882-0234
http://www.rrnetwork.org

Regional Child Abuse Prevention Coalitions
http://humanservices.ucdavis.edu/Resource/ChildAbusePrev/index.aspx

National Resources

ARCH National Respite Network and Research Center
http://archrespite.org/home

Childhelp
(480) 922-8212
http://www.childhelp.org

Child Welfare Information Gateway
http://www.childwelfare.gov/

National Child Traumatic Stress Network
www.nctsnet.org

National Criminal Justice Reference Service
www.ncjrs.gov

National Parent Helpline
1-855-4A PARENT (1-855-427-2736)
http://www.nationalparenthelpline.org/

Parent's Anonymous
(909) 236-5757
http://www.parentsanonymous.org/

Parent Discussion Groups
http://www.parenthood.com/index.php

Appendix E

Profession-Specific References/Resources

Child Care Professionals

California Department of Social Services Licensing
http://www.dss.cahwnet.gov/ord/PG240.htm

California Family Child Care Home Licensing Regulation Highlights
January 2007. Retrieved from
http://ccld.ca.gov/res/pdf/RegHighlightsEnglish.pdf

Clergy

Fortune, Marie M. (1985). Confidentiality and Mandatory Reporting: A Clergy Dilemma? Retrieved from
http://www.faithtrustinstitute.org/resources/articles/Confidentiality-and-Mandatory-Reporting.pdf

Swagman, B. (2009) Preventing Child Abuse: Creating a Safe Place, 4th Edition. Grand Rapids, MI: Faith Alive Christian Resources.

Faith Alive Christian Resources
http://www.faithaliveresources.org

FaithTrust Institute
http://www.faithtrustinstitute.org

Educators

California Education Code
http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=edc

Counseling and Student Support Office
California Department of Education
http://www.cde.ca.gov/ls/cg

Family Educational Rights and Privacy Act (FERPA)
U.S. Department of Education
http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Law Enforcement

Guidelines for Law Enforcement Response to Domestic Violence
Published by *California Commission on Peace Officer Standards and Training (POST*), Retrieved from http://lib.post.ca.gov/Publications/domestic-violence-manual_wv.pdf

The National Center on Child Fatality Review
Child Death Review in California
http://ican-ncfr.org/trnCaliforniaCDR.asp

Medical Professionals

Jenny C, Hymel KP, Ritzen A, Reinert SE, Hay TC (1999). Analysis of missed cases of abusive head trauma. *Journal of the American Medical Association* (*JAMA),* 282(7), 621-626. Retrieved from http://jama.ama-assn.org/content/281/7/621.full.pdf

Reece, R. and Christian, C. Ed. (2008). Child Abuse Medical Diagnosis and Management, 3rd edition. Elk Grove Village, Illinois: American Academy of Pediatrics.

Mental Health Professionals

Briere, J. N. (1992). Child abuse trauma : Theory and Treatment of the Lasting Effects. Newbury Park, CA: SAGE Publications.

Conte, J.R. Ed. (2001). Critical Issues in Child Sexual Abuse. Historical, Legal, and Psychological Perspectives. Thousand Oaks, CA: SAGE Publications.

Graham-Bermann, S.A. and Levendosky, A.A. (2011). How Intimate Partner Violence Affects Children: Developmental Research, Case Studies, and Evidence-Based Intervention. Washington, DC: American Psychological Association.

Hunter, Mic. (1991). Abused Boys: The Neglected Victims of Sexual Abuse. New York: Ballantine Books.

Kalichman, S.C. (1999) Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, 2nd Ed. Washington, DC: American Psychological Association.

Myers, John E.B. (1997). Incest: A Mother's Nightmare: A Practical Guide for Parents and Professionals. Thousand Oaks, CA: SAGE Publications.

Myers, John E.B. (2010). The APSAC Handbook on Child Maltreatment- 3rd Ed. Thousand Oaks, CA: SAGE Publications.

Trotter, C. (2004). Helping Abused Children and Their Families. Thousand Oaks, CA: SAGE Publications.

Wolfe, D.A. (1999). Child Abuse: Implications for Child Development and Psychopathology, Second Ed. Thousand Oaks, CA: SAGE Publications.

The Kempe Foundation for the Prevention and Treatment of Child Abuse and Neglect
http://www.kempe.org/index.php?s=10391

Children With Disabilities

Crosse, S.B., Kaye, E. & Ratnofsky, A.C. (1993). A Report on the Maltreatment of Children with Disabilities. Washington, D.C.: National Center on Child Abuse and Neglect, DHHS.

Hibbard, Robert A., Desch, Larry W., and the Committee on Child Abuse and Neglect and Council on Children With Disabilities (2007). Maltreatment of Children With Disabilities. *Pediatrics*, 119(5),1018-1025.

Sullivan, P.M. & Knutson, J.F. (2000a). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect,* 24, 1257-1274.

American Association on Intellectual and Developmental Disabilities (aaidd):
http://www.aamr.org/

Americans with Disabilities Act of 1990
http://www.ada.gov/pubs/ada.htm

The Arc (for people with intellectual and developmental disabilities)
"The Arc promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes."
www.thearc.org

Department of Health and Human Services- Administration on Developmental Disabilities (DHHS- ADD)
http://www.acf.hhs.gov/programs/add/

Individuals with Disabilities Education Act Amendments of 1997(IDEA).
Retrieved from
http://www2.ed.gov/policy/speced/leg/idea/idea.pdf

Resolution on the Maltreatment of Children with Disabilities
Adopted by the APA Council of Representatives, February 2003.
Retrieved from
http://www.apa.org/pi/disability/resources/policy/maltreatment.pdf

TASH(Disability Advocacy)
http://tash.org/