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Research and Presentation by Kathleen A. Shanel—Hogan, DDS, MA
MANDATED REPORTING AND DENTAL PROFESSIONALS

Statistics show that 65% of physical child abuse is visible in the head and neck region.\(^1\) About 75% of physical injuries from domestic violence are inflicted to the head, face, mouth, and neck.\(^2\) Dental professionals are in an excellent position to recognize such abuse. Even when victims of violence avoid seeking medical attention, they will keep routine and emergency treatment dental appointments. As mandated reporters in California, dental professionals have the responsibility of reporting suspected child abuse and neglect, elder abuse and neglect, and domestic violence where physical assault has occurred. Dentists, registered dental hygienists, and registered dental assistants can be the first line of defense for an abuse victim and increase the victim’s chances of obtaining assistance. A child is defined as such up to age 18. An elder is defined as a person 65 years of age and older. People with special disabilities at any age are protected.

**RADAR for Dental Professionals / Mandated Reporters**

- **R** = Recognize signs and symptoms of abuse/neglect, Routinely screen
- **A** = Ask direct, non-judgmental questions with compassion
- **D** = Document your findings
- **A** = Assess patient safety
- **R** = Review, refer, report

-adapted with permission from Massachusetts Medical Society

**Clinical Signs of Physical Abuse**

Bruises, bites, burns, lacerations, abrasions, head injuries, skeletal injuries, and other forms of trauma are signs and symptoms of abuse detectable in the dental office. These may include:

- Intraoral (inside the mouth) bruises from slaps, hits, and soft tissue pressed on hard structures like teeth and bones.
- Soft and hard palate bruises and abrasions from implements of penetration could indicate force from a sexual act.
- Fractured teeth, nose, mandible and/or maxilla. Signs of healing fractures may be detected in panoramic radiographs.
- Abscessed teeth could be from tooth fractures or repeated hitting to one area of the face.
- Torn frenum (a fold of membrane that checks or restrains the motion of a part, such as the fold on the underside of the tongue or upper lip) from assault or forced trauma to the mouth or attempted forced feeding.
- Bitemarks
- Hair loss from pulling, black eyes, ear bruises, other trauma, and lacerations to the head.
- Attempted strangulation marks on neck.
- Other injuries to arms, legs, and hands noted during the visit.
Dental Neglect

Dental neglect includes untreated rampant caries, pain, infection, bleeding, trauma and/or a lack of continuity of care once informed that any of these conditions exist. Untreated caries, periodontal diseases and other oral conditions can lead to pain, infection and loss of function which can affect learning, communication and nutrition, as well as other activities necessary for normal growth and development. Dental neglect, as defined by the American Academy of Pediatric Dentistry is:

“The willful failure of parent or guardian 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.”

A parent or caregiver’s failure to seek or obtain dental care may be due to factors such as family isolation, lack of finances, ignorance, or lack of perceived value of oral health. If the caregiver has been made aware and understands the extent of the patient's condition, the specific treatment needed and the mechanism of accessing that treatment, yet chooses to ignore the health care professional’s advice, this would be the time to consider the parent or caregiver negligent and should be reported.

Sometimes dental neglect can be an indicator of a larger neglect problem. Nontreatment or lack of the continuity of care is critical in the case of facial infections that could travel through the facial planes of the body toward the heart. When calling Child Protective Services, Adult Protective Services, or the Long Term Care Ombudsman be prepared to explain the serious consequences of the observed neglect case so the caseworker will understand the ramifications. They may not be as familiar with the dental conditions and the time you spend may help other cases.

Strangulation

Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. The three forms of strangulation are hanging, ligature, and manual. Almost all attempted or actual homicides by strangulation involve either ligature or manual strangulation. Ten percent of violent deaths in the United States each year are due to strangulation, six females to every male.

Visible injuries to the neck include scratches, abrasions, and scrapes. These may be from the victim's own fingernails as a defensive maneuver, but commonly are a combination of lesions caused by both the victim and the assailant's fingernails. Lesion location varies depending on whether the victim or assailant used one or two hands, and whether the assailant strangled the victim from the front or back.

The general clinical sequence of a victim who is being strangled is one of severe pain, followed by unconsciousness, then brain death. The victim will lose consciousness by anyone or all of the following: blocking of the carotid arteries (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, causing the victim to be unable to breathe.

Only eleven pounds of pressure placed on both carotid arteries for ten seconds is necessary to cause unconsciousness. If this pressure is released, consciousness will be regained within ten seconds. To completely close off the trachea, three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.
Symptomatic voice changes will occur in up to 50 percent of victims, and may be as mild as simple hoarseness (dysphonia) or as severe as complete loss of voice (aphonia). Swallowing changes are due to injury of the larynx cartilage and/or hyoid bone. Swallowing may be difficult but not painful (dysphasia) or painful (odynophagia). Breathing changes may be due to the hyperventilating that normally goes hand in hand with a terrifying event, but more significantly may be secondary to an underlying neck injury. The victim may find it difficult to breathe (dyspnea) or may be unable to breathe (apnea). It is critical to appreciate that although breathing changes may initially appear to be mild, underlying injuries may kill the victim up to 36 or more hours later due to decompensation of the injured structures.3

Documentation

Documentation is an important part of your chart, records, and mandated report. Your charts can be important court documents. Keep in mind those objective observations and descriptions, supplemented with narrative descriptions and statements, measurements, drawings and/or photographs will often speak for themselves. Radiographs and photographs of suspected child abuse and neglect do not require parental permission per state law.

The dental chart reflects collected information and data regarding incidents of trauma, routine examinations, and treatments that often include charting of the soft and hard tissues of the head and neck. Periapical radiographs (x-rays) of individual teeth and panoramic radiographs of the head may be available for pre- or post-trauma comparison. If the patient has had restorative or orthodontic treatment, available plaster or stone study models may demonstrate pre-trauma conditions. Intraoral or extraoral photographs may document structures prior to trauma. If trauma is demonstrated inside the mouth, intraoral color photography provides documentation.

### Dental Office Setting

<table>
<thead>
<tr>
<th>What was recorded in the patient chart:</th>
<th>Suggested additional charting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation: New patient emergency with chief complaint of pain in upper right quadrant and two fractured teeth.</td>
<td>In addition to charting of dental findings, suggested charting would include:</td>
</tr>
<tr>
<td>Emergency exam: History, Oral Exam, Radiographs (periapicals, bitewings and panoramic)</td>
<td>♦ Photos (intra oral and extra oral)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>♦ Quoted remarks and disclosures made by the patient to the dental staff. (i.e., &quot;My husband hit my face with his fist.&quot;)</td>
</tr>
<tr>
<td>♦ Fractured teeth #3 and #4</td>
<td>♦ Quoted remarks and disclosures made by the person accompanying the patient. (i.e., &quot;She is so clumsy that she keeps falling and hitting her head. What am I to do?&quot;)</td>
</tr>
<tr>
<td>♦ Observe maxillary and mandibular teeth on right side for possible nonvital response to trauma.</td>
<td>♦ Full descriptions of the soft and hard tissue injuries (i.e., bruising, lacerations, bleeding, and swelling) that include measured size, shape and color.</td>
</tr>
<tr>
<td>♦ No maxilla or mandibular fractures</td>
<td>♦ Observable demeanor and behavior of the patient. (i.e., The patient ducked as her husband accompanying her raised his hand toward her to make a point.)</td>
</tr>
<tr>
<td>Treatment indicated:</td>
<td>♦ Other observable physical signs and/or symptoms that suggest physical abuse. (i.e. there were two linear bruises 5 cm in length on the patient neck, right side.)</td>
</tr>
<tr>
<td>♦ Tooth #3 - Root canal, post and crown, abutment for 3-unit bridge (Mesiobuccal cusp fracture into the pulpal cavity)</td>
<td></td>
</tr>
<tr>
<td>♦ Tooth #4 - Extraction, pontic (Coronal fracture beneath maxillary bone requiring tooth extraction)</td>
<td></td>
</tr>
<tr>
<td>♦ Tooth #5 - Full crown abutment for 3-unit bridge</td>
<td></td>
</tr>
</tbody>
</table>
One bruise was slightly higher on the neck than the other. The top bruise was red in color. The bottom bruise was purple in color. The patient also had two oval-shaped bruises (2 cm in size each). Location: one on each side of the larynx. The patient had a raspy voice and appeared to have difficulty catching her breath.)

- Referral to physician to follow-up on breathing difficulty. (If patient appears in acute respiratory distress, call 911)
- Note in chart that mandated report was telephoned in to law enforcement. Copy of written report placed in confidential area of chart.

-Mandated Reporting-

If the situation is an emergency or you feel that the person is in immediate danger call 911 and report the situation to law enforcement.

-Child Abuse/Neglect-
Child abuse/neglect is reported immediately (or as soon as practically possible) by calling the local county child protective service agency such as Child Protective Services (CPS). A follow up written report must be submitted within 36 hours of the initial call/report.

-Elder & Dependent Adult Abuse/Neglect-
Elder & dependent adult abuse/neglect is reported immediately (or as soon as practically possible) by calling the Elder & Dependent Adult Abuse/Neglect Hotline. Adult Protective Services (APS) handles cases for adults who live at home, and the California Long-Term Care Ombudsman handles cases when the elder lives in a long-term care facility. A written report must be submitted within two working days of the initial call/report.

-Domestic Violence (physical assault only):-
Injuries suspected from domestic violence physical assault must be reported by telephone to local law enforcement. A written report must be submitted within two working days of the initial call/report.

Many counties have their own reporting protocol regarding contact agencies. Current telephone numbers can be obtained in the white pages of your telephone book. Local numbers can also be obtained from the following sources.

- Childhelp USA National Child Abuse Hotline: 800-422-4453
- The National Domestic Violence Hotline: 800-799-7233
- CA Elder & Dependent Adult Abuse/Neglect Hotline: 888-436-3600

Reporting Forms

Sample copies of forms to report suspected child abuse/neglect, elder and dependent adult abuse/neglect and domestic violence are included in this handout. Listed below are sources where you can obtain original copies of these forms.

Suspected Child Abuse Reporting Form:
Contact the California Department of Justice, Bureau of Criminal Identification and Information by calling (916) 227-3285 to obtain the NCR form. The actual child abuse form SS 8572 is in NCR format (multiple colored copies for distribution). You can print a copy of the form and the general instructions and definitions from the Department of Justice web site at caag.state.ca.us/childabuse/forms.htm.

Suspected Dependent Adult/Elder Abuse Reporting Form:
Contact the California Department of Social Services to obtain Form SOC 341 to report suspected dependent adult/elder abuse. You can obtain a copy of this form by printing a copy from the California Department of Social Services web site at dss.cahwnet.gov. To request printed stock forms, fax your request to 916.371.3518 or mail your request to California Department of Social Services Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788.

Suspected Domestic Violence Reporting Form:
The Suspicious Injury Report Form OES 920 is to be used when reporting domestic violence. This form is available through the Governors Office of Emergency Services and can be obtained on their web site at oes.ca.gov or by calling the Law Enforcement and Victim Services Brach at (916) 324-9100.

Legal and Liability Issues

Confidentiality:
When a report is made, your identity is kept confidential within the state offices involved in the reporting process. If a case should go to court, your identity would be made known to the court through your written report and documentation, or if you were required to testify. You should be aware that the majority of cases never reach the courts, as the Department of Social Services attempts to rectify most cases in a variety of ways. If a case does go to court, your appearance may be required as mandated reporter testimony has great credibility and the court can use your written report and documentation to substantiate the case.

Immunity:
A mandated reporter is immune from civil or criminal liability when filing a report, whether or not it turns out that abuse has occurred. However, this does not mean that he or she cannot be sued. Anyone can be sued by another individual. So the possibility does exist that a disgruntled parent or guardian might sue a mandated reporter. Even though the reporter will probably not be found guilty of any wrongdoing, the reporter will nonetheless have to defend himself or herself in court and pay for legal counsel. If a child abuse/neglect mandated reporter is sued, the reporter can petition the State for up to $50,000 in recompensatory legal fees. Any other dental personnel may report abuse and neglect, but they are not required to do so, and they are not protected under the law.

Penalties for Not Reporting:
Any mandated reporter who willfully fails to report, or any person who impedes or inhibits a report of abuse or neglect, and abuse is discovered to have occurred, can be liable for civil
or criminal prosecution which can result in a fine of $1000 and/or jail term of up to 6 months. Furthermore, if the abuse or neglect results in death or great bodily injury, they can be liable for civil or criminal prosecution which can result in a fine of $5000 and/or jail term of up to 1 year.

Patient/ Provider Privilege:
In the case of child abuse reporting the healthcare provider/patient privilege does NOT apply. If a child, parent or caregiver confides to you or any of your staff that abuse has occurred, you must report it and are not required to keep that information confidential.

Employee Acknowledgment Requirement:
Any person entering employment which makes him/her a mandated reporter must sign a statement, provided and retained by the employer, to the effect that he or she has knowledge of the reporting law and will comply with its provisions. (C.P.C. 11166.5(a)). Most employers are unaware that any dentist, registered dental hygienist or registered dental assistant who they employ must sign a statement acknowledging mandated reporter responsibilities. Additionally, employers are required to inform the mandated reporter of the “rights of confidentiality” regarding the disclosure of their name as the person making a report and are “strongly encouraged” to provide training to their employees who are mandated reporters. (C.P.C.11165.7 (c))

Forms currently used as an employee statement acknowledging mandated reporter responsibility in California are provided in this handout (SOC 341A & LIC 9108). The benefit of these forms for the dental office is the ease of training new employees on the responsibilities of being a mandated reporter by reviewing the printed information. By using the forms, the employer can provide education for the mandated reporters on staff and meet the intent of the California law. At the conclusion of your office’s team meeting we encourage that a copy of both forms be provided to each mandated reporter. The forms should be signed and dated by the mandated reporter (employee) with the originals placed in the employee's personnel file, and copies provided to the employee.

CHILD ABUSE/NEGLECT

Definition
Child abuse means a physical injury which is inflicted by other than accidental means on a child by another person.” (Pen. Code 11165.6). The Law defines child abuse as: (1) Physical abuse, (2) Physical neglect, (3) Sexual abuse (4) and Emotional abuse.

Problem:
The California Department of Social Services reports that in 2001, 671,422 children were referred for investigation of child abuse and neglect. Each year, more than 3 million children are reported as abused or neglected to child protective agencies in the United States. A 1997 audit by the California Department of Health Services found that approximately 135 children died in the state as a result of child abuse and neglect. Nationally, it is estimated that three children die each day as a result of abuse and neglect.

Examples:
Physical abuse - Frustrated or angry parent or care giver strikes, shakes or throws a child. Intentional assault, such as burning, biting, cutting, poking, twisting limbs or otherwise torturing a child, is also included in this category of child abuse.
Physical neglect - Severe neglect includes either the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. Physical neglect can also include a parent or caretaker willfully causing or permitting the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter or medical care. An example of general neglect includes inadequate supervision, such as parents leaving their children unsupervised during the hours when the children are out of school.

Sexual abuse - Sexual assault includes rape, rape in concert, incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object and child molestation.

Emotional Maltreatment - Verbal assault (belittling, screaming, threats, blaming, sarcasm, unpredictable responses, continual negative moods, constant family discord and double-message communication are ways parents may subject their children to emotional abuse.⁴
The California Child Abuse and Neglect Reporting Law

The first child abuse reporting law in California was enacted in 1963. That early law mandated only physicians to report physical abuse.

Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report. Procedures for reporting categories of child abuse have also been clarified.

It is important for mandated reporters to keep updated on periodic amendments to the law. Your local Child Abuse Prevention Council or county welfare department has current reporting law information. Also visit www.leginfo.ca.gov for updated information on the law and any other code section referenced in this material.

The California Child Abuse and Neglect Reporting Law is currently found in Penal Code (P.C.) Sections 11164 - 11174.3. The following is only a partial description of the law. Mandated reporters should become familiar with the detailed requirements as they are set forth in the Penal Code.

Who Are Mandated Reporters?
P.C. 11165.7 defines "mandated reporters" as any of the following:

1) A teacher.
2) An instructional aide.
3) A teacher's aide or a teacher's assistant employed by any public or private school.
4) A classified employee of any public school.
5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
6) An administrator of a public or private day camp.
7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
11) A Head Start program teacher.
12) A licensing worker or licensing evaluator employed by a licensing agency as defined in P.C. 11165.11.
13) A public assistance worker.
14) An employee of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
15) A social worker, probation officer, or parole officer.
16) An employee of a school district police or security department.
17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.

A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, who is not otherwise described in P.C. 11165.7.

A firefighter, except for volunteer firefighters.

A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

A marriage, family and child therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.

An unlicensed marriage, family, and child therapist intern registered under Section 4980.44 of the Business and Professions Code.

A state or county public health employee who treats a minor for venereal disease or any other condition.

A coroner.

A medical examiner; or any other person who performs autopsies.

A commercial film and photographic print processor, as specified in subdivision (e) of P.C. 11166. For purposes of the California Child Abuse Reporting Law, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

A child visitation monitor. For purposes of the California Child Abuse Reporting Law, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.

An animal control officer or humane society officer. For purposes of the California Child Abuse Reporting Law, the following terms have the following meanings: (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws and regulations. (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

A clergy member, as specified in subdivision (c) of P.C. 11166. For purposes of the California Child Abuse Reporting Law, "clergy member" means 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, as specified in P.C. 11165.7 and subdivision (c) of Section 11166.

Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the Rules of the Court.

A custodial officer as defined in Section 831.5 of the Penal Code.
37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

Note: Unless otherwise stated, volunteers are not mandated reporters.

Why Must You Report?
The primary intent of the reporting law is to protect an abused child from further abuse. Protecting the identified child may also provide the opportunity to protect other children. It is equally important to provide help for the parents. Parents may be unable to ask for help directly, and child abuse may be their way of calling attention to family problems. The report of abuse may be a catalyst for bringing about change in the home environment, which in turn may help to lower the risk of abuse in the home.

What Do You Have To Report?
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:

a. A physical injury inflicted by other than accidental means upon a child. (P.C. 11165.6)
   Note: That child abuse does not include a "mutual affray" between minors. It also
does not include an injury caused by "reasonable and necessary force used by a
peace officer acting within the course and scope of his or her employment."
   (P.C. 11165.6)

b. Sexual abuse of a child, including both sexual assault and sexual exploitation.
   "Sexual assault" includes sex acts with a child, lewd or lascivious acts with a child,
   and intentional masturbation in the presence of a child. "Sexual exploitation"
   includes preparing, selling, or distributing pornography materials involving children;
   employing a minor to perform in pornography; and employing or coercing a child to
   engage in prostitution. (P.C. 11165.1)

c. Willful harming or injuring of a child or the endangering of the person or health of a
   child, including inflicting or permitting unjustifiable physical pain or mental suffering.
   (P.C. 11165.3)

Note: Any mandated reporter may report any child who is suffering serious emotional damage or is at substantial risk of suffering serious emotional damage. (P.C. 11165.05)

d. Willful infliction of cruel or inhuman corporal punishment or injury resulting in a traumatic condition. (P.C. 11165.4)
e. Neglect of a child, whether "severe" or "general," by a person responsible for
   the child's welfare. The term "neglect" includes both acts or omissions harming or
   threatening to harm the child's health or welfare. (P.C. 11165.2)

When Do You Have To Report?
Child abuse must be reported when a 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." (P.C. 11166(a))

"Reasonable suspicion" occurs when "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."
(P.C. 11166(a)(1)) Although wordy, the intent of this definition is clear: if you suspect that
abuse has occurred, make a report.

You must make a report immediately (or as soon as practicably possible) by telephone and
you must prepare and send, fax or electronically transmit a written report within 24 hours of
receiving the information regarding the incident. (P.C. 11166(a)) Written reports must be sub-
mitted on Department of Justice form (SS 8572), which can be downloadable from the California
Attorney General's Web site at www.ag.ca.gov (click on Child Protection Program; click on forms; click on SS 8572). The mandated report-
or may include with the report any nonprivileged documentary evidence he or she possesses related to the incident.

**To Whom Must You Report?**
The report must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or county welfare department. (RC. 11165.9)

Any mandated reporter who knows or reasonably suspects that the home or institution in which the child resides is unsuitable for the child because of abuse or neglect shall inform the agency about the unsuitability of the home at the same time he or she reports the abuse or neglect. (RC. 11166 (f))

When two or more persons who are required to report jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, a single person from the group may make the report. Any group member who knows that the report was not made, however, shall make the report. (RC. 11166 (h))

**Immunity**
Mandated reporters have immunity from criminal and civil liability for any report required or authorized under the Child Abuse Reporting Law. This immunity applies even though the knowledge or reasonable suspicion of abuse was acquired outside his or her professional capacity or outside the scope of his or her employment. (RC. 11172 (a)) And if a mandated reporter is sued for making a report, he or she may be able to receive compensation for legal fees incurred in defending against the action. (RC. 11172 (c))

Any person who makes a report of child abuse, even though he or she is not a mandated reporter, has immunity unless the report is proven to be false and it is proven that the person either knew the report was false or made it with reckless disregard of its truth or falsity. (RC. 11172 (a))

**Additional Safeguards for Mandated Reporters**
No supervisor or administrator may impede or inhibit a mandated reporter's reporting duties or subject the reporting person to any sanction for making a report. (RC. 11166 (g)(1))

Any supervisor or administrator who violates the above code section is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars ($1,000), by not more than six months in a county jail, or by both a fine and imprisonment. (RC. 11166.01(a)) If however, “death or great bodily injury” happens to the child as a result of the abuse, the supervisor or administrator who impeded or inhibited the report is guilty of a misdemeanor punishable by not more than one year in a county jail, by a fine not to exceed five thousand dollars ($5,000), or by both. (RC. 11166.01(b))

The mandated reporter's identity is confidential and may only be disclosed to specified persons and agencies. (RC. 11167 (d)(1))

Mandated reporters and others acting at their direction are not liable civilly or criminally for photographing the victim and including the photograph with their report. (RC. 11172 (a))

A clergy member who acquires knowledge or a reasonable suspicion of child abuse during a penitential communication is not mandated to report the abuse. For purposes of the Child Abuse Reporting Law, “penitential communication” means communication, intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member. (RC. 11166 (d)(1))

**Liability for Failure to Make A Required Report**
A mandated reporter who fails to make a required report of child abuse is guilty of a misdemeanor punishable by up to six months in jail or by a $1,000 fine or by both a fine and imprisonment. (RC. 11166 (c)) If however,
"death or great bodily injury" happens to the child as a result of the abuse, the mandated reporter is guilty of a misdemeanor punishable by not more than one year in a county jail, by a fine not to exceed five thousand dollars ($5,000), or by both. (P.C. 11166.01(b)) 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 v. Flood (1976) 17 Cal.3d 399.)

If a mandated reporter conceals his or her failure to report abuse or "severe" neglect, the failure to report is a continuing offense until the failure is discovered by an agency specified in Section 11165.9. Because it is a continuing offense, the statute of limitations does not start to run until the failure to report is discovered. (P.C. 11166 (c))

Responsibilities of Agencies Employing Mandated Reporters

On and after January 1, 1985, persons entering employment which makes them mandated reporters must sign statements, provided and retained by their employers, informing them that they are mandated reporters and advising them of their reporting responsibilities and of their confidentiality rights. (P.C. 11166.5 (a))

On and after January 1, 1993, any person who acts as a child visitation monitor, prior to engaging in monitoring the first visit in a case, shall sign a statement provided and retained by the court which ordered the monitor's presence to the effect that he or she has knowledge of the provisions of the Child Abuse Reporting Law and will comply with them. (P.C. 11166.5 (a))

Employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by the Child Abuse Reporting Law. Training in the duties imposed by the reporting law shall include training in child abuse identification and reporting. Whether or not employers provide their employees with training, they shall provide their employees who are mandated reporters with the statement required in subdivision (a) of Section 11166.5. (P.C. 11165.7 (c)) The absence of training shall not excuse a mandated reporter from the duties imposed by the reporting law. (P.C. 11165.7 (e))

EXCEPTION: Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institution Code shall not be required to make a child abuse report unless that person has received training, or instructional material in the appropriate language, on the duties imposed by the Child Abuse Reporting Law, including identifying and reporting abuse and neglect. (P.C. 11166.5 (c))

Feedback to Mandated Reporter

After the investigation is completed or the matter reaches a final disposition, the investigating agency is obligated to inform the mandated reporter of the results of the investigation and any action the agency is taking with regards to the child or family. (P.C. 11170 (b)(2))

Please note that the California Child Abuse Reporting Law may have changed since the printing of this material. This material has been reprinted to assist mandated reporters in determining their reporting responsibilities. It is not intended to be and should not be considered legal advice. In the event there are questions about reporting responsibilities in a specific case, the advice of legal counsel should be sought.

A special thank you to Delta Dental of California for their work in developing the original material.

For additional information on child abuse prevention, you may contact:

Crime and Violence Prevention Center
California Attorney General's Office
1300 I St., Suite 1120
(916) 324-7863
www.safestate.org
DOMESTIC VIOLENCE

Definition

“Domestic violence” means abuse committed against an adult or a minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child, or is having or has had a dating or engagement relationship. Domestic violence often involves a pattern of behavior that includes physical, sexual, verbal, emotional and psychological abuse. The California Penal Code defines abuse as "intentionally or recklessly causing or attempting to cause to another person in reasonable apprehension of imminent, serious bodily injury to himself, herself or another."

Prevalence

On average, almost 6% of California's women report having experienced physical domestic violence. In 2001, 161 murders were committed as a result of domestic violence in California. In 2001, 122 women were killed by their husbands, ex-husbands or boyfriends in California and 33 men were killed by their wives, ex-wives or girlfriends. California law enforcement received 198,000 domestic violence calls in 2001, with weapons, including firearms and knives, involved in 136,366 of these cases.

Recognizing Signs of Domestic Violence

Offering assistance to a woman who remains in a battering relationship requires an understanding of identification with the forces which immobilize her. Although men are battered too, the statistics say women are more often the victim. Same sex partners also may be in a situation of battering. The battered often feel:

♦ Trapped
♦ Immobilized
♦ Angry
♦ Crippled
♦ Abused
♦ Emotionally dependent
♦ No place to go
♦ Hope the relationship will change
♦ Low self esteem

Fear:
Fear dominates the lives of most battered people who live daily with uncertainty about their life and safety. The tremendous fear and anxiety paralyzes the person, subjecting her/him to further domination and dependence. The battered person often does not leave the batterer because he/she is paralyzed by fear and anxiety.

Anger:
All victims experience anger at some level about the situation they are subjected to. Some can locate the anger, expressing it directly at the assailant while others internalize the anger, allowing it to turn inward which results in guilt and self-blame.

Guilt:
Blame is directed at the battered person for all family conflicts and "marital problems" whereby she eventually believes the abuse or battering is a result of her own inadequacy as wife, mother, or lover. Women are taught that the violence is a result of their failure to meet the man's emotional needs.
Isolation:
Most battered people are isolated from friends, family members and sources of support. They often isolate themselves because they are ashamed to admit they have been battered. Batterers actively maintain the person in an isolated state to ensure domination and control. They may threaten to harm family and friends if she goes to them for help or tells anyone about the abuse.

Acceptance of the Violence:
Many women who are in battered situations have been socialized to accept the attitude that men hold the right to use physical violence against their wives or lovers as a means of punishment, discipline or to demonstrate superiority. Battered women may have had abusive fathers or family members who abused each other. Hence, they learn that violence is socially acceptable inside the home.

Emotional Dependence:
Battered people often remain in battering relationship because they are emotionally dependent. Batterers establish this dependence by the fear, isolation, and depression inflicted through the abuse.

Economic Dependence:
Economic dependence traps many women in abusive relationships. Many battered women do not hold a paying job and perceive themselves as incapable of living independently. Often in violent marriages, the husband controls all the finances and secures the family property in his name only. Many believe that the degree to which she is economically dependent ultimately determines whether or not she will attempt to break the relationship and establish an independent existence.

Three-Phase Theory of Family Violence

The most frequently asked question concerning a battering situation is “why does she/he stay”? While reasons range from children, love, guilt, fear, pride, embarrassment, financial dependence - or a combination thereof - it is very possible the person may be locked into a violence cycle.

Some domestic violence occurs in cycles with three phases: the tension-building phase, the acute-battering incident and the loving reconciliation. Although this section written about a man battering a woman, recognize that in domestic violence men batter men, women batter women, and women batter men.

Tension-Building Phase:
During this phase the woman senses her mate's increasing tension. He is "edgy" and perhaps challenges her and tells her she is stupid, incompetent, etc. The woman may internalize her appropriate anger at the man's unfairness and experience physical effects such as depression, tension, anxiety and headaches. As the tension in the relationship increases, minor episodes of violence increase, such as pinching, slapping or shoving.

Acute-Battering Incident:
The tension-building phase ends in an explosion of violence. The woman may or may not fight back. Following the battering, she is in a state of physical and psychological shock. The man may discount the episode and underestimate the woman's injuries.
Loving Reconciliation:
During the last phase of the family violence cycle, the man is often genuinely sorry for what happened and is fearful that his partner will leave him. He then apologizes and may "shower" her with love and praise that helps her repair her shattered self-esteem. He tells her he can't live without her, so she feels responsible for his well-being and guilty for her actions and blames herself for what led up to the abuse.

Increasing spiral of violence:
Once violence has begun, it may increase in both frequency and severity. Understanding the psychological consequences of her violent relationship can help the woman take power and choose constructive alternatives, as well as aid those who intervene to help her. (Crime and Violence Prevention Center - www.safestate.org)

The Power and Control Wheel

Domestic violence and is often about power, and control in a relationship.

From the Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802, www.duluth-model.org
APPENDIX D | SUGGESTED SCREENING QUESTIONS AND STRATEGIES

The following sample screening questions can also be used to develop a screening strategy most comfortable for each individual.

Framing questions:
- "Because violence is so common in many people's lives, I've begun to ask all my patients about it"
- "I am concerned that your symptoms may have been caused by someone hurting you"
- "I don't know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely"

Direct verbal questions:
- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Did someone cause these injuries? Was it your partner/husband?"
- "Has your partner or ex-partner ever hit you or physically hurt you?"
- "Do you (or did you ever) feel controlled or isolated by your partner?"
- "Do you ever feel afraid of your partner? Do you feel you are in danger?"
- "Is it safe for you to go home?"
- "Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"
- "Has any of this happened to you in previous relationships?"

Effective screening strategies when working cross culturally:
It is important to adapt your screening questions and approach in order to be culturally relevant to individual patients. Listen to patients, pay attention to words that are used in different cultural settings and integrate those into screening questions. For example: for coastal Inuit groups, "acting funny" describes IPV, in some Latino communities, "disrespects you" indicates IPV. Focusing on actions and behaviors as opposed to culturally specific terminology can also help, or some groups may be more willing to discuss abuse if you use general questions. Be aware of verbal and non-verbal cultural cues (eye contact or not, patterns of silence, spacing and active listening during the interview).

Some examples include:
- Use your patient's language: "Does your boyfriend disrespect you?"
- Be culturally specific: "Abuse is widespread and can happen even in lesbian relationships. Does your partner every try to hurt you?"
- Focus on behaviors: "Has your partner ever hit, shoved, or threatened to kill you?"
- Begin by being indirect: "If a family member or friend was being hurt or threatened by a partner do you know of resources that could help them?"
### ABUSE ASSESSMENT SCREEN

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
   - Yes [ ]
   - No [ ]
   - If yes by whom?
   - Total number of times

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
   - Yes [ ]
   - No [ ]
   - If yes by whom?
   - Total number of times

3. Since you’ve been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
   - Yes [ ]
   - No [ ]
   - If yes by whom?
   - Total number of times

4. Within the last year, has anyone forced you to have sexual activities?
   - Yes [ ]
   - No [ ]
   - If yes by whom?
   - Total number of times

5. Are you afraid of your partner or anyone you listed above?
   - Yes [ ]
   - No [ ]

### MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts, and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon

![Body Map]
RADAR

R – Recognize signs and symptoms of abuse/neglect. Routinely Screen
Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked simple, direct questions in a non judgmental way and in a confidential setting. Interview the patient alone.

A – Ask direct, non-judgmental questions with compassion
"Because violence is so common in many women's lives I've begun to ask about it routinely":
"Are you in a relationship in which you have been physically hurt or threatened?" If no,
"Have you ever been?"
"Have you ever been hit, kicked, or punched by your partner?"
"Do you feel safe at home?"
"I notice you have a number of bruises; did someone do this to you?"

D – Document Your Findings
Record a description of the abuse as she has described it to you. Use statements such as "the patient states that she was..." If she gives the specific name of the assailant, use it in your record. "She says her boyfriend John Smith struck her..." Record all pertinent physical findings. Use a body map to supplement the written report. Offer to photograph injuries. When serious injury or sexual abuse is detected, preserve all physical evidence. Document an opinion if the injuries were inconsistent with the patient's explanation.

A – Assess Patient Safety
Before she leaves the medical setting, find out if she if afraid to go home. Has there been an increase in frequency or severity of violence? Have there been threats of homicide or suicide? Have there been threats to her children? Is there a gun present?

R – Review Options, Refer, Report
If the patient is in imminent danger, find out if there is someone with whom she can stay. Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call. If she does not need immediate assistance, offer information about hotlines and resources in the community. Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them. Make a follow-up appointment to see her. If there is a situation of physical assault, let patient know you are a mandated reporter. Call law enforcement with the patient, if possible, to facilitate coordination and collaboration for the safety of the patient and her children.

-adapted with permission from Massachusetts Medical Society
Financial Compensation

Under the Victim Compensation Program, California provides compensation to victims of crime, certain family members and others, based on their relationship with the victim. Those individuals who are eligible may be compensated for loss of earnings or support, medical expenses, mental health counseling, job rehabilitation or funeral/burial expenses, if there is no other source of reimbursement available. Limited attorneys’ fees may also be paid. To be eligible, all claimants, including domestic violence victims, must cooperate with law enforcement in the apprehension and prosecution of the suspect.

Information can be obtained from the Victim Compensation Program at 1-800-777-9229; or the California Victim Compensation and Government Claims Board, P.O. Box 3036, Sacramento, CA, 95812-3036. *Domestic Violence Handbook*.

Safety Planning Intervention

When a woman has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak to her about her immediate and future safety before she leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the woman in making a safety plan can help a victim think through various options, and help the clinician assess the situation and better support her. The following check-list will help you initiate these important discussions.

A. **If she is planning to leave:**
   - Does the woman have a friend or supportive family member that lives nearby with whom she can stay?
   - Does she have a friend that will stay with her to minimize the violence in the home?
   - Does she want to go to a battered women’s shelter, homeless shelter or use other housing assistance programs such as hotel vouchers from social services or advocacy programs?
   - Does she want to call the police, obtain an order of protection or an emergency protective order?

B. **If she is not planning to leave:**
   - Would she call the police if the perpetrator becomes violent? Is she couldn’t get to the phone, could she work out a signal with a neighbor to call for her and/or teach her children to call 911?
   - What kind of strategies have worked in the past to minimize injuries? Does she think these strategies would continue to work for her?
   - Can she anticipate an escalation of violence and take any precautions?
   - Does she have a support network or friends or family that live nearby who could help her when she needs assistance?
   - Are there weapons in the home? Can they be removed or placed in a safe locked area separate from the ammunition?

C. **If the perpetrator has been removed from the home:**
   - Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and fire extinguisher, if affordable.
   - It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children to designated persons.
Encourage her to tell her neighbors, family and friends that he has left and to call 911 if he is seen around the house.

D. **Being prepared to get away:**
   - Discuss the following components of a safety plan with your patient:
   - Encourage her to keep in a safe place:
     - keys (house and car)
     - important papers: social security cards and birth certificates (for parent and children), photo ID/driver’s license, green cards
     - cash, food stamps, credit cards, checkbooks, etc.
     - medication for parent and children, children’s immunization records
     - spare set of clothes
     - important phone numbers and addresses (friends, relatives, police, domestic violence shelter)
     - loose change to make phone calls from pay phones.
   - If possible, she should pack a change of clothes for herself and her children, personal care items, extra glasses, etc.
   - Have her plan with her children. Identify a safe place for them: a room with a lock or a neighbor’s house where they can go, and reassure them that their job is to stay, not to protect her.
   - Encourage her to arrange a signal with a neighbor to let them know when she needs help.
   - Contact the local domestic violence program to find out about laws and community resources before they are needed.
Safety Plan Checklist (for patients)

Organizations I can call for help:
- Emergency ______ 911______
- Police/Sheriff _____________
- Hotline _____________
- Shelter _____________

People I can call for support:
- Family _____________
- Friend _____________
- Counselor _____________
- Other _____________

Places I can go if I must leave home:
(do not write down addresses)
1. _____________
2. _____________
3. _____________
4. _____________

Things I will take if I have to leave:
☐ Money
☐ Keys
☐ Driver’s license
☐ Car registration
☐ Checkbooks
☐ Credit cards
☐ Medications
☐ Address book
☐ Green card(s)
☐ Other _____________

Additional things I will take if I have time:
☐ My birth certificate
☐ My children’s birth certificates
☐ Automobile pink slip
☐ Lease, rental agreement or house deed
☐ Bankbooks
☐ Insurance papers
☐ Pictures and personal items of importance
☐ Family medical records
☐ Social security cards
☐ Welfare identification
☐ School records
☐ Work permits
☐ Passport
☐ Divorce papers
☐ Jewelry
☐ Other _____________

Preparations I can make as a part of my Action Plan:
☐ Pack a bag with clothing, toiletries and medications for myself and my children and keep it in a safe place.
☐ Have extra money, keys, identification and copies of important papers in a safe place in case I need them.
☐ Keep extra clothing, toiletries, money and copies of important document with someone I trust. (I will memorize this name.)
☐ Know the location of a family violence shelter or other safe place and how to get there.
☐ Alert my neighbors to call 911 if they hear any suspicious sounds coming from my home.
☐ Practice making an emergency escape (with my children) and traveling to the location I have chosen as a safe place.
☐ Teach my children how to call 911 and how to be safe in the house.
☐ Join a support group or talk with a counselor.
☐ Read about domestic violence and learn about my legal rights.
☐ Make a list of other preparations I may want to consider:
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________

ELDER ABUSE

Definition

There are four general categories of elder abuse: (1) Physical abuse, (2) Psychological abuse, (3) Financial (fiduciary) abuse and (4) Neglect.

Prevalence

Statistics uncover a frightening picture of elder abuse in California. One of every 20 elderly people will be a victim of neglect or physical, psychological or financial abuse this year. By the year 2020, the number of elderly in California is expected to double to 6.6 million. Already, there are 4.8 million Californians over 60 years of age. As the elderly population multiplies, so will the incidence of elder abuse... if we don’t take action. We must recognize the seriousness of the problem and take the appropriate steps to prevent it. (Elder Abuse, Crime and Violence Prevention Center)

Examples of Elder Abuse and Neglect

Physical Abuse:
An adult child beats his elderly parent because the parent does not want to go to a retirement home. Or, a caretaker in a retirement home sexually assaults a disabled elderly person.

Psychological Abuse:
An adult child confines his/her elder parent to a room for extended periods of time, withholding emotional support, or verbally assaul ts, threatens or harasses his/her parent for whatever reason.

Financial Abuse:
A con-artist contacts an elderly man or woman regarding fraudulent financial investments or an elderly man or woman is extorted into giving money to a person or persons. This includes theft, embezzlement and misuse of funds or property.

Neglect:
A caregiver fails to assist in personal hygiene, fails to prevent malnutrition, fails to provide clothing and shelter, fails to provide medical and dental care, or abandons an elderly person who is unable to take care of his or her self.

What is true for Elder Abuse/Neglect is also true for Dependent Adult Abuse/Neglect.

Possible indicators of elder and dependent adult abuse and neglect:
- Uncombed hair or unshaven.
- Poor skin condition or poor skin hygiene.
- Unkempt, dirty.
- Patches of hair missing and/or bleeding below the scalp.
- Malnourished or dehydrated.
- An untreated medical condition. - Soiled clothing or bed.
- Torn, stained or bloody underclothing.
- Foul smelling.
- Cuts, pinch marks, skin tears, lacerations or puncture wounds.
- Unexplained bruises or welts.
- Bruises or welts in various stages of healing.
- Burns - may be caused by cigarettes, caustics, friction from ropes or chains.
- Injuries that are incompatible with explanations.
- Injuries that reflect outline of object used to inflict it - electric cord, belt, hand.
- Home and yard in obvious need of repair.
**SUSPECTED CHILD ABUSE REPORT**

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

<table>
<thead>
<tr>
<th>PLEASE PRINT OR TYPE</th>
<th>CASE NUMBER</th>
</tr>
</thead>
</table>

**A. REPORTING PARTY**

- **NAME OF REPORTED PARTY**
- **TITLE**
- **MATERIAL REPORTER CATEGORY**
- **REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS**
  - **Street**
  - **City**
  - **Zip**
- **REPORTER'S TELEPHONE (DAYTIME)**
- **SIGNATURE**
- **TODAY'S DATE**
- **DID MANDATED REPORTER WITNESS THE INCIDENT?**
  - [ ] Yes
  - [ ] No

**B. REPORT NOTIFICATION**

- **OFFICIAL CONTACTED - TITLE**
- **TELEPHONE**
- **ADDRESS**
  - **Street**
  - **City**
  - **Zip**
- **DATE TIME OF PHONE CALL**

**C. VICTIM**

- **NAME (LAST, FIRST, MIDDLE)**
- **BIRTHDATE OR APPROX. AGE**
- **SEX**
- **ETHNICITY**
- **ADDRESS**
  - **Street**
  - **City**
  - **Zip**
- **TELEPHONE**
- **SCHOOL**
- **CLASS**
- **GRADE**
- **PHYSICALLY DISABLED?**
  - [ ] Yes
  - [ ] No
- **DEVELOPMENTALLY DISABLED?**
  - [ ] Yes
  - [ ] No
- **OTHER DISABILITY (SPECIFY)**
- **PRIMARY LANGUAGE**
- **SPOKEN IN HOME**
- **IN能否 CARE?**
  - [ ] Yes
  - [ ] No
- **CURRENT CARE?**
  - [ ] Child care center
  - [ ] Foster family home
  - [ ] Family living in
  - [ ] Group home or institution
  - [ ] Other
  - [ ] Other
- **RELATIONSHIP TO SUSPECT**
  - [ ] Photos taken
  - [ ] Died the incident result in this
  - [ ] Victims died
  - [ ] Yes
  - [ ] No

**D. INVOLVED PARTIES**

- **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's NAME (LAST, FIRST, MIDDLE)**
  - **BIRTHDATE OR APPROX. AGE**
  - **SEX**
  - **ETHNICITY**
- **ADDRESS**
  - **Street**
  - **City**
  - **Zip**
  - **TELEPHONE**

**E. INCIDENT INFORMATION**

- **DATE/TIME OF INCIDENT**
- **PLACE OF INCIDENT**
- **NARRATIVE DESCRIPTION**

**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 8672 (1) when an active investigation was conducted and (2) when the incident was determined not to be unfounded.

WHITE COPY: Police or Sheriff's Department; BLUE COPY: County Welfare or Probation Department; GREEN COPY: District Attorney's Office; YELLOW COPY: Reporting Party
STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION FACILITY NAME

California law REQUIRES certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)]. No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practicably possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical Injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT
Suspected Abuse of Dependent Adults and Elders

NOTE: RETAIN IN EMPLOYEE/VOLUNTEER FILE

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include care custodians and any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not paid for that responsibility. [W&I § 15630(a)] Care custodians include administrators or employees of any CDSS licensed facility, including support and maintenance staff, or persons providing care or services for elders or dependent adults. [W&I §§ 15610.17(e)(4)]

PERSONS WHO ARE THE SUBJECT OF THE REPORT

Elder means any California resident, 65 years or older. [W&I § 15610.27] Dependent adult means any California resident, aged 18 through 64, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights including, but not limited, to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. [W&I § 15610.23]

WHEN REPORTING ABUSE IS REQUIRED

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse. This must be done by telephone immediately or as soon as practically possible, and by written report within two (2) working days. [W&I § 15630(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

Failure to report abuse of an elder or dependent adult is a MISDEMEANOR CRIME, punishable by jail time, fine or both. [W&I § 15630(h)]

CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

The duties of mandated reporters are individual and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with the reporting law. [W&I § 15630(f)]

The reporting person, the report, and the information on the report, shall be kept confidential and may be disclosed ONLY as provided by law. Any violation of confidentiality is a MISDEMEANOR CRIME. [W&I § 15633(a)]

ABUSE THAT MUST BE REPORTED

Abuse of an elder or dependent adult that must be reported includes: 1) physical abuse; 2) neglect; 3) financial abuse; 4) abandonment; 5) isolation; and 6) abduction. [W&I § 15630(b)]

DEFINITIONS OF ABUSE

Physical abuse means any of the following: (1) assault (an unlawful attempt, coupled with a present ability, to commit a violent injury on another person); or assault with a deadly weapon; (2) battery (willful and unlawful use of force or violence upon another person); (3) unreasonable physical constraint, or prolonged or continual deprivation of food or water; (4) sexual assault (as defined in the Penal Code); or (5) use of a physical or chemical restraint or psychotropic medication for (a) punishment, or (b) a period beyond that for which the medication was ordered, or (c) any purpose not authorized by the physician and surgeon. [W&I § 15610.63]

Neglect means the negligent failure of any person having the care or custody of an elder or dependent adult to exercise that degree of care that a reasonable person in a like position would exercise. [W&I § 15610.57(a)] Neglect includes, but is not limited to, the following: (a) failure to assist in personal hygiene, or in the provision of food, clothing, or shelter; (b) failure to provide medical care for physical and mental health needs (unless the sole reason is voluntarily relying on treatment by spiritual means through prayer alone in lieu of medical treatment); (c) failure to protect from health and safety hazards; or (d) failure to prevent malnutrition or dehydration. [W&I § 15610.57(b)]
Financial abuse occurs when a person or entity does any of the following: (1) takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both, or (2) assists in any of these acts. [W&I § 15610.30(a)]

Abandonment means the desertion or wilful forsaking of an elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody. [W&I § 15610.65]

Isolation means any of the following: (1) acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls; (2) telling a caller or prospective visitor that an elder or dependent adult is not present or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons (3) false imprisonment (the unlawful violation of the personal liberty of another); or (4) physical restraint for the purpose of preventing the elder or dependent adult from meeting with visitors. [W&I § 15610.43(a)] These acts shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety. [W&I § 15610.43(c)]

Abduction means the removal from California and the restraint from returning, or the restraint from returning, of any elder or dependent adult who does not have the capacity to consent to the removal or restraint. [W&I § 15610.06]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

If the abuse is alleged to have occurred in a long-term care facility, including a licensed or unlicensed residential facility serving adults or elders or an adult day program, you must report to either local law enforcement or the local long-term care ombudsman. [W&I § 15630(b)(1)(A)] If the abuse is alleged to have occurred anywhere other than a long-term care facility, you must report to either local law enforcement or county adult protective services. [W&I § 15630(b)(1)(C)]

AS AN EMPLOYEE OR VOLUNTEER OF THIS FACILITY, YOU MUST COMPLY WITH THE DEPENDENT ADULT AND ELDER ABUSE REQUIREMENTS, AS STATED ABOVE. IF YOU DO NOT COMPLY, YOU MAY BE SUBJECT TO CRIMINAL PENALTY.

I, ____________________________, have read and understand my responsibility to report known or suspected abuse of dependent adults or elders. I will comply with the reporting requirements.

________________________________________
SIGNATURE

________________________________________
DATE
# INFORMATION DISCLOSURE

This form is for law enforcement use only and is confidential in accordance with Section 11183.2 of the Penal Code. This form shall not be disclosed except by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by this report. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts. The person making this report shall not be required to disclose his/her identity to their employer (PC 11185).

## Part A: PATIENT WITH SUSPICIOUS INJURY

<table>
<thead>
<tr>
<th>1. PATIENT'S NAME (Last, First, M.I.)</th>
<th>2. BIRTH DATE</th>
<th>3. GENDER</th>
<th>4. DATE PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. PATIENT'S ADDRESS (Number and Street/Apt. - NO P.O. Box)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

- China language spoken: ___
- Location/Address where injury occurred: ___

6. PATIENT'S COMMENTS ABOUT THE INCIDENT: Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident.

7. DATE AND TIME OF INJURY
   - Date: ___
   - Time: ___am ___pm

## Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

<table>
<thead>
<tr>
<th>13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Identified by PC 11185)</th>
<th>14. DATE AND TIME REPORTED</th>
<th>15. JOB TITLE</th>
<th>16. PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date: ___</td>
<td>Time: ___am</td>
<td>___pm</td>
</tr>
</tbody>
</table>

17. PHONE NUMBER

## Part C: PERSON FILING REPORT

<table>
<thead>
<tr>
<th>18. EMPLOYER'S NAME</th>
<th>19. PHONE NUMBER</th>
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<table>
<thead>
<tr>
<th>20. EMPLOYER'S ADDRESS (Number and Street)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
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<table>
<thead>
<tr>
<th>21. NAME OF HEALTH PRACTITIONER (First and Last)</th>
<th>22. JOB TITLE</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>23. HEALTH PRACTITIONER'S SIGNATURE</th>
<th>24. DATE DATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
CALIFORNIA RESOURCES
California Alliance Against Domestic Violence, www.caadv.org
California Attorney General's Crime and Violence Prevention Center, www.safestate.org
California Department of Aging, www.aging.state.ca.us
California Department of Health Services, www.dhs.ca.gov
California Department of Social Services, www.childsworld.ca.gov
California District Attorneys Association, www.cdaa.org
California Medical Training Center, www.calmtc.org
Family Violence Program at San Diego Children's Hospital, www.chsd.org
Governor's Office of Emergency Services, www.oes.ca.gov
Office of Atty.Gen., Bureau of Medi-Cal Fraud and Elder Abuse, http://caag.state.ca.us/bmfea
Official California Legislative Information, www.leginfo.ca.gov
Office of Child Abuse Prevention, California, www.childsworld.ca.gov
Prevent Child Abuse - California, www.pca-ca.org
Statewide California Coalition for Battered Women, www.sccbw.org

NATIONAL RESOURCES
American Academy of Pediatrics, www.aap.org
American Bar Association, www.abanet.org
Center on Children and the Law
Commission on Domestic Violence
Commission on Legal Problems of the Elderly
Childhelp USA National Child Abuse Hotline – 1-800-422-4453, www.childhelpusa.org/
Family Violence Prevention Fund, www.fvpf.org
National Center on Child Abuse and Neglect Clearinghouse, www.calib.com/nccanch
National Center on Elder Abuse, www.elderabusecenter.org
National Coalition Against Domestic Violence, www.ncadv.org
National Committee for the Prevention of Elder Abuse, www.preventelderabuse.org
Prevent Child Abuse America, www.childabuse.org
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Massachusetts Medical Society
Family Violence Prevention Fund
The Domestic Abuse Intervention Project
California Dental Association Abuse Detection and Education Program
P.A.N.D.A. Coalition of California

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Blue Shield of California
Blue Shield of California Foundation
Dental Benefit Providers of California

Endnotes


3 Strangulation section developed by George E. McClane, M.D. and Gael B. Strack, J.D., Assistant City Attorney, San Diego City Attorney’s Office, 2001.


6 (California Department of Justice, Criminal Justice Statistics Center)

7 (DOJ, Criminal Justice Statistics Center)

8 The Cycle of Violence, by Lenore E. Walker, The Battered Woman, 1979

9 "Life Line: Recognizing and Reporting Elder Abuse," Crime and Violence Prevention Center)