

SECTION	Approval date:	
Personnel	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Child Abuse Reporting	Revision date:	

POLICY:

Any health care practitioner who has knowledge of or observes a child who, in a professional capacity or within the scope of his or her employment, is a suspected victim of child abuse or neglect, shall report the suspected incident of abuse or neglect to a “child protective services” agency.

PROCEDURE:

I. REPORTING

- A. A report shall be made to child protective services (hereafter “CPS”) agency. A child protective services agency is any county or probation department or a police or Sheriff’s department (P.C. 11165.9, 11166[a]).
- B. The initial report shall be made immediately (or as soon as possible, without delay) to the CPS agency by phone.
- C. A written report shall be forwarded to the CPS agency within 36 hours of receiving the information regarding the incident.
- D. Written reports shall be submitted on a Department of Justice form, Form SS 8572 (DOJ SS 8572), which can be requested from your local CPS agency.
- E. A single report may be submitted for two or more persons with knowledge of or who suspect child abuse or neglect.
- F. The following information should be included in the report:
 - a) Name of reporter
 - b) Name and present location of the child
 - c) Nature and extent of the injury as well as any evidence of prior abuse which may exist
 - d) Any other information, including what led you to suspect the child abuse – if requested by the CPS agency (P.C. § 11167 [a])
- G. Failure to make a required report is a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine (P.C. 1172[e]). Persons who fail to report can also be subject to a civil lawsuit, and found liable for damages, especially if the child-victim or another child is further victimized due to a health care professional’s failure to report.

II. INDICATORS OF ABUSE

A. Physical Abuse

Physical Indicators of Physical Abuse

- Fractures, lacerations, bruises that cannot be explained, or explanations that are improbable given the extent of the injury
- Burns (cigarette, rope, scalding water, iron, radiator)
- Infected burns, indicating a delay in seeking treatment
- Facial injuries (black eyes, broken jaw, broken nose, bloody nose, bloody or swollen lips) with implausible or nonexistent explanations
- Subdural hematomas, long-bone fractures, fractures in various states of healing
- Pattern of bruising (e.g., parallel or circular bruises) or bruises in different stages of discoloration, indicating repeated trauma over time

Behavioral Indications of Physical Abuse

- Hostile, aggressive, verbally abusive towards others
- Fearful or withdrawn behavior
- Self-destructive (self-mutilates, bangs heads, etc.)
- Destructive (breaks windows, sets fires, etc.)
- Out-of-control behavior (seems angry, panics, is easily agitated)
- Frightened of going home, frightened of parents/caretakers or, at the other extreme, is overprotective of parent(s) or caretaker(s)
- Attempts to hide injuries; wears excessive layers of clothing, especially in hot weather
- Difficulty sitting or walking
- Clingy, forms indiscriminate attachments
- Apprehensive when other children cry
- Wary of physical contact with adults
- Exhibits drastic behavioral changes in and out of parental/caretaker presence
- Suffers from seizures or vomiting
- Exhibits depression, suicide attempts, substance abuse, or sleeping and eating disorders

B. Sexual Abuse

Physical Indicators of Sexual Abuse

- Wears torn, stained, or bloody underclothing
- Physical trauma or irritation to the anal/genital area (pain, itching, swelling, bruising, bleeding, laceration, abrasions), especially if injuries are unexplained or there is an inconsistent explanation
- Knowledge of a child's history of previous or recurrent injuries/diseases
- Swelling or discharge from vagina/penis
- Visible lesions around mouth or genitals
- Complaint of lower abdominal pain
- Painful urination, defecation
- Sexually transmitted diseases
- Difficulty in walking or sitting due to genital or anal pain
- Psychosomatic symptoms (stomachaches, headaches)

Behavioral indicators of Sexual Abuse

- Sexualized behavior (has precocious knowledge of explicit sexual behavior and engages self or others in repetitive sexual behavior)
- Compulsive indiscreet masturbation
- Excessive curiosity about sexual matters or genitalia (self or others)
- Unusually seductive with classmates, teachers, and other adults
- Excessive concern about homosexuality, especially by boys

Behavioral indicators of Sexual Abuse in Younger Children

- Wetting pants, wetting bed, or fecal soiling
- Eating disturbances such as overeating, under eating
- Fears or phobias
- Compulsive Behaviors
- School problems or significant change in school performance (attitude and grades)
- Age-inappropriate behavior, including pseudo-maturity or regressive behavior such as bed-wetting or thumb-sucking
- Inability to concentrate
- Drastic behavior changes
- Speech disorders