PCP:	
SECTION: Personnel	
POLICY AND PROCEDURE: Personnel Training: Child Abuse Reporting	Approved date: ____ Approved by: ____ Effective date: ____ Revised date: ____ Revised date: ____

POLICY:
Health care practitioners who have knowledge of or observe 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 the suspected incident of abuse or neglect to a "child protective agency".

PROCEDURE:
I. Reporting

A. The report must be made to a "child protective agency". A child protective agency is a county welfare or probation department or a police or sheriffs department (P.C. 11165.9, P.C. 11166[a])

1. Written reports must be submitted on a Department of Justice form – Form SS 8572 (DOJ SS 8572) which can be requested from your local child protective agency

2. A report must be made **immediately (or as soon as possible) by phone**

3. **A written report must be forwarded to the child protective agency within 36 hours of receiving the information regarding the incident**

4. A single report may be made if two or more persons have knowledge of suspected child abuse or neglect

5. Have the following information ready to report:
   - Name of reporter
   - Name and present location of the child
   - Nature and extent of the injury, and any evidence of prior abuse
   - Any other information, including what led you to suspect child abuse, if requested by the child protective agency (P.C. § 11167 [a])

6. **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 because of the failure to report**

II. Indicators of Abuse

A. Physical Abuse

1. Physical Indicators of Physical Abuse
   - Fractures, lacerations, bruises that cannot be explained, or explanations which are improbable given the extent of the injury
   - Burns (cigarette, rope, scalding water, iron, radiator)
   - Infected burns, indicating 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, fracture in different states of healing
   - Pattern of bruising (e.g., parallel or circular bruises) or bruises in different stages of discoloration, indicating repeated trauma over time

2. Behavioral Indications of Physical Abuse
   - Hostile, aggressive, verbally abusive towards others
   - Fearful or withdrawn behavior
   - Self-destructive (self-mutilates, bangs head, etc.)
   - Destructive (breaks windows, sets fires, etc.)
   - Out-of-control behavior (seems angry, panics, 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

1. Physical Indicators of Sexual Abuse; the following may be indicative 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)

2. Behavioral Indicators of Sexual Abuse
   - Sexualized behavior (has precocious knowledge of explicit sexual behavior and engages self or others in overt or 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

3. Behavioral Indicators of Sexual Abuse in Younger Children; the following may be exhibited by younger children who are experiencing sexual abuse:
   - Wetting pant, bed wetting or fecal soiling
   - Eating disturbances such as overeating, under eating
   - Fears or phobias
   - Compulsive behavior
   - School problems or significant change in school performance (attitude and grades)
   - Age-inappropriate behavior, including pseudomaturity or regressive behavior such as bed wetting or thumb sucking
   - Inability to concentrate
   - Drastic behavior changes
   - Speech disorders
   - Frightened of parent/caretaker or of going home

4. Behavioral Indicators of Sexual Abuse in Older Children and Adolescents; the following are behaviors that may be exhibited by older children and adolescents who are experiencing sexual abuse:
   - Withdrawal, clinical depression, apathy, chronic fatigue
   - Overly compliant behaviors
   - Poor hygiene or excessive bathing
   - Poor peer relations and social skills; inability to make friends; non-participation in sports and social activities
   - Acting out; running away; aggressive, antisocial, or delinquent behavior

- Alcohol or drug abuse
- Prostitution or excessive promiscuity
- School problems, frequent absences, sudden drop in school performance
- Refusal to dress to physical education
- Fearfulness of showers or restrooms; of home life, as demonstrated by arriving at school early or leaving late; of going outside or participating in familiar activities; of males (in cases of male perpetrator and female victim)
- Self-consciousness of body beyond that expected for age
- Sudden acquisition of money, new clothes, or gifts with no reasonable explanation
- Suicide attempt, self-mutilation, or other-destructive behavior
- Crying without provocation
- Setting fires
- Pseudo-mature (seems mature beyond chronological age)
- Eating disorders

C. Neglect
1. Physical Indicators of Neglect; Neglect may be suspected when one or more of the following conditions exist:
   - Failure to thrive – the child fails to gain weight at the expected rate for a normal child
   - Malnutrition or poorly balanced diet (bloated stomach, extremely thin, dry, flaking skin, pale, fainting)
   - Inappropriate dress for weather
   - Dirty unkempt, extremely offensive body odor
   - Unattended medical or dental conditions (e.g., infections, impetigo)
   - Evidence of poor or inadequate supervision for the child’s age
2. Behavioral Indicators of Neglect
   - Clingy or indiscriminate attachment
   - Depressed, withdrawn, or apathetic
   - Antisocial or destructive behavior
   - Fearfulness
   - Substance abuse
   - Speech, eating, or habit disorders (biting, rocking, whining)
   - Often sleepy or hungry
   - Brings only candy, chips, and soda for lunch or consistently “forget” to bring food

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III. Definitions

A. Physical abuse: characterized by physical injury (for example, bruises and fractures) resulting from punching, beating, kicking, biting, burning, or otherwise harming a child. Any injury resulting from physical punishment that requires medical treatment is considered outside the realm of normal disciplinary measures.

B. Neglect: the negligent 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. The term includes both acts and omissions on the part of the responsible person.

C. Severe neglect: the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "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 heath is endangered, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

D. Sexual abuse: refers to sexual assault or sexual exploitation

1. Sexual assault includes rape, statutory rape, rape in concert, incest, sodomy, and lewd or lascivious acts upon a child, oral copulation, sexual penetration, or child molestation. It includes, but is not limited to, all of the following:
   - Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen
   - Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person
   - Any intrusion by one person into the genital or anal opening of another person, including the use of any object for this purpose, excepting acts performed for a valid medical reason
   - The intentional touching of the genitals or intimate parts (including the breasts, genital area, groin, inner thighs, and buttocks) or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, excepting acts that may reasonably be construed to be normal caretaker responsibilities; interaction with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose
   - The intentional masturbation of the perpetrator's genitals in the presence of a child (P.C. 11165.1[b])

2. Sexual exploitation refers to any of the following:
   - Depicting a minor engaged in obscene acts in violation of law; preparing, selling, or distributing obscene matter that depicts minors; employment of minor to perform obscene acts

- Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assists other to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. "Person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution
- Any person who depicts a child in, or who knowingly develops, duplicates, prints or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3 (P.C. 11165.1[c])