

CHILD ABUSE

Prevention Handbook



... and intervention guide

Crime and Violence Prevention Center
California Attorney General's Office

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This Handbook and accompanying Addenda provide general information and current laws to serve as a practical aid for those who work with children in the field of child abuse prevention and to assist mandated reporters and others in determining their reporting responsibilities. The Addenda will be updated every year. Therefore, if there are discrepancies between the Addenda and the Handbook, please use the information in the Addenda as the most current. Both publications are not intended to be and should not be considered legal advice. In the event there are questions about laws related to reporting responsibilities in a specific case, the advice of legal counsel should be sought.

All revisions to the law in this handbook reflect changes through December 2005, unless otherwise noted.

Message from the Attorney General

Child abuse and neglect have both human and economic costs. For example, in 2004, the California Department of Social Services estimated that 378,301 cases of abuse and neglect involving approximately 713,391 children were referred for investigation. According to an audit conducted in 2002 by the California Department of Health Services, 140 children died in the state as a result of abuse and neglect. **Prevent Child Abuse-America**, one of the nation's leading child abuse prevention organizations, estimates the total annual direct and indirect costs of child abuse and neglect is approximately \$94 billion dollars.

New research suggests that children chronically exposed to violence, either through child maltreatment or being raised in homes where domestic violence is present, suffer increased risk of experiencing depression, post-traumatic stress disorder, greater alcohol and drug abuse and lower academic achievement.

In California, approximately one in four children are directly exposed to violence as a victim or witness. Childhood abuse and neglect increases the odds of arrest as a juvenile by 59%, as an adult by 28% and for a violent crime by 30%.

In California, many communities are involved, and many more are becoming involved, in intervening in the lives of maltreated children. **Child Welfare Services (CWS)** recently developed an innovative approach to address the problems of children and families at the community level. Their vision, "Every child living in a safe, stable, permanent home, nurtured by healthy families and strong communities," serves as a "call to action" for communities to provide the resources necessary to intervene with families before they come to the attention of CWS. In the long term, strengthening communities and families will go a long way to reducing the number of maltreated children in our state.

The Department of Justice takes a proactive role in the prevention of child abuse and neglect. The department launched Safe from the Start, a statewide effort designed to reduce children's exposure to violence. The Department developed a Megan's Law CD-Rom and the California Sex Offender Information Line. The Department administers the California State Child Death Review Council which continues to support local child death review teams in their efforts to prevent fatal child abuse and neglect.

The purpose of this handbook is to serve as a guide for those who work with children and who are mandated to report suspected abuse under the California Child Abuse and Neglect Reporting Act. The handbook provides an overview of the laws, practices and procedures for the prevention, identification, reporting, treatment, investigation, and prosecution of child abuse and neglect. It has been updated to reflect current changes in law and practice. As in the past, we hope that you find its contents helpful.

We cannot view the protection of children as a single person's or organization's responsibility. Only our collaborative efforts will ensure a healthier life for the children of California.

*“There is no greater insight
into the future than recognizing
when we save our children,
we save ourselves.”*

Margaret Meade



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PLEASE NOTE: *Addendum I* – California Child Abuse and Neglect Reporting Act; *Addendum II* – Juvenile Dependency Proceedings; *Addendum III* – Child Abuse Crimes; and *Addendum IV* – Guidelines for Investigation of Child Abuse in Out-of-Home Care Facilities are a part of this handbook but are located in a separate publication and will be updated on a yearly basis.



What is Child Abuse?

To many, child abuse is narrowly defined as having only physical implications. In reality, child abuse includes:

- Physical abuse; unlawful corporal punishment or injury.
- General and severe neglect.
- Sexual abuse; sexual assault; exploitation
- Willful harming or endangering a child; emotional maltreatment.

Child abuse may involve multiple categories in each family. They include both (overt) acts and omissions. Competent assessments and interventions must consider evaluating multiple categories of abuse.

The act of inflicting injury or the failure to act so that injury results, is the basis for making the decision to intervene. A parent or caretaker may begin by inflicting minor injuries, then may increasingly cause more serious harm over a period of time. Therefore, detecting the initial small injuries and intervening with preventive action may save a child from future permanent injury or death.

Physical injuries, neglect and malnutrition are more readily detectable than the subtle and less visible injuries that result from emotional maltreatment or sexual abuse. However, all categories of abuse endanger or impair a child's physical and/or emotional health and development and demand attention.

Certain persons, known as mandated reporters, are required by law to report any known or suspected instance of child abuse. Everyone else may report child abuse and neglect. Indicators for suspected child abuse are presented in this publication to assist mandated reporters in meeting their responsibilities under the Child Abuse and Neglect Reporting Act. (See Addendum I for a list of mandated reporters.)

One of the most important indicators for suspecting child abuse is when a child tells someone that he or she has been abused. When a child tells a particular person who is an individual required to report child abuse, the communication is not privileged. That individual, by law, must report what the child has related to him or her. An only exception is when the information is relayed during "penitential communication." A clergy member who acquires knowledge or reasonable suspicion of child abuse during penitential communication is not required to report abuse or neglect. Penitential communication is the communication, intended to be in confidence, including but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization has a duty to keep those

communications secret. (Pen. Code, § 11166 subd. (c) (1)). In addition, and in the recent past, “any custodian of records of a clergy member” were made mandated reporters and are now required to report child abuse and neglect. Mandated reporters who report suspected child abuse cases have immunity, both civilly and criminally, for making reports. (See “Liability for Failing to Report” page 30.)

The Extent of the Problem

In 2003, the National Clearinghouse on Child Abuse and Neglect reported an estimate of 2.9 million referrals concerning the welfare of approximately 5.5 million children were made to child protective services agencies throughout the United States. Of these, approximately two-thirds (1.9 million) were accepted for investigation for an assessment. More than 60 percent of child victims experienced neglect. Almost 19 percent were physically abused, 10 percent were sexually abused and 5 percent were emotionally maltreated. Girls were slightly more likely to be victims than boys. Pacific Islanders, American Indian and Alaska Native, and African-American children had the highest rates of victimization when compared to their national population. While the rates of white victims of child abuse or neglect were 11.0 per 1,000 children, the rate for Pacific Islanders was 21.4 per 1,000 children, the rate for American Indian or Alaska Natives was 21.3 per 1,000 children and the rate for African-Americans was 20.4 per 1,000 children.¹

In addition to the enormous human costs of child abuse and neglect, there are huge financial costs. In 2001, Prevent Child Abuse-America, a leading child abuse prevention organization, published data that represented the first attempt at documenting the nationwide costs resulting from abuse and neglect. Data was drawn from a variety of sources,

including the U.S. Department of Health and Human Services, the U.S. Department of Justice and the U.S. Census. According to their conservative estimates, approximately \$94 billion is spent each year on direct (those costs associated with the immediate needs of abuse and neglected children) and indirect cost (those costs associated with the long-term and/or secondary effects of child abuse and neglect) for child abuse and neglect.²

The probability that child abuse and neglect is a leading cause of childhood deaths seems to be generally accepted. The National Child Abuse and Neglect Data Systems (NCANDS) reported that in 2003, there were an estimated 1,500 child fatalities related to child abuse and neglect. More than three-quarters (79%) of children who were killed were younger than 4 years old. More than one-third of child fatalities were attributed to neglect. The rate of child abuse and neglect fatalities reported by NCANDS has increased slightly over the past several years from 1.84 per 100,000 children to 1.98 in 2002. However, experts do not agree whether this represents an actual increase in child abuse and neglect fatalities, or whether it may be attributed to improvements in reporting procedures.

In California, the Department of Health Services estimates that 140 children died as a result of child abuse and neglect in 2002. Also in California, the Fatal Child Abuse and Neglect Surveillance (FCANS) Program was introduced to local child death review teams in the fall of 2002. The goal of FCANS is for all child deaths to be reviewed by local child death review teams and for the teams to gather relevant data to assist in reducing child abuse fatalities. (See page 54 for information on child death review teams)

Many researchers and practitioners believe child fatalities due to abuse and neglect are under reported. State definition of key terms such as “child homicide,” “abuse” and

“neglect” vary, therefore, so do the numbers and types of child fatalities they report. In addition, some deaths officially labeled accidents, child homicides and/or Sudden Infant Death Syndrome (SIDS), might be attributed to child abuse and neglect if more comprehensive investigations were conducted or if there were more consensus in the coding of abuse on death certificates.³

When addressing the issue of child maltreatment, and especially child fatalities, prevention is a recurring theme. Well-designed and properly organized child fatality teams appear to offer hope for defining the underlying nature and scope of fatalities due to child abuse and neglect. The child fatality review process helps identify factors that may assist prevention professionals to prevent future deaths. (For more information on the California’s child death review process, see page 54)

Although young children are more “at risk” of abuse than adolescents, the problem of adolescent abuse is often underestimated. Unfortunately, child protective services may discount adolescents because they are considered to be less “at risk” than younger children, and because adolescents are seen as having more options than younger children. Because it is believed that adolescents are able to leave the house until the parent/caretaker “calms down,” they can fight back or, in some cases, take the abuse with only temporary discomfort, they are not considered as helpless as younger children. However, many child prostitutes and young people involved in alcohol and drug abuse are victims of physical or sexual abuse and neglect at home. Many “runaways” have similar histories. Thus, adolescents may have more options than younger children, but they are not necessarily positive options. Adolescent abuse remains a serious problem that deserves attention and action.

The gathering of accurate information and statistics is recognized as a problem at most

levels of government. Efforts continue to be made to develop systems that will reflect more accurately the scope and degree of child abuse and neglect, e.g. FCANS. The number of suspected child abuse cases reported and investigated in California has steadily risen over the years as a result of the Child Abuse and Neglect Reporting Act and the increased attention paid to the problem by professionals and the public. For example, in 2004, the California Department of Social Services estimated that 378,301 referrals for investigation of child abuse and neglect involving 713,391 children were handled by child welfare services agencies. Of these, 17 percent were for physical abuse, 39 percent for general neglect, 1.5 percent for severe neglect, 8 percent for sexual abuse, 4 percent for caretaker absence, 9 percent for emotional abuse, and <1 percent for exploitation and 21 percent for other. (See chart on page 5.)

The Department of Justice maintains a Child Abuse Central Index which contains data from child abuse investigations submitted by law enforcement agencies and child welfare services. Between 1999 and 2003, 189,576 child abuse investigation reports were received by the Department of Justice. Of these, 49 percent involved physical abuse, 24 percent involved sexual abuse, 27 percent involved severe neglect and emotional maltreatment. (For further information on the Child Abuse Central Index, see page 32.)

¹ National Clearinghouse on Child Abuse and Neglect Information, *Child Maltreatment 2003: Summary of Key Findings*

² Prevent Child Abuse-America, *Total Estimated Costs of Child Abuse and Neglect in the United States, Statistical Evidence, 2001*

³ National Clearinghouse on Child Abuse and Neglect: *Statistics and Interventions, 2002*

Physical Abuse

Physical abuse is any non-accidental act that results in physical injury. Inflicted physical injury most often represents unreasonably severe corporal punishment or unjustifiable punishment. This usually happens when a person is frustrated or angry and strikes, shakes, or throws the child. Intentional, deliberate assault, such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child, is also included in this category of child abuse.

Indicators of Physical Abuse

These indicators are used to help distinguish accidental injuries from cases of suspected physical abuse:

Location and Type of Injury

Padded areas as the buttocks, back of legs, genitalia and cheeks are more concerning in that it takes more force to cause bruising. Bruises happen when the blood vessels break under the skin. Thus children who are old enough to walk often fall and have bruises over boney surfaces such as the forehead, knees, shins where blood vessels are breaking between two hard surfaces (the floor for example and the underlying bone). However, simple falls and even disciplinary spanking with an open palm should not be forceful enough to cause bruising to the buttocks. Protected areas such as ears, neck, and upper lip are more concerning because it is difficult to accidentally bump or fall on these areas. Patterned injuries such as loop marks, slap marks, or grab marks are highly suspicious and in some cases indicative of inflicted trauma.

History

The history includes all facts about the child and the injury, including:

- Statements by the child that the injury was caused by abuse.

- Knowledge that a child's injury is unusual for a specific age group (any fracture in an infant).
- Unexplained injuries (parent, caretaker, or child is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).
- Parent or caretaker delays seeking care for a child or fails to seek appropriate care.

Behavioral Indicators

Children may exhibit new or concerning behaviors for a number of reasons including child abuse as well as other sources of childhood stress such as parental divorce, death in the family, etc. If a child exhibits drastic behavioral changes, is excessively aggressive, violent or destructive, is cruel to animals, or becomes visibly depressed or suicidal, a serious mental health evaluation should be done. In addition, it may be an indication that the child has been abused. If abuse is suspected, the mandated reporter must inform Child Protective Services or law enforcement about their concerns.

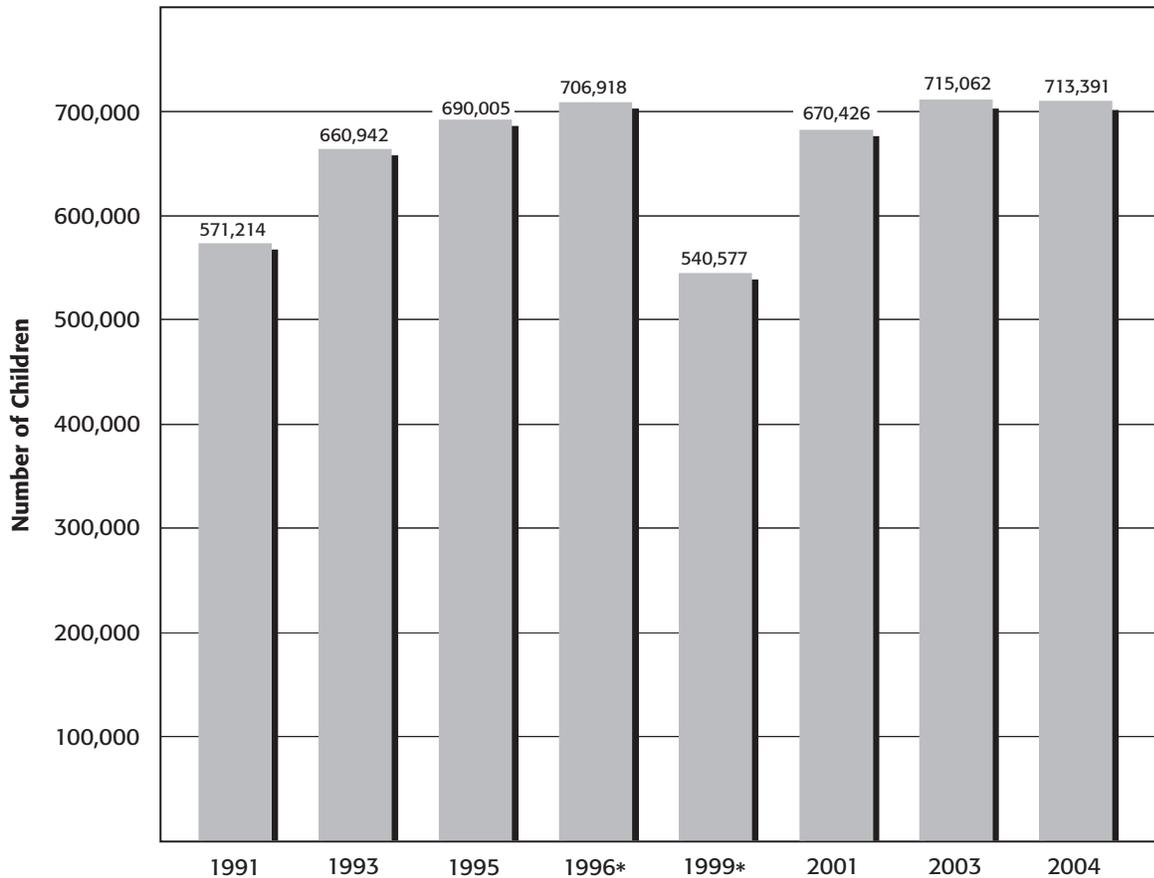
Types Of Injuries

Damage To Skin and Surface Tissue

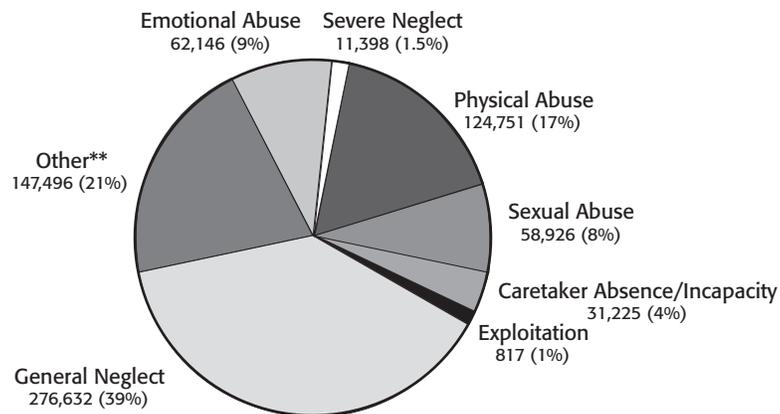
Bruises

Bruises, also referred to as contusions, resulting from abuse are found on multiple surfaces of the body, particularly the buttocks, back, genitals, and face. They may appear in a characteristic pattern (outline of hand, paired bruises from pinching), or they may clearly resemble an impression of an item of jewelry (a ring), or a disciplinary imprint (a paddle, switch, or coat hanger). Linear bruise marks,

Number of Children Referred for Investigation in California 1991 - 2004



2004 Number and Percentage of Children by Type of Abuse (Total Number of Children 713,391)



Source: California Department of Social Services, Statistical Services Branch

* The caseload fall from 1996 to 1999 may be due to transitional issues relating to the implementation of the Child Welfare Services/Case Management System (CWS/CMS)

** Includes children at risk and at substantial risk of abuse and neglect.

strap marks, or loop marks going around a curved body surface are almost always evidence of abuse.

It is not possible to date bruises. The colors red, blue, purple or black can occur at any time. In addition, bruises of identical age and cause on the same person may look different and may resolve differently.

In cases where bruises are suspected bite marks, investigators should also be prepared to seek the expertise of forensic odontologists.

Abrasions, Lacerations

As with bruising, the multiplicity and location of the wounds should be considered. For example, lacerations under the tongue or those of a torn frenulum (the small piece of tissue connecting the gum to the lip) could be caused by falling with an object in the mouth or by the use of excessive force during feeding. Both are suspicious injuries when the victim is an infant who is still unable to stand.

Whipping a child with a belt buckle or belts or cords that are looped may cause lacerations resembling a "C" or "U" shape or other wounds with distinctive shapes.

Bite Marks

Bite marks may be found on any part of a child's body. They may appear to be doughnut shaped, double horseshoe shaped, or oval in configuration. Individual teeth or a blurry area with varying colorations may be observed, depending on the age of the bite mark lesion. Time is of the essence in recording bite marks through photography and/or video taping because some lesions will become less distinct with time.

Photography, employing non-distorting cameras, with rulers or scales adjacent to the lesion, should be accomplished by forensic

dentists, skilled evidence technicians, or other experienced individuals. Salivary swabbing should be collected, because they may be used to determine the blood type or even DNA of the biter. In penetrating bite marks, services of the individuals listed above should also be obtained in order to secure accurate impressions of the bitten area.

If properly collected and analyzed by experienced forensic dentists, bite mark evidence can point to the guilt or innocence of a perpetrator suspected of involvement in the physical or sexual abuse of a child.

Burns

The location of a burn and its characteristics (shape, depth, margins, etc.) may indicate abuse. It is important to keep in mind that children instinctively withdraw from pain. Burns, without some evidence of withdrawal, are highly suspect because a child will usually try to escape, which will result in splashes, uneven burns and sometimes burns on the hands.

Scalding a child with hot liquid is the most common abuse burn. Young infants are commonly scalded by immersion, and older children by having liquids thrown or poured on them.

When children are forcibly held in hot water, there are often sharply demarcated burns. If held in water in a "jackknife" position, only the buttocks and genitalia may be burned. If held down forcibly in a sitting position, the center part of the buttocks (if pressed tightly against the tub) is spared from burning, thus resulting in a "doughnut shaped" burn. If the extremities are forcibly immersed in hot water, "glove" or "sock" burns to the hands or feet may result. The burns are often symmetric and an immersion line is readily evident.

Abuse may also be suspected when burns are pointed or deeper in the middle. This indicates that hot liquid was poured on, or a hot object (poker, utensil) pressed into the skin.

Another type of burn characteristic of abuse has the shape of a recognizable object evenly burned into the victim's skin. These burns indicate forced contact or "branding" with, for example, the grill of an electric heater, the element of an electric stove, or an iron.

Cigarette burns are difficult to diagnose, but when inflicted they are often multiple and are usually found on the palms or soles. There is a searing effect, perhaps with charring around the wound.

Rope "burns" appear around wrists or ankles when children are tied to beds or other structures.

Damage To Brain

Head Injuries

Head injuries are the most common cause of child abuse related deaths and an important cause of chronic neurological disabilities.

Whenever abuse or neglect is suspected, a careful examination of the child's eyes and nervous system should be performed to look for signs of intracranial injury. For certain groups of suspected victims, a full skeletal trauma series may be necessary as well as toxicology. Serious intracranial injury can occur without visible evidence of trauma on the face or scalp. Children with any soft tissue injury to the head should be neurologically assessed and have an ophthalmological evaluation to look for retinal hemorrhages. These injuries may cause brain damage or death if undetected and untreated.

When a child is in an unconscious or unresponsive state and there is no external evidence of injury and no adequate explanation

for the child's state, head injury from possible abuse should be considered. The caretaker's explanation for a fall should be carefully documented as to who was present, the distance of the fall, the type of surface hit, and time of the injury.

The medical evaluation is critical but should not stand-alone. A complete evaluation, even with severe injury, includes a psychosocial evaluation of the family, caretakers and home, which can be completed by hospital social workers. In general, these evaluations should be considered in all cases where child abuse is suspected.

Abusive Head Trauma

Abusive head trauma, (Shaken Baby Syndrome), describes a constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant. The degree of brain damage depends on the amount and duration of the shaking and the forces involved in the impact of the head. Signs and symptoms range on a spectrum of neurological alterations from minor (irritability, lethargy, tremors, vomiting) to major (seizures, coma, stupor, death). These neurological changes are due to destruction of the brain cells secondary to trauma, lack of oxygen to the brain cells, and swelling of the brain. Extensive retinal hemorrhages in one or both eyes are found in the vast majority of these cases. The classic triad of subdural hematoma, brain swelling, and retinal hemorrhages are accompanied in some, but not all cases, by bruising of the part of the body used as a "handle" for shaking. Fractures of the long bones and/or of the ribs may also be seen in some cases. Rib fractures or metaphyseal fractures (also called bucket handle or corner fractures) are particularly concerning in young children and if seen should prompt further investigation for a possible shaking event. In many cases, however, there is no external evidence of trauma either to the head or the body.

Approximately 20 percent of cases are fatal in the first few days after injury. Survivors suffer from handicaps ranging from mild learning disorders and/or behavioral changes, to moderate and severe, such as profound mental and developmental retardation, paralyses, blindness, inability to hear, or a permanent vegetative state.

A careful post mortem examination is required of all infant deaths in California. These examinations should always include evaluation for signs of intracranial bleeding, retinal hemorrhages, and points of impact on or within the body. Evaluations of potentially suspicious cases also should include forensic lab study by protocol, including toxicology, microscopic tissue examination (including the retina), and a full trauma x-ray series.

Damage To Other Internal Organs

Internal Injuries

Blunt blows to the body can cause serious internal injuries to the liver, spleen, pancreas, kidneys, and other vital organs and occasionally can cause shock and result in death. Internal injuries are the second leading cause of death for victims of child abuse.

Detectable surface evidence of such trauma is present only about half the time. Physical indicators of serious internal injuries may include distension of the abdomen, blood in the urine, vomiting, and abdominal pain.

Damage To Skeleton

Fractures

Any unexplained fracture in an infant or toddler is cause for additional inquiry or investigation. Rib fractures, especially of back ribs, are the most common fractures found in abused children and are caused from either blunt force (hit) or compression (squeezed).

Fractures are most suspicious for inflicted trauma when there are multiple lesions, they are in different stages of healing, and there are unsuspected lesions. Other fractures that raise suspicion are: metaphyseal fractures (also known as corner, chip, or bucket handle fractures) which are at the end of long bones and may be fractures from excess traction, jerking, and twisting injuries; multiple rib fractures, especially back rib fractures; and healing or healed fractures without an explanation revealed by x-rays. For young victims, x-ray bone surveys are important tools used to diagnose suspected physical abuse. Radioisotope bone scans may pick up healing fractures, subperiosteal hematomas, etc. A pediatric radiologist should be consulted on all suspicious cases.

Physical Neglect

Neglect is the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts of commission and omissions on the part of the responsible person. The California Child Abuse and Neglect Reporting Act defines two categories of physical neglect, severe neglect and general neglect.

Severe neglect means the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. It also means those situations of neglect where the parent or caretaker willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter, or medical care.

General neglect means the negligent failure of a parent or caretaker to provide adequate

food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

An example of inadequate supervision is when parents leave their children unsupervised during the hours when the children are out of school. These parents are often unable to arrange childcare services to meet their needs. Although these parents may not regard themselves as “neglecting their children,” leaving young children without supervision may constitute general neglect. Children left in these circumstances may also be particularly vulnerable to accidents, injuries, or crime. Because these parents don’t see any wrongdoing, this is a very complicated area that is subject to controversy regarding the age when children should be left alone, societal and community responsibilities to provide resources, and governmental requirements.

Prenatal neglect is maternal substance abuse coupled with significant risk factors that indicate the parent’s inability to provide the child with adequate care.

Indicators of Neglect

Neglect **may** be suspected if any of the following conditions exist:

- The child is lacking adequate medical or dental care.
- The child is often sleepy or hungry.
- The child is often dirty, demonstrates poor personal hygiene, or is inadequately dressed for weather conditions.
- The child is depressed, withdrawn or apathetic; exhibits antisocial or destructive behavior, shows exaggerated fearfulness; or suffers from substance abuse, or speech, eating, or habit disorders (biting, rocking, whining).
- There is evidence of poor supervision (repeated falls down stairs; repeated inges-

tions of harmful substances; a child cared for by another child); the child is left alone in the home, or unsupervised under any circumstances (left in car, street).

- The conditions in the home are unsanitary (garbage, animal, or human excrement); the home lacks heating or plumbing; there are fire hazards or other unsafe home conditions; the sleeping arrangements are cold, dirty, or otherwise inadequate.
- The nutritional quality of food in the home is poor; meals are not prepared; refrigerator or cupboards contain spoiled food.

While some of these conditions may exist in any home environment for a variety of different reasons, e.g., poverty, welfare reform, and limitations on entitlement programs, it is the extreme or persistent presence of these factors that indicate some degree of neglect. Disarray and an untidy home do not necessarily mean the home is unfit. Extreme conditions resulting in an “unfit home” constitute neglect that may justify protective custody and dependency proceedings under Welfare and Institutions Code section 300 (see Addendum II), as well as criminal neglect charges. (See Addendum III.)

Psychosocial Failure to Thrive

Infants or young children who are much smaller than would be expected at a particular age can present a difficult diagnostic problem for physicians. After excluding those infants who are small because they were small at birth, there remains a large group of infants with low weights and perhaps short lengths and small head circumferences. Some of these children are small because of a failure to meet their nutritional needs and/or failure to meet their emotional needs. These children may also demonstrate delayed development and abnormal behavior. Some of the small children, however, do have hidden medical problems. Hospitalization may be

required to screen for significant medical illness and, more important, to see if the child responds to adequate nutrition and a nurturing environment with a rapid weight gain and more appropriate behavior. Evaluation is more than weighting and measuring a baby. Children who suffer neglect may also receive sporadic disconnected medical care and are likely only to be examined in emergency rooms. They may have no ongoing measurement of development except as noted by caretakers. Growth charts compare the child to other children noting percentile size in head, body length and weight. Feeding failure for whatever reason will generally damage weight first, length second, and head circumference third, so it may be helpful to observe the caretaker's feeding habits. In fact, the best environment to observe this is in the home. Pediatric expertise is vital to access such changes but growth charts should be kept on all infants and toddlers who may be suffering neglect. Failure to document physical growth and other markers of child development may prevent an accurate diagnosis and make it impossible to protect a child or provide useful intervention.

If left untreated, the physical and/or emotional health of the child may be endangered, and emotional disorders, school problems, retardation, and other problems may result.

Emotional Maltreatment

Emotional Abuse

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can cripple and handicap a child emotionally, behaviorally and intellectually. Self-esteem can be damaged. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions. One of the hallmarks of emotional abuse is the absence of positive interaction (e.g. praising) from parent to their child. Emotional and behavioral problems

may be present, in varying degrees, following chronic and severe emotional abuse, especially when there is little or no nurturing.

This is especially true for neonates, infants and toddlers. These children may become chronically withdrawn and anxious and lose basic social and language skills necessary for intimate relationships. They may become developmentally delayed, socially limited, and, in some cases, antisocial or chronically unable to protect themselves from others.

Verbal assault (belittling, screaming, threats, blaming, sarcasm), unpredictable responses, continual negative moods, constant family discord, and chronically communicating conflicting messages are examples of ways parents may subject their children to emotional abuse.

Emotional abuse and neglect are also components of other abuse and neglect. Sexual abuse and physical abuse may be the official category for a report but emotional damage also exists. Emotional abuse/neglect may damage children of all ages but may be critical with infants and toddlers leaving them with permanent developmental deficits.

Behavioral Indicators of Children

Emotional abuse may be suspected if the child:

- Is withdrawn, depressed and apathetic.
- Is clingy and forms indiscriminate attachments.
- "Acts out" and is considered a behavior problem (e.g. bullies others, chronically uses profanity).
- Exhibits exaggerated fearfulness.
- Is overly rigid in conforming to instructions of teachers, doctors, and other adults.
- Suffers from sleep, speech, or eating disorders.
- Displays other signs of emotional turmoil (repetitive, rhythmic movements; rocking, whining, picking at scabs).

- Suffers from enuresis (bed wetting) and fecal soiling.
- Pays inordinate attention to details, or exhibits little or no verbal or physical communication with others.
- Unwittingly makes comments such as, “Mommy/Daddy always tells me I’m bad.”

The behavior patterns mentioned may, of course, be due to other causes, but the suspicion of abuse should not be dismissed.

Behavioral Indicators of Parents/ Caretakers

A child may become emotionally distressed when:

- Parents or caretakers place demands on the child that are based on unreasonable or impossible expectations or without consideration of the child’s developmental capacity.
- The child is used as a “battle ground” for marital conflicts.
- The child is used to satisfy the parent’s/ caretaker’s own ego needs and the child is neither old enough nor mature enough to understand.
- The child victim is “objectified” by the perpetrator, the child is referred to as “it” (“it” cried, “it” died).
- The child is a witness to domestic violence.

Emotional abuse can be seen as proving a self-fulfilling prophecy. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Emotional abuse cases can be extremely difficult to prove, and cumulative documentation by witnesses is imperative. Such cases should be referred to treatment as soon as possible.

Suspected cases of emotional abuse that constitute willful cruelty or unjustifiable punishment of a child are required to be reported by mandated reporters. This means a report must be made of any situation where any person willfully causes or permits any child to suffer, or inflicts on any child, unjustifiable mental suffering. (Pen. Code, § 11165.3.) However, mandated reporters may also report any degree of mental suffering. While these cases may not always be prosecuted, reporting provides the opportunity for intervention and/or therapy with the family.

Emotional Deprivation

Emotional deprivation has been defined as “. . . the deprivation suffered by children when their parents do not provide the normal experiences producing feelings of being loved, wanted, secure, and worthy.”

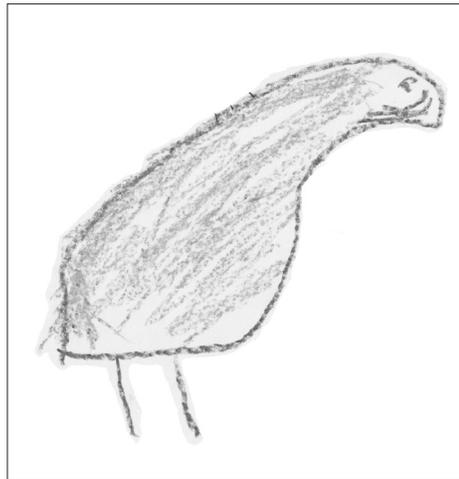
Caretakers might also provide cause for evaluation and possible reporting of a neonate at risk. Withholding affection with touch, smiles and sound may be more damaging than verbal and even physical assault. Children may provoke assault if necessary to gain negative interaction rather than suffer the pain of being ignored. This may damage children of all ages but is critical for infants and young toddlers. Intervention may include consideration of caretaker depression, substance abuse, parenting deficits, and lack of social or financial support for the caretaker. Consideration should be made for evaluation of the caretaker for these issues as well as possible domestic violence.

Behavioral Indicators of Emotional Deprivation

Emotional deprivation may be suspected if the child:

- Refuses to eat adequate amounts of food and is therefore very frail.

- Is unable to perform normal learned functions for a given age (walking, talking); exhibits developmental delays, particularly with verbal and nonverbal social skills.
- Displays antisocial behavior (aggression, behavioral disruption, bullying others) or obvious “delinquent” behavior (drug abuse, vandalism); conversely, is abnormally unresponsive, sad, or withdrawn.
- Constantly “seeks out” and “pesters” other adults, such as teachers or neighbors, for attention and affection.
- Displays exaggerated fears.
- Apathy, withdrawal and lack of response to human interaction.



When parents ignore their children, whether because of drug or alcohol use, psychiatric disturbances, personal problems, outside activities, or other preoccupying situations, serious consequences can occur. However, reporting these situations is not mandated unless they constitute a form of legally defined abuse or neglect. Emotional neglect may be seen as a lesser form of child abuse/neglect. It may not be reportable or may be assessed out with no intervention. It is, however, a central issue for much of what damages children. These children may return with more severe damage and are therefore worthy of voluntary intervention and follow-up.

Sexual Abuse

As defined in the Child Abuse and Neglect Reporting Act, sexual abuse is a sexual assault on, or the sexual exploitation of, a minor.

Sexual abuse encompasses a broad spectrum of behavior, and it may consist of many acts over a long period of time (chronic molestation) or a single incident. It may progress from less intimate types of sexual activity to active body contact and later to some form of penetration. Victims range in age from younger than one year through adolescence. Specifically, sexual assault includes: rape, rape in concert, incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation. It also includes lewd or lascivious conduct with a child under the age of 14 years, which may apply to any lewd touching if done with the intent of arousing or gratifying the sexual desires of either the person involved or the child; lewd or lascivious conduct with a child 14 or 15 years of age by a person at least 10 years older than the child; and unlawful sexual intercourse with a minor under 16 years of age by a person over the age of 21 years.

Sexual exploitation includes conduct or activities related to pornography depicting minors, and promoting prostitution by minors. (See Addendum III for a detailed review of these crimes.)

The nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, stepparents, friends, or other persons in a child caretaker role, make it extremely difficult for children to come forward to report sexual abuse. Yet, despite these problems, reports of sexual abuse made to child protective agencies continue to increase. This increase is usually attributed to the passage of the Child Abuse and Neglect Reporting Act and the public’s increased concern for child victims.

Sometimes a child who does seek help is accused of making up stories, because many people cannot believe that the apparently well-adjusted person involved could be capable of sexual abuse. If the matter does come to the attention of authorities, the child may give in to pressure from parents or caretakers and deny that any sexual abuse has occurred. Even if protective attention is gained, the child may feel guilty about “turning in” the abuser or breaking up the family and, consequently, withdraw the complaint. This process leads many to be skeptical of a child’s complaint of sexual abuse, and leaves him or her feeling helpless and guilty for causing so much trouble.

The sad reality of sexual abuse is that without third party reporting, the child often remains trapped in secrecy by shame, fear, and the threats of the abuser.

Indicators of Sexual Abuse

Sexual abuse of a child may surface through a broad range of physical, behavioral and social symptoms. Some of these indicators, taken separately, may not be symptomatic of sexual abuse. They are listed below as a guide, and should be examined in the context of other behavior(s) or situational factors.⁴

History

- A child reports sexual activities to a friend, classmate, teacher, friend’s mother, or other trusted adult. The disclosure may be direct or indirect (“I know someone...”; “What would you do if...?”; “I heard something about somebody.”) It is not uncommon for the disclosure by children experiencing chronic or acute sexual abuse to be delayed.
- Child wears torn, stained, or bloody under-clothing.

- A child’s injury/disease (vaginal trauma, sexually transmitted disease) is unusual for the specific age group.
- A young girl is pregnant or has a sexually transmitted disease. Pregnancy of a minor does not, in and of itself, constitute the basis of reasonable suspicion of sexual abuse and should not be reported. (Pen. Code, § 11166, subd.(a).) However, other information such as statements by the minor, indication of coercion, or significant age disparity between the minors may lead to a reasonable suspicion of sexual abuse that must be reported.

Behavioral Indicators

Sexual Behaviors of Children

It is natural for children to have curiosity about their bodies, and therefore it may be difficult to tease out whether a child is acting sexually due to normal age appropriate curiosity or if it is in response to sexual abuse. The following list of behaviors are indicators of sexual abuse and deserve further evaluation with a mental health provider and/or pediatric expert.

- Detailed and age inappropriate understanding of sexual behavior (especially by younger children).
- Inappropriate, unusual, or aggressive sexual behavior with peers or toys.
- Compulsive indiscreet masturbation to the exclusion of normal childhood activities.
- “Excessive” curiosity about sexual matters or genitalia (self and others).
- Any coercion, force, pain in putting something in genitals of self or other child.

⁴ State Office of Criminal Justice Planning Publication (now known as the Governor’s Office of Emergency Services), Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, 2001

This list is only meant as a very brief guideline. Any time a mandated reporter has a “suspicion” of child abuse, whether the indicator is mentioned in this handbook or not, they must report it to the proper authority.

Behavioral Indicators in Older Children and Adolescents

As discussed previously, children may exhibit new or concerning behaviors for a number of different reasons including child abuse as well as other sources of childhood stress such as divorce, etc. Any child who exhibits drastic behavioral changes, runs away from home, becomes aggressive, depressed or exhibits delinquent behavior, has frequent school absences, or has a sudden drop in school performance, becomes fearful of home life, becomes withdrawn, abuses alcohol or drugs, becomes suicidal, deserves our attention. If sexual abuse is suspected, it should be reported to child protective services or law enforcement.

Physical Symptoms

If a child has physical symptoms such as genital discharge or infection, a sexually transmitted disease, physical trauma or irritations to the anal/genital area (pain, itching, swelling, bruising, bleeding, lacerations, or abrasions), they should be evaluated by a trained medical professional as well as possible involvement of child protective services and law enforcement.

How to Get Help

As discussed later in this handbook, most counties have a team of nurse practitioners and/or doctors who are trained specialist in the evaluation and diagnosis of sexual abuse. These teams are usually available 24 hours a day to evaluate acute (less than 72 hours) sexual abuse cases, and are associated with the local emergency room. Some hospitals also have child abuse experts who are able to answer questions during the day.

Incestuous/Intrafamilial Abuse

Sexual abuse of children within the family is the most hidden form of child abuse. In spite of its taboo and the difficulty of detection, some researchers believe this abuse may be even more common than physical abuse.

Incest means sexual activity between certain close relatives (e.g., parents and children, siblings, grandparents and grandchildren); intrafamilial abuse means sexual activity between persons in a family setting (e.g., stepparents, boyfriends).

In most reported cases, the father or another man acting as the parent is the initiator. In some cases, the mother or another woman is the offending adult. Although girls are the most frequent victims, boys are also victims, much more often than previously believed. The embarrassment and shame deter girls and boys alike from reporting the abuse.

The initial sexual abuse may occur at any age, from infancy through adolescence. Sexual abuse may be followed by guilt provoking demands for secrecy and/or threats of terrible harm or consequences if the secret is revealed. The child may then fear disgrace, hatred, or blame for breaking up the family if the secret is revealed.

Regardless of how gentle or forceful, or how trivial or coincidental the first approach may have been, sexual coercion tends to be repeated and to escalate over a period of years. The child may eventually accept the blame for tempting and provoking the abuser.

The mother, who would usually be expected to protect the child, may purposely try to stay isolated from a problem of sexual abuse. Sometimes she is distant and uncommunicative, or so disapproving of sexual matters that the child is afraid to speak up. Sometimes she is extremely insecure and the potential loss of her husband or partner, and the economic security he provides, is so threatening

that she cannot allow herself to believe or even to suspect that her child is or could be at risk. She may have been a victim herself of child abuse and may not trust her judgment or her right to challenge the male authority. Some mothers actually know their children are sexually abused, but for whatever reason, they “look the other way.”

Until the victim is old enough to realize that incest and intrafamilial abuse are not common occurrences, and/or the victim is strong enough to obtain help outside the family, there is no escape unless the abuse is reported.

Extrafamilial Sexual Abuse

Children who are abused by someone outside their family typically know their molester. They meet them at school, youth programs, churches, in their neighborhood, or at other recreational activities. People who molest children fall into all age categories, including pre-teens and the elderly. Although there are several classifications of child molesters, a pedophile presents the greatest danger to children because a pedophile's main sexual interest is a child.

Pedophiles tend to be well liked by children and may choose work in professions or volunteer organizations that allow them easy access to children and where they can develop the trust and respect of children and their parents. They sometimes believe sex with children is appropriate and even beneficial. Children may be lured into sexual relationships with love, rewards, promises, and gifts.

Most cases of extrafamilial sexual abuse involve a perpetrator known to the child. However, cases of abuse by strangers do occur. Typically, in these cases the stranger will entice the child (“Will you help me find my puppy?”), convince the child that his or her parent requested the stranger to pick up the child, or simply abduct the child.

Exploitation/Child Pornography

Internet Exploitation

Children have always been vulnerable to victimization, but with the wide use of the computer, a whole new danger threatens children; with so many children online, today's predators can easily find and exploit them. By the end of the year 2005, 77 million children were online and that number is only growing.

Unfortunately, criminals are also using modern technology. Today, with so many children online, the Internet provides predators a new arena (cyberspace) to target children for criminal acts. Because of its anonymity, rapid transmission, and unsupervised nature, the Internet has become the venue of choice for predators who transmit and receive child pornography.

Today, the virtual playground of cyberspace affords these child sexual predators the opportunity to engage children in anonymous exchanges that often lead to personal questions designed to assess whether the child can be lured into sexual conversation and sexual contact. The nature of Internet crimes presents new challenges for law enforcement with regard to the collection of evidence, and apprehending offenders. The following are just a few statistics that highlight the severity of the problem:

- One in 5 youths have received a sexual approach or solicitation over the internet;
- One in 17 youth was threatened or harassed in the past year;
- Only a fraction of all episodes was reported to authorities such as the police, an internet services provider, or a hotline;
- In households with home internet access, only 1/3 of parents said they had filtering or blocking software on their computers.

Regardless of law enforcement's ability to detect and arrest child sexual predators using the Internet, the most effective protection against child victimization is an involved and educated parent. The following is a set of guidelines recommended for parents regarding their children's use of the Internet:

- Help children to understand why it is important that they do not give out personal information, even if their new e-mail pal seems to be real friendly, or a "cool" web site offers them a free gift for the information.
- Let your children know they can come to you if they are receiving messages that make them feel uncomfortable. Tell them that in such an event, they should save the messages for you to read and handle in an appropriate manner.
- Set up guidelines that deal specifically with meeting people on the Internet. Talk to your children about what to do if their new Internet "friend" asks to see them in person, or wants your children to send pictures of themselves.
- Teach your children about "netiquette" (etiquette on the Internet), so that they will not accidentally offend anyone, but will still protect themselves.
- Keep the computer in a high traffic part of the house such as the living room. You can then easily monitor your children's activities without making them feel as if you are watching over their shoulders all the time.
- Find web sites you think your children will enjoy and "bookmark" them. This will help direct your children away from using search engines, where they might find inappropriate sites.
- Most importantly, spend time with your children talking about their experiences online. Give them a chance to show you what they have learned or the things they like.⁵

- Tell your children to never give out their address.

The National Center for Missing and Exploited Children's (NCMEC) Cyber Tipline serves as a national resource for tips and leads regarding the sexual exploitation of children. NCMEC is a national clearinghouse for information on cases of abducted, runaway, and sexually exploited youth. NCMEC does not investigate such cases, but receives leads and disseminates them to various investigative law enforcement agencies. In the effort to assist law enforcement, NCMEC offers technical assistance, information dissemination, and advice. NCMEC can be reached through the Internet at www.missingkids.com or by calling their toll free hotline at 1-800-843-5678.

The Missing Children's Program of the Office of Juvenile Justice and Delinquency Program (OJJDP) initiated its Internet Crimes Against Children (ICAC) task force program where state and local law enforcement agencies can acquire the skills, equipment and personnel resources to respond effectively to ICAC offenses. To learn more, please visit their website at: ojjdp.cjrs.org/programs/index.html.

NOTE: All mandated reporters are required to report suspected sexual exploitation. (For further details on these laws, see Addendum III.)

Abuse of Children with Disabilities

Children with disabilities represent approximately 15% of the child population. The first national study conducted on the incidence of abuse of children with disabilities found that they are abused at approximately twice the rate of those in the general population.⁶ A more recent and comprehensive study published in 2001, conducted at Boys Town

University by Dr. Patricia Sullivan, found that the increased rate was 3.5 times that of children, in general.⁷ Yet, most professionals estimate that the rates are much higher, somewhere between 4 to 10 times the rate.⁸

Children may acquire serious and chronic disabilities through abuse, and then become more vulnerable. An estimated 25 percent of children with developmental disabilities acquired the disability as a direct result of abuse.⁹ "Developmental Disability" is a legal term defined in the Welfare and Institutions code that established a network of Regional Centers throughout California to provide for the needs of children and adults with "developmental disabilities." The main theme of "developmental disability" is that the disability is of such significance that it interrupts the normal developmental process of the child. This category of disability represents about 5% of all children with disabilities. Child Abuse & Neglect Disability Outreach is the only agency that provides wrap-around services to children with other disabilities.

Children with developmental disabilities (those that impair the developmental process, such as mental retardation, autism, cerebral palsy and other physical disabilities) receive services from a wide array of professionals, and thus, are vulnerable to a much higher number of trusted individuals who may abuse them. In this population, 99 percent of the perpetrators are known to and trusted by the child and family.¹⁰ In many cases, when the perpetrator is an approved service provider, the abuse is not reported. However, when discovered, the perpetrator is fired and frequently moves to new employment or a volunteer position and continues the abuse.

Emotional and behavioral signs of abuse in children with disabilities may differ from those exhibited by children without disabilities due to differences caused by the disability. For example, physical signs of abuse are the

same, but in some cases, children with disabilities may easily bruise or fracture themselves, so care must be taken to understand the disability when assessing whether abuse has occurred. Communication issues are critical. Children are frequently able to communicate the abuse, but they are often disbelieved due to prejudice against or misunderstanding of individuals with disabilities. Use of assisted communication skills may be required, or the use of an interpreter may be necessary when conducting an interview.

Children with physical disabilities as well as those with psychiatric, sensory (hearing, vision), and communication (non verbal, language processing impairments) disabilities, have all been victims of abuse. Although statistics indicate that physical assault is most frequently reported, sexual abuse is recognized as grossly under reported. Incest and abuse perpetrated within the family mirrors that which occurs in the general population. Emotional and verbal maltreatment is also a serious problem among this population.

In most cases to date, the perpetrators are male, with the victims nearly equally divided

⁵ Daniel Armagh, *A Safety Net for the Internet: Protecting Our Children*, American Prosecutor's Research Institute's National Center for Prosecution of Child Abuse.

⁶ Westat Report: *National Incidence Study on Abuse of Children with Disabilities*, U.S. Department of Health and Human Services, 1991.

⁷ *In Focus: The Risk and Prevention of Maltreatment of Children with Disabilities*, National Clearinghouse on Child Abuse and Neglect Information, 2001.

⁸ James Garbarino, *Special Children, Special Risks*, 1989.

⁹ N. J. Baladerian, Ph.D., unpublished research paper, 1991, prepared for Centers for Disease Control Conference on Prevention of Disabilities, Washington, D.C. Compiles all studies available in literature search on abuse of children with disabilities and disability caused by abuse and neglect. (*A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, A Report of the U.S. Advisory Board on Child Abuse and Neglect, April 1995.)

¹⁰ Seattle Rape Relief, *Special Education Curriculum on Sexual Exploitation*, Seattle, WA; Developmental Disabilities Project, 1979.

between boys and girls. No single category of persons is identified as perpetrators. However, transporters (bus drivers) do appear to represent a high proportion of those convicted. Some reports indicate that child abuse reporting soars at ages five to six, when many children enter school and come into contact with mandated reporters. Children with disabilities frequently stay within the school system until age 22; however, after 18, their abuse would be reported to Adult Protective Services.

Most children with disabilities receive special educational services, either on a regular school campus or a separate school. Although they are mandated reporters, many special education teachers believe that “no one would abuse a child with a disability” and blind themselves to signs of abuse, and do not report what they observe. They may attribute physical signs or behavioral changes to the disability, rather than recognize these as potential signs of abuse. Further, because some disabilities result in behaviors of aggression (toward self or others) there are increasing reports that teachers and teacher aides abuse children in the school system through the misuses of restraint procedures.

Information about abuse of children with disabilities is not familiar to many in the lay or professional communities, which may leave these children more vulnerable to abuse. The signs of abuse they display may be ignored or mistakenly attributed to the disability. Cases are less likely to be reported, thoroughly investigated, and prosecuted. Lack of serious attention to the needs of disabled children throughout the child abuse response system is unique when compared to any other group of child victims, and must be addressed. In recent years, more attention to this population has emerged with training programs for those who respond to child abuse calls, and modifications of training programs for mandated reporters are currently underway to

address issues of abuse as these relate to children with disabilities.

Cultural Differences

Our ideas concerning the parenting of children may contrast greatly with other cultures. Cultural differences may become evident in various aspects of child rearing. Cultural definitions of child abuse and neglect are wide and varied. Therefore, the professional must be aware of the discrepancies between our culture and others when assessing children they suspect of being abused. There are times when the professional needs to make decisions regarding whether to report child abuse, educate the parents, or simply accept the practice as “different” and not harmful. The law does give the professional some guidance in this area. According to Welfare and Institutions Code section 16509, “Cultural and religious child rearing practices and beliefs which differ from the general community standards shall not in themselves create a need for child welfare services unless the practice presents a specific danger to the physical or emotional safety of the child.” Therefore, when a professional believes that a practice falls within the definitions of child abuse, it must be reported. If a mandated reporter is unsure about a particular cultural practice, it is recommended they contact their local child protective services agency and discuss their concerns. Since cultural practices are so diverse, mandated reporters are strongly encouraged to receive cultural diversity training to better understand these practices.



What is Not Child Abuse?

Mandated reporters often have questions about situations that may or may not be child abuse. Listed below are situations or circumstances that are not considered child abuse for purposes of the Child Abuse and Neglect Reporting Act:

- **Children fighting.** Injuries caused by children fighting by mutual consent. (Pen. Code, § 11165.6.)
- **Reasonable force.** Injuries caused by reasonable and necessary force used by a peace officer acting within the scope of his or her employment. (Pen. Code, § 11165.6.) Injuries caused by reasonable and necessary force used by public school personnel to stop a disturbance that is threatening physical injury to someone or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of a child. (Pen. Code, § 11165.4)
- **Corporal punishment.** Spanking is not considered child abuse, however, when “any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition,” it is considered “unlawful corporal punishment” and must be reported. (Pen. Code § 11165.4)
- **Medical treatment.** An informed and appropriate medical decision (Pen. Code § 11165.2 (b) and treatment by spiritual means as provided by Welfare & Institutions Code 16509.1 are not considered child neglect. Not receiving specific medical treatment for religious reasons (Pen. Code § 11165.2 (b) is further codified in Welfare & Institutions Code 16509, which states, “...religious child rearing practices and beliefs which differ from the general community standards shall not in themselves create a need for child welfare services unless the practice presents a specific danger to the physical or emotional safety of the child.”
- **Voluntary sexual activity between children under the age of 14.** Voluntary sexual conduct between children who are both under the age of 14 years and who are of similar age and sophistication is not a crime and need not be reported under the Child Abuse and Neglect Reporting Act. (People ex rel. Eichenberger v. Stockton Pregnancy Control Medical Clinic, Inc. (1988) 203 Cal.App.3d 225; Planned Parenthood Affiliates v. Van de Kamp (1986) 181 Cal.App.3d 245.)
- **Pregnancy.** Pregnancy of a minor, does not, in and of itself, constitute the basis of a reasonable suspicion of sexual abuse. (Pen. Code, § 11166, subd. (1).) Pregnancy may be cause for a report if the pregnancy was conceived by a female under age 16 and a male over 21. Similar consideration should be made for other evidence of sexual activity including sexually transmitted diseases including Gonorrhea, Chlamydia, Genital Herpes, genital warts and HIV.

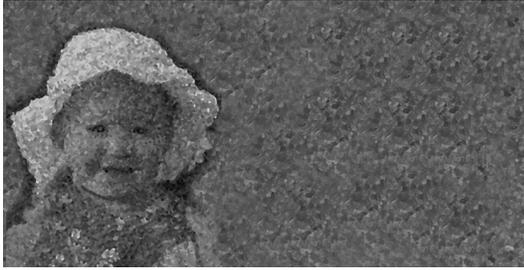
- **Past abuse of a child who is an adult at the time of disclosure.** There is no duty to report child abuse unless the victim is a child, meaning a person under the age of 18 years. (Pen. Code, § 11165.) Accordingly, past abuse of a child who is an adult at the time of disclosure or discovery of the abuse need not be reported. However, if a mandated reporter has a “reasonable suspicion” due to the conversation with this adult that someone under the age of 18 has been abused or is in danger of being abused, it must be reported.
- **Maternal substance abuse and positive toxicology screen at birth.** A positive toxicology screen at the time an infant is delivered is not, in and of itself, a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to Health and Safety Code section 123605. If other factors are present that indicate a risk to the child, a report must be made, but a report based on risk to a child that relates solely to the parent’s inability to provide the child with regular care due to the parent’s substance abuse shall be made only to county welfare departments and not to law enforcement agencies. (Pen. Code, § 11165.13.)
- **Sudden Infant Death Syndrome (SIDS).** SIDS is the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation including performance of a complete autopsy, examination of the death scene, and review of the clinical history (Willinger, et al., 1991). It is the major cause of death infants from one month to one year of age, with most death occurring between two and four months. SIDS occurs quickly and quietly in seemingly healthy infants, usually during sleep and happens in all social, economic, and ethnic groups. It is a recognized cause of death

and is only determined after completing an autopsy, a death scene investigation, and a review of the case history of both the baby and the family.¹¹ SIDS is not contagious, and is not caused by immunizations, suffocation, or by child abuse or neglect.

Researchers and clinicians have discovered that although SIDS cannot be predicated or prevented, there are things parents and caregivers can do to lower an infant’s risk of SIDS. The Back-to-Sleep campaign, a national public health educational effort, which began in 1994, recommends that all babies be placed on their backs to sleep, unless otherwise instructed by a physician. Infant care practices that should be followed by parents to reduce their baby’s risk for SIDS include the following:

- Always place your baby on his/her back to sleep, even for naps.
- Never allow smoking around your baby.
- Place your baby on a firm, flat surface to sleep.
- Remove all soft things such as loose bedding, pillows, and stuffed toys from the sleep area.
- Never place your baby on a sofa, waterbed, soft chair, pillow, or beanbag.
- Take special precautions when your baby is in bed with you.
- Make sure your baby doesn’t get too hot.
- Keep your baby’s face and head uncovered during sleep.
- Share this information with everyone who cares for your baby.

¹¹ What is SIDS. US Department of Health and Human Services, Maternal and Child Health Bureau, 2004.



Who are Child Abusers?

Child abuse occurs in all cultural, ethnic, occupational, and socioeconomic groups. Although many people assume that parents are the only culprits, children can become victims of abuse by persons in non-parental relationships, such as siblings, family friends, neighbors, acquaintances, or strangers. Those who abuse children may also be trusted to care for our children, such as teachers, childcare providers, or foster parents. They may be male or female; they may be adults, adolescents, or children.

According to recent statistics, more than 80 percent of perpetrators were parents. Other relatives accounted for 7 percent and unmarried partners of parents accounted for 3 percent. The remaining percent includes persons with other relationships, e.g., camp counselors, school employees, or unknown relationships to the child. Female perpetrators, mostly mothers, are typically younger than male perpetrators, mostly fathers. Women also comprised a larger percentage than men, 58 percent compared to 42 percent.¹² As previously reported, child abuse fatalities have increased over the past several years. In 2002, one or both parents were involved in 79 percent of child abuse and neglect fatalities. Of the other 21 percent of fatalities, 16 percent were the result of maltreatment by non-parent caretakers, and 5 percent were from unknown person or persons.¹³

Early identification, reporting, and intervention are essential and vital to protect the child because people who abuse typically repeat the abuse and increase its frequency.

Over the years, studies have shown that a variety of factors are associated with child abuse. Many of these factors apply to and characterize the general population (such as stress, social isolation, transiency, and other factors discussed in this section). Child abuse is seldom the result of any single factor. Rather, a combination of circumstances and personality types may precipitate an act of abuse. The existence of one or more of the following factors could trigger abusive acts: a predisposition toward maltreatment (perhaps as a result of having been abused, neglected, or witnessing domestic violence); emotional stress, such as marital or employment problems; substance abuse; a lack of constructive outlets for tension, anger, or aggression; or poor impulse control.

Many people cannot understand how a parent can abuse or neglect a child. Frequently, abusive parents or caretakers themselves

¹² National Clearinghouse on Child Abuse and Neglect Information, *Child Maltreatment: Summary of Key Findings*, 2003.

¹³ National Clearinghouse on Child Abuse and Neglect, *Child Abuse and Neglect Fatalities: Statistics and Interventions*, 2004.

experienced child abuse. Generally speaking, parents “parent” in a manner in which they were parented. Consequently, they recreate the same destructive environment for their children that their parents provided for them. Without intervention, these negative life patterns can be passed from generation to generation.

Some people believe that all corporal punishment is abusive. There are others who believe it is a useful form of discipline under certain circumstances. Discipline and corporal punishment are not necessarily the same. There are many ways to discipline a child without resorting to the use of corporal punishment. There is also a fine line between corporal punishment and child abuse. For example, corporal punishment is not legally defined as abusive unless it results in a “traumatic condition”. (Please refer to Pen. Code § 11165.4 for the definition of “unlawful corporal punishment.”)

The combination of physical punishment and anger is an ineffective disciplinary tool and can be deadly. Many experts agree that while physical punishment has the immediate effect of interrupting the child’s behavior, the deterrent effect is not long term. In addition, the use of excessive corporal punishment may teach a child to resolve conflicts violently and to use physical aggression rather than reason to obtain results or to express anger.

Abusive parents often reverse roles with their children. That is, they expect and demand love and care from their offspring, but have difficulty in returning these emotions to their children. These parents are either traumatized from child abuse experiences of their own, lack understanding of children’s basic needs and capabilities, or choose not to respond appropriately to these needs and capabilities.

In the intimacy of family life, especially at times of stress or when adult relationships

are poor, or where adult needs are unmet, or where abuse happened in childhood, the possibility for all types of abuse and neglect may increase. For example, a child can easily be made to believe that sex is a special game or a normal and necessary part of being loved and accepted. An older child can be convinced that he or she is at fault for seducing the parent or caretaker.

People who abuse may convince themselves that they have a duty to “show the child the facts of life,” and that they are more loving and caring than outsiders who might “spoil” or mistreat the child. People who abuse may feel so stressed, neglected, or needy that they are compelled to exploit the only supporting, loving relationship they can find. Although some adults may believe their conduct is blameless, the harm done to the child remains the same whenever abuse is committed.

Family stress, created by difficulties in obtaining the basic necessities of life, including food, shelter, clothing, medical care, and education, may cause parents to be less capable of providing adequately for the physical and emotional needs of their children. Depression may play a major role in the inability of the parent to provide appropriate care. In struggling for survival, such a parent may be incapable of resolving difficult situations rationally and child abuse may occur. Such situational stress does not constitute justification or legal defense for child abuse, but must be taken into consideration by agencies that become involved in determining appropriate protective measures against future harm of the child and/or treatment and proper punishment for the child abuser.

In its 1990 report, the U.S. Advisory Board on Child Abuse and Neglect outlined conditions causing child abuse that are as true today as the day they were written. The report stated:

Child maltreatment is especially likely to occur when families, under stress,

lack support from their neighbors. Child maltreatment occurs much more frequently among socially isolated families.

Some parents' mental health problems can cause them to harm their children or negligently place them in unsafe environments. Among such parents, child maltreatment rarely is the only problem manifested.

Child abuse and neglect associated with substance abuse has experienced an extraordinary increase. The nation is identifying many babies affected by prenatal substance abuse. Whether from the biological effects of the drugs and alcohol alone, or from the sociological effects of drug abuse on the family, or from both, the risks to these children will continue as they grow older.

The social and personal problems faced by parents and other adults caring for children with special needs are intensified by the special challenges that some of these children present. Moreover, the presence of disabilities renders such children more vulnerable to harm.

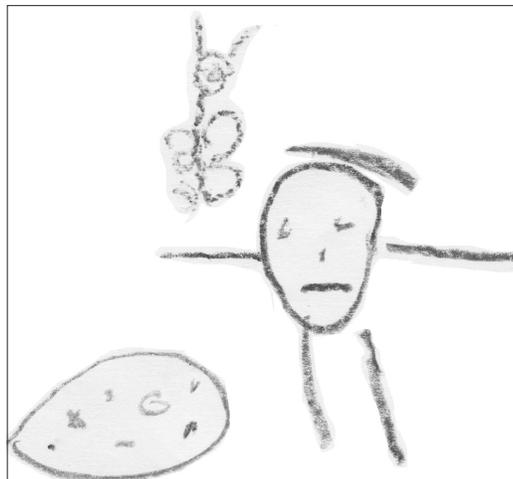
The increased complexity of child maltreatment is matched by the complexity of recent, dramatic changes in family and community life: changes in the economic status of families; changes in family structure; and changes in the range of institutions caring for children. While these changes are not necessarily a direct

cause of child maltreatment, they create new continuing challenges for the child protection system.¹⁴

The connection between substance abuse and child abuse has strengthened over the years. In 1997, Wang and Daro reported that 88 percent of respondents named substance abuse as one of the top two problems presented by families reported for maltreatment. This percentage is higher than those reported in previous years, suggesting that after several years of some improvement, substance abuse again surfaced as a primary contributor to child maltreatment.

More current research has supported the notion that children of substance abusing parents are more likely to experience abuse - physical, sexual, emotional or neglect, versus children in non-substance abusing households. The statistics vary, but most studies have shown that between one and two thirds of child maltreatment cases involve substance abuse with 85 percent of states reporting substance abuse as one of the two major problems exhibited by families in which maltreatment was suspected. Approximately

\$5.3 billion, slightly more than 20 percent of the entire \$24 billion substance abuse budget, goes to child welfare costs related to substance abuse. "Parental substance abuse continues to be a serious issue in the child



¹⁴ U.S. Advisory Board on Child Abuse and Neglect, *Child Abuse and Neglect: Critical First Steps on Response to a National Emergency*, 1990, (available from the Superintendent of Documents, U.S. Government Printing Office; Stock No. 017 092 0010405).

welfare system because maltreated children of substance abuse parents often remain in the child welfare system longer and experience poorer outcomes.”¹⁵

These factors, circumstances, and personality types, regardless of race, gender, culture, ethnicity, occupation, or socioeconomic group, are typical characteristics of people who abuse children. However, our knowledge about the multiple factors involved in child abuse and neglect does not permit prediction of future acts with any great degree of accuracy. The knowledge gained over the years does, however, provide a framework for prevention, (early) intervention and treatment programs. Support must be provided to parents and families from all sectors of society so that children can grow in the healthiest environment possible.

¹⁵ National Clearinghouse on Child Abuse and Neglect Information, Substance Abuse and Child Maltreatment, 2003.



The Nexus

Recently, society has begun to recognize more clearly the effects of domestic violence on children. Children who live with domestic violence face increased risk of exposure to traumatic events, neglect, of being directly abused and the risk of losing one or both parents. All of these may lead to negative outcomes for children and may affect their well-being, safety and stability. In fact, children living in homes with domestic violence are physically abused or neglected at a rate 15 times higher than the national average.¹⁶ In 60 to 75 percent of families where a woman is battered, children are battered as well.¹⁷ Children who live in violent homes may experience aggressive and anti social behavior, exhibit anxiety, depression, and anger similar to children who experience child maltreatment. In general, both children who are maltreated and children who live with domestic violence are at higher risk for substance abuse, school failure, and aggressive “acting out” behavior.

The connection between child abuse and neglect and domestic violence can be seen in the Child Abuse and Neglect Reporting Act. For example, willfully causing or permitting a child to suffer “unjustifiable mental suffering” is reportable under the Act. In addition, a mandated reporter may report any circumstance where a child “suffers serious emotional damage or is at substantial risk of suffering serious emotional damage.” Children who live in domestic violent homes can suffer from

one or the other of these circumstances. Mandated reporters must protect children by recognizing the signs and symptoms of domestic violence exposure and take the appropriate action to seek help.

In 2003, the legislature recognized the connection between child abuse and domestic violence and passed Senate Bill 1745 (Chapter 187, Statutes of 2002), which requires child protective service, law enforcement, prosecutors, child abuse and domestic violence experts, community based organizations serving abused children and victims of domestic violence to develop protocols on how law enforcement and child protective services agencies will cooperate in their response to incidents of domestic violence in homes in which a child resides. Some communities have responded to this call to collaborate when responding to children living in domestic violent homes, while others need to come together and address this issue.

¹⁶ Rossman, B.B., 2001, Long-term Effects of Children Exposed to Domestic Violence; S.A. Graham-Bermann & J.L. Edleson (eds.) *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy* (pp. 35-66), Washington, D.C.: American Psychological Association.

¹⁷ U.S. Senate Judiciary Hearing 1990-91, et al. as noted in “The Children of Domestic Violence” (draft) Judith Lennet, Massachusetts Coalition of Battered Women’s Service Groups, 1996.

The Victim Compensation and Government Claims Board recognized in 2003 that children exposed to domestic violence were “direct victims” of crimes and therefore allowed access to victim-witness funds for such things as crisis or follow-up counseling for emotional problems resulting from a crime. (See section on Victims of Crime Program, page 67.) And according to Government Code section 13955 (f) (1) “...the law now also provides that a child who resides in a home where domestic violence has occurred may be presumed by the Board to have sustained physical injuries, regardless of whether the child witnessed the crime...” As a way to assist children in receiving these funds, law enforcement can include the child’s name and date of birth on arrest reports.

More public awareness initiatives need to focus on the impact of violence on children, especially with children exposed to domestic violence. In the past, children exposed to domestic violence were either considered too young to remember or needed to actually witness the violence to be seriously affected by the experience. Recent neurological research contradicts these two points. Although children are emotionally impacted by their exposure to violence, research finds that children are physiologically impacted as well. These research findings apply to children who have been maltreated as well. In the past, some communities have developed programs designed to respond to children exposed to violence, but currently more and more communities are learning about the impact of this exposure and are taking steps to intervene early in the lives of these children. Many communities are looking to the Attorney General’s Safe from the Start initiative for leadership on the impact of violence on children, and more specifically on how violence impacts the child’s developing brain. To learn more about the Safe from the Start initiative and how a child’s brain is affected by the exposure to violence, please visit www.safefromthestart.org.

With some exceptions, law enforcement agencies respond to reports of child abuse and domestic violence as a single agency. Some are part of the Domestic Violence Response Team (DVRT), focusing primarily on the victim, in most cases, the female. These teams are aimed at preventing domestic violence as well as supporting the victim of such crimes. Team members can include law enforcement, child protective services, medical personnel, representatives from the district attorney’s office and the advocate community. Recently, some DVRT’s decided to include children in their intervention strategy. Research supports this approach by suggesting that domestic violence and child abuse co-occur in families. For example, according to Margolin (1998), 40% of child abuse victims are exposed to domestic violence. Since they can co-occur, it is important for teams to deal with both issues when addressing the needs of children and families.

Institutional and societal changes can only begin when an expansive network of service providers integrate their expertise, resources and services to eliminate domestic violence in their communities. And further, child welfare and domestic violence service providers can collaborate more to achieve a shared goal of intervening in the lives of children and families exposed to violence and working together to prevent future violence.¹⁸

¹⁸ Children and Domestic Violence: A Bulletin for Professionals, National Clearinghouse on Child Abuse and Neglect Information, 2003.



Reporting Child Abuse and Neglect

The Child Abuse and Neglect Reporting Act

While everyone should report suspected child abuse and neglect, the California Penal Code provides that it is a crime for certain professionals and lay persons who have a special working relationship or contact with children not to report suspected abuse to the proper authorities. The following are excerpts and summaries of sections from the Child Abuse and Neglect Reporting Act (see Addendum I for full text):

“A mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as practicably possible by telephone, and the mandated reporter shall prepare and send, **fax or electronically transmit** a written follow-up report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any non-privileged documentary evidence the mandated reporter possesses relating to the incident.

(Pen. Code, § 11166 subd. (a)). For the purposes of the Child Abuse and Neglect Reporting Act, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect” (Pen. Code, § 11166, subd. (a) (1).) “The agency shall be notified and a report shall be prepared and sent, **faxed or electronically transmitted** even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.” (Pen. Code § 11166 subd. (a) (2).)

NOTE: A “(designated) agency” as defined in Pen. Code, § 11165.9 is “...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 the county welfare department.”

A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during penitential communication is not required to make a report (Pen. Code, § 11166, subd. (d) (1).) “Penitential communication” is defined for this purpose as a

communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member, who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.” (Pen Code, § 11166 subd. (d) (1).) However, nothing in the Reporting Act shall limit a clergy member’s duty to report known or suspected child abuse and neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter. (Pen. Code, § 11166, subd. (d) (2).)

“Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send, **fax or electronically transmit** a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident...” (Pen. Code, § 11166, subd. (e).)

Any mandated reporter who fails to report by telephone immediately or as soon as practically possible and in writing within 36 hours is guilty of a misdemeanor “punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both imprisonment and fine.” (Pen. Code, § 11166, subd. (c).) (PLEASE NOTE: Effective January 1, 2006, the willful failure to report child abuse and neglect that results in great

bodily injury or death, is punishable by up to one year in jail and/or up to a \$5,000 fine.) If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect, the failure to report is a continuing offense until an agency specified in section 11165.9 discovers the offense. (Pen. Code, § 11166, subd. (c).) This penalty ensures that those required to do so will report all suspected incidents of child abuse immediately. For those required to report who do not do so, there also may be civil liabilities. (See “Liability for Failing to Report,” page 30.)

Those required to report should be aware that reporting does not necessarily mean that a civil or criminal proceeding will be initiated against the suspected abuser.

The agency that investigates the report shall forward to the Department of Justice, Child Abuse Central Index (CACI) a “report in writing of every case it investigates of known or suspected child abuse or severe neglect which is determined not to be unfounded” (See definition, page 34), except cases of general neglect. (Pen. Code, § 11169 subd. (a).) Reports must be made on Department of Justice form SS 8583. (See Appendix I and “Making a Report,” page 30.)

The reporting duties of a mandated reporter are individual and no supervisors or administrators may impede or inhibit reporting by a mandated reporter, nor may they take any actions against the reporter for making a report. However, it is permissible to establish internal procedures to facilitate reporting and apprise supervisors and administrators of reports, so long as these procedures are not inconsistent with the Reporting Act. (Pen. Code, § 11166, subd. (i) (1).) The internal procedures shall not require any employee required to make suspected child abuse reports to disclose his or her identity to the employer. (Pen. Code, § 11166, subd. (i) (2).)

Any supervisor or administrator who violates this section is guilty of an infraction punishable by not more than six months in jail and by a fine of not more than \$1,000 or by both a fine and imprisonment. (Pen Code, § 11166.01 (a).) PLEASE NOTE: Effective January 1, 2006, any supervisor or administrator who violates this section, where the abuse or neglect results in great bodily injury or death, the punishment shall be up to one year in jail and/or a fine up to \$5,000.

When two or more mandated reporters are present in a situation, such as an emergency room, and jointly become aware of a known or suspected instance of child abuse, they may, by mutual agreement, designate one of themselves to make the required telephone and written reports. However, if a mandated reporter becomes aware that the designated individual failed to report, he or she must then report. (Pen. Code, § 11166, subd. (h).)

Who Reports?

Those persons required to report known or suspected child abuse and neglect are called "mandated reporters," and the report is known as a "mandated report". The list of mandated reporters is located in Addendum I.

Volunteers of public or private organizations whose duties require direct contact and supervision of children are encouraged to obtain training in the identification and reporting of child abuse and are further encouraged to report known or suspected instances of child abuse and neglect. (Pen. Code, § 11165.7, subd. (b).) [Unless otherwise stated in the Penal Code, volunteers are not mandated reporters.]

On or after January 1, 1985, any mandated reporter, with the exception of a child visitation monitor, prior to commencing his or her employment, and as a prerequisite to that

employment, shall sign a statement on a form provided by his or her employer to the effect that he or she knows of the provisions of Penal Code § 11166 (requiring him or her to report known or suspected child abuse) and will comply with its provisions. The statement shall also inform the mandated reporter of his or her confidentiality rights under the law. (Pen. Code, § 11166.5, subd. (a).)

On or 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 on a form provided to him or her by the court ordering monitoring to the effect that he or she has knowledge of the provisions of section 11166 and will comply with its provisions. The signed statement shall be retained by the employer, or the court, as the case may be. (Pen. Code, § 11166.5, subd. (a).)

Immunity from Liability

Mandated reporters are provided immunity from civil and criminal liability for making required or authorized reports of known or suspected child abuse. This liability shall apply even if the mandated reporter acquired the knowledge or reasonable suspicion of child abuse or neglect outside of his or her professional capacity or outside the scope of his or her employment. Any other person who reports shall not incur civil or criminal liability unless it can be proven that a false report was made and the person knew the report was false or the report was made with reckless disregard of the truth or falsity of the report. Any such person who makes a report of child abuse known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. (Pen. Code, § 11172, subd. (a).)

In the event a civil action is brought against a mandated reporter as a result of a required or authorized report, he or she may present

a claim to the State Victim Compensation and Government Claims Board for reasonable attorney's fees incurred in the action if he or she prevails in the action or the court dismisses the action upon a demurrer or motion for summary judgment made by that person. The maximum hourly rate for recovery of attorney's fees is that charged by the Attorney General at the time of the award and the maximum recovery is \$50,000. Public entities providing a defense pursuant to Government Code section 995 may not file a claim. (Pen. Code, § 11172, subd. (c).)

Liability for Failing to Report

(See previous information on "failing to report" and "intentionally concealing a report.")

Medical professionals and other mandated reporters may be subject to civil damage suits if they fail to report. In the case of *Landeros v. Flood* (1976) 17 Cal.3d 399, an infant, Gina, was brought into a hospital with injuries, treated, and released back to her mother. Subsequently, she was treated for new and more serious injuries by a second doctor who reported the injuries as suspected child abuse. The child was made a dependent of the court and a guardian ad litem was appointed. The guardian ad litem then instituted a suit on behalf of the child against the first doctor for failure to report as required by law. The California Supreme Court reversed a lower court decision that dismissed the complaint, and it held that the complaint stated a cause of action based on a failure to report as required by statute. The court held that failure to perform the statutorily imposed duty to report raises a presumption that the defendant doctor failed to exercise due care. The Supreme Court sent the case back to the lower court for trial. The plaintiffs sued the doctor for \$2 million, plus costs. In spite of the ultimate outcome of this case (the charges could not

be substantiated), it is clear that health practitioners and other persons who have a statutory duty to report child abuse may be held civilly, as well as criminally, liable if they fail to report suspected cases as required by law.

Purpose of Reporting

It is important to remember that the primary purpose of the reporting law is to protect the child. Protecting the identified child also may provide the opportunity to protect other children in the home or in out-of-home care facilities. It is also important to provide help for the parents when the abuse is occurring in the home. 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. And finally, it is the law.

Making a Report

The mandated reporter must give his or her name when reporting known or suspected child abuse. (Pen. Code, § 11167, subd. (a).) Any other reporter may remain anonymous. The reporter's name is confidential, however, and it may be disclosed only in certain very limited situations, as provided by law. (See Addendum I.) The following information also is required when making the telephone report of suspected child abuse to the agency:

- Name, business address and telephone number of the mandated reporter;
- The capacity that makes the person a mandated reporter;
- The information that gave rise to the reasonable suspicion of child abuse or neglect and the source of that information;
- The child's name, if known to the mandated reporter;

- The address and present location of the child, if known to the mandated reporter;
- If applicable, and known to the mandated reporter, the child's school, grade and class;
- The names, addresses, and telephone numbers of the child's parents or guardians, if known to the mandated reporter
- The name, address, telephone number, and other relevant personal information known to the mandated reporter about the person(s) who may have abused the child.

The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her. (Pen. Code, § 11167, subd (a).)

Within 36 hours of making the telephone report, a written report must also be filed by the mandated reporter to a designated agency. (Pen. Code, § 11166, subd. (a).) The written report must be filed on Department of Justice Form SS 8572. (See Appendix I for a sample form and information on how to obtain copies.)

The Department of Justice Form SS 8583 is to be used only by the investigating agency for reporting substantiated and inconclusive cases to the Department of Justice, Child Abuse Central Index (CACI). (See Appendix I for a sample form.) Unfounded and general neglect cases are not reported to CACI. (Pen Code, § 11169, subd. (a).)

In addition to the standard Department of Justice form (SS 8572), medical personnel may complete, even without the consent of the child's parent or caretaker, OES form 900, "The California Medical Protocol for Examination of Child Physical Abuse and Neglect Victims." The medical reporting form elicits essential data concerning suspected child abuse. It also is designed to be educational, as well as instructive, for medical person-

nel who come in contact with possible child abuse.

If the suspected abuse is sexual, medical personnel who conduct the examination also must complete either OES Form 923 "Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination," or OES Form 925, "Forensic Medical Report: Nonacute Child/Adolescent Sexual Abuse Examination." If the victim is post-pubertal and the sexual abuse is acute, the OES Form 923 should be used. (See Appendix I for more information on the use of these forms and how to obtain them.)

Upon completion of the investigation or after there has been a final disposition in the matter, the investigating agency shall inform the mandated reporter of the results of the investigation and of any action the agency is taking with regard to the child or family. (Pen. Code, § 11170, subd. (b) (2).)

What Happens to the Reports?

The primary purpose of the reporting forms is to make all relevant agencies aware of possible abuse, which will lead to a thorough investigation and protection of the child.

Reports of Abuse

Reports are investigated either by the local law enforcement agency and/or by the county child welfare services (child protective services) agency or, if designated by the county to receive mandated reports, the county probation department. (The chart on page 33 illustrates the reporting process.)

Reports received by child welfare agencies, except for reports involving general neglect, shall be cross reported immediately, or as

soon as possible, to the local law enforcement agency and district attorney's office having jurisdiction. Law enforcement also is required to cross report immediately, or as soon as possible, to child welfare agencies and the district attorney's office. The reporting law is designed to ensure that the law enforcement and child welfare agencies and district attorneys receive and review all reports, whether initially reported to them or to another agency. (Pen. Code, § 11166, subd. (j) (k).)

When an agency receives a report of abuse alleged to have occurred in facilities licensed to care for children by the State Department of Social Services or the county licensing agency authorized by the State, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility. The agency shall send the licensing agency a copy of its investigation and any other pertinent materials. (Pen. Code, § 11166.1, subd. (a).)

The agency also shall immediately, or as soon as practicably possible, report by telephone to the appropriate licensing agency every known or suspected instance of child abuse when the abuse occurs while the child is being cared for in a child day care facility, involves a child day care licensed staff person, or occurs while the child is under the supervision of a community care facility or involves a community care facility licensee or staff person. The agency must send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report. The agency is also required to send, fax, or electronically transmit the licensing agency a copy of its investigation report and any other pertinent materials. (Pen. Code, § 11166.2.)

Reports of General Neglect

General neglect (Pen. Code, § 11165.2, subd. (b)) must be reported, but only to the county child welfare agency.

The California Department of Justice, Child Abuse Central Index

The Division of Criminal Justice Information Services within the California Department of Justice maintains the Child Abuse Central Index (CACI), which contains summary information on child abuse victims and suspected abusers from investigative reports submitted by investigating agencies. This information includes names and personal characteristics of the suspect's (s) and victim's (s), type of abuse, investigating agency file number, and date of report.

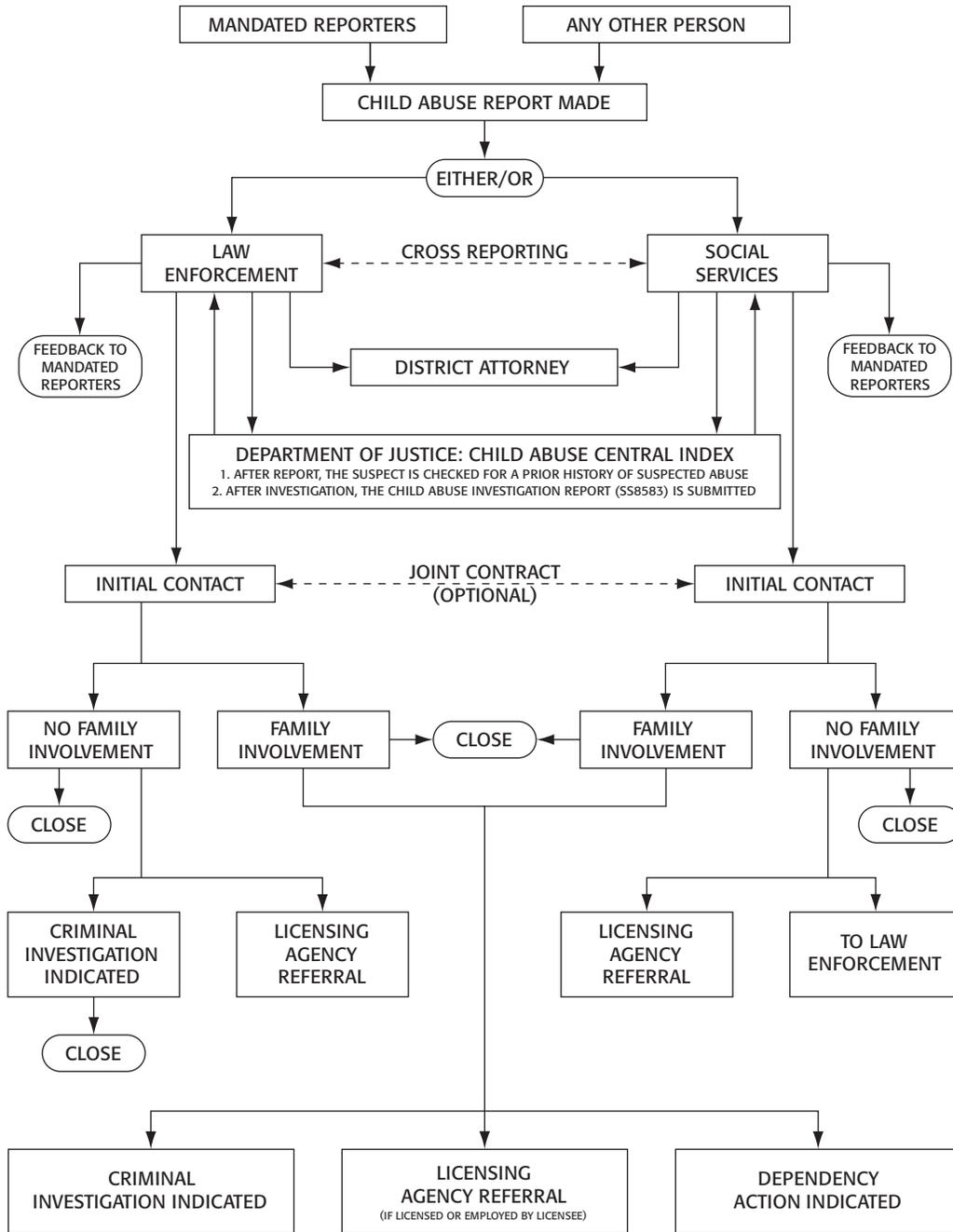
CACI provides the following services to child protective agencies:

- Indexes and files child abuse reports received from investigating agencies (law enforcement, welfare, and probation) and searches the names of the listed individual to determine if they have a prior for child care service licenses and employment to determine if they have a prior history of child abuse that may result in disqualification.
- Notifies the investigating agencies whether subject(s) of their current investigation have prior histories of child abuse.
- Provides assistance to appropriate persons and agencies concerning identification and reporting of child abuse.
- Conducts statewide training sessions on child abuse reporting for mandated reporters and investigating agencies.

Penal Code, section 11165.12 defines as follows the type of reports that must be submitted to CACI by investigating agencies.

“‘Unfounded report’ means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in section 11165.6.” (Pen Code, § 11165.12, subd. (a).)

Reporting Process



Unfounded reports are not to be submitted to CACI.

“‘Substantiated report’ means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Section 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred.” (Pen Code, § 11165.12, subd. (b).)

“‘Inconclusive report’ means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.” (Pen. Code, § 11165.12 (c).)

All agencies (law enforcement, welfare, and probation) are required by law to file written reports of known or suspected cases of child abuse that are determined not to be unfounded (except general neglect reports) with CACI. (Pen. Code, § 11169, subd. (a).) A report should not be forwarded unless the agency has conducted an active investigation and determined that the report is not unfounded. At the same time the agency forwards a report to CACI, it also must notify, in writing, the known or suspected abuser that he or she has been reported to CACI. (Pen Code, § 11169, subd. (b).)

After the report is received by CACI, the name index is searched to determine whether there is a record of prior suspected abuse involving the victim or suspect, and the report is added to CACI. The reporting agency is notified immediately of any prior reports in CACI. (Pen. Code, § 11170, subd. (b) (1).) A history of abuse is not always easily spotted because child abusers tend to move or to take their children to different doctors or hospitals for treatment of each new injury. However, reports that are not determined to

be unfounded are retained in CACI for a minimum of 10 years, whether or not any formal action is taken in the case, for the purpose of identifying a pattern of abuse not reflected in prior arrests or convictions. If a subsequent report is received within the 10-year period, information from any prior report, as well as any subsequently filed report, is maintained in CACI for a period of 10 years from the time the most recent report is received by the department.

Investigators are encouraged to contact CACI to determine if suspects and/or victims involved in their current investigation have a prior record of child abuse. Expedited requests for information can be made to CACI by telephone, with an average response time of two hours. In addition, teletype, facsimile machine, and letter requests can be made. Information from CACI can assist in a criminal investigation, community care licensing investigation, or in the determination of placement of a child.

An agency must notify CACI, in writing, of any case in which it submitted a prior report and subsequently determined the report to be unfounded. In such instances, the “unfounded” report is removed from the index. (Pen. Code, § 11169, subd. (a).)

The required form for use by agencies in reporting both substantiated and inconclusive cases of abuse and neglect is the SS 8583. (See Appendix I.) If a previously substantiated or inconclusive case is submitted to CACI and the incident is subsequently determined to be unfounded by the investigator, the SS 8583 can be used to report this change. The SS 8583 form may be obtained from:

**Department of Justice
Bureau of Criminal Information and
Analysis**
Post Office Box 903387
Sacramento, CA 94203-3870



Professional Responsibilities

The prevention, identification, intervention, treatment, and prosecution of child abuse requires dedicated efforts from many disciplines. The roles and responsibilities of the professionals from these disciplines are discussed in this section.

Schools

Designated school personnel, (defined in Addendum I) who are mandated to report suspected child abuse cases, play a crucial role in the early detection of child abuse and neglect. Signs of abuse are often noticed first by school personnel. Injuries, listlessness, poor nutrition, disruptive behavior, absenteeism and depression can be indicators that a child is being abused or neglected. (For an expanded discussion of indicators please see pages 4-14.) An immediate investigation of suspected abuse by child protective agencies, i.e., child protective services or law enforcement agencies, may save a child from repeated injuries, and school personnel should not hesitate to report suspicious injuries or behavior. **Their duty is to report, not investigate.** When in doubt, always report.

In practice, many schools develop special procedures for reporting child abuse. These procedures are an important component of the school's Comprehensive School Safety Plan (mandated for public schools – Educ.

Code, 32280). Reporting procedures always state that reporting to a child protective agency is required by law and “good intentions” may not be a defense in a criminal or civil action initiated for failure to report. Furthermore, **reporting is an individual responsibility.** While some schools have procedures for group reporting, it is the responsibility of each individual mandated reporter to ensure that the report has been made. As mentioned in the reporting section, no supervisor or administrator may interfere with the individual reporting responsibility, nor may a mandated reporter be absolved of responsibility by merely relying on a supervisor or administrator to meet his or her individual statutory responsibility.

For example, when a person works for an organization that has policies or procedures regarding making any reports to outside agencies, the law allows an individual to report the suspicion of child abuse to child protective services or law enforcement without fear of reprimand or suspension for violating organizational policies. The organization can ask that the employee apprise them of reports being made to these agencies. However, the organization cannot require the employee to disclose his or her identity to the employer (Pen. Code, 11166, subd. (i) (2), and the employee cannot be prohibited or impeded from making a report directly to these agencies. (See previous sections for penalties)

To help achieve uniformity and consistency in reporting practices, many county superintendents of schools have developed administrative guidelines to aid school districts with identification and reporting of child abuse. The offices of education also participate as school representatives on child abuse councils, in the development of multi-agency child abuse reporting protocols, in conducting workshop trainings, in data collection efforts and on child death review teams.

When child protective services, law enforcement or the State Department of Social Services (DSS) deems it necessary, a suspected victim of child abuse may be interviewed during school hours, on school premises, concerning a report of suspected child abuse that occurred within the child's home or in an out-of-home care facility. The child is given the option of being interviewed in private or the child may select a member of the staff of the school, including any certificated or classified employee or volunteer aide, to be present at the interview. Child protective services, law enforcement or DSS representative shall inform the child of that right prior to the interview. The purpose of the staff person's presence at the interview is to lend support to the child and enable him or her to be as comfortable as possible. It is vital that the staff member selected by the child not participate in the interview. That person is not permitted to discuss the facts or circumstances of the case with the child, and is subject to the confidentiality requirements of the Child Abuse and Neglect Reporting Act. A representative of the school tells the staff member selected by the child of these requirements prior to the interview. The staff member may decline the request to be present at the interview. (Pen. Code, 11174.3.)

The identity of the person who makes a report pursuant to the Child Abuse and Neglect Reporting Act is confidential. (Pen. Code, 11167, subd. (d).)

When a child suspected of being abused is released by a school official to a peace officer, the school official must provide the officer the address and phone number of the child's parent or guardian. It then becomes the peace officer's responsibility to notify the child's parent or guardian that the child has been taken into custody. (Educ. Code, 48906.)

If a parent or guardian files a child abuse complaint against a school employee or other person for an act committed at the campus or during a school activity, the local law enforcement agency must investigate. If the report is substantiated, a report of the investigation is sent to the governing board of the school district or county office of education for action. (Pen. Code, 11165.14.)

Educators may risk their license or credential for failing to report. The California Commission for Teacher Preparation and Licensing must privately admonish, publicly censure, or revoke or suspend a credential for immoral or unprofessional conduct, or for persistent defiance of, and refusal to obey, the laws regulating the duties of persons serving in the public school system. (Educ. Code, 44421.) Likewise, health and mental health professionals providing professional services on school campuses are subject to the reporting requirements that apply to their professional discipline and are subject to the disciplinary sanctions of their professional regulatory agency for failing to report.

Classes in parenting education and anger management are often vitally needed and may be suggested to parents. Classes offered through the public school system or private agencies may help parents deal more effectively with their children. School-based family services provide a convenient means for parents to access family case management and counseling. However, if in the course of those services a situation gives rise to a reasonable suspicion that a child has been

abused, a report must be made to a designated agency.

For more detailed information on school personnel responsibilities, please call the **California Office of the Attorney General's Crime and Violence Prevention Center**, (916) 324-7863, and ask for a copy of "Child Abuse: Educator's Responsibilities."

Child Day Care Providers

Child day care facilities are licensed and regulated by the California Department of Social Services. The owners, administrators, and employees of these facilities must meet state requirements for licensure. They also are mandated reporters under the provisions of the Child Abuse and Neglect Reporting Act. (Pen Code § 11165.7, subd. (a) (10).)

Child day care facility is defined as a "facility that provides non-medical care to children under 18 years of age in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual on less than a 24 hour basis. Child day care facility includes day care centers, employer sponsored child care centers, and family day care homes." (Health & Saf. Code, § 1596.750.)

Day care center or child care center is defined as "any child day care facility other than a family day care home, and includes infant centers, preschools, extended day care facilities and school age child care centers." (Health & Saf. Code, § 1596.76.)

Employer sponsored child care center is defined as "any child care facility at the employer's site of business operated directly or through a provider contract by any person or entity having one or more employees and available exclusively for the care of children of that employer, and of the officers, managers

and employees of the employer." (Health & Saf. Code, § 1596.771.)

Family day care home or family child care home is defined as "a home that regularly provides care, protection, and supervision for 14 or fewer children, in the provider's own home, for periods of less than 24 hours per day, while the parents or guardians are away." (Health & Saf. Code, § 1596.78, subd. (a).) Small family day care homes serve eight or fewer children, including children under the age of ten who reside at the home. Large family day care homes serve seven to fourteen children inclusive, including children under the age of ten who reside at the home. (Health & Saf. Code, § 1596.78, subds. (a), (b), (c).)

Health and Safety standards of care for child day care centers are contained in state regulations and include such factors as: director, teacher, and teacher aide qualifications and duties; teacher/staff to child ratios; immunization requirements; supervision and discipline guidelines; health related services requirements; food service requirements; personal services requirements; and physical environment standards. There are also additional requirements for the group care of infants. The California Department of Social Services also enforces health and safety standards for family child care homes. Known or suspected child abuse that occurs in a child day care facility or involves a child day care staff person must be reported immediately to a child protective agency, i.e., child protective services or a law enforcement agency). In addition to the other duties it must perform, the child protective agency must immediately report the known or suspected abuse to the **California Department of Social Services, Community Care Licensing Division**, (916) 657-2341, or the local county agency, usually within the county social services department, that has contracted with the state to perform licensing duties for family child care and foster family homes.

The increase in the number of working parents during the last 25 years has resulted in a large number of children being placed in childcare. Parental stresses may be compounded by the unavailability of affordable, quality licensed day care. A short-term solution to this problem may be respite care. Respite care can provide temporary emergency childcare services for children whose parents are under stress. County welfare departments or other service providers can refer qualifying families to the local resource and referral agencies responsible for administration of respite care programs. However, in the course of making a referral reasonable suspicion arises that a child has been abused, a report to a child protective agency must be made.

The California Child Care Resource and Referral Network provides an invaluable service for California parents and child care providers. The Network, located in San Francisco, provides information and referral services to parents who are looking for child care services, and it provides technical assistance and training to potential providers and existing providers of care. The Network also maintains a directory of agencies throughout the state that provide referrals to local child care providers. (See Appendix III.) Statewide child care provider training is provided by **The Center for Human Services Training and Development**, University of California, Davis, (530) 757-8643.

Out-of-Home Child Care Providers

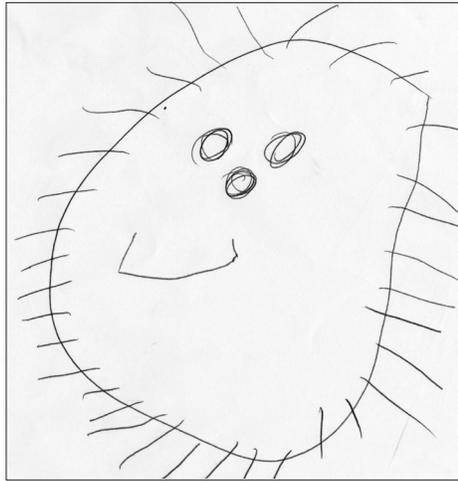
Foster homes, group homes, and other children's residential facilities are licensed and regulated by the California Department of Social

Services Community Care Licensing Division, or the county agency, usually within the county social services department, that has contracted with the state to perform the licensing duties for facilities that provide 24-hour care. Similar to child day care facilities, the California Department of Social Services has statutes and regulations governing the care of children in these 24-hour residential facilities. Further, a child protective agency must report any abuse that occurs in children's residential facilities to the California

Department of Social Services or to the county licensing agency that has contracted with the state to perform licensing duties. (Pen Code, § 11166.1, subd. (a) (1), and § 11166.2.) Administrative guidelines for the investigation of child abuse in all out of home care facilities are contained in Appendix V. In addition to child day care facilities and 24-hour children's residential facilities, the guidelines address abuse in any agency, institution, facility, shelter, center, school, camp, home,

or hospital, which is responsible for a child's care and welfare.

The information from reports of known or suspected cases of child abuse in out-of-home facilities, including children's residential facilities and day care facilities, is filed with the Department of Justice, Child Abuse Central Index (CACI). The CACI is used not only to determine whether there are previous reports on a person listed as a suspected abuser in a current report, but also is used by agencies to determine whether a person should be allowed to work as a child care provider. The licensing agency (either the county or the California Department of Social Services) runs criminal history and CACI reports on all applicants for licenses to care for children and on prospective employees of licensees. Foster



parents, group home licensees and employees, and child day care licensees and employees are all within the jurisdiction of licensing. The CACI is used as an investigative tool to determine the character of these prospective childcare providers. Even if a child abuse report does not result in a criminal action, the licensing agency, after independently investigating the alleged abuse, may take action based on the CACI match. The strict rules of evidence and the burden of proof used in criminal matters do not apply to licensing matters. Licensing agencies can and do act upon CACI matches because they may choose to seek administrative actions based on the "preponderance of evidence" standard.

Medical Community

In providing care to children in hospital, clinic, or private settings, health practitioners are often the first mandated reporters to suspect child abuse.

Although the law requires doctors and nurses to report suspected abuse to a child protective agency (i.e., police or sheriff's departments, county probation, or county welfare department), some people in the medical community think child abuse is a problem to be treated without involving law enforcement. The Child Abuse and Neglect Reporting Act specifically provides that neither the physician-patient privilege nor the psychotherapist-patient privilege applies to any information reported pursuant to this law. (Pen. Code, § 11171.2, subd. (b).) Not only is failure to report a criminal offense, but it is also a grave breach of professional responsibility to the child.

Hospital staff and other medical personnel should be familiar with the indicators of child abuse (See "What is Child Abuse," beginning on page 1). Medical personnel also should be alert to "hospital shoppers." These are people who, for no apparent reason, have

brought an injured child to a hospital outside their community when their own community has fully equipped facilities. This may be done to cover up a pattern of abuse since medical records sometimes reveal a history of hospital or doctor "shopping" which may, in conjunction with other indicators, be indicative of suspected abuse. On the other hand, it may be an "unheeded cry" for help. In any case, responding appropriately is essential to protecting the child.

Medical professionals should be aware that a report of suspected abuse is required even if the child has died, regardless of whether the possible abuse was a factor contributing to the death, and even if the suspected child abuse was discovered during an autopsy. (Pen. Code, § 11166 subd. (a) (2).)

Medical techniques for diagnosis continually are being developed, especially in the field of radiology. X-rays showing numerous fractures at varying degrees of healing indicate strongly the type of abuse often called the "battered child syndrome." It should be noted that specified medical personnel or their agents, acting at their direction, may take skeletal x-rays of a child, for purposes of diagnosing and determining the extent of possible child abuse, without the consent of the parent or guardian. (Pen. Code, § 11171.2, subd. (a).)

Other new, improved, or previously under-utilized procedures that are being used by the medical community to make more accurate clinical diagnoses of child abuse include: medical photography; tests for sexually transmitted diseases; colposcopic studies on genital injuries; and laboratory chemistry tests. These laboratory and technical studies are greatly augmented by a more accurate understanding of behavioral indicators from the child or those around the child. In those extreme cases of child abuse that result in suspicious child death, more accurate autopsies are being performed to detect child abuse.

Reports of Maternal Substance Abuse and Positive Toxicology Screen at Birth

A positive toxicology screen at the time of delivery of an infant is not, in and of itself, a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and the child pursuant to Health and Safety Code section 123605. If other factors are present that indicate risk to a child, a report must be made. A report based on risk to a child that relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to a county welfare or probation department and not to a law enforcement agency. (Pen. Code, § 11165.13.)

To provide specific direction to hospitals on responding to maternal substance abuse and positive toxicology screens of infants, the State Health and Welfare Agency released the Model Needs Assessment Protocol in July 1991. The Model Needs Assessment Protocol provides guidance in identifying services needed by the mother, child, or family to assist the mother in caring for her child and to assist in maintaining children in their homes. It also offers a framework for determining the level of risk to the newborn upon release to the home and the corresponding level of services and intervention, if any, necessary to protect the infant's health and safety. Copies of the protocol can be obtained by calling the **Department of Alcohol and Drugs Program** at (800) 879-2772. You may also want to contact counties that have developed their own protocols.

Qualified and Trained Personnel

Qualified and committed medical personnel are an essential component of every county's child protection system. At a minimum, medical personnel training should include differentiating accidental from non-accidental

injury, characteristics of neglect and non-organic failure-to-thrive, and signs of acute sexual trauma. It should also include information on resources available in the community including whom to call for help.

Most counties have a team of nurse practitioners and/or doctors who are trained specialists in the evaluation and diagnosis of sexual abuse. These teams are available 24 hours a day to evaluate acute sexual abuse cases, and are usually associated with the local emergency room. Expertise in assessing non-acute sexual trauma (over 72 hours since the last incident) requires advanced training and clinical supervision, experience and expertise in distinguishing between normal and abnormal genitalia caused by sexual abuse, sufficient numbers of patients to build and maintain expertise, and keeping current with the child abuse literature and research. If local expertise is not available, referral arrangements with secondary or tertiary medical centers are recommended for these examinations.

Examination Standards and Protocols

The State of California has established minimum standards for the performance of sexual assault and child sexual abuse medical/evidentiary examinations (Pen. Code, § 13823.11) and standard forms for recording exam findings (see Appendix I). The California State Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, published by the Governor's Office of Emergency Services, contains recommended methods for performing both acute and non-acute child sexual abuse examinations. Although state examination standards have not been established for physical abuse and neglect examinations, every general acute care hospital should develop its own protocol for the performance of these examinations.

The Team Approach

Many hospitals now use a team approach to handling child abuse cases. Regular team members may call on other hospital specialists when needed, and act in liaison with special child abuse units of local law enforcement or child welfare services agencies. As a result of an ongoing team emphasis, significant positive changes have occurred in the identification and reporting of child abuse cases throughout the state.

To accommodate a team approach, the Child Abuse and Neglect Reporting Act provides as follows:

“When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.” (Pen. Code, § 11166, subd. (h).)

For additional information see “Coordinated Investigations,” page 49.

In other health care settings, including medical clinics, venereal disease programs, drug and alcohol programs, social service agencies have established programs to serve child abuse victims and their families. Many health facility administrators are beginning to appreciate the potential value of child abuse prevention as a component of a comprehensive health program, as a necessary intervention for total preventive health care, and as a protection against lawsuits. Integrated health systems not only help prevent future abuse, but also help to identify “doctor shopping” when it may be a sign of unrecognized child abuse.

Child Welfare Services

Within each county welfare department there is a specialized child welfare services program designed specifically for the protection of children’s welfare. County child welfare service programs are the major intervention system for child abuse and neglect in California. They are also one of the alternative agencies to which mandated reporters may submit reports of suspected child abuse. It should also be noted that child welfare services professionals are required to report child abuse and neglect under the Child Abuse and Neglect Reporting Act, Penal Code section 11166.

These child welfare services programs are mandated by Welfare and Institutions Code section 16500 which says that: “The state, through the department and county welfare departments, shall establish and support a public system of statewide child welfare services.” Child welfare services include services provided on behalf of children alleged to be the victims of child abuse or neglect. The child welfare services provided on behalf of each child represent a continuum of services—emergency response services, family maintenance services, family reunification services, and permanent placement services. The individual child’s case plan is the guiding principle in the provision of these services.

Welfare and Institutions Code section 16501 describes what these programs should contain:

- **Emergency Response Services**
Emergency Response Services have the potential to provide “in person response, 24 hours a day, seven days a week, to reports of abuse, neglect, or exploitation, . . . for the purpose of. . . providing initial intake services and crisis intervention to maintain the child safely in his or her own home or to protect the safety of the child.” (Welf. & Inst. Code, § 16501, subd. (f).)
- **Family Maintenance Services**
Family Maintenance Services provide “in

home protective services to prevent or remedy neglect, abuse, or exploitation, for the purposes of preventing separation of children from their families.” (Welf. & Inst. Code, § 16501, subd. (g).) These services are provided for up to six months, and may be extended in six month increments, and usually include, among other things, parenting classes, counseling, and homemaker services. (Welf. & Inst. Code, § 16506).

- **Family Reunification Services**

Family Reunification Services provide “time limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home, and needs temporary foster care, while services are provided to reunite the family.” (Welf. & Inst. Code, § 16501, subd. (h).) Based on the child’s case plan, services are provided for up to six

months for a child under the age of three, and up to 12 months for a child age three or older. The juvenile court may extend these services for a maximum of 18 months from the date of the original removal of the child, if the court finds by clear and convincing evi-

dence that there is a substantial probability that the child will be returned to the physical custody of his or her parent and safely maintained within the extended period of time. (Welf. & Inst. Code, § 361.5, subd. (a), 366.21, subd. (g) (1); Cal. Rules of Court, rule 1462, (a) (1).)

- **Permanent Placement Services**

Permanent Placement Services provide “an alternate permanent family structure for children who because of abuse, neglect, or exploitation cannot safely remain at home and who are unlikely to ever return

home.” (Welf. & Inst. Code, § 16501, subd. (i).) These services shall be provided to children for whom a judicial determination has been made for:

- adoption;
- legal guardianship;
- long term foster care.

Social workers have the responsibility for determining if a child under 18 years of age falls within the provisions of Welfare and Institutions Code section 300 et seq. (The chart on page 45 illustrates the juvenile proceedings involving dependent children.)

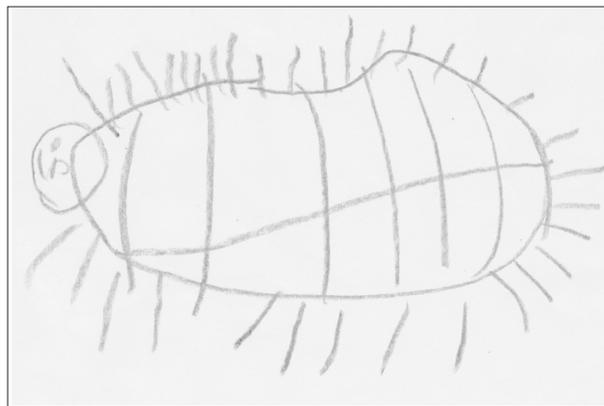
Welfare and Institutions Code section 300 specifies those situations in which a minor is subject to the jurisdiction of the juvenile

court. (For full text, see Addendum II.) If the social worker has cause to believe that one of these situations exists, he or she must immediately investigate to determine whether child welfare services should be offered to the family and whether dependency proceedings should be commenced. Commencement of dependency proceedings

begins with the filing of a petition in the juvenile court to declare the minor a dependent of the court. (Welf. & Inst. Code, § 325.) A dependency petition can be filed regardless of whether the minor is taken into custody. Removal of the child from the parents’ custody is permitted only when the child cannot otherwise be protected.

Concurrent Planning

Effective January 1, 1998, (AB1544, Ch. 793, Stats. of 1997) concurrent service planning was implemented. In California, concurrent



service planning is defined as, “The process of immediate, simultaneous and continuous assessment and case plan development that provides a continuum of options to achieve early, family based permanency for every child removed from his or her home. Concurrent services planning is a court/agency/family collaboration which must include the probability of reunification, availability of extended family resources and identification of a family who will commit to legal permanency for the child.”

Concurrent service planning is the opposite of sequential planning. Traditionally, case management in child welfare has consisted of efforts at parental rehabilitation, which, if unsuccessful, are followed by the introduction of alternative permanent placement plans (adoption, relative placement, foster parent guardianship). Typically, an agency might spend one to three years providing services to parents before turning to “permanency planning.” Research in service delivery showed the results of this process, i.e., a national tragedy in which hundreds of thousands of children are in temporary care for the greater part of their childhoods, suffering multiple foster care placements and the consequent destruction of their ability to form normal relationships.

The joint problems of foster care drift and multiple foster care placements are compelling reasons for the development of concurrent services planning. California law requires concurrent services planning for those children who are dependents of the court, in out of home placement, and whose parents are receiving services to reunify with them. (Welf. & Inst. Code, § 358.1, subd. (b), 366.21, subds. (e) & (f), 366.22, subd. (a).) Once identified, the child and parents are placed on a dual track that involves both permanent placement and reunification services. The social worker and parents have a limited period of time to resolve the issues

that brought the child before the court. The social worker’s role is to engage the parents in a relationship that will motivate change. The parents’ responsibility is to make the appropriate change(s). Court hearings may be scheduled at six, 12, and 18 months to review the parents’ progress towards reunification. If, at the end of the 18-month review, the court believes that reunification is not possible, the permanent plan identified at the disposition hearing will be implemented. An exception to this time frame occurs when the child is under three years of age. In that circumstance, if the parent fails to make progress towards reunification, the court can order a permanent plan at the six-month review. (See chart on page 45 for concurrent and reunification services planning process.)

For more information on concurrent service planning, please contact the **Child and Youth Permanency Branch, California Department of Social Services**, at (916) 651-7464.

In lieu of filing a petition under Welfare and Institutions Code section 300, a social worker may supervise the minor with the consent of the parent or guardian for a period of up to six months, with a possibility of one six-month extension. (Welf. & Inst. Code, § 16506.) During this period, the social worker provides or arranges for services to attempt to ameliorate the situation that brought the minor to the attention of child protective services. If the family does not cooperate, or even if the family cooperates but the child’s circumstances warrant it, the social worker may still file a dependency petition in the juvenile court. (Welf. & Inst. Code, § 301, subd. (a).)

The county social worker with section 300 responsibilities may receive and maintain, pending investigation, temporary custody of a child described in section 300 who has been delivered by a peace officer. There are certain circumstances that allow the social worker to take a child into custody without a warrant.

(See Welf. & Inst. Code sections 305 & 306 in Addendum II.)

A county child welfare service agency has an important role in both crisis intervention and the ongoing services it provides to protect children and assist families in difficulty. Social workers perform a vital role in providing these services, which include conducting the initial assessment of reports of suspected child abuse and neglect, providing short term protective and social services to children and families, and coordinating case plans with other agencies to maximize services to the family. Current emphasis is placed on engagement of all family members, including the children, where possible, in the development of a case plan based on the family's strengths and service needs.

The primary goal of child welfare services is to protect children. When possible, child welfare services workers try to keep the family together and treat the family unit as a whole. Workers generally begin helping families by seeking the following types of information:

Child(ren) (for each child in family)

- Child's living arrangements, e.g., custodial arrangements.
- Child's age, gender, birth order, paternity/maternity, health status, culture and language.
- Child's developmental status, language (receptive and expressive) and emotional development.
- Child's attachment to parent, caretaker and other family members; child/parent interaction.
- Child's behavior.
- Child's needs and strengths.
- Child's injuries: location, type and history.

Parent(s)

- Parent's age, gender, parental status, health status, culture and language.

- Parent's developmental status including mental health and substance abuse.
- Parent's behavior including violence and criminal behavior.
- Parent's attachment to child(ren) and other family members; parent/child interaction.
- Parent's needs and strengths.
- Parent's ability to assess own child's needs and respond appropriately.
- Parent's parenting abilities.

Family and home

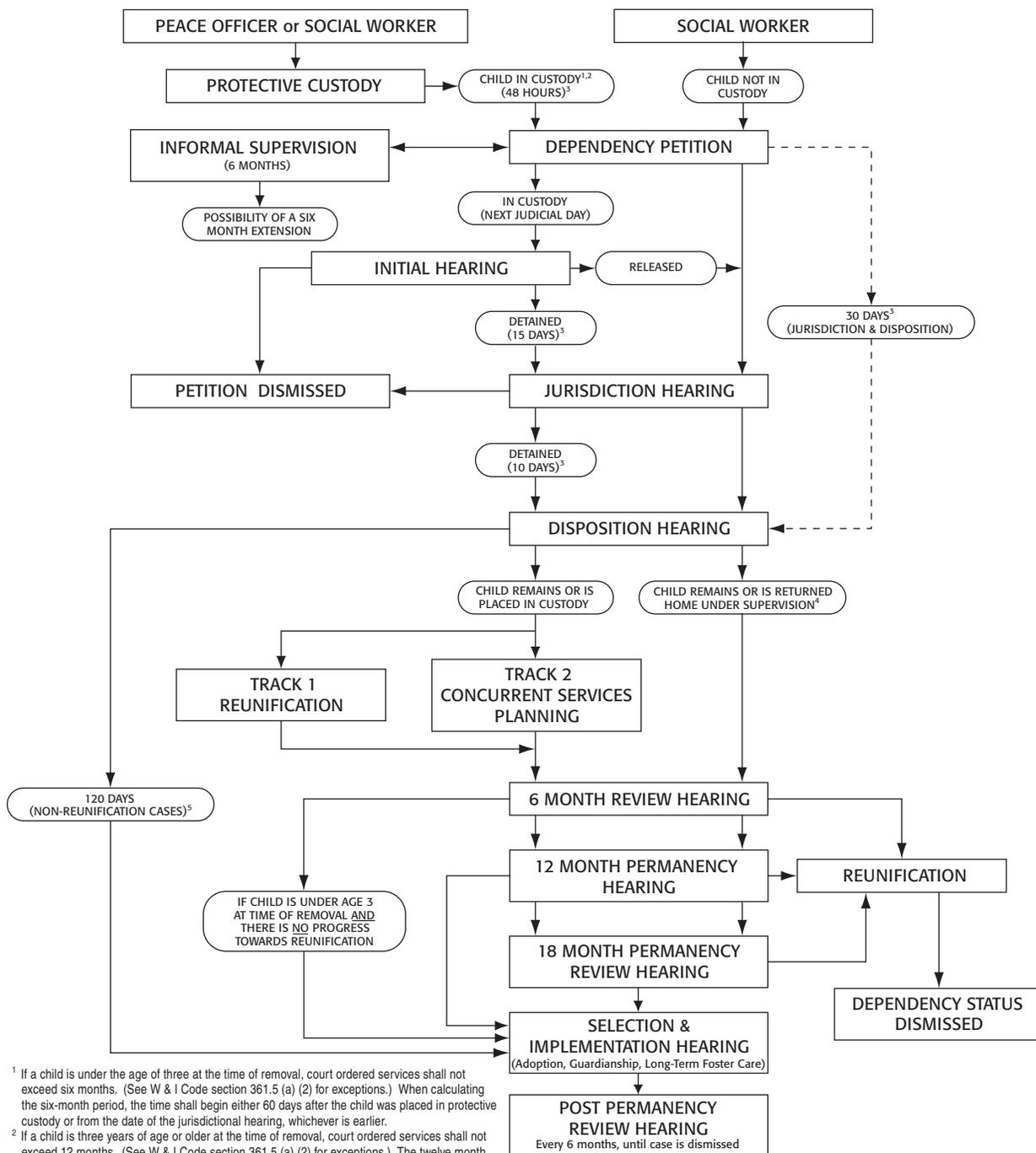
- Family roles and responsibilities.
- Family decision making.
- Family income and adequacy of home to meet family needs at minimal sufficient level of care.
- Family history of child abuse and neglect and previous service.
- Family support system(s).
- Family knowledge of community.
- Family communication style.

A social worker investigating a case of suspected child abuse and neglect should submit by fax an inquiry to the Child Abuse Central Index (see Appendix III, Statewide Resources) to determine if the suspects and/or victims have been involved with any previous incidents of child abuse or neglect. The fax should include the name, including any alias(es), date of birth, address, drivers license number, social security number and prior county of residence (if applicable) of the suspects and/or victims. (Average response time is two hours.)

Child welfare services, designed to protect children and assist families, are provided to families who self refer or are reported for child abuse or neglect. If dependency proceedings are initiated, child welfare services will be provided throughout the dependency

Juvenile Dependency Proceedings

(Welfare & Institutions Code section 300 et seq.)



¹ If a child is under the age of three at the time of removal, court ordered services shall not exceed six months. (See W & I Code section 361.5 (a) (2) for exceptions.) When calculating the six-month period, the time shall begin either 60 days after the child was placed in protective custody or from the date of the jurisdictional hearing, whichever is earlier.

² If a child is three years of age or older at the time of removal, court ordered services shall not exceed 12 months. (See W & I Code section 361.5 (a) (2) for exceptions.) The twelve month time period is calculated the same as in footnote #1.

³ Judicial Days.

⁴ When a minor is a dependent child of the court and remains in the home and there is reasonable cause to believe that the minor is a person described in subdivision (a), (d) or (e) of section 300 of the Welfare and Institutions Code, court proceedings shall commence and the minor shall be committed to the care, custody, and control of the probation officer.

⁵ No reunification services are provided. (See W & I Code section 361.5 (b) and (e).)

process, i.e., the detention hearing, the jurisdictional and dispositional hearings, the review hearings, and, if necessary, the permanency planning hearing. (See Addendum II for more detailed information on dependency proceedings.)

Social workers should be aware that the civil immunity of social workers, child protection workers, and other public employees authorized to initiate or conduct investigations or proceedings pursuant to the juvenile court law does not extend to acts of perjury, fabrication of evidence, failure to disclose exculpatory evidence, or obtaining testimony by duress, fraud, or undue influence if any of these acts are committed with malice. (Gov. Code, § 820.21.)

Law Enforcement

The importance of law enforcement's role in child abuse cases involves the fact that child abuse is a crime, and that the primary consideration is the protection of the child. Also, under California law, reports of suspected child abuse can be made to local police or sheriff's department. (Pen. Code, §§ 11166 and 11165.9.)

There also are many practical and compelling factors that necessitate law enforcement's involvement, including their legal authority and status in the community, which induce cooperation, and their ability to provide immediate response.

Law enforcement personnel also are best trained to ensure protection of constitutional rights and due process procedures during the course of an investigation. Both the child abuse reporting law and the child welfare services statutes are based on the premise that intervention by both law enforcement and social services is essential to the resolution of child abuse situations. The reporting law states

the Legislature's intent that in each county the law enforcement agencies and the county welfare or social services department shall develop and implement cooperative arrangements in the investigation of suspected child abuse or neglect cases. (Pen. Code, § 11166.3, subd. (a).) Joint investigations result in more thorough and comprehensive data gathering and more informed recommendations for juvenile and criminal court actions. This collaboration enhances the protection for, and reduces the trauma to, children.

The responding officer will decide whether to take the child into temporary custody (Welf. & Inst. Code, § 305; see Addendum II), to arrest the alleged perpetrator(s), to seek the filing of criminal charges, and/or to refer the case to child welfare services or another appropriate agency. When a child is taken into custody by an officer, the officer shall take immediate steps to notify the child's parent, guardian, or a responsible relative, that the child has been placed in a facility authorized by law and shall provide a telephone number at which the minor may be contacted. (Welf. & Inst. Code, § 308.) If a child is removed from school premises by an officer, the officer is required to notify the child's parent, guardian, or a responsible relative, that the child is in custody and the place where he or she is being held. However, if the officer has reason to believe that the child would be endangered by the disclosure or that the disclosure would cause the custody of the child to be disturbed, the officer may refuse to disclose the place for a period up to 24 hours. (Educ. Code § 48906.) In any case, final disposition should be made after consultation with representatives of other disciplines.

When observing family members and making an assessment of their relationships, it is important that the investigator's personal biases and preconceptions be controlled. The investigator must differentiate between practices of child rearing that are truly harmful to children and those practices that merely

reflect differences in life style or ethnic origin. (See Cultural Differences on page 18.) It is further vital that the investigator realizes that children are victims, witnesses, or both.

In addition to enforcing legal statutes and as a background for making a decision as to what action to take, the investigating officer should seek answers to the following types of questions:

- Is there a history of abuse, neglect, or family disturbances? (Verification of prior reports can be made through record checks.)
- Is there perceived danger to the child or other children in the home?
- How was the incident reported? Who reported? When was the incident reported in relation to the injury?
- What is the emotional and mental attitude of the parents?
- What is the general condition of the home?
- Are the nature and severity of injuries indicative of abuse and neglect?
- What is the general behavior of the parents?
- Are the explanations of the child's injuries adequate?
- Do the parents/caretakers vehemently place the blame upon others?
- Are the parents/caretakers apathetic or insensitive to the child's condition?
- What is the nature of the parent/child interaction?

Additional categories of investigative concern can also include:

- What is the long-term threat potential, e.g., likelihood the abuse/crime will continue, prior and current drug/alcohol use, ongoing medical needs?
- What is the immediate threat, e.g., medical care needed, children's statements and interaction with others/surroundings?

- Evidence, e.g., pictures, multidisciplinary interview, video footage of home environment and statements, medical evaluations.
- Identifying witnesses, e.g., neighbors, step-children, co-workers, and effectively communicating with them, overcoming confidentiality barriers.
- Other medical needs or condition, e.g., does the child have asthma, diabetes, wear glasses, a special prosthesis or do they have a disability.

Most communities have established multidisciplinary investigative protocols, which provide for the interview of suspected victims of child abuse under circumstances in which the myriad agencies that have preliminary assessment authority are concurrently involved. These agencies may include law enforcement, teachers, student outreach workers, foster parents, caseworkers, nurses and physicians, other social workers etc. Officers initiating investigations should be aware of these protocols and defer to those with the best training if necessary. If possible, specific information about the abuse should be established through some party other than the victim, i.e., the parent or other responsible party reporting the abuse. This procedure reduces the trauma to the child, while improving the quality and quantity of data obtained during the investigation.

When physical abuse of a child is suspected, officers should have the child examined thoroughly for discoverable injuries, such as broken limbs, cuts, and bruises. Depending on the age of the child, a visual examination of the child's anatomy should be conducted to determine the existence of burns on the buttocks or bottoms of the feet or injuries to other areas hidden by clothes. Very often it is impossible for an officer or a layperson to detect an injury, especially when the injury is not visible (as in the case, for example, of internal hemorrhaging). Head injuries are

particularly dangerous and often detectable only by further medical examination, e.g., MRI. Therefore, if an officer has any reason to suspect a head injury, the child should be taken to a medical facility for an examination. Additionally, a complete examination of all children in the family is advisable when child abuse is suspected. When responding to a case of reported sexual abuse of a female, officers should not overlook the possibility that male children in the family may also have been molested. Consideration should be given to gender and cultural issues in how and where the examination should occur and who should conduct it. In cases of sexual abuse, examinations should always be completed by a medical professional.

If the preliminary investigation indicates abuse, the officer should make arrangements to have the child transported to a medical facility that has medical professionals specially trained in detecting child abuse injuries. The use of specially trained medical professionals eliminates the need for repeat examinations and ensures that the evidence and information gained is appropriate for use in the judicial process. The family doctor, or even the doctor at a local clinic, may be hesitant to diagnose a case as child abuse or may not be aware of abuse symptoms. The child should be carefully and sensitively told where he or she is being taken, why this is being done, and what to expect.

Careful evaluation is necessary in any abuse situation to determine whether the child should be removed from the home immediately. For example, during the investigation of an allegation of abuse, the mother may assure the officer that the offending male will not be allowed to return to the home. However, if that person is also the father, the mother may need the financial or other type of familial support (such as day care) he provides. Sometimes the mother has been isolated socially and emotionally and feels she cannot interact or help herself. In the case

of cultural concerns, some families may even encourage the mother to hide or minimize abuse and put pressure on her not to report crimes within the home. The fact remains that some mothers allow their children to continue living in unhealthy conditions. This is why it is **ALWAYS** important to cross report (see Penal Code § 11166 subd. (k) for cross reporting responsibilities) cases to Child Welfare Services/Children's Protective Services (CPS). CPS can follow-up on cases, take action if the mother refuses to keep the child safe, and can also provide services for the mother so she can rely less on the father and be more autonomous.

While in the home, the officer should be alert for any evidence that may be needed in the event criminal prosecution is in order. It is important to remember that this is a crime scene. The statements of all residents of the home, particularly the victim, should be taken separately and as soon as possible. When appropriate, the officer should ask the victim what object(s) was used to inflict the injuries. This will aid the physician in treating the victim, and the officer may lawfully be able to obtain the object(s) as evidence.

As in all areas of criminal law, all searches, seizures, and arrests made in the course of child abuse investigations must comply with the requirements of the Fourth Amendment. Over the past years, however, California courts have become more aware of the dangerous nature of the crime of child abuse in all its forms. This attitude has been clearly expressed in case law. Some courts have found that emergency circumstances (dependent upon the seriousness of the crime and the helplessness of the potential victim) justify a warrantless entry. Therefore, when an officer has reasonable cause to believe a child is in real and immediate danger, he or she should not hesitate to act on behalf of the child. If abuse is suspected, the officer should not hesitate to take the child for medical

treatment or examination. For detailed legal information regarding search and seizure and the right of entry in child abuse investigations, the county district attorney, county counsel, or city attorney should be consulted.

It may be difficult for an officer to corroborate his or her suspicions during the investigation because parents/caretakers may protect each other when asked questions about abuse. Frequently, however, the parents'/caretakers' stories as to how a child received injuries will be inconsistent with the nature of the injuries. The officer should note the parents'/caretakers' versions and relay them to the examining physician. The physician may conclude that the injuries could not have happened in that manner.

The officer should take photographs of the child's injuries and the home conditions. In cases of severe neglect, investigators should photograph the "presence" of unhealthy conditions (filthy or dangerous conditions), as well as the "absence" of healthy conditions (empty refrigerator, no toilet, etc.). Photographs serve as potent incriminating and corroborating evidence, especially where the only "witness" is the victim.

If possible, a drawing should also be made of the victim's body (showing any scars, lacerations, bruises, burns, etc.). In the drawing, the number and extent of injuries should be documented.

Law enforcement officers investigating a suspected child abuse incident should submit a teletype or fax to the Department of Justice, Child Protection Program (see Appendix III - Statewide Resources) to determine if the suspects and/or victims have been involved with any previous incidents of child abuse. The teletype or fax should include the name, alias, date of birth, address, driver's license number, social security number, and prior county of residence of the suspects and/or victims (if

applicable). The average time for a response is two hours.

The immediate and future protection of the child is often dependent on the completeness and accuracy of the initial investigation and report. The investigating officers should primarily be concerned with the child's protection, in addition to obtaining evidence for prosecution. A law enforcement officer, like any other professional who investigates child abuse cases, must remain as objective and neutral as possible. It is important that an officer refrain from punitive or accusatory remarks. Although the welfare of the child is the primary concern, it is also important to recognize the rights of the accused. Furthermore, the proper attitude may elicit cooperation.

Further information can be obtained from the Commission on Peace Officer Standards and Training (POST), *Guidelines for the Investigation of Child Physical Abuse and Neglect, Child Sexual Abuse and Exploitation* (1998). This resource is available through:

POST Library
Department of Justice
1601 Alhambra Boulevard
Sacramento, CA 95816-7083
(916) 227-4852

An additional resource is the *California Peace Officer's Legal Sourcebook*, available through the **California Department of General Services** – Publications at (916) 574-2200.

Coordinated Investigations

Multidisciplinary Child Abuse Investigation

As noted previously, the child abuse reporting law is based on the premise that intervention by both law enforcement and social services is essential to the resolution of child abuse cases. The Legislature intended that local law

enforcement agencies and the county social services department coordinate the investigation of suspected cases of child abuse. (Pen. Code, § 11166.3.) Coordinated and joint investigations result in more thorough and comprehensive data gathering and more informed recommendations for juvenile and criminal court actions and ancillary services.

Child abuse cases can be very complicated and present unique challenges for the various agencies involved. Law enforcement and social services are both chiefly concerned with the protection of the child. However, each discipline's investigative focus, be it prosecution or dependency, has its own set of time constraints and legal requirements. Procedural conflicts can result, impacting not only the investigation but also the emotional well being of the child. With improved coordination, most potential conflicts can be resolved to each agency's satisfaction.

Most California communities are addressing the complexities of child abuse investigations by using a team approach. The team or multidisciplinary approach requires coordination and collaboration among all agencies involved. Representation from law enforcement, child protective services, district attorneys' offices and the medical community is critical. The multidisciplinary approach is also enhanced by the participation of victim-witness programs, mental health, family court services and others involved in a particular case. The elements of a particular multidisciplinary approach used may differ because of the commitment, personnel, resources, and facilities a specific community may have. In addition to sexual abuse, physical abuse and domestic violence are now commonly found incorporated into many jurisdictions' multidisciplinary investigative team protocols. It can also be used when a child has witnessed a crime and must be interviewed for the investigation.

In general, the elements of a multidisciplinary model should include:

- An interagency commitment to reduce the trauma of a child victim-witness during the investigative process.
- The creation of a policy level oversight committee to resolve problems that will arise and to ensure each agency's commitment to serving the needs of the child throughout the investigative process.
- Multidisciplinary team coordination, investigation and review of each case.
- Interview specialists specifically trained in child development, forensic and legal issues to conduct a comprehensive interview of child victims or witnesses in order to reduce the number of people who must interview the child.
- Child oriented interview rooms or center.
- Observation room for the professionals directly involved in the investigation to watch the interview and provide input to the interviewer.
- Videotaping capability, which may reduce the number of interviews for the child victim.
- Medical forensic examinations, which are conducted by medical professionals with expertise in child abuse evaluation.
- Data collection to evaluate program effectiveness.

Once a case of suspected child abuse has been reported to a designated agency, most multidisciplinary models require an initial contact by child protective services or law enforcement to determine if abuse has occurred. If the allegations are substantiated, the investigators will then decide if a comprehensive interview and medical/evidentiary exam is warranted.

If the investigators decide that a comprehensive interview is warranted, the interview is

coordinated so that the law enforcement investigator, the social worker, the assigned prosecutor and other appropriate professionals can attend and observe.

Prior to the comprehensive interview, the child interview specialist should meet with the assigned investigators from law enforcement, social services, and representatives from any other investigating agency to gather background information and to provide a focus for the interview.

Representatives directly involved in the case, from as many of the investigative agencies as possible, should observe the interview. This allows each professional to identify his or her informational needs and give immediate input and feedback on the interview process, thus minimizing the potential for repetitive or duplicative interviews. It also ensures that the child's other needs, such as ongoing protection, mental health, etc., are met.

The Interview Process

The goals of the coordinated investigative interview are to:

- Minimize the number of interviews.
- Limit the number of interviewers.
- Provide a safe, supportive environment in which a child can share information.
- Ensure comprehensive interviews are conducted by specially trained interviewers.
- Enhance the quality and credibility of the information obtained

The comprehensive interview should provide the critical information necessary to determine the following:

- Are criminal charges warranted?
- Should dependency proceedings be pursued?
- Is a medical/evidentiary examination necessary?

- Are mental health services indicated?
- Which child advocacy service should be provided?
- Are other referrals appropriate?

The child interview specialist should:

- Have at least three years experience interviewing children regarding abuse allegations. (Most child interview specialists have a background in law enforcement or child protective services.)
- Have specialized and ongoing training in the areas of child sexual and physical abuse, child development, and interviewing techniques including, but not limited to, the completion of a formal training program on the forensic interviewing of children.
- Be involved in ongoing peer review and supervision of interviewing skills.
- Be knowledgeable of legal issues and child abuse laws.
- Be willing to testify as an expert witness.

Interview guidelines should be developed to address the following areas:

- Rapport building.
- Development assessment.
- Competency assessment.
- Information gathering strategies, including:
 - Obtaining the child's narrative account of the abuse.
 - General to specific interviewer questions.
 - Focused as opposed to leading questions.
 - Questions to determine who, what, when and where about the abusive situation or crime witnessed.
 - Questions to determine alcohol or other drug usage, pornographic involvement, or the use of threat or force.

- Summary and closure process.
- Assessment of need for second evidentiary interview.
- Assessment of mental health needs.

Some models require the child interview specialist to prepare a written report, which will be available to law enforcement, protective services, and legal counsel and which should include:

- Significant personal data (age, siblings, family status).
- Brief development assessment.
- Summary of the interview phases.
- Specific information regarding the history provided.
- Recommendations for therapy.

Other models do not require written documentation but do provide a copy of the video or audiotape of the interview to law enforcement. Copies of the audio or videotaped interview can be reviewed by different professionals involved in lieu of re-interviewing the child. Guidelines for the storage, release, and duplication should be established to govern the protection and confidentiality issues for the audio and videotapes.

Post Interview Process

Once the comprehensive interview has been completed, participants should conduct an investigative team meeting. This meeting provides an organized forum for team consultation regarding case planning and decision making. This discussion should focus on:

- Status of the investigation, action plan, and areas of responsibility for each agency.
- The need for a follow-up interview with the victim or additional victims, and a plan for the follow-up interview.

- The need for a medical/evidentiary exam.
- Any special needs, concerns, services for the family.

A supervisory level multidisciplinary team (MDT) should meet regularly to present and discuss all suspected sexual abuse cases referred to, or identified by, law enforcement and county child protective services. At these meetings, agency representatives routinely review cases for quality assurance and problem solving among agencies. Open discussion of cases from the varying perspectives provides the opportunity for the enhanced understanding of each discipline and provides answers on the best approach for each case.

A policy level oversight committee also should meet on a less frequent basis to address problems that were not resolved at the investigative team or MDT levels. Generally, policy level oversight committees should consist of administrative level representatives from:

- Board of Supervisors,
- Superior and Juvenile Court (Judges),
- Family Court Services,
- Health and Human Services,
- Law Enforcement,
- Medical (M.D. and director),
- District Attorney,
- County Counsel,
- County Finance,
- Victim-Witness,
- Child Abuse Prevention Council,
- Children's Commission.

Medical Component

Physically abused and neglected children are most likely to receive medical/evidentiary examinations to diagnose and treat injuries and related medical problems, as well as to

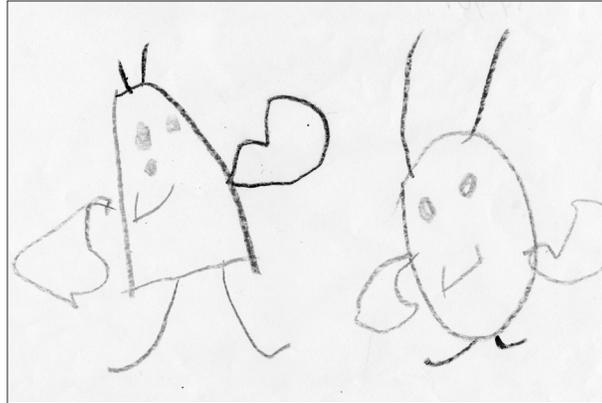
provide documentation of the injuries. Since the categories of abuse can overlap, it is recommended that physically abused and neglected children and their siblings be asked about the possibility of sexual abuse and that pre-verbal children receive a physical examination that includes an examination of the genital/anal area.

Not all cases of investigated sexual abuse include a referral for a medical/evidentiary exam. Several factors influence this decision such as the length of time since the last alleged incident, the type of sexual act (fondling versus penetration), a vague or contradictory history, availability of the perpetrator for investigation and prosecution, and other variables that affect whether the case will be pursued. The decision to refer a victim of child sexual abuse for an evidentiary exam in the context of a criminal and/or dependency investigation is usually based upon one or more of these risk factors: a disclosure of sexual abuse; a history of penetration of any orifice; photographs or a witness to the incident; pain or bleeding; sexualized behavior on the part of the child or questionable adult to child interaction which raises the possibility sexual abuse has occurred; sexual abuse of siblings; a history of urinary tract infections; symptoms of sexually transmitted disease; or pregnancy in a pubertal girl, not otherwise sexually active.

A child's caretaker should not assume that if an evidentiary exam is not requested, a medical examination is also not warranted. Risk factors for sexual abuse exist on a low to high continuum, and the tendency for a child describing sexual abuse is to minimize what

has occurred. Ideally, the child suspected of being sexually abused should receive a medical examination either by a primary care physician to evaluate the child's health or by a medical examiner with expertise in the evaluation of normal and abnormal genital findings to assess the possibility of sexual abuse. Medical examinations are recommended

to assure children that they are healthy, because they may develop fears that their body has changed as a result of sexual abuse. Tests also should be given to detect sexually transmitted disease and pregnancy in pubertal children. Positive laboratory findings may also be grounds to reopen an investigation.



Coordination Between Investigative Agencies and Medical Personnel

Coordination between investigative agencies and medical examiners usually involves a protocol or contract for referral of children for the examinations, investigative agency exam authorization procedures, the transmittal of patient abuse history to the medical examiner, the transmittal of examination findings from the medical examiner to the investigative agency, child protection decisions and procedures, transmittal arrangements with the local or area crime lab, examination reimbursement procedures, and multidisciplinary case review.

Preferably, evidentiary interviews and history gathering should be conducted by either law enforcement or child protective services prior to the medical examination. This prevents a re-interview of the child by hospital personnel and provides the medical examiner with an independent historian. It is useful, however, for the social worker, nurse, or medical examiner to review the history with the

child (or parent, if the child is pre-verbal) as part of establishing rapport and to allow the patient to disclose additional information or make corrections. Often in a health care setting, children will volunteer new information because of the health focus of medical personnel. For this reason, communication and case review between medical and investigative personnel is critical, and cases should not be closed prior to the medical examination.

Setting for the Medical/Evidentiary Exam

The setting of the medical/evidentiary exam should be the responsibility of an agency not directly involved in the investigation. The medical setting should include:

- Child oriented reception and exam rooms.
- Staff with ability to establish rapport with children and respond to their anxiety and discomfort.
- Well-trained medical examiners willing to testify as expert witnesses.
- Quality assurance standards and procedures.
- Regular peer review of findings and charting.
- Photographic capability with a colposcope or macro-lens camera and personnel trained to interpret findings.
- Multidisciplinary case review to discuss findings with law enforcement agencies, child protective services, and other agencies involved in the case.
- Culturally sensitive staff with bilingual capabilities.

The success of multidisciplinary child abuse investigations can be greatly enhanced if all of the disciplines involved can remember what they have in common instead of their professional differences. The results include successful prosecution, and a healthier environment for the child.

Multidisciplinary Child Death Review Teams

Child death review was created in Los Angeles County by Michael Durfee, M.D. and has been housed since 1978 in the Los Angeles County Interagency Council on Child Abuse and Neglect (ICAN). Other California counties have since followed suit and most have child death review teams. Legislation in the 1980's authorized county teams through the California Department of Justice to create a protocol for teams. The work of local teams focuses primarily on several important areas: investigation, systems study, case management, data collection and prevention. All states had teams by 2001, joined by several other nations. In California, other death review teams followed including Fetal Infant Mortality Review, Domestic Violence Fatality Review and Elder Abuse Fatality Review.

Basic team membership includes law enforcement, coroner, prosecutor, child protective services and health services. Other members include schools, mental health providers, fire departments, child abuse prevention councils, county counsel and other child abuse advocacy agencies. Public health joined the core membership to add resources for data analysis and prevention. Teams initially addressed case management for intentional injury, but with time, the focus shifted to prevention of intentional and non-intentional injury deaths. Additional efforts have begun to add non-fatal severe injury investigation to this list. Local teams hopefully coordinate with the expanding network of Domestic Violence Fatality Review teams to connect child abuse and domestic violence prevention programs.

Although almost all California counties have child death review teams, larger counties typically meet monthly, while mid-sized counties meet less often. Small counties may have few child deaths and thus many have joined into multi-county teams to increase the number of

cases for review and to share resources. Other counties have begun to share cases that cross county lines and a few counties have addressed cases that cross state lines. Child death review was pioneered in California and has changed systems with more cooperation across many jurisdictions. The focus on infant and toddler deaths has increased the focus of agencies on services for the very young.

Care of survivors may include resources for grief and mourning support for child and family survivors and for professionals who manage cases involving death. The Inter-agency on Child Abuse and Neglect (ICAN) has become the National Center for Child Fatality Review (NCFR), providing training on grief and other team issues. The ICAN web site, www.ican.org, is a support resource as well as a Listserve for individual team members. The California Department of Health Services (DHS) maintains a standard California data set for all counties called Fatal Child Abuse and Neglect Data Surveillance (FCANS). In addition, DHS "audits" four major state databases to reconcile, with each county team, the number of children who die in the state as a result of child abuse and neglect. DHS provides training on data collection and standardized team case review. State data on fatal injuries may be found at the state DHS web site: www.dhs.ca.gov/epic

In 1992, the State Child Death Review Council (SCDRC) was formally established, with current representatives from the Department of Justice, Department of Health Services, Department of Social Services, California State Coroner's Association, County Welfare Directors Association, Prevent Child Abuse - California, California Homicide Investigators' Association, Office of Emergency Services (formerly the Office of Criminal Justice Planning), California District Attorneys Association, Regional Child Death Review Team coordinators/representatives, Inter-Agency Council on Child Abuse and Neglect/National Center on Child Fatality Review (NCFR), California Conference of Local Health Department Nursing Directors, California Conference of Local Health

Officers and California Conference of Local Directors of Maternal, Child and Adolescent Health.

The primary mission of the SCDRC is to "reduce child deaths associated with child abuse and neglect. The secondary mission is to reduce other preventable child deaths. To these ends, the Council supports local child death review teams through training and the development and maintenance of state and county data information sharing systems." The goal of the SCDRC is to coordinate and integrate state and local efforts to address fatal child abuse and attempt to develop more accurate and consistent reporting of child abuse fatalities throughout the state.

The Department of Justice publishes the Child Deaths in California report and the Child Death Review Team Directory. The report includes data from both local and state sources and other pertinent information on child deaths in the state. The directory lists each county, indicates when the team meets, and includes the names, addresses, telephone and fax numbers of participating members. Copies are provided to all chairs of local child death review teams. In addition, the directory can be found at www.safestate.org. Copies of the Child Deaths in California report are distributed per legislative requirement and may be obtained by writing to:

**California Attorney General's Office
Crime and Violence Prevention Center
1300 I Street, Room 1150
Sacramento, CA 95814**

or you can download the report at www.safestate.org

Counties, agencies or individuals with questions about the report may contact **David Erb** at (209) 468-1190 or **Judy Mikesell** at (530) 822-7265 x 246. Questions about FCANS should be directed to **Steve Wirtz, PhD.** at (916) 552-9844. General questions may also be addressed to **Craig Pierini**, Coordinator, SCDRC at (916) 322-2956.

Questions about Domestic Violence Fatality Review may be referred to the National Domestic Violence Fatality Review Initiative web site at www.ndvfri.org or to **Patty O’Ran, California Department of Justice** at (916) 322-2900.

The review and study of child fatalities can help us to better understand the dynamics of systems involved with families. Ultimately, our review will help us intervene more effectively to prevent child deaths as well as non-fatal abuse.

Legal Community

In addition to the adult court, which handles the criminal cases of adult offenders, and the juvenile court, which makes determinations about both youthful offenders and dependent children, the legal community is basically composed of three additional entities: the county district attorney, the county counsel, and the defense counsel.

The district attorney (or in appropriate cases, the city attorney) prosecutes cases of child abuse and neglect in the criminal adult court. The district attorney or, when appropriate, county counsel will appear in the juvenile court on behalf of the agency that filed the petition for the child in a dependency proceeding (see Addendum II, Juvenile Dependency Proceedings).

Recommended resources include:

Legal Issues in Child Abuse and Neglect Practice, Myers, John E. B., Sage Publications, Newbury Park, California, 1992.

Evidence in Child Abuse and Neglect Litigation, 2nd Ed., Myers, John E. B., Wiley Law Publications, Colorado Springs, Colorado, 1992. (Telephone: 1(800) 879-4539, refer to #3-6281.)

Child Abuse and the Legal System, Inger J. Sagatun & Leonard P. Edwards, Nelson Hall Publishers, Chicago, Illinois, 1995.

The APSAC Handbook on Child Maltreatment, 2nd Ed., Myers et al., Sage Publications, Newbury Park, California, 2002 (order@sagepub.com).

The California Judicial Council, Center for Families, Children and the Courts, <http://www.courtinfo.ca.gov/programs/cfcc>.

Court Appointed Special Advocates (CASA)

Court Appointed Special Advocate (CASA) programs provide substantial benefits to children appearing in dependency proceedings and to the juvenile court having responsibility for these children. Child advocates improve the quality of judicial decision making by providing information to the court concerning the child. Advocates help identify needed services for the children they are assisting. Advocates provide a consistent friend and support person for children throughout the long and complex dependency process.

The CASA concept was first implemented in Seattle in 1977. In 2003, according to the California Court Appointed Special Advocates, there were more than 73,860 volunteers serving children in more than 932 programs nationwide. CASA programs recruit, screen, train, and supervise lay volunteers to become effective advocates in the juvenile court.

In California, there are currently 40 active CASA programs serving 41 counties, and program start up efforts are in progress in many more counties. These programs have developed under the supervision of local juvenile courts pursuant to California Welfare and Institutions Code sections 100 and 356.5.

While each program is unique and designed to be responsive to the specific needs of the local jurisdiction and community that it serves, all programs operate under the guidelines set forth in California Rule of Court 1424 and the standards set forth by the National CASA Association. **The California Court Appointed Special Advocate Association**, headquartered in Oakland, (800) 214-CASA, has been created and financed with private funds to support these efforts and to assist in the growth and development of this promising tool for the effective and economical representation of the best interests of dependent children.

Probation

When court ordered to do so, the county probation department will conduct an investigation relative to child abuse or neglect cases, involving either juvenile or adult offenders. The probation officer will provide the court with a report containing information about the offense, the impact on the victim(s), the offender's social and criminal history as well as his/her statement about the offense and the overall situation.

In this report, the officer also evaluates and makes recommendation regarding suitability to have the offender remain in the community under specified conditions of probation (may include local confinement, treatment, drug testing/treatment/counseling, community service, financial penalty, restitution) or in the alternative, be sentenced to a period of state confinement. Psychiatric or psychological treatment, anger management, parenting, family treatment and/or enrollment in self-help programs are typically recommended in these cases.

If the offender is allowed by the court to remain in the community on probation, the probation officer next monitors and enforces compliance with the terms and conditions of

probation. Should a violation of probation occur, corrective action is initiated which may include returning the offender to the court for further sentencing or a modification of probation.

In order to assure the child's safety and welfare, the probation officer works closely with the child welfare services worker assigned to the case. Their assessment of the child's needs and the offender's response to treatment can have a significant influence on determining when or if the child will be returned to the home.

By law, county probation departments may receive reports of child abuse and neglect; however, as a matter of practice, county probation departments are no longer handling reports of child abuse. Reports should be sent to police, sheriff, or county welfare departments.



Prevention Intervention and Treatment

The basic goal of the prevention of child abuse and neglect is to reduce or eliminate the needless suffering that many children experience daily in California and across the nation. In most instances, the suffering experienced by children is also experienced by their families. Familial child abuse and neglect is largely an intergenerational problem. Although it is clear that the nature and degree of some types of abuse is reflective of severe mental illness or drug and alcohol addiction, many abusive and neglectful parents were abused themselves and are attempting, to the best of their ability, to cope with environmental stresses and the demands of parenting.

Only a very small percentage of the reported child abuse and neglect incidents are the heinous crimes reported by the media. In 2004, approximately 39 percent of all the cases of child abuse and neglect reported to county child welfare (protective) services were for general neglect. Most children placed into protective custody are later released, often with child welfare services provided in the home. Of those children placed in temporary foster care, many are returned home with family reunification services being provided by child protective services and other community agencies. Very few of the reported cases result in the termination of parental rights and/or criminal prosecution.

It is additionally important to focus on the need for services for families at risk of becoming abusive or neglectful as well as those families reported for abuse and neglect.

Most people recognize that the cycle of abuse comes at a high cost, whether it is personal or to society as a whole. Common sense and numerous studies indicate a connection between child abuse and many types of problems. Examples include (but are not limited to) the following: crime, gang problems, mental illness, medical problems, drug and alcohol abuse, runaways, youth suicides, teenage prostitution, juvenile sex offenders, education and employment problems, and other social issues. This recognition is, in part, responsible for the increasing demand for the prevention of child abuse. The cost of treating child abuse and its effects is far greater than the cost of preventing it. In turn, this could help prevent many overwhelming social ills.

There is a growing realization that child abuse prevention is cost effective from a public policy perspective. The estimated cost of intervention by social services, criminal justice, health, mental health, and other systems necessitated by the untreated or under-treated victims of child abuse is enormous. These costs include such things as medical treatment, therapy, foster care, and incarceration. Prevention is recognized as a long-term

approach to reducing the demands on overburdened intervention and response systems.

Many professionals in California have adopted the following prevention model to define the levels of child abuse and neglect prevention efforts:

Primary prevention is defined as community education that enhances the general well-being of children and their families. These educational services are designed to enrich the lives of families, to provide information and skills to improve family functioning, and to prevent the types of stress and problems that might lead to child abuse or neglect.

Primary prevention includes perinatal programs, which focus on the following: parent preparation during the prenatal period; practices that encourage parent-child bonding during labor, delivery, the postpartum period and early infancy; and provision of information regarding support services for families with newborns. Primary prevention also includes providing parents with information regarding child rearing and numerous community resources. Prevention efforts are for children of all ages.

Secondary prevention is defined as those services designed to identify and assist high-risk families to prevent abuse or neglect. High-risk families are those families exhibiting the symptoms of potentially abusive or neglectful behavior or are under the types of stress associated with abuse or neglect. Secondary prevention could include training mandated reporters in child abuse identification and reporting.

Tertiary prevention is defined as intervention or treatment services to assist a family in which abuse or neglect has already occurred in order to prevent further abuse or neglect. Intervention can range from “early” intervention in the

initial stages of abuse or neglect to “late stage” intervention in severe cases or after services have failed to stop the abusive or neglectful behavior.

In situations of familial abuse, treatment techniques for the entire family have been implemented throughout California using a multidisciplinary approach. Many of these treatments focus on the family and abuser, as well as the child, in order to reunite the family. While it is critical that individual attention be given to the child victim, where possible, treatment is for the whole family.

It is especially important that child victims of incest receive counseling. For a variety of reasons, the incest victim may feel an acute lack of self-worth and often may remain burdened with feelings of guilt and helplessness. With effective intervention and counseling, there can be a striking recovery for the child victim.

While law enforcement is usually involved in the initial response and investigation of child abuse, it should be remembered that it may not always be appropriate to respond to child abuse with the traditional crime and punishment approach. Fines or prison sentences alone are unlikely to rehabilitate a child abuser or to solve the family problems. Accomplishment of these goals often requires a modified approach to punishment, which may provide for the offender’s participation in a treatment program.

Treatment can have positive long-term effects for abusive parents/caretakers. The uniqueness of each abuser requires a flexible approach for the variety of circumstances, factors, or conditions of each case. Treatment can assist parents/caretakers in understanding why they are abusive and how they can control their behavior. For many abusive parents/caretakers, treatment involves a process of “parent reprogramming” as they need assistance in learning how to manage their

own lives, how to maintain good discipline, and how to be sensitive to and understand a child's needs. Parents/caretakers may also need someone who can be there in times of crisis and who can help them with their practical needs by leading them to resources (e.g., the local child care resource, referral network, parental stress lines, and child abuse prevention councils) that can provide more direct help (e.g., respite care).

Parent self-help groups, such as Parents Anonymous or Parents United, and other community-based resource groups offer programs in child abuse treatment. Long- and short-term approaches are developed to help establish, strengthen, and maintain a healthy emotional and physical coexistence between parents and children. In the short-term, it is important to intervene in the immediate situation. However, the key to positive solutions lies in the long-term approach.

Child abuse and neglect prevention and intervention services are provided by many types of service providers under a variety of funding sources. Direct public funding of child abuse prevention and intervention services is provided for in every county, primarily through public child welfare services and state-funded child abuse prevention services. Many other public agencies, such as public health and mental health agencies, serve high-risk families and child abuse victims from funds provided for their specific function. In addition, many private agencies and practitioners (e.g., physicians, psychotherapists, clinical social workers, and marriage, family and child counselors) provide a variety of child abuse-related services to children and their families.

Federal and state laws require all counties to provide public child welfare services, also known as child protective services. The three primary purposes of the laws are: (1) to prevent the need for removal of children from their parents while ensuring the safety of the child; (2) to provide for early reunification of families when children have been removed; and (3) to assure a stable long-term

placement of children who cannot be safely returned to their homes. (See "Child Welfare Services" in "Professional Responsibilities," page 41.)

In addition to child welfare services, there is a network of state and locally funded child abuse prevention and intervention services throughout California. These include: local childcare agencies and

providers; resource and referral networks; community services provided by public and private agencies; and private practitioners. Especially important are the community volunteers that support families, assist families in trouble, and provide services to abusive or neglectful families.

There are many people who can benefit from child abuse prevention resources (e.g. parents, caretakers, foster parents, child care providers, etc.). For those who feel the need for assistance in dealing with children, they should contact the following:

- The child welfare services unit of the local welfare or social services department, or the children's services department.
- The county health or mental health department.



- The law enforcement agency for referral information.
- The local childcare resource and referral agency for information regarding child day care.
- The child abuse prevention council in their area.
- The 24-hour crisis phone line for persons under stress 1-800-422-4453.
- The Parent Outreach Program: *www.parentoutreach.org*.
- The local community college, adult education program at a local high school, or recreation and parks program director for parenting classes.
- Adult victim/survivor networks. (See Appendix III for a resource directory.)

Many communities have established collaborative networks to pool resources and address the complex problem of child abuse and neglect. Local community child abuse prevention councils are important partners in coordinating agency efforts to respond to child abuse. These councils now exist in most California counties. They meet to develop information, coordinate action, and procure additional resources. As has been shown throughout this publication, many agencies have a role in child abuse and neglect prevention. By participating in councils and other collaborative bodies, these agencies are able to improve communications, coordinate actions, and respond more effectively. Prevent Child Abuse California (formerly known as the California Consortium to Prevent Child Abuse) maintains a list of all child abuse prevention councils in California. (See Appendix III.)



The Role of the Community

Community members have an important role in protecting children from abuse and neglect. Individuals must recognize that child abuse is a community or neighborhood problem, which can be prevented if we involve ourselves through various types of individual, neighborhood, and/or community action.

The life of a child may be saved if community members become involved and report cases of suspected child abuse. Fear of involvement has resulted in violent family tragedies in which the neighbors reported that they knew what was going on but declined to get involved. Involvement does not mean physical intervention or snooping on your neighbor—it simply means not ignoring the obvious. **If maltreatment of a child is suspected, a report should be made so that a qualified and experienced person can investigate the situation.** To report suspected child abuse, contact:

- The county child welfare department (other names for this may be child abuse hotline, child protective services, children's services department, department of public social services, etc.). Each county is required to maintain a 24-hour a day, seven day a week, child abuse emergency response system. The emergency response system consists of a hotline number and is generally highlighted in the county section of the telephone book.
- The police or county sheriff's department.

If members of the community, who are not required by law to report, feels reluctant to identify themselves by name, reports may be made to the above agencies anonymously. (Pen. Code, § 11167, subd. (f).) For purposes of investigation and follow-up, however, it is preferred that the name and address of the reporter be volunteered. The important thing is the immediate protection of the child. In any event, all names are confidential and may be released only in certain very limited situations, as provided by law. (See Addendum I.)

In addition to reporting suspected cases to the proper authorities, it is important for individuals in the community to involve themselves in the prevention and treatment of child abuse through various types of community action. Individuals can educate themselves and their organizations on the extent and problems of child abuse. They can involve themselves and their organizations in efforts to increase available resources in their area by providing material support, community education, and/or by lobbying for additional and related services. Contacting and using local media outlets can be effective in getting the message out that child abuse prevention is everyone's business.

Individuals can also assist in preventing child abuse by attempting to be sensitive to the needs of isolated or troubled families with whom they are in contact. By offering to volunteer, make occasional home visits, provide

childcare to give the parents some time alone, or provide a variety of other supportive measures, child abuse can be prevented at the community level.

As a result of the complexity of the problem of child abuse and the multiplicity of agencies and individuals involved in its prevention and treatment, child abuse prevention councils are viewed as a means of coordinating community response. California has approximately 74 active child abuse prevention councils. These local councils are organized in a statewide network through Prevent Child Abuse California, a private nonprofit organization. (See Appendix III.)

Local child abuse prevention councils exist under many names and have a variety of organizational structures, funding sources and functions. Some are informal organizations; others are formally constituted as either private nonprofit organizations or sponsored by local government. Most are open to participation by private agencies and the community.

The primary functions of a child abuse prevention council are to:

- Provide a forum for inter-agency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse and neglect cases.
- Promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment.
- Facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.
- Develop improved services to families and victims.



- Encourage and facilitate community support for child abuse and neglect programs.

Child abuse is a problem that law enforcement and social workers cannot solve alone. Each member of a community has a role. In its report, "Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect" (September 1991), the U.S. Advisory Board on Child Abuse and Neglect stated:

"...The Board believes that strengthening neighborhood environments, including strengthening social relationships among young people and among families, must be a critical element of efforts to reduce the incident and severity of child maltreatment... Physical factors, such as deterioration of housing, and social factors, such as an increase in social isolation, result in a decrease in neighborhood quality and, therefore, an increase in the rate of child maltreatment because of an unraveling of the social fabric. Unsafe physical environments create conditions that make injuries from child neglect more likely... The reduction of stressors that may precipitate incidents of child maltreatment is a matter that can be best accomplished at the community level, e.g., in the workplace, in the church or synagogue, in the school, or on the block in the neighborhood. Thus, fostering neighborhood improvement initiatives is a critical element of a new national strategy for child protection—neighbor helping neighbor to strengthen families...

Volunteer programs have obvious relevance in any neighborhood-based service delivery system. They link directly to a reduction of social isolation among families with children, provision of grassroots

social supports, and strengthening of neighborhoods through the efforts of the residents themselves. Volunteer programs are exemplary of the principle of neighbor helping neighbor in its most literal form. In addition, volunteers gain opportunities to: develop new skills; broaden their perspectives; achieve greater cultural competence and understanding; develop possible career interest; and foster compassion in themselves and others.

Evaluation research on child and family services has established that the effect of such programs is enhanced through the use of volunteers and paraprofessionals. Achievement of such effects has occurred, however, in programs where volunteers obtained a high level of training and have professional supervision and consultation resources that would likely be especially important in assistance to families with serious multiple problems, where maltreatment has occurred or is a high risk of occurring. Accordingly, although volunteer programs obviously are cost-effective, most do require financial support for recruitment, training, and supervision of volunteers...

Throughout the nation, a wide array of voluntary organizations concerned with the quality of neighborhood and community life participate in such partnerships. While all such organizations have important roles to play in the nation's efforts to restore its neighborhoods and communities, in this report the Board has chosen to single out the role of religious institutions in the prevention of child maltreatment.

The Board believes that, because of their broad base and deep historical roots, as well as their accessibility to children, family, neighborhood, and community, religious institutions often possess a unique capacity to initiate those activities necessary for the promotion of a responsive community child protection system.

Moreover, where necessary, they are often able to foster the accountability of that system.

Responsibility for solving the complex problem of child maltreatment cannot be placed at the doorstep of the nation's religious institutions. Still, the Board believes that—because they have been, and will continue to be, an integral part of neighborhood and community life—their potential as agents of positive change in connection with child maltreatment needs to be tapped more effectively.”

These comments by the U.S. Advisory Board on Child Abuse and Neglect are true today as they were when reported in 1991. We must continue to build on these ideas.

Without individual and community concern and involvement there are really three “victims” of child abuse: the child, the abuser, and the community. However, each of us can make a valuable contribution to the protection of children and the prevention of abuse. It is critical that we are concerned and involved—it may save a life.



Victims of Crime Program

In 1965, California enacted the Victims of Violent Crime Act. This act provides for reimbursement to persons who, as a result of a violent crime, have suffered a monetary loss due to a physical or emotional injury not covered by another source (e.g., insurance). Law enforcement officers are required to inform victims at the time of the crime about the availability of state compensation funds and the location of a local victim/witness assistance center where they may file for reimbursement.

People face many problems after becoming victims of crime. They often feel isolated and confused, and do not know where to turn for practical advice or support. Further, crime victims often need immediate help: counseling, food, clothing or temporary housing.

Victim Assistance

According to Government Code Section 13955, a "Victim" is: A person who suffers injury or death as a direct result of a crime. According to this section, a "derivative victim" may also seek assistance. A "derivative victim" is a person who has any of the following characteristics: 1) at the time of the crime was the parent, sibling, spouse or child of the victim, 2) at the time of the crime was living in the household of the victim, 3) is a person who had previously lived in the household of the victim for a period of not less than two years in a relationship

substantially similar to that of a parent, sibling, spouse, or child of the victim, and 4) is another family member of the victim, including the victim's fiancé (e), and witnessed the crime.

Agencies such as victim/witness assistance centers, sexual assault centers, child abuse treatment centers, and domestic violence shelters have been established throughout the state to help crime victims regain control over their lives. All California counties have victim/witness assistance centers to help crime victims. The level and type of services vary from community to community.

Supported by government and private funds, these programs may provide emergency and long-term support to victims and their families. Most Victim Witness Centers offer counseling, referrals to additional services, emergency aid, help filing for compensation, and support as a criminal case moves through the system. For information on these programs and their locations, contact the **Victims of Crime Resource Center**, toll free, at 1(800) VICTIMS or 1(800) 842-8467).

Compensation

Many victims of crime, their families, their loved ones and witnesses have the right to compensation. Compensation is typically

available for services such as: mental health treatment, medical expenses, lost wages, funeral expenses, relocation expenses, job retraining, property renovation, and financial support for dependants of a victim. The expenses (or loss) must be related to the crime, and cannot be covered by another source (like insurance, or an employer).

Applying for Compensation

Compensation Applications must be filed within one year of the crime (unless there is proof of a legitimate reason to file late). For victims under 18 on the date of the crime, an application must be filed before the victim's 19th birthday.

It typically takes about 90 days after an application is received to process a claim. However, not everyone who files a claim is eligible for one. Typically, if someone committed/contributed to a crime, does not cooperate with law enforcement, or files a late application without a good reason for delay, no compensation will be granted. If a claim is denied, an appeal may be filed.

Victims who wish to file a claim can go to:
www.boc.ca.gov/PubsVCP/Forms/BCVOC100.pdf

Additional victim compensation information can be obtained at:

**California Victim Compensation and
Government Claims Board
Victim Compensation Program**
P.O. Box 3036
Sacramento, CA 95812
(916) 322-4426
(800) 777-9229 (toll-free)
www.boc.ca.gov/victims.htm

Appendices and Addenda

Appendix I: Child Abuse Reporting Forms

Appendix II: Confidentiality

Appendix III: Resources

PLEASE NOTE: *Addendum I* - California Child Abuse and Neglect Reporting Act; *Addendum II* - Juvenile Dependency Proceedings; *Addendum III* - Child Abuse Crimes; and *Addendum IV* - Guidelines for Investigating of Child Abuse in Out-of-Home Care Facilities, are part of this handbook and are located in a separate publication that will be updated on a yearly basis. Copies of the updated Addenda can be made available upon written request to the Office of the Attorney General, Crime and Violence Prevention Center, 1300 I Street, Suite 1150, Sacramento, California 95814.



Child Abuse Reporting Forms

The Child Abuse and Neglect Reporting Law requires the Department of Justice to adopt, print, and distribute child abuse reporting forms to child protective agencies (i.e., county welfare and probation departments and local law enforcement agencies throughout California. (Pen. Code, § 11168 & 11169.) The Department of Justice has developed two standard reporting forms, SS 8572 and the SS 8583.

SS 8572 – The “Suspected Child Abuse Report” is used by mandated reporters to report a suspected child abuse incident to either a county welfare department, i.e., Child Protective Services, or to local law enforcement. Forms and instructions can now be downloaded at (Click on “Child Protection Program” and then click on “Forms”). Mandated reporters are listed in Penal Code section 11165.7, www.ag.ca.gov. The listing is included as part of this handbook in Addendum I - *California Child Abuse and Neglect Reporting Act*.

SS 8583 – The “Child Abuse Investigation Report” is the document used by law enforcement or county welfare departments to report investigated allegations of child abuse. This form is used to report to the Child Abuse Central Index, for both substantiated and inconclusive cases that they have investigated, and to change the status of a previously sub-

mitted substantiated or inconclusive (SS 8583) report determined to be unfounded.

Questions regarding the use of Department of Justice forms SS 8572 and SS 8583 should be directed to:

**Department of Justice
Bureau of Criminal Information
and Analysis**
Post Office Box 903387
Sacramento, CA 94203-3870
(916) 227-3285

In 1984, the California legislature enacted legislation to establish standardized procedures for the performance of child sexual abuse and sexual assault medical evidentiary examinations. Penal Code section 13823.5 requires the use of standard forms for examinations of victims of child and adolescent sexual assault, including OES 923 – Forensic Medical Report: Acute, Adult/Adolescent Sexual Assault Examination, OES 925 – Forensic Medical Report: Nonacute, Child /Adolescent Sexual Abuse Examination, and OES 930 – Forensic Medical Report: Acute, Child/Adolescent Sexual Abuse Examination. The use of a specific form depends on: 1) the age of the minor, 2) their developmental age/stage, 3) whether or not less than 72 hours or more than 72 hours have passed since the incident, 4) their legal status, and 5) reasons for the medical examination.

According to Family Code 6927, a minor, 12 years of age or older, can undergo, if necessary without parental consent, a medical examination, treatment, and evidence collection related to a sexual assault. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor.

In addition, OES 900 - The "California Medical Protocol for Examination of Child Physical Abuse and Neglect Victims" may be submitted by medical personnel with form SS 8572. OES 900 provides investigating agencies with detailed medical information that will assist in investigating suspected child abuse. A copy of this form is not required by the Department of Justice for the Child Abuse Central Index.

These forms can be obtained by written request to:

Governor's Office of Emergency Services
Attn: Business Services Branch
Medical Protocol
1130 K Street, Suite 300
Sacramento, CA 95814
(916) 324-9100

or by visiting their Web site at www.oes.ca.gov. Click on "Law Enforcement and Victims Services Division" and then click on "Publications and Brochures".

SUSPECTED CHILD ABUSE REPORT

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

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE			TODAY'S DATE				
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS			Street	City	Zip	DATE/TIME OF PHONE CALL	
	OFFICIAL CONTACTED - TITLE					TELEPHONE ()				
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY		
	ADDRESS			Street	City	Zip	TELEPHONE ()			
	PRESENT LOCATION OF VICTIM				SCHOOL		CLASS	GRADE		
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)				
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
D. INVOLVED PARTIES	VICTIM'S SIBLINGS									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	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 ()			
OTHER RELEVANT INFORMATION										
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

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

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

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

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

I. MANDATED CHILD ABUSE REPORTERS

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

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

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

III. REPORTING RESPONSIBILITIES

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

IV. INSTRUCTIONS

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

IV. INSTRUCTIONS (Continued)

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

V. DISTRIBUTION

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

ETHNICITY CODES

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

TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN

CHILD ABUSE INVESTIGATION REPORT

To be Completed by Investigating Child Protective Agency
Pursuant to Penal Code Section 11169
(SHADED AREAS MUST BE COMPLETED)

FOR DOJ USE ONLY

R
C
N

A
G
Y

A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type):	<input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION	2. AGENCY REPORT NO./CASE NAME:	
	3. AGENCY ADDRESS: Street City Zip Code		4. AGENCY TELEPHONE: EXT: ()	
	5. NAME OF INVESTIGATING PARTY: TITLE		6. DATE REPORT COMPLETED: MO DA YR	
	7. AGENCY CROSS-REPORTED TO:	8. PERSON CROSS-REPORTED TO:	9. DATE CROSS-REPORTED: MO DA YR	
	10. ACTION TAKEN (check only one box):		10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)	
	<input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)		<input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)	
11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12.				
12. COMMENTS:				

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR	2. TIME OF INCIDENT:	3. LOCATION OF INCIDENT:
	4. NAME OF PARTY REPORTING INCIDENT: TITLE:	5. EMPLOYER:	6. TELEPHONE: ()
	7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT		
	8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:		

C. INVOLVED PARTIES	VICTIMS	1. NAME: Last First Middle AKA	DOB	MO DA YR	APPROX. AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	*		
		ADDRESS: Street City Zip Code	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO							
		PRESENT LOCATION OF VICTIM:	TELEPHONE NUMBER:	IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO						
		NATURE OF INJURIES:								
		2. NAME: Last First Middle AKA								
		DOB MO DA YR APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *								
	ADDRESS: Street City Zip Code HGT WGT EYES HAIR SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:									
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO									
	PRESENT LOCATION OF VICTIM: TELEPHONE NUMBER: IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO									
	NATURE OF INJURIES:									
	SUSPECTS	1. NAME: Last First Middle AKA								
		DOB MO DA YR APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *								
ADDRESS: Street City Zip Code HGT WGT EYES HAIR SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:										
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
Suspect given written notice per PC 11169(b) MO DA YR <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.										
2. NAME: Last First Middle AKA										
DOB MO DA YR APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *										
ADDRESS: Street City Zip Code HGT WGT EYES HAIR SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:										
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
Suspect given written notice per PC 11169(b) MO DA YR <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.										
OTHER	1. NAME: Last First Middle									
	<input type="checkbox"/> (1) PARENT/STEPPARENT DOB MO DA YR APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE * <input type="checkbox"/> (2) SIBLING									
	2. NAME: Last First Middle									
	<input type="checkbox"/> (1) PARENT/STEPPARENT DOB MO DA YR APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE * <input type="checkbox"/> (2) SIBLING									

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

SS 8583 (Rev. 5/02) PINK COPY-DOJ; WHITE COPY-Police or Sheriff; BLUE COPY-County Welfare or Probation; GREEN COPY- District Attorney's Office

**CHILD ABUSE INVESTIGATION REPORT
DEPARTMENT OF JUSTICE (DOJ) FORM SS 8583
Guidelines for Use and Completion of Form SS 8583**

(For Specific Requirements Refer to the Child Abuse Reporting Law, California Penal Code Section 11165 through 11174.5)

For immediate information on potential suspects/victims, please contact the Child Abuse Unit at (916) 227-3285.

Who Must Report

Interagency Reporting

- Any police or sheriff's department, county welfare department, or county probation department (if designated by the county to receive mandated reports) must report every suspected incident of child abuse it receives to:
 - the law enforcement agency having jurisdiction over the case
 - the agency responsible for investigations under Welfare and Institutions Code Section 300
 - the district attorney's office

DOJ Reporting

- An agency must report every incident of suspected child abuse for which it conducts an active investigation and determines not to be unfounded to DOJ on the Form SS 8583.

NOTE: Reports are not accepted from non-California agencies.

What Incidents Must Not Be Reported

Interagency Reporting

- Incidents specifically exempted under cooperative arrangements with other agencies in your jurisdiction.

DOJ Reporting

- Unfounded reports - Reports that are determined to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6 PC (Section 11165.12 PC).
- Acts of nonexploitive, consensual sexual behavior between minors under the age of 14 years who are of similar age.
- Acts of negligence by a pregnant woman or other person(s) which adversely affect the well-being of a fetus.
- Past abuse of a child who is an adult at the time of disclosure.
- Child stealing, as defined in Sections 277 PC and 278 PC, unless it involves sexual abuse, physical abuse, mental/emotional abuse, and/or severe neglect.
- Reasonable and necessary force by school employees to quell a disturbance threatening physical injury to person or damage to property (Section 11165.4 PC).
- Statutory rape, as defined in Section 261.5 PC, except Section 261.5(d) PC (Statutes of 1997).
- Mutual fights between minors (Section 11165.6 PC).

What Incidents Must Be Reported

- Abuse of a minor child, i.e., a person under the age of 18 years, involving any one of the below abuse types:

Interagency Reporting

- sexual abuse
- physical abuse
- general neglect
- mental/emotional abuse
- severe neglect

(Refer to Section 11165.1 through 11165.6 PC for citations and definitions)

DOJ Reporting

- All of the above, excluding general neglect.
- Deaths of minors resulting from abuse or neglect.

When Must the Report be Submitted

Interagency Reporting

- Telephone notification - immediately or as soon as practical.
- Written notification - within 36 hours of receiving information concerning the incident.
- When an agency takes a report for which it lacks jurisdiction the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction.

DOJ Reporting

- A Form SS 8583 must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded. DOJ defines "active investigation" as: the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at a minimum: assessing the nature and seriousness of the suspected abuse; conducting interviews of the victim(s), and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive or unfounded; and preparing a report that will be retained in the files of the investigating agency.

NOTE: No other form will be accepted in lieu of the Form SS 8583.

The suspect(s) must be notified in writing that he/she has been reported to the Child Abuse Central Index per PC Section 11169(b).

What Information is Required

General Instructions

- All information blocks contained on the Form SS 8583 should be completed by the investigating agency. If information is not available, indicate "UNK" in the applicable information block.

Specific Instructions

INFORMATION BLOCKS ON THE FORM SS 8583 WHICH ARE SHADED GRAY MUST BE COMPLETED. **THE SUBMITTED FORM WILL BE RETURNED TO THE CONTRIBUTOR WITHOUT FURTHER DEPARTMENT OF JUSTICE ACTION IF THE CONTRIBUTOR FAILS TO COMPLETE ANY OF THE FOLLOWING ITEMS:** the agency name and type, the agency's report number or case name; the action taken by the investigating agency; the specific type of abuse; the victim's name, birthdate or approximate age, and gender; and the suspect's name and birthdate or approximate age, and gender. If the suspect is not known, UNKNOWN must be entered. Verification must be provided that an active investigation was conducted, that victim(s), and any known suspect(s), and witness(es) were contacted. An explanation must be provided if these contacts were not made. Verification must be provided that the suspect was given written notification that he/she has been reported to the Child Abuse Central Index per Section 11169(b) PC. An explanation must be provided if there was no notification.

Section A. "INVESTIGATING AGENCY," information block 10. "ACTION TAKEN" or 10A. "SUPPLEMENTAL INFORMATION" must be completed in accordance with the following definitions (Check one of the boxes):

<p align="center">①</p> <p>10. ACTION TAKEN (check only one box):</p> <p><input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse)</p> <p><input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)</p>	<p align="center">a</p> <p>10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)</p> <p><input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)</p> <p align="center">b</p>
---	--

10. ACTION TAKEN

- ① SUBSTANTIATED - Acts determined, based upon some credible evidence, to constitute child abuse or neglect, as defined in Section 11165.6 PC.
- ② INCONCLUSIVE - Acts determined not to be unfounded, but there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6 PC, has occurred.

10A. SUPPLEMENTAL INFORMATION - Only use this section to update information previously submitted on Form SS 8583.

- Ⓐ INCONCLUSIVE - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" is being reclassified to "INCONCLUSIVE."
- Ⓑ UNFOUNDED - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED," "UNSUBSTANTIATED" or "INCONCLUSIVE" is being reclassified to "UNFOUNDED."
- Ⓒ ADDITIONAL INFORMATION - Supplementary information is being provided for a previously submitted Form SS 8583.

**Where To Send The Report Form SS 8583
(For DOJ reporting only)**

Department of Justice
Bureau of Criminal Information and Analysis
P. O. Box 903387
Sacramento, CA 94203-3870
ATTENTION: Child Abuse Unit

REMEMBER

Submit completed Form SS 8583 to DOJ as soon as possible after completion of the investigation because the case information may contribute to the success of another investigation. It is essential that the report be complete, accurate and timely to provide the maximum benefit in protecting children and identifying and prosecuting suspects. If you have questions about DOJ REPORTING or need a victim or suspect name check, call the DOJ Child Abuse Unit at (916) 227-3285 or CALNET 498-3285.



Confidentiality

Confidentiality regarding the identity of mandated reporters, the reports they make, and the records maintained by child protective agencies, i.e., police departments or sheriff's departments, county probation departments (if designated by the county to receive mandated reports), or county welfare departments), and the Department of Justice, Child Abuse Central Index, is strictly controlled.

Identity of Reporter of Suspected Child Abuse (Pen. Code, § 11167, subd. (d)).

The identity of all persons who report under the Child Abuse and Neglect Reporting Act is confidential and may only be disclosed as follows:

- Between child protective agencies;
- To counsel representing a child protective agency;
- To the prosecutor in a criminal prosecution;
- To the prosecutor in an action initiated under Welfare and Institutions Code section 602 (juvenile wardship proceeding) arising from alleged child abuse;
- To the child's counsel appointed pursuant to Welfare and Institutions Code section 317, subdivision (c) (juvenile dependency proceeding);
- To the county counsel or prosecutor in an action initiated under Part 4 (commencing with Section 7800) of Division 12 of the

Family Code or Welfare and Institutions Code section 300 (dependent children);

- To a licensing agency when abuse in out of home care is reasonably suspected;
- When the reporter waives confidentiality;
- By court order.

No agency or person listed above may disclose the identity of any person who reports pursuant to the Child Abuse and Neglect Reporting Act to that person's employer, except with the employee's consent or by court order.

Reports of Suspected Child Abuse (Pen. Code, § 11167.5)

Required reports of suspected child abuse made to child protective agencies, and those made by child protective agencies to the Department of Justice, and the information contained therein are confidential and may only be disclosed as follows:

- To persons or agencies to whom disclosure of the identity of the reporting party is permitted under Penal Code section 11167 (described on the previous page).
- To persons or agencies to whom disclosure of information is permitted under Penal Code section 11170, subdivision (b), or Penal Code section 11170.5, subdivision (a).
- To persons or agencies with whom investigations of child abuse are coordinated

under the regulations promulgated under Penal Code section 11174.

- To multidisciplinary personnel teams as defined in Welfare and Institutions Code section 18951, subdivision (d).
- To persons or agencies responsible for the licensing of facilities that care for children, as specified in Penal Code section 11165.7.
- To the State Department of Social Services, or a county licensing agency which has contracted with the State, as specified in paragraph (4) of subdivision (b) of Penal Code section 11170.
- To hospital scan teams. (“Hospital scan team” is defined as a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and child protective services, the members of which are engaged in the identification of child abuse.)
- To coroners and medical examiners when conducting a postmortem examination of a child.
- To the Board of Prison Terms when parole revocation proceedings are pending against a parolee charged with child abuse.
- To personnel from an agency responsible for placing a child pursuant to Welfare and Institutions Code sections 361.3 (removal of child from custody of parents) and 305 et seq. (temporary custody of a child).
- To persons identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to paragraph (6) of subdivision (b) of the Penal Code section 11170 or subdivision (c) of Penal Code section 11170 or persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided in subdivision (e) of Penal Code section 11170. Nothing shall preclude a submitting

agency, prior to disclosure, from redacting any information necessary to maintain confidentiality as required by law.

- To out of state law enforcement agencies conducting an investigation of child abuse only upon written request which cites the out of state statute or interstate compact provision that requires the information shall be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams and provides penalties equivalent to penalties in California for unlawful disclosure.
- To each chairperson of a county child death review team, or his or her designee.
- To authorized persons within county health departments if the report was made by a health practitioner, as defined in paragraph (21) to (28) of subdivision (a) of Penal Code section 11165.7, and pursuant to Penal Code section 11165.13 (maternal substance abuse), to the extent permitted by federal law.

Sharing Information With Investigators (Pen. Code, § 11167, subd. (b) & (c))

Information relevant to the incident of child abuse may be given to an investigator from a child protective agency or licensing agency who is investigating the known or suspected case of child abuse.

Access to School Records (Educ. Code, § 49076, subd. (b) (1))

Generally, a school district may not release information from pupil records without written parental consent or judicial order. However, school districts may release information from pupil records to appropriate persons in connection with an emergency if knowledge of the information is necessary to protect the health or safety of a pupil or other persons.



Resources

(Selected) Community Resources

Parents Anonymous: Self-help groups for potentially abusive or abusive parents, facilitated by a professional and a formerly abusive parent; usually no fee/low fee with childcare and transportation provided.

Parents United: Self-help groups for sexually abusive families. Groups for offenders, children, mothers, and Adults Molested as Children (AMAC); comprehensive child sexual abuse program.

Parental Stress Hotlines: 24-hour crisis telephone assistance for persons under stress, telephone counseling primarily, but also can provide home visiting program and respite care; usually offer parent groups and other services. 1-800-829-3777.

Respite Care Programs: Licensed homes that provide care for children when their parents “need a break”; not a baby sitting service; designed for high risk parents; voluntary.

Emergency Family Care: In-home based services; workers literally “move in” with the family to provide concrete services and frequently work with neglectful parents whose children might be removed without this service.

Parent Infant Bonding (Perinatal Programs): Help new parents with bonding skills; provide parent education regarding the child’s needs; provide early intervention services.

Child Abuse Prevention Councils: Provide information and referral; educational services, including book and film library; usually are multidisciplinary in nature; help coordinate service delivery; provide visibility to the problem of child abuse.

Parent Education Classes: Designed to help parents gain a better understanding of child development and learn skills for disciplining their children in a safe way.

Parent Discussion Groups: Provide a forum in which parents can discuss child-rearing problems, gain peer support, and minimize their isolation.

Community Mental Health Departments: Provide low fee therapeutic services to families and children; available in every community; frequently serve a broad range of high-risk families.

Child Care Resource Centers: Provide childcare information to parents who may be overwhelmed by the demands of parenting; information and referral.

Private Mental Health Clinics/Therapist

Groups: Many private therapists specialize in working with child abuse; Child Abuse Prevention Councils or Child Protective Agencies are usually familiar with good referral possibilities.

Family Service Agencies: Many provide a leadership role in child abuse prevention and treatment services; therapeutic services are available on a sliding fee scale.

Child Interviewing Training: Basic and advanced multidisciplinary child interview specialist training is available throughout California. For counties located in Northern California, contact **Eastfield Ming Quong** in San Jose at (408) 437-8358. For counties in Southern California, contact either the **Children's Institute International** in Los Angeles at (213) 385-5100 or the **Children's Center for Child Protection** in San Diego at (619) 560-2191. For further assistance, contact the **Governor's Office of Emergency Services**, at (916) 324-9100 or (916) 324-9197.

(Selected) Statewide Resources

**Child Abuse Prevention Program
Crime and Violence Prevention Center
Office of the Attorney General**

P.O. Box 944255
Sacramento, CA 94244-2550
(916) 324-7863

California Child Care Resource and Referral Network

111 New Montgomery, 7th Floor
San Francisco, CA 94105
(415) 882-0234 or (800) 998-9114

Prevent Child Abuse – California

(Formerly known as California Consortium to Prevent Child Abuse)
4700 Roseville Rd.
North Highlands, CA 95660
(916) 244-1900

**Community Care Licensing
California Department of Social Services**

744 P Street, MS 19-35
Sacramento, CA 95814
(916) 574-2346

**Giarretto Institute:
Parents United, Inc.
Parents United/Daughters and Sons United
Adults Molested as Children United**

232 East Gish Road
San Jose, CA 95112
(408) 453-7616

Governor's Office of Emergency Services

(Formerly known as the Office of Criminal Justice Planning)
1130 K Street, Suite 300
Sacramento, CA 95814
(916) 324-9100

**Office of Child Abuse Prevention (OCAP)
California Department of Social Services**

744 P Street, MS 11-82
Sacramento, CA 95814
(916) 651-6960

Parents Anonymous

675 West Foothill Boulevard, Suite 220
Claremont, CA 91711-3475
(909) 621-6184

Protect the Children Resource Center

P.O. Box 5223
Concord, CA 94524
(925) 674-1384

Eastfield Ming Quong

251 Llewellyn Avenue
Campbell, CA 95008
(408) 437-8358

(Selected) National Resources

American Humane Association American Association for Protecting Children

63 Inverness Drive East
Englewood, CO 80112-5117
(303) 792-9900

The American Professional Society on the Abuse of Children (APSAC)

407 South Dearborn, Suite 1300
Chicago, IL 60605
(312) 554-0166

Child Welfare League of America

440 First Street, NW, Third Floor
Washington, DC 20001-2085
(202) 638-2952

Family Resource Coalition

200 South Michigan Avenue, Ste. 1520
Chicago, IL 60604
(312) 341-0900

Health Families America (HFA)

332 South Michigan Avenue
Chicago, IL 60604
(312) 663-3520

National Center on Child Abuse and Neglect (NCCAN) Clearinghouse National Center on Family Violence Clearinghouse

P.O. Box 1182
Washington, DC 20013
(800) 394-3366

National Center for Missing and Exploited Children

2101 Wilson Boulevard, Suite 550
Arlington, VA 22201-3077
(783) 235-3900

National Center for the Prosecution of Child Abuse

American Prosecutors Research Institute
99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
(703) 739-0321

Prevent Child Abuse - America

(Formerly known as National Committee to Prevent Child Abuse (NCPCA))
200 Michigan Avenue, 17th Floor
Chicago, IL 60604
(312) 663-3520

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