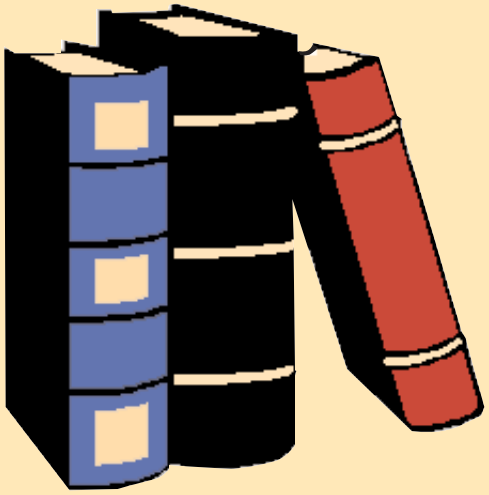

The California Child Abuse & Neglect Reporting Law

Issues and Answers for Mandated Reporters

California Department of Social Services
Office of Child Abuse Prevention

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Introduction

This handbook was originally written to help mental health professionals understand the Child Abuse Reporting Law and be aware of their reporting responsibilities regarding child abuse. However, other mandated reporters, who come into contact with children, will also find the information helpful. Teachers, counselors, child care workers, animal control officers or any other professionals included as mandated reporters have an important role in child abuse reporting. Responsible reporting is in the best interest of the child and family.

The law mandates the reporting of child abuse by certain parties (see page 2, "Who Reports" for a complete list of mandated reporters). For various reasons, people who abuse children lack necessary internal control. Therefore, they need as many external controls as possible, until they are better able to restrain themselves. The reporting law is an external control which clearly states, "the abusive behavior is unacceptable and must stop."

For the reporter, making a report of suspected child abuse is difficult. There are always nagging doubts about how the person suspected of abusing a child will react, what the outcome will be, and whether or not the report will put the child at greater risk. The best way to minimize the difficulty of reporting is to be fully prepared for the experience. One should feel reasonably comfortable with the reporting requirements and the process that is triggered by making a report. Knowing who to call for information and understanding your role in relation to your position (i.e. social worker, nurse, child care worker, clergy, etc.) is also helpful. Reporting suspected child abuse is a team effort involving professionals from a variety of disciplines, such as child protective services, police, medical personnel, etc.

Information contained in this publication is offered as an aid to mandated reporters in reporting suspected child abuse. It clarifies basic information. It is not meant to be all inclusive and cover all situations. Nor should it be considered legal advice. Some items, such as therapeutic interventions used by therapists, may not be useful to certain kinds of mandated reporters.

There are many professions included as mandated reporters; therefore, one should rely on protocols and training within one's profession. If in doubt about what to do in a particular situation, additional information can be obtained through local child protective service agencies or local police departments. Additional resources, including toll free numbers and web sites, have been listed in the Appendix section.

The Reporting Law

The first child abuse reporting law in California was enacted in 1963. The early laws mandated only physicians to report physical abuse. Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report. Procedures for reporting categories of child abuse have also been clarified.

In California, certain professionals are required to report known or suspected child abuse. Other citizens, not required by law to report, **may** also do so.

It is important for practitioners and other mandated reporters to keep updated on periodic amendments in the law. Your local Child Abuse Prevention Council or Child Protective Agency (see Resources) has current reporting law information.

1. Why Must You Report?

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

2. What is Child Abuse?

The Penal Code (P.C.) defines child abuse as: "a physical injury inflicted by other than accidental means on a child by another person." It also includes emotional abuse, sexual abuse, neglect, or abuse in out-of-home care. Child abuse does not include a "mutual affray between minors," "reasonable and necessary force used by a peace officer" under specified circumstances, or spanking that is reasonable and age appropriate and does not expose the child to risk of serious injury. (P.C. 11165.6, Welfare and Institutions Code (W&IC) Section 300.)

2. What to Report

The California Child Abuse Reporting Law is found in Penal Code Sections 11165-11174.3. The following is only a partial description of the statute. Mandated reporters should become familiar with the detailed requirements as they are set forth in the Penal Code (P.C.).

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

a. A **physical injury** inflicted by other than accidental means on a child. (P.C. 11165.6).
b. **Child sexual abuse** which includes sexual assault and sexual exploitation. Sexual assault includes sex acts with children, intentional masturbation in the presence of children and child molestation. Sexual exploitation includes preparing, selling or distributing pornographic materials involving children, performances involving obscene sexual conduct and child prostitution. (P.C. 11165.1).

c. **Willful cruelty or unjustified punishment**, which includes inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of the child's person or health. (P.C. 11165.3). "Mental suffering" in and of itself is not required to be reported. However, it **may** be reported. Penal Code11166.05 states: "Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9". (The specified agencies include any police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department.)

d. **Unlawful corporal punishment or injury**, willfully inflicted, resulting in a traumatic condition. (P.C. 11165.4).

e. **Neglect** of a child, whether "severe" or "general," must also be reported if the perpetrator is a person responsible for the child's welfare. It includes acts or omissions harming or threatening to harm the child's health or welfare. (P.C.11165.2).

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

4. Who Reports?

Legally mandated reporters include a wide variety of positions, which are as follows:

a. **Mandated reporters in public positions** include: a teacher; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, a classified employee of any public school; an administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children; any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis; a licensee, an administrator, or an employee of a licensed community care or child day care facility, a headstart teacher; a licensing worker or licensing evaluator; a public assistance worker; an employee of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; a social worker, probation officer, or parole

officer; an employee of a school district police or security department; any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section; a firefighter, except for voluntary firefighters. (P.C.11165.7)

b. **Health care personnel who are mandated reporters** include: a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family, and child counselor, licensed clinical social worker or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; any emergency medical technician I or II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code; a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; and unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code, a state or county public health employee who treats a minor for venereal disease or any other condition, a coroner, or a medical examiner, or any other person who performs autopsies (P.C. 11165.7).

c. **Mandated reporters in public protection positions** include any employee of any police department, sheriff's department, county probation department, or county welfare department. (P.C. 11165.7(a)(33)).

d. **Mandated reporters in public contact positions** include: commercial film and photographic print processors, clergy, employees or volunteers of a Court Appointed Special Advocate program, child visitation monitors, animal control officers or humane society officers.

- **Commercial film and photographic print processor** is any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency. (P.C. 11165.7(a) (29)). Commercial film and photographic print processors must report depictions of a child

under age 16 in an act of sexual conduct (P.C. 11166 (d)).

- **Clergy members** means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized religious denomination or organization. (P.C. 11166 (c)).
- **Any custodian of records of a clergy member** (specified in P.C. 11165.7(33) and 11166 (3)(A)). "On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph."
  Also, unlike other mandated reporters the custodian of records for clergy, Section 11166 (3)(B) states: "This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made" (i.e. the child is now an adult).
- **A child visitation monitor** includes any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law. (P.C. 11165.7(a) (30)).
- **An employee or volunteer of a Court Appointed Special Advocate program**, as defined in Rule 1424 of the Rules of Court. (P.C. 11165.7 (a) (34)).
- **Animal control officer** means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations. (P.C. 11165.7(a) (31)(A)).
- **Humane society officer** means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code (P.C. 11165.7(a) (31)(B)).

5. When Do You Report?

Child abuse must be reported when one who is a legally mandated reporter "…has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse or neglect…" (P.C. 11166(a)).

"Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion,

based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse." (P.C. 11166(a)(1)). Although wordy, the intent of this definition is clear: if you suspect, report.

You must make a report immediately (or as soon as practically possible) by phone. A written report must be forwarded within 36 hours of receiving the information regarding the incident. (P.C. 11166(a)). Written reports **must** be submitted on Department of Justice forms, which can be requested from your local (police or sheriff's department, (not including a school district police or security department) or a county welfare department). (P.C. 11168). See Appendix A.

6. To Whom Do You Report?

The report must be made to a county welfare department or probation department (if designated by the county to receive mandated reports) or a police or sheriff's department, not including a school district police or security department. (P.C. 11165.9)

Reports by commercial print and photographic print processors, are to be made to the law enforcement agency having jurisdiction immediately or as soon as practically possible. (P.C. 11166(d)).

7. Joint Knowledge – Who Reports?

When two or more persons who are required to report, have joint knowledge of a known or suspected instance of child abuse or neglect, and there is agreement among them, the telephone report may be made by the selected team member. A single written report may then be made and signed by the reporting team member. Where there is a failure by the designated team member to make the report, any team member who knows shall then be responsible to make the child abuse report. (P.C. 11166 (f)).

8. Immunity

Those persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by the child abuse and neglect reporting law. (P.C. 11172(a)).

9. Safeguards for Mandated Reporters

No supervisor or administrator may impede or inhibit a report or subject the reporting person to any sanction. (P.C. 11166(g)).

Persons other than those legally mandated to report are not required to include their names when making a report. (P.C. 11167 (e)).

Reports are confidential and may be disclosed only to specified persons and agencies (P.C.11167.5).

10. Liabilities for Failure to Make A Required Report.

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a $1000 fine, or both. (P.C. 11166(b)). He or she may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report. (Landeros vs. Flood (1976) 17C.3d 399).

11. Responsibilities of Agency Employing Mandated Reporter

Any person entering employment which makes him/her a mandated reporter must sign a statement, provided and retained by the employer, to the effect that he or she has knowledge of the reporting law and will comply with its provisions (P.C. 11166.5(a)). See Appendix B for sample of form.

Commercial film and photographic print processors and persons employed by child protective agencies as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties are not required to sign such statements. (P.C. 11166.5(a)).

12. Licensing Requirement

The state agency issuing a license to a person who is required to report child abuse must either send a statement to the licensee which cites reporting requirements and the penalty for failure to report or print the information on all application forms for a license or certificate printed on or after January 1, 1986. (P.C.11166.5(b)(c)).

13. Feedback to Reporter

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

Identification

Identifying where abuse occurs requires the helping professional first of all to believe that child abuse can occur in any situation, regardless of socio-economic status, religion, education, ethnic background, or other factors. Secondly, there must be a willingness to inquire into the possibility of abuse. There are four basic areas in which abuse may be revealed:
1) Environmental Problems,
2) Parental or Caregiver Clues,
3) Physical Indicators in the Child, and
4) Behavioral Indicators in the Child.
A brief overview of these warning signals follows. This is only a partial list. You may become aware of these factors through interview, observation, or third-party reporting of these concerns.

Environmental Problems

- Hazardous conditions (broken windows, faulty electrical fixtures, etc.).
- Health risks (presence of rats, feces, no running water, no heat, etc.) or unsanitary conditions.
- Extreme dirt or filth affecting health.

Parental or Caregiver Clues

- Is unable/unwilling to meet child's basic needs and provide a safe environment.
- Tells you of homicidal thoughts/feelings toward child.
- Tells you of use of objects (belts, whips, clothes hanger) to discipline the child.
- Is unable to describe positive characteristics of child.
- Has unrealistic expectations of child (e.g., toilet-training of a 6-month-old)
- Uses "out of control" discipline.
- Is unduly harsh and rigid about childrearing.
- Singles out one child as "bad," "evil," or "beyond control."
- Berates humiliates, or belittles child constantly.
- Turns to child to have his/her own needs met.
- Is impulsive, unable to use internal controls.
- Cannot see child realistically, attributes badness to child, or misinterprets child's normal behavior (e.g. Takes an infant's crying as a sign of intentional meanness).
- Is indifferent to child.

Physical Indicators in the Child

Physical Abuse

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

Neglect

- Failure to thrive, a child's failure to gain weight at the expected rate for a normal child. A child who fails to thrive may have medical or psychosocial problems, or a combination of these.
- Malnutrition or poorly balanced diet (bloated stomach, extremely thin, dry, flaking skin, pale, fainting).
- Inappropriate dress for weather.
- Extremely offensive body odor.
- Dirty, unkempt.
- Unattended medical conditions (e.g. infected minor burns, impetigo).

Sexual Abuse

- Bruising around genital area.
- Swelling or discharge from vagina/penis.
- Tearing around genital area, including rectum.
- Visible lesions around mouth or genitals.
- Complaint of lower abdominal pain.
- Painful urination, defecation.

Behavioral Indicators in the Child

Children react differently to being abused. There is no one single reaction that can be clearly associated with child abuse; however, there are a number of possible behaviors which have been found to be consistently correlated with abuse. While some of these behaviors occur more with one type of abuse than another, they may overlap.

The presence of any of these indicators does not prove the child is being abused, but should serve as a warning signal to LOOK FURTHER.

Physical Abuse

- Hostile or aggressive behavior toward others.
- Extreme fear or withdrawn behavior around others.
- Destructiveness (breaks windows, sets fires, etc.).
- Verbal abusiveness.
- Out-of-control behavior (angry, panics, easily agitated).

Sexual Abuse

- Sexualized behavior (has precocious knowledge of explicit sexual behavior and engages self or others in overt or repetitive sexual behavior).
- Hostility or aggression.
- Fearfulness or withdrawn.
- Self-destructiveness (self-mutilates).
- Pseudo-maturity (seems mature beyond chronological age)
- Eating disorders.
- Alcoholism/drug abuse.
- Running away.
- Promiscuity.

Neglect

- Clingy or indiscriminate attachment.
- Self imposed isolation.
- Depression or passivity.

Emotional Abuse

- Lacks self-esteem; puts self down constantly.
- Seeks approval to an extreme.
- Unable to be autonomous (e.g., makes few choices, fears rejection).
- Hostile, verbally abusive, provocative.

It is important to note here that a child who is being physically abused or neglected or sexually abused is also being emotionally abused .

The best source of information is not what the child says but how the child behaves. Mandated reporters must stay alert and responsive to the child behaviors described above. Children will rarely report they are being abused; but, being unable to stop it, they frequently develop coping mechanisms and behaviors which bring them to the attention of others. These children tend to be fiercely loyal to their abusers, often demonstrating a pathological dependency on them. They may try to adapt and comply in order to please their abusers and may serve as caretakers to their abusers in order to avoid further abuse or rejection.

Guidelines to Determine Reasonable Suspicion

Reasonable suspicion means "that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect." In other words, if a mandated reporter has a reasonable suspicion that child abuse has occurred a suspected child abuse report is to be completed.

Making an assessment of possible child abuse entails collecting information in order to determine what the problem is, who is involved, and how to proceed. The following are basic elements in the process:

- Maintain a clear distinction between assessment for the purpose of determining whether there are grounds for reasonable suspicion and conducting an investigation of the report. Only a child protective agency or county designee can conduct the investigation. One should rely on protocols and training within one's profession in the assessment process.
- Be careful about promising something that cannot be provided. Often children will say there is a secret they will share ONLY IF YOU PROMISE NOT TO TELL ANYONE ELSE. A mandated reporter cannot keep this promise. If it is given, and later the confidence is broken, the child is likely to feel betrayed and trust will be jeopardized.

The assessment process is dynamic; that is, it does not stop after a particular number of questions have been asked. It requires active involvement on the part of the mandated reporter to interpret clues, observe non-verbal communication, and develop and test hypothesis. Most importantly, avoid jumping to conclusions. The process of assessment necessitates a willingness and ability on the part of the mandated reporter to **inquire further.**

An assessment can be done in such a way that it naturally evolves into collecting information about neglect and physical, sexual and emotional abuse. It is extremely important not to lead the child to say what they think you want to hear. Prompt them to give details in their own words. Always be extremely cautious to avoid using leading or coercive questioning.

Assessment With a Verbal Child

Two things are noteworthy when interviewing a child who is able and willing to be verbal: first, creating an environment that seems safe to the child; and second, providing opportunities for spontaneous disclosure through verbal and non-verbal messages.

Ask the child to describe a typical day. If assessing the home environment, ask the child to describe the house and who lives there. You

can pose questions such as: Who gets up first? Who wakes whom? Do people eat breakfast? Who makes breakfast? Who goes where? Does anyone stay at home? Go through the coming home routine as well. See if any patterns can be determined, e.g., who spends more time with whom, whether certain people are isolated. Notice if the child's voice or affect seems to change when specific family members are discussed.

Physical Abuse

The presence of physical abuse can be evaluated by asking what happens at home when people get angry, drink or take drugs. (Physical abuse is defined in Penal Code 11165.6.) To assess physical abuse the mandated reporter may ask non-leading questions such as:

- What happens when you get in trouble?
- What do people say or do when they are angry?
- Does anyone throw objects? Who does this?
- Does anyone ever get mad enough to hit someone else?
- What do they hit with? Who do they hit? If they do hit, do they use hands, fists, belts or other objects? Does anyone ever get hit hard enough so that the blow causes bruises or bleeding? How often does this happen? Is it scary?

Sexual Abuse

Sexual abuse can be assessed by asking non-leading questions about touching and affection in the family. (Sexual abuse is defined in Penal Code 11165.1. Particularly in the area of questions about sexual abuse, mandated reporters should use discretion. Detailed questioning about sexual abuse will usually be asked by the investigating agency, such as Child Protective Services.) **If appropriate**, possible questions a mandated reporter might ask include:

- Do you like it when people hug you? Is hugging a good thing or bad thing? If it is a bad thing, what makes it bad?
- Where do you sleep? Where do others in your house sleep? What happens when you go to sleep?
- What happens when you take a bath?
- Does anyone ever touch you in a way that makes you feel uncomfortable? Where do they touch you? (If the child talks about their private parts, use the child's words for genitals, breasts, anus, mouth). Does it make you feel scared or sad?

Neglect

The two types of neglect are severe neglect and general neglect:

- **"Severe neglect"** means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is

endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care. (P.C. 11165.2)

- **"General neglect"** means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred. (P.C. 11165.2)

Questions regarding neglect can be asked to assess if basic needs are being met. (In questioning, remember that homelessness does not necessarily mean neglect.) Some questions to ask include:

- Do you have food in your house? What kind of food do you have?
- Do you have a coat to wear? Does someone wash your clothes for you?
- Do you have electricity?

Emotional abuse

Emotional abuse is a new addition to the Child Abuse & Neglect Reporting law. Penal Code 11166.05 states: "Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9". (The specified agencies include any police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department.) (See the "Questions Often Asked" section regarding emotional abuse in relation to domestic violence, question 19).

Additional Factors in the Assessment Process

In addition to listening to the content of the response, it is important to observe changes in the child's affect, tone of voice, body movements, breathing, eye contact and to note whether the child changes the subject abruptly.

If the child has given information that leads to a reasonable suspicion that he/she is being abused, let the child know you are concerned about what is going on (describe what the child has revealed) and that it is important to get some help now. The child should be told what to expect once the decision to report is made (i.e., that parents will be called and the Emergency Response Unit in the Child Protective Agency will be notified, etc.).

Do not make any guarantees to the child about what will happen, but let the child know as much as possible. It is helpful to make the referral to the Child Protective Agency while the child can listen. In this way the reporter's reliability is confirmed.

Assessment With a Nonverbal Child

When children are not able to speak, they frequently will "act out"

their concerns in play. It is important to assess abuse based on extreme or persistent behaviors that are consistent with indicators of abuse. A child who is physically abused may be very physically abusive of dolls or other play materials, and have themes of violence or death in his or her play or drawings. A sexually abused child may focus on the doll's genitals, and engage dolls in explicit sexual play. Although this by itself doesn't mean abuse is occurring.

Assessment With the Family

If the entire family will be meeting with a mandated reporter, the family members may be asked non-threatening questions about family life similar to those questions asked of a verbal child (see "Assessment with a Verbal Child").

It must be recognized, however, that if abuse is occurring in the family, parents and other family members may not be inclined to discuss this area of concern.

Frequently, meeting with the child separately from the parents may be helpful in gathering further information which may be relevant to the abuse situation.

If the parents/caretakers make statements such as "we know how to take care of him," "we have a sure-fire cure for that," or similar references regarding their parenting strategies it is critical to get a clear description of the parents' behavior. These references may indicate that a parent or caretaker is physically abusing a child. Parents sometimes use objects such as belts, bats, pots and pans, or telephone cords to physically punish their children. The use of objects increases the likelihood that the child may sustain injuries.

Some parents who were abused as children may not recognize their behavior as abusive. They may not hide this behavior since to them it is normal and acceptable. Other abusive parents may think of their behavior as abusive, and may seek to hide it, making up stories, or getting their children to protect them. The latter are obviously more difficult to assess, but looking at the entire family picture, and interviewing the children alone, may help with data collection.

Parents are frequently frightened and angry when the referral is made to the authorities. But most parents love their children and do not want to hurt them. They are being abusive because they are out of control. They may also, either immediately or eventually, feel relief that steps have been taken to protect their children. Giving parents a confidentiality policy (See Appendix C) and being matter-of-fact and confident about what abuse is, will help tremendously in undertaking the emotional and difficult task of reporting. Also, the mandated reporter must clearly understand that his/her responsibility is to make the assessment, determine if "reasonable suspicion exists" and then report. **THERAPISTS, AND OTHER MANDATED REPORTERS, ARE NOT RESPONSIBLE TO INVESTIGATE OR COLLECT EVIDENCE**. The investigation is conducted by Child Protective Agencies. When in doubt, call the

Emergency Response Unit in the Child Protective Agency and discuss the situation.

What to Tell the Parents/Caretaker

Informing parents that a referral is being made is not legally required. Indeed, in some instances it may be contra-indicated by such things as a parent's tendency to flee or exhibit violent, erratic or psychotic behavior. There are instances in which a child may be at risk due to "telling." Advise the child welfare staff if a child is afraid to go home, may be in danger of further abuse or threats, or may be under pressure to change or retract his or her statement. (Dr. Roland Summit has written an article "The Child Sexual Abuse Accommodation Syndrome" which clearly explains the child's process of disclosure. See Selected Bibliography Section). The child welfare staff will evaluate the need to place the child in protective custody.

In most instances, however, the parents should be told that a referral is being made. If the child is at risk due to disclosure, it is important to discuss this with the parents and make a statement about further harm to the child. "I know it probably makes you angry or a little afraid that I've made this referral. You may even feel angry at your child, but it's not OK to hit or hurt the child for telling." Tell the parents the reasons for the referral: "You seem to be behaving in an out-of-control way and I'm concerned that you are hurting your child." Further discussion on informing parents is included in the section titled "Major Treatment Issues".

Assessments of False Allegations

Probably among the most alarming situations which can occur are those in which a parent or caretaker is falsely accused of hurting or molesting a child. Whether such experiences are common or rare, their seriousness must not be overlooked. The impact of a false allegation on an innocent individual can be devastating; it can include rejection by family, criminal proceedings, imprisonment, and loss of employment. One who is falsely accused may be unfairly subjected to suspicion and scrutiny in virtually any of his/her undertakings or relationships.

Recently, the issue of false allegations, recovered memory and false memory have been discussed in the literature. (See Selected Bibliography Section).

Fictitious allegations appear to occur in two populations:

1) "coached" children in custody disputes, and
2) adolescents who "make up" convincing reports out of boredom, infatuation, or in an effort to retaliate.

Every professional working with child abuse cases should stay abreast of current research on improved methods of interviewing and treatment, maintain integrity by assessing each case on its own merits, and suspend judgments until all the information is gathered.

Certain phrases tend to elicit an immediate and uncritical response. Phrases such as,"I have a secret," "Daddy's doing something mean to me," and/or "I'm scared," could indicate a range of experiences. It is best to proceed slowly, maintaining openness about the possibilities.

Child abuse is a reality, and it is very unlikely that young children, without prompting from adults, fantasize or lie about being abused. Not only do they tend to lack the motivation, they lack the cognitive ability to conceptualize detailed sexual activity. Children are more likely to lie to protect an abusive parent than they are to get themselves or a loved one into trouble.

The issue of "coached" children, particularly during custody disputes, remains a major problem, and while techniques for discovery of the truth are being developed a fool-proof method which applies in all cases is unlikely to be developed soon. In the meantime, professionals must exercise ethical and responsible behavior in assessing these cases.

Reliance on single-source techniques must be eliminated. For example, children's drawing, or their play with anatomically detailed dolls, or their specific behavioral responses do not provide sufficient grounds to conclude that abuse has occurred. The most reliable evaluations include the use of multiple techniques: psychological tests, clinical observations of the child alone, with parents and peers, collateral information from learning programs, medical personnel, and current or previous psychologists, to name a few. An evaluation must give the child ample opportunity to show or tell if there is trouble, and must attempt to elicit or encourage self-disclosure of frightening material.

Major Treatment issues

This section offers useful information, which may be helpful to all mandated reporters other than just therapists. However, it is not meant to be inclusive of all situations, and it specifically addresses issues in the client-therapist relationship.

Confidentiality

The statutory duty to report is not excused or barred by the client/patient therapist privilege or professional confidentiality or ethics. Nevertheless, all types of mandated reporters must confront and overcome their own internal barriers to reporting.

Denial: Many professionals refuse to believe child abuse exists. They may think it happens only to the poor, the psychotic, the uneducated, or certain racial groups. This is simply not true. When professionals do not acknowledge the possibility of abuse, they miss the opportunity to stop the abuse. It is important to believe that abuse can happen in any family setting and to ask questions designed to explore this possibility when abuse is suspected.

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

Betrayal: Some professionals feel that when they report clients for child abuse they are damaging the client-therapist relationship because of the possible punitive consequences of such reports. If this notion is held by the professional, parents or caregivers may sense that they are being punished. A more useful approach is to consider the reporting as helpful to the family because it will protect the child (and the parents in the long run) by getting them needed services. The attempt to convince the parents that they are being helped should be avoided because it is difficult for them to see a report as helpful at the initial stage.

The fear that reporting will destroy the trust in the therapeutic relationship is understandable, however if the reporting is done in a clear and nonthreatening way, clients will not be as likely to feel betrayed. Approaching suspected abuse as a matter-of-fact mandatory duty to protect children can help in undertaking the emotionally difficult task of reporting.

Family Breakup: Relatively few of the large number of child abuse reports lead to the removal of a child from his/her home. The current emphasis of child welfare services is on keeping the family intact by providing comprehensive services such as crisis intervention, respite care, in-home counseling and homemaking, parenting education, transportation, housing assistance, clothing, food, and utilities. The child will be removed only if the child protective professionals assess that there is imminent danger to the child or if the caregivers are unable or unwilling to provide a safe environment for the child.

The Therapists' Reactions to Working with Abuse

Everyone has a reaction to child abuse. Some cringe with disgust and anger and others cry with sadness and empathy. It is crucial for therapists to examine their own attitudes and feelings toward abusive parents and abused children. It is possible (and advisable) for them to acknowledge the discomfort or anger they may feel about the abuse, and yet prevent these feelings from interfering with their ability to be useful to families in treatment.

Treatment may be ineffective if the therapist expresses angry or judgmental feelings toward the client, which may reinforce a sense of "badness" or "unworthiness."" Most abusive people have fragile egos and are very susceptible to criticism. This does not preclude a therapist's making very strong and clear statements about the abusive behavior, but these should be made in a way in which the client is likely to hear them. An effective phrase would be, "I know you love your children and want them to turn out to be productive citizens; but it is not OK for you to hurt them, in order to teach them." It is, of course, crucial for the therapist to provide clients with clear alternatives to abusive behavior. The tendency to resort to old and familiar (abusive) behavior will persist, and part of the therapeutic goal is to replace the old behavior with new techniques.

Another mistake therapists sometimes make in working with abusive situations is to see themselves as "rescuers" of the child. Therapists must remain sensitive to the competitive relationship that may exist between the abusive parent/caregiver and the therapist regarding the needs of the child.

If trust is established in the therapeutic relationship, the client may see the therapist as a parental figure. The more trust that is developed, the greater is the client's need to pull away and make demands by testing the therapist's ability to set limits. The client's dependency needs may also surface, which may cause a therapeutic crisis in a needy and frightened client. The client needs to experience and build trust and then needs to be directed toward other people in his or her life with whom a similar experience can be created.

Helpful Interventions

Confidentiality Statements:

Parents and children should be given a confidentiality statement at the beginning of therapy. Contrary to the belief of some, making these statements does not seem to scare clients away or inhibit them.

These statements should be made both verbally and in writing. (See Appendix C). The confidentiality statements are best when included with other guidelines regarding the therapeutic relationship. Some therapists have their clients sign a copy of the confidentiality statements and keep them in their files. The clients may or may not ask questions related to confidentiality. However, limits of confidentiality and what is considered reportable suspected child abuse should be explained both verbally and in writing to clients.

Suggested statements (meant specifically for therapists) are:

To Parent: What we discuss in therapy is confidential with two exceptions: one, if I think you are going to hurt yourself; two, if I think you are going to hurt someone else, including your child. If either of these two incidents seems likely, I will need to take protective action, which will include calling appropriate authorities.

To Child: What we discuss in therapy is confidential with three exceptions: one, if I think you are going to hurt yourself; two, if I think you are going to hurt someone else; and three, if I think someone, including your parents, are hurting you. When any of these things is going on, I will need to let someone know and try to get additional help for you.

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

The Use of Contracts: Contracts are written agreements between the therapist and the client that specify goals of therapy, with clear behavioral descriptions of expected outcomes.

The structure a contract provides is helpful for many reasons when working with abusive families. Families in crisis respond well to clearly specified objectives, in addition, families can feel a greater sense of control if they are able to understand what behavior on their part will lead to their desired outcome.

Often the clients are mandated by court to attend therapy. In those cases, it is particularly helpful to use contracts, so that it is clear among all agencies and individuals concerned what is expected.

Limit Setting: Reporting suspected child abuse is often an effective way of setting a firm limit regarding unacceptable behavior. Clients may feel cared for when a therapist sets limits on their self-destructive or self-defeating behaviors. Most abusers do not want to hurt their children. When parents/caregivers abuse their children, their self-worth may be negatively affected because the abuse may reinforce their worst fears about themselves.

Reporting can be a way to model the setting of limits.

Use of Authority: Many mental health professionals are trained to encourage clients to draw conclusions and choose their own directions. In abuse situations, however, the therapist must feel comfortable with his/her own use of authority to maximize safety for both parent and

child. It may take some time before a mental health professional is comfortable making reports and explaining this decision to the client. The decision should be presented in a firm and supportive manner. The therapist can tell the clients that he/she recognizes their feelings of helplessness and anger and that he/she will be available to help them take some control over their lives.

Offering a matter-of-fact and caring approach counters the message that the abuse is so repugnant it must be kept hidden, or that the therapist does not take the abuse seriously.

Facing Denial: It is common for abusive parents/caregivers to deny that they have been abusive. This is to be expected. They have a great deal to protect, and they are usually feeling judged and exposed. The therapist should focus on assessment of the individual's strengths, weaknesses, and concerns based on an understanding of the underlying family dynamics.

(***NOTE:*** The therapist is not the long arm of the law, particularly regarding investigation. While the therapist can use the legal system effectively and cooperatively, it is not the therapist's job to prove culpability or collect evidence. However, information gathered in the assessment regarding possible child abuse can be used in the investigation.)

It is essential for the therapist to create a safe and trusting environment conducive to self-disclosure, while consistently raising the issue of denial.

Some clients will never admit to the abuse.

"Stay With" The Client: After a report is made, it is important to continue supportive contact with the client, rather than assuming that the job is done. The client who is a child will especially benefit from having access to the therapist, since frequently he/she is propelled into a child welfare system which can be perceived as insensitive and demanding.

The child who has been abused and is involved in the situation may not only be dealing with his/her abuse, but also may be dealing with the process of investigation and prosecution of the abuser.

The client may need someone to answer questions about the investigatory or Court processes. As much information as possible should be relayed to the family.

Telling The Client A Report Is Being Made: Reporters are not required by law to tell the client a report of child abuse is being made. However, in the majority of cases, telling the client about the report is therapeutically advisable.

In so doing, the therapist is employing clinical leverage by using authority to set a firm and necessary limit. Reporting responds to the client's nonverbal plea for help. The therapist can reassure the parent that steps will be taken to help him/her gain control so that the abuse does not continue and lead to serious injury of the child.

Furthermore, if the therapist does not mention the report to the client, secrecy and tension can result which

may lead to the client feeling suspicion, isolation, or betrayal.

In some cases, reporting may elicit an extreme response from clients. It is contraindicated to inform people of a report if the individual seems psychotic, has poor impulse control coupled with a history of violent behavior, has a problem with alcohol or drugs, or is likely to flee the area.

It can be very beneficial to give clients the opportunity to make the reports themselves in your presence. However, telling clients to report themselves does not negate the therapists mandate to report.

Consultation/Coordination: A team treatment approach can contribute to the optimal provision of services and monitoring.

Coordination of services can result in less disruption to the family in crisis and optimal use of each agency's limited resources. Case conferences allow therapists and other caregivers the opportunity to define expectations for change in areas of concern, and allow for definition of roles by the many professionals involved in each case. When a specific plan of action is designed by a multi-disciplinary team and defines the key players, it is easier to provide clear direction to the parents. The consultative team approach is especially helpful when there is uncertainty as to whether or not to report.

Remember, however, therapists are bound by confidentiality and should obtain client release forms, waiving confidentiality on specific information. If no waiver is obtained, the therapist may attend and listen to the case management meetings. Frequently, the therapist can be pivotal in obtaining supportive services for the client.

Non Helpful Interventions

Threats: Threatening the clients with a report gives the impression that reporting is a punishment and may further alienate the client from seeking needed services.

Bargaining With Clients: ("I won't report you this time, but if you do it again…I'll have to") gives the message that sometimes it is all right to be abusive, but other times it is not. The client may find the double message confusing, and his/her behavior may escalate.

Threats and bargaining are not options for the reporter. The reporting law states that reports must be made by those engaged in specified professions when there is reasonable suspicion, knowledge or observation of child abuse.

Hit and Run – Abandoning The Client: It is important to provide ongoing support to the client throughout the investigation and follow-up services.

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

1. **Who am I to say what's**

Questions Often Asked

abusive?
The health professional and other mandated reporters often feel reticent to label behavior as abusive. They may feel they have no right to pass judgment on other people. However, if a reasonable suspicion exists, the protective action is beneficial to the parents as well, who may not recognize their behavior as abusive, or may be reluctant to seek help. If in doubt, the specific Penal Code sections regarding child abuse can be referred to. They are California Penal Code sections 11164 – 11174.3. They can be accessed through the internet at http://www.leginfo.ca.gov/calaw.html

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

3. **What is the fine line between physical abuse and discipline?**
If the discipline is excessive or forceful enough to leave injuries, physical abuse has occurred. The use of instruments increases the likelihood of injuries as does the excessive punishment of young children. The intent of the reporting law is not to interfere with appropriate parental discipline, but to respond to extreme or inappropriate discipline which is abusive. Some parents hit their children in places where injuries are not visible (the buttocks, the thighs, the back) and yet may tell the therapist, or other mandated reporter, that they use belts, whips or other potentially dangerous instruments. If you have reasonable suspicion of abuse, even with no visible signs, you are required to report. Under California Welfare and Institutions Code Section 300(a), reasonable and age appropriate spanking to the buttocks where there is no evidence of serious physical injury does not constitute abuse.

4. **What if abuse occurred in the past?**
There is no time limitation regarding the reporting of child abuse. If a victim is under age 18, the abuse must be reported.

5. **What if an adult states he/she**

was abused as a child?
The child abuse reporting law mandates a report when there is a reasonable suspicion or knowledge that minors may be in need of protection. Therefore, childhood abuse of adults should be reported if there is a reasonable suspicion that there may be another potential child victim. (This does not impose an investigatory duty on the professional.)

6. **What about testifying in court?**
The majority of cases do not go to trial. When they do, and the professional is required to testify, it is important to remember that the testimony may be essential for the protection of the child. The professional's effectiveness and comfort as a witness may be greatly increased by meeting with the attorney at the earliest opportunity.

7. **At what age is a child most at risk of abuse?**
All children are at risk of abuse, but infants and toddlers are most likely to sustain serious injuries due to their fragility. The mortality rate is highest for children 0-2.

Some people are predisposed to respond more inappropriately to one age of child than to another. For example, sexual abuse of infants is more difficult to fathom than sexual abuse of adolescents, yet it does occur. Adolescents are also at risk of abuse but may not receive needed help because people may believe that they provoke their abuse or are better able to protect themselves or run away from abusive situations. Despite their age and size, adolescents are often just as vulnerable as younger children to physical, sexual and emotional abuse and neglect.

8. **What is the difference between children's "normal" sex play and sexual abuse?**
The lack of contemporary normative data regarding sexual activity among young children makes differentiating between normal sex play and sexual abuse difficult. It is clear, however, that very young children without exposure or experience do not usually have substantial or detailed knowledge about sexual activity and that the child who exhibits developmentally inappropriate behaviors has probably either been exposed to that behavior or has experienced it. Exposure may have occurred directly (by observing people engaged in those activities or by having personally been involved) or indirectly (through TV or pictures in a magazine).

Factors to be considered in addition to developmental appropriateness include the dynamics of the situation. Was coercion, threat, intimidation or force involved? Were age and size of the children involved similar? Even in cases involving children of similar age and size it is possible that the activity is

abusive if threats, force or coercion is present.

Differences in emotional maturity and status must also be evaluated. For example, a child who has been delegated the authority of "babysitter" by parents has a distinct status or power advantage over other children, even if the age differential is not large.

Many assessment questions must be considered when professionals are presented with situations in which children are engaging in sexual activity. It is important to understand not only the child's knowledge base but also the sources of that knowledge. In most cases of this type, consultation is very helpful.

9. When do you report sexual activity between minors?

The answer to this question can only be determined by a comprehensive evaluation of the situation. Two court cases address the question of whether a child sexual abuse report is warranted in the case of a child under fourteen who is sexually active. In the case of Planned Parenthood Affiliates vs. Van de Kamp (1986) 181 Cal. App.3d 245, the court stated that sexual activity alone does not imply sexual abuse. If, in the judgment of the reporting professionals, there are no indications of actual sexual or other abuse, then voluntary and consensual sexual behavior between minors under the age of fourteen who are of similar age need not be reported.

In the case of People vs. Iohn L., (1989) 209 Cal.App. 3d 1137, the court determined that Penal Code Section 288(a) prohibits all sexual contact with persons under the age of fourteen, regardless of the young person's consent, if the offender is over age 14.

It should be noted that even in light of these two decisions, legally mandated professionals must report instances of sexual contact between children (under 18) if they suspect that the child has been sexually abused or exploited. It is also worth noting that even in children over fourteen the issue of consent must be carefully evaluated. A history of sexual abuse may lead a child to view further abusive situations as familiar and normal, thus impairing that child's ability to protect him/herself from further abuse.

10. Are clergy mandated to report?

Yes. Beginning January 1, 1997, all clergy members are mandated to report known or suspected instances of child abuse to a child protective agency. Clergy members are exempt from their mandated reporting responsibilities only if the knowledge or reasonable suspicion of child abuse was obtained during a "penitential communication".

(P.C. 11165. (c)((1)).

"Penitential communication"

means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, has a duty to keep those communications secret. (P.C. 11166(c)(2)).

11. Are alcohol programs exempt from reporting child abuse?

No. The exemption in effect until 1987 for federally-funded alcohol/drug programs has been withdrawn. Today all alcohol/drug programs are required to make appropriate child abuse reports.

12. May reports be made anonymously?

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

13. What happens after a report is made?

Child Protective Agencies (county welfare or probation department, police or sheriff's department) are responsible for investigating the referral once it is made. Emergency Response (ER staff from the child welfare or probation agency) and law enforcement will work together, although their investigations will be separate. When abuse has occurred within a family, ER's emphasis in intervention is to assure the safety of a child and provide services to keep the family together.

Removing a child from the home is an action taken only when a child cannot remain there safely. Services provided to a family in which abuse is occurring may range from counseling to respite care or the placement of a family care worker in the home to provide role modeling and assistance to parents. If removal becomes necessary, the Juvenile Court has several options for placement including the non-custodial parent, relatives, foster homes and group homes, in that order, depending upon the specific needs of the child. Parents should be reassured that the Court's removal standards are stringent. The Court will order the Child Protective Agency which provides child welfare services and the parents to work together for reunification as quickly as possible.

When abuse has occurred where the alleged perpetrator is not a member of the household (for example, a stranger molesting a child), law enforcement is responsible for investigating the referral. The Child Protective Agency will investigate to determine if the child is being protected in his/her home. Once the agency has determined that the child is safe at home, then it may refer the family for counseling or medical care and to appropriate local community resources. A case of

out-of-home abuse is generally closed by the welfare or probation department, with the law enforcement agency continuing its investigation.

When there is an allegation that abuse (including general neglect) has occurred in a licensed day care or out-of-home care facility, the State or County licensing agency must report the alleged abuse to law enforcement, a Child Protective Agency or the county probation department. The licensing agency then conducts an investigation of the allegations. The licensing agency investigations may be conducted concurrently with the law enforcement or CPS investigations; however, the licensing agency should not interfere with these investigations. Depending upon its finding, the State licensing agency - (an agency within the California Department of Social Services (CDSS)) may temporarily suspend or revoke the facility's license. The CDSS action is not dependent upon the outcome of the law enforcement or CPS investigations or any civil action resulting from such investigations; CDSS has only to have a preponderance of evidence in order to take action against a licensed care facility.

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

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

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

123605.

(a) Each county shall establish protocols between county health departments, county welfare departments, and all public and private hospitals in the county, regarding the application and use of an assessment of the needs of, and a referral for, a substance exposed infant to a county welfare department pursuant to Section 11165.13 of the Penal Code.

(b) The assessment of the

needs shall be performed by a health practitioner, or a medical social worker. The needs assessment shall be performed before the infant is released from the hospital.

(c) The purpose of the assessment of the needs is to do all of the following:

(1) Identify needed services for the mother, child, or family, including, where applicable, services to assist the mother to care for her child and maintain the children in their homes.

(2) Determine 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 newborn's health and safety, including a referral to the county welfare department for child welfare services.

(3) Gather data for information and planning purposes.

15. Should a person's culture be considered in determining if a report should be made?

Given the diverse culture we live in, mandated reporters should be encouraged to receive cultural competency training in order to better understand cultural factors that need to be considered in recognizing possible child abuse.

While some cultural practices may appear to look like child abuse, they may not be, when done properly. Likewise, this same practice, if done improperly or to excess, could constitute child abuse. Other practices which are generally acceptable within a particular native culture are not acceptable within our culture and would constitute child abuse, necessitating a child abuse report.

16. What if a parent states their child is receiving treatment by spiritual means or not receiving medical treatment for "religious reasons"?

General neglect includes the negligent failure of the person having the care or custody of the child to provide medical care. However, a child receiving treatment by spiritual means (Section 16509.1 of Welfare & Institutions Code) or not receiving medical treatment for religious reasons, is not for that reason alone considered child neglect. An informed and appropriate medical decision made by a parent or guardian after consultation with a physician who has examined the minor does not constitute neglect. (P.C. 11165.2).

17. What if you are concerned about severing the trust relationship with a client?

The primary concern has to be the safety and security of the child. When first making contact with a client, a confidentiality

statement (See "Sample Confidentiality Statements" Appendix C) should be clearly stated and given to the client in writing. This will prevent them from feeling tricked in the event something is revealed. One cannot ensure that the "therapeutic trust" will remain. Being clear about one's role and responsibilities from the beginning, while ensuring the safety of the child will help further the bond between client and therapist.

18. What do you say to a client who is suspected of abusing a child?

It is not a legal requirement to tell the client a report is being made. However, if it is safe to do so, it is therapeutically advisable to tell them in an honest and forthright manner.

When child abuse or neglect are suspected, the following is one possible intervention that a mandated reporter may wish to use. This is one of many possibilities and not all situations are the same: Begin by making a statement about what you saw, heard or believe that makes you suspect abuse or neglect. Follow this with, "As a mandated reporter, I am required by law to report any reasonable suspicion of child abuse or neglect."

Just as important in the telling process is the tone of voice and manner one uses. The optimal and least damaging way is to be as non-judgmental as possible. This can be difficult. The more the suspected abuser feels judged by statements that can be interpreted as personal attacks, the less likely they are to accept help to change their behavior. (See "Identification, Guidelines for Assessment", and "Major Treatment Issues" Sections.)

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

While each county handles this issue differently, domestic violence is being reported in some counties as emotional abuse (P.C. 11166.05). It is generally reported to Child Protective Services when a child is in the home by medical personnel, law enforcement and domestic violence units. Where "a child is in immediate and present danger of abuse by a family or household member, based on an allegation of a recent incident of abuse or threat of abuse by the family or household member" a judge can order an emergency protective order (California Family Code Section 6250).

If encountering a situation of domestic violence where there is concern about the safety and well being of a child, contact your local Child Protective Service agency or law enforcement agency.

20. Do you always tell the

suspected abuser that you are making a report?

For clinicians and therapists, making the decision to tell the suspected abuser that you are making a report is a highly sensitive and complicated issue. This decision should be carefully considered on a case by case basis. There are times when having the suspected abuser, partner of the suspected abuser, or the alleged victim assist in making the report can be therapeutically empowering. At other times informing clients that you are making a suspected abuse report puts the alleged victim in greater danger of further abuse or can later damage the CPS or Law Enforcement Investigation. When in doubt seek consultation and/or call your local CPS hotline and ask for assistance.

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

Yes. Any suspected child abuse or neglect should be reported. Children with disabilities are 3.4 to 7.7 times more likely to be victims of maltreatment than non-disabled children.

Conclusions and Recommendations

Child abuse is a problem with many intra-psychic, social and interpersonal aspects. It is usually "action language," that is, parents and others cannot always recognize and verbalize their needs and may use behavior rather than words to get help for themselves.

It is important that the mandated reporter not let denial, fear, or ignorance of laws or procedures interfere with providing help to the family or caregivers. Not everyone is able to work effectively with these situations. The responsible reporter faces his/her limitations or preferences, and, when appropriate, **REFERS OUT** to others better able or willing to provide treatment for these families and caregivers.

Most people who abuse their children can be successfully treated. The helping professional can become the appropriate and safe parent figure, the educator and limit-setter to the abusive person. No one can do the job alone. The responsibility can be shared.

Therapists are advised to familiarize themselves with the social service/legal system, the laws and the helping agencies in the community. Frequently, coordinating the therapy with other helping services will result in enhanced treatments.

Training and consultation are also highly encouraged for any professional working with child abuse. There are many excellent written materials, training programs, seminars and/or conferences, as well as local expertise, which can be consulted on the specifics of a case. Online materials, information, and resources are available via web site addresses listed throughout the Selected Bibliography, Appendix D, and Appendix E. Therapists are also advised to build a support system of peers with whom to discuss their own feelings as well as problematic aspects of cases.

There are many effective community services which can be complementary to individual or group therapy, and are invaluable to the clients who often have varied needs. Examples of community services (Appendix D) and statewide services (Appendix E) are included at the end of this handbook. Your local Child Abuse Prevention Council or Child Protective Agency will be familiar with existing local services.

SUSPECTED CHILD ABUSE REPORT

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

PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY

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

B. REPORT NOTIFICATION

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

C. VICTIM
One report per victim

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS — Street — City — Zip	TELEPHONE ( )		
PRESENT LOCATION OF VICTIM	SCHOOL	CLASS	GRADE
PHYSICALLY DISABLED? ❒ YES ❒ NO	DEVELOPMENTALLY DISABLED? ❒ YES ❒ NO	OTHER DISABILITY (SPECIFY)	PRIMARY LANGUAGE SPOKEN IN HOME
IN FOSTER CARE? ❒ YES ❒ NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: ❒ DAY CARE ❒ CHILD CARE CENTER ❒ FOSTER FAMILY HOME ❒ FAMILY FRIEND ❒ GROUP HOME OR INSTITUTION ❒ RELATIVE'S HOME		TYPE OF ABUSE *(CHECK ONE OR MORE)* ❒ PHYSICAL ❒ MENTAL ❒ SEXUAL ❒ NEGLECT ❒ OTHER (SPECIFY)
RELATIONSHIP TO SUSPECT	PHOTOS TAKEN? ❒ YES ❒ NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ❒ YES ❒ NO ❒ UNK

D. INVOLVED PARTIES

VICTIM'S SIBLINGS

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

VICTIM'S PARENTS/GUARDIANS

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

SUSPECT

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

E. INCIDENT INFORMATION

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

DATE / TIME OF INCIDENT	PLACE OF INCIDENT

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

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

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

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-Romania

Required Statement of Mandated Reporter – Sample Employee Form

Child Abuse and Neglect Reporting Law (P.C. 11166.5)

Definitions: The following situations are reportable conditions:
1) Physical abuse, 2) Sexual abuse, 3) Child exploitation, child pornography and child prostitution, 4) Severe or general neglect, 5) Extreme corporal punishment resulting in injury, 6) Willful cruelty or unjustifiable punishment, 7) Abuse or neglect in out-of-home care.

Who Must Report: The following individuals are legally mandated reporters:
(Refer to "Reporting Law" Section for a comprehensive listing).

- Child visitation monitors
- Health practitioners (nurses, physicians, etc.)
- Commercial or photographic print processors in specified instances
- Specified public positions (teachers, social workers, probation officers, etc.)
- Public protection positions (police, sheriff, CPS, etc.)
- Clergy members
- Fire fighters (except volunteer firefighters), Animal control officers, Humane society officers

When to Report: A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

To Whom Do You Report: You have a choice of reporting to the Police or Sheriff's Department or the Probation Department or Child Welfare Agency. Each County has preferred reporting procedures. Commercial film or photographic processors report only to law enforcement.

Individual Responsibility: Any individual whose occupation is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, the individual with the original suspicion must report.

Anonymous Reporting: Mandated reporters are required to give their names. Non-mandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimbursement for fees incurred in the suit will occur up to $50,000 (P.C. Section 11172). No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability: Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than $1,000 or both. Mandated reporters can also be civilly liable for failure to report.

Notification Regarding Abuse: You are not legally required to notify the parents that your are making a report; however, it is often beneficial to let the parents know you are reporting for benefit of a future relationship.

I understand that I am a legally mandated reporter. I have clarified any information listed above which I did not understand, and am now aware of my reporting responsibilities, and am willing to comply. I have also requested an explanation of reporting policies within this agency and understand them.

_____	_____	_____
Employee's Name	Witness (Supervisor)	Date

Confidentiality Statements and Agreement (Sample)

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

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

1. the client authorizes release of information with a signature;
2. the counselor is ordered by a court to release information;
3. a client presents a physical danger to self or others;
4. child abuse/ neglect are suspected;
5. In these latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

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

Confidentiality Agreement

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

1. I believe that you are in danger of hurting yourself or someone else, and
2. If there is reasonable suspicion that a child has been abused or neglected.

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

Client Signature: _____

Therapist signature:_____

Date: _____

Community Resources

Parents Anonymous. Self-help groups for potentially abusive or abusive parents. Facilitators consist of a professional and a formerly abusive parent. Usually no fee/low fee, child care and transportation provided.
http://www.parentsanonymous.org/

Parents United. Self-help groups for sexually abusive families. Consists of groups for offenders, children, and mothers. Also have groups for Adults Molested as Children (AMAC). Comprehensive child sexual abuse program. Email: parents.united@usa.net, http://members.tripod.com/~Parents_United/Chapters/californ.htm

Parental Stress Hotlines. 24-hour Crisis telephone assistance for persons under stress. Telephone counseling primarily, but can also provide home visiting program and respite care. Usually offer parent peer groups and other services. CHILD HELP USA HOTLINE - 24 hour. 1-800-422-4453. (Counseling + referrals + counseling available in 140 languages).

Respite Care Programs. Programs which provide care for children, elderly, or the sick when their caretakers "need a break." Not a baby-sitting service. Voluntary participation.
http://www.chtop.com/calstate.html and
http://www.caregiver.org/CRC respite pdf.html
(lists 1,900 programs in California)

Parent-Infant Bonding (Perinatal Programs). Designed to help new parents with bonding skills; provide parent education regarding the child's need. Early intervention services.
http://www.birthpsychology.com/index.html

Child Abuse Prevention Councils. Provide information and referral; educational services including book and film library. Usually are multidisciplinary in nature, and help coordinate service delivery. Provide visibility to the problem of child abuse. **Listings in California by county:**
http://www.capcsac.org/crisisnumbers/councils.html

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. Practical parenting tools -
http://www.positiveparenting.com/

Parent Discussion Groups. Provide a forum in which parents may discuss child-rearing problems, gain peer support, and minimize their isolation.
http://www.parenthoodweb.com

Community Mental Health Departments. Provide low-fee therapeutic services to families and children. Available in every community. Frequently serve a broad range of abusive families. Listings of Statewide 24-hour crisis hotlines -
http://www.dmh.cahwnet.gov/faq/hotline.asp

Family Resource Centers. Provide valuable child care information to parents who may beoverwhelmed by the demands of parenting. Information and referral. Education.
http://www.familyresourcecenters.net/

Private Mental Health Clinics/Therapist Groups. There are many private therapists who now specialize in working with child abuse. Child Abuse Prevention Councils or Child Protective Agencies are usually familiar with good referral possibilities. Resources -
http://www.planetpsych.com,
http://www.4therapy.com and
http://psychology.com

Family Service Agencies. Many of these agencies have taken a leadership role in child abuse prevention/treatment services. Therapeutic services are available on a sliding fee scale.

Emergency hotline information. offers 24-hour hotline help and resource referral information.
http://www.psch-net.org/hotlines

United Way. offers information on local resources within one's own geographic area.
http://www.national.unitedway.org/

California Legislative Information. Internet site designed to provide current legislative information to the public. Includes legislators mail address and e-mail (under "Your Legislature)."
http://www.leginfo.ca.gov/

Statewide Resources

Office of Child Abuse Prevention (OCAP)
California Department of Social Services
744 P Street, MS 19-82
Sacramento, CA 95814
(916) 445-2771 Web site:
http://www.dss.cahwnet.gov/cdssweb/OfficeofCh_1341.htm
Web site for online mandated reporter training:
http://cihs.sonoma.edu/web/camr/

Prevent Child Abuse California
926 J Street, Suite 717
Sacramento, CA 95814
(916) 498-8481
1-800-CHILDREN Web site: http://www.pca-ca.org/

California Child Care Resource and Referral Network
111 New Montgomery Street, 7th Floor
San Francisco, CA 94105
(415) 882-0234
Web site: http//www.rrnetwork.org

Parents Anonymous
675 West Foothill Blvd., Suite 220
Claremont, CA 91711-3475
(909) 621-6184 Web site: http//www.parentsanonymous.org

National Resources

National Clearinghouse on Child Abuse and Neglect (NCCAN)
330 C Street SW
Washington, D.C. 20447
(800) 394-3366
Web site: http://www.calib.com/nccanch

Prevent Child Abuse America
200 S. Michigan Avenue, 17th Floor
Chicago, Illinois 60604-2404
(312) 663-3520
Web site: http://www.childabuse.org

Parents United, International
615 15th Street
Modesto, CA 95354
(209) 572-3446
Email: parents.united@usa.net,
http://members.tripod.com/~Parents_United/Chapters/californ.htm

Selected Bibliography

Physical Abuse/Child Abuse

Crossan-Tower, Cynthia. (1996) **Understanding Child Abuse and Neglect.** 3rd ed. Boston, MA: Allyn & Bacon. http://www.abacon.com/

Gil, D. (Dec., 2001) **Violence Against Children**. Physical abuse in the United states. Cambridge, MA: Harvard university press http://www.hup.harvard.edu/

Krugman, R.D., Kempe, R.S., Helfer, M.E., **The Battered Child.** 5th ed. University of Chicago Press, 1968, 1974, 1980, 1987, 1997. http://www.press.uchicago.edu/

Understanding Child Abuse and Neglect. (1993) Panel on Research on Child Abuse and neglect, National Research Council Washington, DC: National Academy Press. http://www.books.nap.edu/

Wile, Vernon R. (1996) **Working with Child Abuse & Neglect: A Primer.** (Child maltreatment, history, factors, treatment, prevention, and evaluation instruments). Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Neglect

Cohn, F., Salmon, M.E., Stobo, J.D., (Eds.). (2001) **Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence.** Committee on the Training Needs of Health Professionals to Respond to Famillly Violence, Board on Children, Youth, and Families. Washington, DC: National Academy Press. http://www.books.nap.edu/

Sexual Abuse

Campbell, J.C., (Ed.) (Oct. 1994) **Assessing Dangerousness: Violence by Sexual Offenders, Batterers & Child Abusers.** Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Laws, D. Richard, Hudson, Stephen M., Ward, T., (Eds). **Remaking Relapse Prevention With Sex Offenders: A Sourcebook.** Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Summit, Roland, (1983) **The Child Sexual Abuse Accommodation Syndrome.** In Child Abuse and Neglect: The International Journal, Pergamon Press, Ltd., Vol. 7, pg. 177, 193. (Available in library periodicals section).

Family Violence and Child Abuse

Chalk, R., King, Pl, (Eds.). (1998) **Violence in Families: Assessing Prevention and Treatment Programs.** Committee on the Assessment of Family Violence Interventons, National Research Council and Institute of Medicine. Washington, DC: National Academy Press. http://www.books.nap.edu/

Crowell. N.A., Burgess, A.W., (Eds). (1996) **Understanding Violence Against Women.** (includes family violence) Panel on Research on Violence Against Women, National Research Council. Washington, DC: National Academy Press. http://www.books.nap.edu/

Child Abuse Prevention

Reiss, A.J., Jr., Roth, J.A., (Eds.). (1993) **Understanding and Preventing Violence, Volume 1**. Panel on the Understanding and Control of Violent Behavior, National Research Council. Washington, DC: National Academy Press. http://www.books.nap.edu/

Waldfogel, Jane. (1998) **The Future of Child Protection: How to Break the Cycle of Abuse & Neglect.** Cambridge, MA: Harvard University Press. http://www.hup.harvard.edu/

Interventions, Research and Policy

Barker, N., Plum, H., Coale, H., Fontana, J.J., Hoffa, C., Riggs, R.S., Davis, L., Cathcart, C., McGovern, K., Farrell, J. (1998) **Child Abuse & Neglect: An Interdisciplinary Method of Treatment**. Dubuque, IA: Kendall/Hunt Publishing Company. http://www.kendallhunt.com/

Child Abuse & Neglect: A Look at the States - 1999 Stat Book. (1995) Child Welfare League of America. Washington, DC. http://www.cwla.org/pubs/

Child Welfare. (Journal resource), Child welfare league of America, Washington, DC. (202) 638-2952. E-mail: journal@cwla.org

Dubowitz, H., (Ed.). (1999) **Neglected Children: Research, Practice, and Policy.** Child neglect, policy, evaluation, prevention, cultural competency. Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Fontes, L.A., **Interviewing Immigrant Children & Families About Child Maltreatment.** (April 2000) Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Guterman, Neil B. (2001) **Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services.** Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Krugman, Richard D., (Ed.), Leventhal, John, M. (Co-editor). **Child Abuse & Neglect, The International Journal.** (Journal resource) New York: Pergamon. (Available in library periodicals section).

Lutzker, John R. (Nov. 1997) **Handbook of Child Abuse Research and Treatment.** Theory, law, treatment, & sex abuse. Norwell, MA: Kluwer Academic publishers. http://www.wkap.nl/prod/

Macdonald, Geraldine M. (2001) **Effective Interventions for Child Abuse & Neglect: An Evidence Based Approach to Planning and Evaluating Interventions.** New York, NY: Wiley Books. http://www.wiley.com/

National Data Archives on Child Abuse and Neglect. Cornell University Family Life development Center, MVR Hall, Ithaca, NY. www.ndacan.cornell.edu National Data Analysis System: http//www.ndas.cwla.org

Reece, R.M., M.D., (Ed.). (2000) **Treatment of Child Abuse.** Common Ground for mental health, medical, and legal practitioners. John Hopkins University Press. http://www.press.jhu.edu/

Wolfe, D.A. (June 1999) **Child Abuse: Implications for Child Development and Psychopathology.** Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Related Issues

Bartholet, Elizabeth. (1999) **Nobody's Children: Abuse & Neglect, Foster Drift, and the Adoption Alternative**. Boston, MA: Beacon Press. http://www.beacon.org/

Freyd, J. (Jan. 1996) **Betrayal Trauma: The Logic of Forgetting Childhood Abuse**. (Psychogenic amnesia, lifelong effects of child abuse, & treatment). Cambridge, MA: Harvard University Press. http://www.hup.harvard.edu/

Garbarino, J. (1999) **Lost Boys: Why Our Sons Turn Violent and How We Can Save Them**. New York, NY: Anchor Books. http://www.anchorbooks.com

Juvenile Crime, Juvenile Justice. (2001) Panel on Juvenile Crime: Prevention, Treatment and Control, Committee on Law and Justice, & Board on Children, Youth, and Families, National Research Council, and Institute of Medicine Washington, DC: National Academy Press. http://books.nap.edu/

Lamb, Sharon (April 1996) **The Trouble with Blame**. Cambridge, MA: Harvard University Press. http://www.hup.harvard.edu/

Petersilia, J., Foote, J., Corwell, N., (Eds). (2001) **Crime Victims with Developmental Disabilities: Report of a Workshop**. Washington, DC: National Academy Press Press. http://books.nap.edu/catalog

Parnell, T.F., O'Day, D. (July 1997) **Munchausen by Proxy Syndrome: Misunderstood Child Abuse**. Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Pezdek K. & Bnaks, W.P. (1996) **The Recovered Memory/False Memory Debate**. San Diego, CA: Academic Press.. http://www.academicpress.com/

Stern, P. (Jan. 1997) **Preparing and Presenting Expert Testimony in Child Abuse Litigation**. Thousand Oaks, CA: Sage Publications. http://www.sagepub.com/

Straus, M.B. (1990) **Abuse and Victimization Across the Life Span**. John Hopkins Series in Contemporary Medicine and Public Health. John Hopkins University Press. http://www.press.jhy.edu/

Other

Internet Resource for **articles dealing with child abuse**. (Site includes: neglect, emotional, physical, & Sexual abuse). http://www.vachss.com/ (Resource Section)

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Sacramento, CA 95814

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http://www.dss.cahwnet.gov/cdssweb/default.htm

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The current California Child Abuse and Neglect Reporting Law (Penal Code 11164-11174.3) can be accessed on the internet at **http://www.leginfo.ca.gov**

This pamphlet provides current information about the subject of Child Abuse reporting laws to assist mandated reporters and others in determining their reporting responsibilities. It is not intended to be and should not be considered legal advice. In the event there are questions about reporting responsibilities in a specific case, the advice of legal counsel should be sought.

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State of California
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Health and Human Services Agency
Kimberly Belshé, Secretary

Department of Social Services
Dennis J. Boyle, Director

Children and Family Services Division
Children's Services Branch
Office of Child Abuse Prevention

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