

Child Abuse

Educator's Responsibilities

Crime and Violence Prevention Center
California Attorney General's Office
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INTRODUCTION

Tragically, it is estimated that three children die each day in this nation as a result of child abuse and neglect. Every day, thousands of children are abused both physically and emotionally, often by members of their own family, an unmarried parent's partner, or a caregiver.

In California, it is estimated that more than 706,000 incidents of child abuse and neglect occurred in 1996.

Each incident of child abuse is a tragedy. No civilized society can overlook the maltreatment of children without losing some of its soul.

Identification of abuse is the first step to strengthening our efforts in prevention and early intervention with youth and troubled families. Citizens and professionals who deal with children play a critical role in protecting an innocent child who may be suffering from abuse.

Under California state law, specific professional groups, including educators, are mandated to report suspected child abuse. Knowledge or reasonable suspicion of child abuse is not privileged information, and must be reported. This information may be the only means of escape for a defenseless child.

As an educator, you are in a unique position to help abused children escape pain, suffering, and even death. This handbook is designed to assist you in identifying the symptoms of child abuse and understand your reporting responsibilities. It also answers some commonly-asked questions. Together, we can stop the abuse, and give our children a chance at a happy, productive life.

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WHAT IS CHILD ABUSE?

If you fall into the category of mandated reporter, you are required by law to report suspected abuse. This requirement applies to physical abuse, severe emotional maltreatment constituting willful cruelty or unjustifiable punishment of a child, neglect or sexual abuse. Of course, one of the most important reasons for suspecting child abuse is that a child has told you that someone has hurt him/her.

The law defines child abuse as:

- Physical abuse
- Physical neglect
- Sexual abuse
- Emotional maltreatment

Indicators of suspected child abuse are listed in this section to help educators and other school personnel meet their responsibilities under the Child Abuse Reporting Law.

Physical Abuse

“Child abuse means a physical injury which is inflicted by other than accidental means on a child by another person.” (Pen. Code, §11165.6.) Inflicted physical abuse most often occurs as a result of severe corporal punishment. Physical abuse usually happens when a frustrated or angry parent or other caregiver strikes, shakes or throws a child. Intentional assault such as burning, biting, cutting, poking, twisting limbs or otherwise torturing a child is also included in this category of child abuse. Indicators of physical abuse can be physical or behavioral.

Physical Indicators

The type and location of an injury can help distinguish accidental injuries from suspected physical abuse. Typical locations of injuries resulting from abuse are the back surface of a child’s body from the neck to the knees, injuries to the face, bilateral injuries or those on several different parts of the body. Injuries on the shins, elbows, knees or forehead are not typical locations of injuries sustained from abuse.

Types of Injuries:

- Bruises
- Burns
- Bite marks
- Abrasions
- Lacerations
- Head injuries

- Internal injuries
- Fractures

Behavioral Indicators

The following behaviors are often exhibited by abused children:

- The child is frightened of parents/caretakers or, at the other extreme, is overprotective of parent(s) or caretaker(s).
- The child is excessively passive, overly compliant, apathetic, withdrawn or fearful or, at the other extreme, excessively aggressive, destructive or physically violent.
- The child and/or parent or caretaker attempts to hide injuries; child wears excessive layers of clothing, especially in hot weather; child is frequently absent from school or misses physical education classes if changing into gym clothes is required; child has difficulty sitting or walking.
- The child is frightened of going home.
- The child is clingy and forms indiscriminate attachments.
- The child is apprehensive when other children cry.
- The child is wary of physical contact with adults.
- The child exhibits drastic behavioral changes in and out of parental/caretaker presence.
- The child is hypervigilant.
- The child suffers from seizures or vomiting.
- The adolescent exhibits depression, self-mutilation, suicide attempts, substance abuse, or sleeping and eating disorders.

Additional Indicators

Other indicators of physical abuse may include:

- A statement by the child that the injury was caused by abuse. (Caution: chronically abused children may deny abuse.)
- Knowledge that the child's injury is unusual for the child's specific age group (e.g., any fracture in an infant).
- Knowledge of the child's history of previous or recurrent injuries.
- Unexplained injuries (e.g., parent is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).
- A parent or caretaker who delays seeking or fails to seek medical care for the child's injury.

Physical Neglect

Neglect is the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. It includes both acts and omissions on the part of the responsible person. California law defines two categories of neglect: *severe neglect and general neglect*.

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

General neglect means the negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical care or supervision where no physical injury to the child has occurred.

Indicators of Physical Neglect

Neglect may be suspected when one or more of the following conditions exist:

- The child is lacking adequate medical or dental care.
- The child is often sleepy or hungry.
- The child is often dirty, demonstrates poor personal hygiene or is inadequately dressed for weather conditions.
- There is evidence of poor or inadequate supervision for the child's age.
- The conditions in the home are unsafe or unsanitary.
- The child appears to be malnourished.
- The child is depressed, withdrawn or apathetic, exhibits antisocial or destructive behavior, shows fearfulness, or suffers from substance abuse, speech, eating or habit disorders (biting, rocking, whining).

While some of these conditions may exist in any home, *it is the extreme or persistent presence* of these factors that indicate a degree of neglect. Disarray and an untidy home do not necessarily mean the home is unfit. Extreme conditions resulting in an "unfit home" constitute severe neglect and may justify protective custody and juvenile dependency proceedings.

Sexual Abuse

Sexual abuse is defined as acts of sexual assault or sexual exploitation of a minor. Sexual abuse encompasses a broad spectrum of behavior and may consist of many acts over a long period of time (chronic molestation) or a single incident. Victims range in age from less than one year through adolescence.

Sexual assault includes: rape, gang rape (or rape in concert), incest, sodomy, lewd or lascivious acts with a child under 14 years of age, oral copulation, penetration of a genital or anal opening by a foreign object, and child molestation. In 1998, the definition of sexual assault for the purposes of the Child Abuse and Neglect Reporting Act was expanded to include Penal Code section 261.5 (d), i.e. statutory rape when the offender is over 21 and the victim is under 16, and Penal Code section 288 (c) (1), i.e., lewd and lascivious acts upon a 14 or 15 year old when the offender is at least 10 years older.

Sexual exploitation includes conduct or activities related to pornography depicting minors and promoting prostitution by minors.

The nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, stepparents, friends or others in a child caretaker role, make it extremely difficult for children to report sexual abuse.

Sometimes a child who does seek help is accused of making up stories. Many people do not believe the victim because the abuser seems well adjusted and they cannot believe this person could be capable of sexual abuse. Also, when the matter does come to the attention of authorities, the child may give in to pressure from parents or caretakers and deny that any sexual abuse has occurred. The child may feel guilty about "turning in" the abuser or breaking up the family, and recant or change his or her story.

This pattern of denial is typical and may unfortunately cause people to be skeptical of a child's complaint of sexual abuse.

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

Indicators of Sexual Abuse¹

Indicators of sexual abuse can surface through a child's history, physical symptoms and behavior. Some of these indicators, taken separately, may not be symptomatic of sexual abuse. They are listed below as a guide and should be examined in the context of other factors.

¹ For further information see the state Office of Criminal Justice Planning publication, *State Medical Protocol for Examination, Treatment, and Collection of Evidence from Sexual Assault Victims*, July 1987.

History

- The single most important indicator is disclosure by the child to a friend, classmate, teacher, friend's mother or other trusted adult. The disclosure may be direct or indirect, e.g., "I know someone ..." or "What would you do if...?" or "I heard something about somebody..." It is not uncommon for the disclosure by children experiencing chronic or acute sexual abuse to be delayed. Children rarely fabricate these accounts; they should be taken seriously.
- The child wears torn, stained, or bloody underclothing.
- Knowledge that a child's injury/disease (vaginal trauma, sexually transmitted disease) is unusual for the specific age group.
- Knowledge of a child's history of previous or recurrent injuries/diseases.
- Unexplained injuries/diseases (parent/caretaker unable to explain reason for injury/disease); there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis.
- A young girl is pregnant or has a sexually transmitted disease. Pregnancy of a minor does not, in and of itself, constitute the basis of reasonable suspicion of sexual abuse.

Physical Symptoms

- Sexually transmitted diseases.
- Genital discharge or infection.
- Physical trauma or irritation to the anal/genital area (pain, itching, swelling, bruising, bleeding, lacerations, abrasions), especially if injuries are unexplained or there is an inconsistent explanation.
- Pain during urination or defecation.
- Difficulty in walking or sitting due to genital or anal pain.
- Psychosomatic symptoms (stomachaches, headaches).

Sexual Behaviors of Children

- Detailed and age-inappropriate understanding of sexual behavior (especially by younger children).
- Inappropriate, unusual or aggressive sexual behavior with peers or toys.
- Compulsive indiscreet masturbation.
- Excessive curiosity about sexual matters or genitalia (self and others).
- Unusually seductive with classmates, teachers and other adults.
- Excessive concern about homosexuality, especially by boys.

Behavioral Indicators in Younger Children

- Enuresis (wetting pants, bed wetting).
- Fecal soiling.
- Eating disturbances such as overeating, undereating.
- Fears or phobias.
- Overly compulsive behavior.
- School problems or significant change in school performance (attitude and grades).
- Age-inappropriate behavior that includes pseudomaturity or regressive behavior such as bed wetting or thumb sucking.
- Inability to concentrate.
- Sleeping disturbances (nightmares, fear of falling asleep, fretful sleep pattern, sleeping long hours).
- Drastic behavior changes.
- Speech disorders.
- Frightened of parents/caretaker or of going home.

Behavioral Indicators in Older Children and Adolescents

- Withdrawal.
- Chronic fatigue.
- Clinical depression, apathy.
- Overly compliant behavior.
- Poor hygiene or excessive bathing.
- Poor peer relations and social skills; inability to make friends.
- Acting out, running away, aggressive, antisocial or delinquent behavior.
- Alcohol or drug abuse.
- Prostitution or excessive promiscuity.
- School problems, frequent absences, sudden drop in school performance.
- Refusal to dress for physical education.
- Non-participation in sports and social activities.
- Fearful of showers or restrooms.
- Fearful of home life as demonstrated by arriving at school early or leaving late.
- Suddenly fearful of other things (going outside or participating in familiar activities).
- Extraordinary fear of males (in cases of male perpetrator and female victim).
- Self-consciousness of body beyond that expected for age.
- Sudden acquisition of money, new clothes or gifts with no reasonable explanation.

- Suicide attempt or other self-destructive behavior.
- Crying without provocation.
- Setting fires.

Incestuous/Intrafamilial Sexual Abuse

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

In discussing sexual abuse, **incest** means sexual activity between certain close relatives, (e.g., parents and children, siblings, grandparents and grandchildren); **intrafamilial** means sexual activity between persons in a family setting, (e.g., stepparent, parent's live-in partner).

In most reported cases, the father or a male caretaker is the initiator and the victim is usually a female child. However, boys are also victims more often than previously believed. Embarrassment and shame often deter children from reporting abuse.

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

Regardless of how gentle or forceful or how trivial or coincidental the first incident may have been, sexual abuse tends to recur and escalate over a period of years. The child may eventually blame himself or herself and believe that he or she may have tempted or provoked the abuser.

The mother, who usually is expected to protect her child, may purposely stay isolated from the problem. By being distant and uncommunicative, or disapproving of sexual matters, the child is afraid to confide in her and speak up.

One reason for the mother's behavior may be that she is extremely insecure, and the potential loss of her husband or partner, and the economic security he provides, is so threatening that she cannot allow herself to believe or even to suspect that her child is at risk. Another reason could be that she was a victim of sexual abuse herself and may not trust her judgment or her right to challenge male authority. Some mothers actually know their children are sexually abused, but they look the other way.

Until the victim is old enough to realize that incest is not a common occurrence, and is strong enough to obtain help outside the family, there is no escape unless the abuse is reported.

Extrafamilial Abuse

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

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

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

Emotional Maltreatment

Emotional maltreatment consists of emotional abuse and emotional deprivation or neglect.

Emotional Abuse

Mandated reporters may report suspected emotional abuse. However, suspected cases of severe emotional abuse that constitute willful cruelty or unjustifiable punishment of a child **must** be reported by mandated reporters.

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly cripple and handicap a child emotionally, behaviorally and intellectually. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions. Emotional and behavioral problems, in varying degrees, are common among children whose parents abuse them emotionally.

Examples of how parents inflict emotional abuse on their children include excessive verbal assaults such as belittling, screaming, threats, blaming, sarcasm; unpredictable responses or inconsistency; continual negative moods; constant family discord or double-message communication.

Behavioral Indicators of Emotional Abuse

Emotional abuse may be suspected if the child:

- Is withdrawn, depressed or apathetic.
- Is clingy, and forms indiscriminate attachments.
- “Acts out” and is considered a behavior problem.
- Exhibits exaggerated fearfulness.
- Is overly rigid in conforming to instructions of teachers, doctors and other adults.
- Suffers from sleep, speech, or eating disorders.
- Displays signs of emotional turmoil that include repetitive, rhythmic movements (rocking, whining, picking at scabs).
- Pays inordinate attention to details or exhibits little or no verbal or physical communication with others.
- Suffers from enuresis (bed wetting) and fecal soiling.
- Unwittingly makes comments such as “Mommy always tells me I’m bad.”
- Experiences substance abuse problems.

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

Behavioral Indicators of Parents or Caretakers

The following descriptions of behavior exhibited by parents or caretakers may suggest that a child is being emotionally abused or neglected.

- Parents or caretakers burden the child with demands which are based on unreasonable or impossible expectations, or are beyond his or her developmental capacity.
- The child is used as a “battleground” for marital conflicts.
- The child is used to satisfy the parent’s or caretaker’s own ego needs.
- The child is “objectified” by the perpetrator. For example, the child is referred to as “it” (“it” cried, “it” died).

Emotional abuse can become a self-fulfilling prophecy. For example, if a child is degraded enough, the child may live “up” to the image communicated by the abusing parent or caretaker.

Emotional abuse is very difficult to prove. Cumulative documentation by a child protection agency may be necessary for effective intervention. Therefore, emotionally abused children should be referred to treatment as soon as possible.

Emotional Deprivation

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

Behavioral Indicators of Emotional Deprivation

Emotional deprivation should be suspected if the child:

- Refuses to eat adequate amounts of food, thus is very frail.
- Is unable to perform normal learned functions for a given age, e.g., walking, talking, etc.
- Displays antisocial behavior (aggression, disruption) or obvious delinquent behavior (drug abuse, vandalism); conversely, the child may be abnormally unresponsive, sad or withdrawn.
- Constantly "seeks out" and "pesters" other adults such as teachers or neighbors for attention and affection.
- Displays exaggerated fears.

When parents ignore their children because of the parents' use of drugs or alcohol, psychiatric disturbances, personal problems or other preoccupying situations, serious consequences may occur. However, these situations are not reportable unless they constitute a form of legally defined abuse.

WHAT IS NOT CHILD ABUSE?

Listed below are descriptions of situations or circumstances which are not child abuse for purposes of the California Child Abuse and Neglect Reporting Law. Any other questionable situations must always be reported.

- Injuries caused by two children fighting during a mutual altercation.
- Injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.
- Voluntary sexual conduct between minors who are both under the age of 14, and who are of similar age and sophistication.
- Pregnancy of a minor, regardless of her age, does not, *in and of itself*, constitute the basis of reasonable suspicion of sexual abuse.

WHAT ARE THE EDUCATOR'S RESPONSIBILITIES?

School teachers, nurses, counselors, principals, supervisors of child welfare and attendance, and other designated school personnel who are mandated to report known or suspected child abuse cases, play a critical role in the early detection of child abuse and neglect. Symptoms or signs of abuse and neglect are often first seen by school personnel. Because immediate investigation by child protective agencies may save a child from repeated abuse, school personnel should not hesitate to report suspicious injuries or behavior. Your duty is to report, not investigate.

In the discussion below, answers are provided to some of the common concerns expressed by educators regarding their legal responsibility to report suspected child abuse.

What Does the Child Abuse and Neglect Reporting Law Require?

The Child Abuse Reporting Law (Pen. Code, § 11166) requires certain professionals and lay persons, who have a special working relationship or contact with children, to report known or suspected abuse to the proper authorities. The following is an excerpt from the law:

... any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer or humane society officer 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, shall report the known or suspected instance of child abuse to a child protective 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.... For the purpose of this article, "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.

Which Professionals are Required by Law to Report Suspected Child Abuse?

Penal Code section 11166 requires the following professionals to report suspected child abuse: child care custodians, health practitioners, employees of a child protective agency, child visitation monitors, firefighters, animal control officers, humane society officers, and commercial film and photographic print processors, and clergy as defined in sections 11165.7- 11165.10 and 11165.15-11165.17.

For the purposes of the reporting law, educators and other school employees typically fall into the categories of child care custodian and health care practitioners.

Child care custodian *includes teachers; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs, or youth organizations; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators and employees of licensed community care or child day care facilities; headstart teachers; licensing workers or licensing evaluators, public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers, or parole officers; employees of a school district police or security department; any person who is an administrator or a 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...* (Pen. Code, § 11166.5, subd. (a).)

Health practitioner *includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, marriage, family and child counselors, clinical social workers, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; emergency medical technicians I or II, paramedics, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under*

Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; medical examiners, or any other person who performs autopsies. (Pen. Code, § 11165.8, subd. (a-h).)

Does the Law Provide Immunity From Civil or Criminal Liability for Mandated Reporters?

Yes. Mandated reporters are provided immunity from civil or criminal liability as a result of making a required or authorized report of known or suspected child abuse.

Other persons who report are not liable either civilly or criminally unless it can be proven that a false report was made and that the person knew that the report was false or the report was made with reckless disregard of the truth or falsity of the report. Any such person who makes a report of child abuse known to be false or with reckless disregard of the truth or falsity of the report is liable for any damages caused. (Pen. Code, § 11172, subd. (a).)

Can a Mandated Reporter Who Is Sued for Reporting Child Abuse Be Reimbursed for Attorney's Fees?

Yes. In the event a civil action is brought against a mandated reporter as a result of a required or authorized report, he or she may present a claim to the State Board of Control for reasonable attorney's fees incurred in the action if he or she prevails in the action or the court dismisses the action upon a demurrer or motion for summary judgment made by that person. The maximum hourly rate for recovery of attorney's fees is that charged by the Attorney General at the time of the award and the maximum recovery is \$50,000. Public entities providing a defense pursuant to Government Code section 995 may not file a claim. (Pen. Code, § 11172. (c).)

Are Employers Required to Inform Mandated Reporters of Their Legal Responsibilities to Report?

Yes. A 1984 amendment to the reporting law requires that any person who enters into employment on and after Jan. 1, 1985, " as a child care custodian, health practitioner, fire-fighter, animal control officer, or humane society officer, or with a child protective agency, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions." (Pen. Code, § 11166.5, subd. (a).)

If I Do Not Report, Can I Be Prosecuted?

Yes. Failure to report by telephone immediately or as soon as practically possible and in writing within 36 hours is a misdemeanor “punishable by confinement in a county jail for a term not to exceed six months, by a fine of not more than one thousand dollars (\$1,000), or by both that imprisonment and fine.” (Pen. Code, § 11172, subd. (e).) Basically, this penalty ensures that those required to do so will report all suspected incidents of child abuse immediately to a child protective agency: the local police or sheriff’s department, the county welfare department, or juvenile probation department.

Can I Lose My Credentials if I Fail to Report?

Yes. Educators who fail to report may risk loss of their license or credential. The Commission for Teacher Preparation and Licensing shall privately admonish, publicly reprove, revoke, or suspend (a credential) for immoral or unprofessional conduct, or for persistent defiance of, and refusal to obey the laws regulating the duties of persons serving in the public school system. (Ed. Code, § 44421.) Moreover, a failure to report may result in personal civil liability. (*Landeros v. Flood* (1975) 17Cal.3d 399.)

How Do I Report?

The mandated reporter must report the known or suspected incidence of child abuse to a child protective agency immediately or as soon as practically possible by telephone. The following information must be provided at the time of the call:

- Name of the reporter (which is confidential with limited exceptions);
- Name of the child;
- Present location of the child;
- Nature and extent of the injury; and
- Any other information, including that which led the person to suspect child abuse, requested by the child protective agency. (Pen. Code, § 11167, subd. (a).)

The call must be followed within 36 hours by a written report to the child protective agency to which the telephone report was made. The written report must be filed on Department of Justice Form SS 8572 (DOJ SS 8572), which is available through county welfare departments, local law enforcement agencies or, in some instances, county probation departments. (See Appendix I for a sample of this form.) Medical personnel are also required to complete a Medical Report of Suspected Child Abuse on Department of Justice Form 900 (DOJ 900). (See Appendix II for a sample of this form.)

Does the Law Allow Schools to Develop Special Procedures for Reporting Child Abuse?

Yes. It has been the practice of many schools to develop special procedures for reporting child abuse. School personnel who are mandated to report should be aware, however, that regardless of the existence of such procedures, reporting to a child protective agency is still required by law, and “good intentions” may not be a defense in a criminal or civil action initiated for failure to report.

Furthermore, reporting is an individual responsibility. No supervisor or administrator may interfere with the individual reporting responsibility; nor may a mandated reporter be absolved of responsibility by relying on a supervisor or administrator to meet his or her individual reporting responsibility.

The law protects an individual who reports known or suspected child abuse to a child protective agency so that he or she may do so without fear of any sanction for making the report. The supervisor or administrator can ask that the employee notify them of reports being made to a child protective agency; however, the employee cannot be prohibited or impeded from making a report directly to a child protective agency. Furthermore, an employee making a report cannot be required to disclose his or her identity to the employer. (Pen. Code, § 11166, subd. (h).)

When two or more mandated reporters are present and jointly have knowledge of a known or suspected instance of child abuse, *they may elect one person to report*. However, if the person elected to report fails to do so, then the other person is responsible for making the report. (Pen. Code, § 11166, subd. (g).)

What Happens to the Report?

The primary purpose of the report is to make child protective agencies aware of possible abuse.

Reports are investigated either by the local law enforcement agency and/or by the county child welfare (child protective services) agency. Reports received by county probation or child welfare agencies, except for reports involving general neglect, shall be cross-reported immediately, or as soon as possible, to the local law enforcement agency and district attorney's office having jurisdiction. Law enforcement is also required to cross-report immediately, or as soon as possible, to child welfare agencies and the district attorney's office. The reporting law is designed to ensure that law enforcement, child welfare agencies, and district attorney offices receive and review all reports whether initially reported to them or to another child protective agency. (Pen. Code, § 11166, subd. (i).)

Those required to report should be aware that reporting does not always mean that a civil or criminal proceeding will be initiated against the suspected abuser. If an investigation does not reveal evidence of child abuse but suggests other family problems or a potential abuse situation, the child welfare agency may intervene and offer appropriate services to prevent abuse before it happens.

For more information, please contact the California Department of Social Services, Office of Child Abuse Prevention at 744 P Street, MS-19-82, Sacramento, California, 95814, or call (916) 445-2771 and ask for the publication, "What Happens When a Report is Made?"

Are Mandated Reporters Required to Give Their Names When a Report Is Made?

Yes. (Pen. Code, § 11167, subds. (a).)

Is the Identity of a Mandated Reporter Confidential?

Yes. The identity of all persons who report known or suspected child abuse is confidential and may only be disclosed as follows:

- Between child protective agencies.
- To counsel representing a child protective agency.
- To the district attorney in a criminal prosecution.
- To the district attorney in an action initiated under Welfare and Institutions Code section 602 (wards; minors violating laws defining crime) arising from alleged child abuse.
- To the child's counsel appointed pursuant to Welfare and Institutions Code section 317 (c).
- To the county counsel or district attorney in proceedings under Family Code section 7800, et seq. (termination of parental rights) or Welfare and Institutions Code section 300 (dependent children).
- To a licensing agency when abuse in out-of-home care is reasonably suspected.
- By court order.
- When the reporter waives confidentiality. (Pen. Code, § 11167, subd. (d).)

Are Investigative Reports of Suspected Child Abuse Confidential?

Yes. Required reports of suspected child abuse and the information contained in those reports are confidential and may be disclosed only to the following:

- To persons or agencies to whom a reporter's identity may be disclosed. (See above.)
- To persons or agencies to whom disclosure of index and investigative information is permitted under Penal Code section 11170, subd. (b).

- To persons or agencies with whom investigations of child abuse are coordinated under the regulations promulgated under Section 11174.
- To multidisciplinary personnel teams as defined in Welfare and Institutions Code section 18951, subd. (d).
- To persons or agencies responsible for the licensing of facilities that care for children, as specified in Penal Code section 11165.7.
- To the state Department of Social Services or any county licensing agency which has contracted with the state, when an individual has applied for a community care license, child day care license, for employment in an out-of-home care facility, or when a complaint alleges child abuse by an operator or employee of an out-of-home care facility.
- To hospital scan teams.
- To coroners and medical examiners when conducting a postmortem examination of a child.
- To the Board of Prison Terms when subpoenaed for parole revocation proceedings against a parolee charged with abuse.
- To personnel from a child protective agency responsible for making a placement of a child.
- To persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index.
- To out-of-state law enforcement agencies conducting an investigation of child abuse only when an agency makes the request for reports of suspected child abuse in writing and on official letterhead, identifying the suspected abuser or victim by name.
- To persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided by subdivision (e) of Section 11170.
- To the chairperson of a county child death review team, or his or her designee. (Pen. Code, § 11167.5, subd. (b).)

Any violation of these confidentiality provisions is a misdemeanor punishable by up to six months in the county jail or by a fine of \$500 or by both.

Can a School District Release Information From a Pupil's Record in an Emergency Without Parental Consent or Judicial Order?

Yes. If a law enforcement agency needs that information in an emergency to protect the health or safety of that student or another person, the school may disclose it to a peace officer. This is a closely limited rule and, in fact, replaces a statute that had given more disclosure rights to the police.

Thus, if law enforcement agencies and others need information from school records, they need to comply with Education Code section 49076, subd.(b)(1). When grounds for access are not clearly established, consultation with county counsel is advisable.

Is a School Official Required to Notify a Parent, Guardian or Responsible Relative When a Minor Pupil Who Is a Victim of Suspected Child Abuse Is Released Into the Custody of a Peace Officer?

No. If a minor pupil is released from the school, as a victim of suspected child abuse, into the custody of a peace officer and the school receives inquiries from parents about the student's location, the parents should be referred to the law enforcement agency that took the minor pupil into protective custody.

... The school official shall provide the peace officer with the address and telephone number of the minor's parent or guardian. The peace officer shall take immediate steps to notify the parent, guardian, or responsible relative of the minor that the minor is in custody and the place where he or she is being held. If the officer has a reasonable belief that the minor would be endangered by a disclosure of the place where the minor is being held, or that the disclosure would cause the custody of the minor to be disturbed, the officer may refuse to disclose the place where the minor is being held for a period not to exceed 24 hours. The officer shall, however, inform the parent, guardian, or responsible relative whether the child requires and is receiving medical or other treatment. The juvenile court shall review any decision not to disclose the place where the minor is being held at a subsequent detention hearing. (Ed. Code, § 48906.)

Before releasing a child who is suspected of being abused by a parent or guardian to a peace officer, the school should obtain the officer's name, badge number and telephone number for the parents or guardians inquiring about their child's removal.

Can School Personnel Be Present During an Officer's Interview of a Child Abuse Victim on School Grounds?

Yes. The child is given the right of being interviewed in private or selecting any adult who is a member of the school staff, including any certificated or classified employee or volunteer aide to be present during the interview. The purpose of having a staff member at the interview is to lend support to the child and help him or her feel as comfortable as possible. However, the staff member cannot participate in the interview or discuss the facts or circumstances of the case with the child and is subject to the confidentiality requirements of Penal Code section 11167.5. A violation of confidentiality is a misdemeanor punishable by up to six months in jail or by a fine of \$500 or by both. Lastly, a staff member selected by a child may decline the request to be present at the interview.

Appendix I
Suspected Child Abuse Report (11166 PC)
DOJ SS 8572

SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION	TO BE COMPLETED BY INVESTIGATING CPA
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
DATE OF REPORT: _____	

B. REPORTING PARTY	NAME/TITLE _____					
	ADDRESS _____					
	PHONE () _____		DATE OF REPORT _____		SIGNATURE _____	
C. REPORT SENT TO	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION					
	AGENCY _____			ADDRESS _____		
	OFFICIAL CONTACTED _____		PHONE () _____		DATE/TIME _____	
D. INVOLVED PARTIES	VICTIM			SIBLINGS		PARENTS
	NAME (LAST, FIRST, MIDDLE) _____			ADDRESS _____		BIRTHDATE _____ SEX _____ RACE _____
	PRESENT LOCATION OF CHILD _____					PHONE () _____
	NAME _____	BIRTHDATE _____	SEX _____	RACE _____	NAME _____	BIRTHDATE _____ SEX _____ RACE _____
	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____
	NAME (LAST, FIRST, MIDDLE) _____			BIRTHDATE _____	SEX _____	RACE _____
	NAME (LAST, FIRST, MIDDLE) _____			BIRTHDATE _____	SEX _____	RACE _____
	ADDRESS _____			ADDRESS _____		
	HOME PHONE () _____		BUSINESS PHONE () _____		HOME PHONE () _____	
	BUSINESS PHONE () _____		HOME PHONE () _____		BUSINESS PHONE () _____	
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>					
	1. DATE/TIME OF INCIDENT _____		PLACE OF INCIDENT (CHECK ONE) _____		<input type="checkbox"/> OCCURRED <input type="checkbox"/> OBSERVED	
	IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:					
	<input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION					
	2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> OTHER					
	3. NARRATIVE DESCRIPTION: 					
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: 						
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD: 						

SS 8572 (Rev. 1/93)

INSTRUCTIONS AND DISTRIBUTION ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is **not** unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy

Appendix I
Suspected Child Abuse Report (11166 PC)
DOJ SS 8572

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

I. REPORTING RESPONSIBILITIES

- No child care custodian or health practitioner or commercial film and photographic print processor reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this section unless it can be proved that a false report was made and the person knew or should have known that the report was false.
- Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency 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 reasonably suspects has been the victim of child abuse shall report such suspected instance of child abuse to a child protective 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.
- Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency. Infliction of willful and unjustifiable mental suffering must be reported.

II. DEFINITIONS

- "Child care custodian" means a teacher; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; an administrative officer, supervisor of child welfare and attendance, or 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; 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.
- "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; a marriage, family and child counselor; any emergency

medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code; a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; an 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; a medical examiner, or any other person who performs autopsies; or a religious practitioner who diagnoses, examines, or treats children.

- "Commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

- "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department. It does not include a school district police or security department.

III. INSTRUCTIONS

(Section A to be completed by investigating child protective agency)

SECTION A - "CASE IDENTIFICATION": Enter the victim name, report number or case name, and date of report.

(Sections B through E are to be completed by reporting party)

SECTION B - "REPORTING PARTY": Enter your name/title, address, phone number, date of report, and signature.

SECTION C - "REPORT SENT TO": (1) Check the appropriate box to indicate which child protective agency (CPA) this report is being sent; (2) Enter the name and address of the CPA to which this report is being sent; and (3) Enter the name of the official contacted at the CPA, phone number, and the date/time contacted.

SECTION D - "INVOLVED PARTIES":

- a. VICTIM: Enter the name, address, physical data, present location, and phone number where victim is located (attach additional sheets if multiple victims).
- b. SIBLINGS: Enter the name and physical data of siblings living in the same household as the victim.
- c. PARENTS: Enter the names, physical data, addresses, and phone numbers of father/stepfather and mother/stepmother.

SECTION E - "INCIDENT INFORMATION": (1) Enter the date/time and place the incident occurred or was observed, and check the appropriate boxes; (2) Check the type of abuse; (3) Describe injury or sexual assault (where appropriate, attach Medical Report - Suspected Child Abuse Form DOJ 900 or any other form desired); (4) Summarize what the child or person accompanying the child said happened; and (5) Explain any known prior incidents involving the victim.

IV. DISTRIBUTION

- A. Reporting Party: Complete Suspected Child Abuse Report Form SS 8572. Retain yellow copy for your records and submit top three copies to a child protective agency.
- B. Investigating Child Protective Agency: Upon receipt of Form SS 8572, *within 36 hours* send white copy to police or sheriff, blue copy to county welfare or probation, and green copy to district attorney.

Appendix II

Medical Report— Suspected Child Abuse

DOJ 900

DOJ 900

84 89220

MEDICAL REPORT—SUSPECTED CHILD ABUSE										HOSPITAL		
<p>INSTRUCTIONS: ALL PROFESSIONAL MEDICAL PERSONNEL ARE REQUIRED BY SECTION 11166 OF THE PENAL CODE TO COMPLETE THIS FORM IN CONJUNCTION WITH THE SS 8572 SUSPECTED CHILD ABUSE REPORT WHERE CHILD ABUSE, AS DEFINED BY SECTION 11165 OF THE PENAL CODE, IS SUSPECTED. THE REPORTS, DOJ 900 AND SS 8572, MUST BE SUBMITTED TO A POLICE OR SHERIFF'S DEPARTMENT, OR A COUNTY PROBATION OR WELFARE DEPARTMENT WITHIN 36 HOURS. PROFESSIONAL MEDICAL PERSONNEL MEANS ANY PHYSICIAN AND SURGEON, PSYCHIATRIST, PSYCHOLOGIST, DENTIST, RESIDENT, INTERN, PODIATRIST, CHIROPRACTOR, LICENSED NURSE, DENTAL HYGIENIST OR ANY OTHER PERSON WHO IS CURRENTLY LICENSED UNDER DIVISION 2 (COMMENCING WITH SECTION 500) OF THE BUSINESS AND PROFESSIONS CODE. EACH PART OF THE FORM MUST BE COMPLETED UNLESS INAPPLICABLE. IN FILLING OUT THIS FORM, NO CIVIL LIABILITY ATTACHES AND NO CONFIDENTIALITY IS BREACHED.</p>												
I. GENERAL INFORMATION Print or type												
PATIENT'S NAME								HOSPITAL ID NO.				
ADDRESS			CITY			COUNTY			STATE		PHONE	
AGE	BIRTHDATE	RACE	SEX	DATE AND TIME OF ARRIVAL			MODE OF TRANSPORTATION		DATE AND TIME OF DISCHARGE			
ACCOMPANIED TO HOSPITAL BY: NAME				ADDRESS			CITY		STATE		RELATIONSHIP	
PHONE REPORT MADE TO				ID NO.	DEPARTMENT			PHONE		RESPONDING OFFICER/AGENCY		
NAME OF: <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER				ADDRESS			CITY		COUNTY		HOME PHONE BUS. PHONE AGE/DOB	
NAME OF: <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER				ADDRESS			CITY		COUNTY		HOME PHONE BUS. PHONE AGE/DOB	
SIBLINGS: LAST NAME, FIRST			DOB		LAST NAME, FIRST			DOB		LAST NAME, FIRST DOB		
II. MEDICAL EXAMINATION												
A. History 1. EXPLANATION OF INJURIES BY PARENT OR PERSON ACCOMPANYING CHILD (LOCATION, DATE, TIME AND CIRCUMSTANCES)												
2. PATIENT'S STATEMENT EXPLAINING INJURY (PARAPHRASE)												
3. PATIENT'S EMOTIONAL REACTION TO EXAMINATION (SUBMISSIVE, COMPLIANT, ETC.)												
4. PREVIOUS HISTORY OF CHILD ABUSE (IF KNOWN)												
B. Sexual Assault Perform exam only if necessary.												
1. ACTS COMMITTED: NOTE—COITUS, FELLATIO, CUNNILINGUS, SODOMY												
2. DURING ASSAULT						EJACULATION: <input type="checkbox"/> VAGINAL <input type="checkbox"/> ORAL <input type="checkbox"/> ANAL <input type="checkbox"/> OTHER:						
<input type="checkbox"/> VAGINAL PENETRATION (HOW)						<input type="checkbox"/> CONDOM USED <input type="checkbox"/> VOMITED <input type="checkbox"/> LOSS OF CONSCIOUSNESS <input type="checkbox"/> OTHER:						
<input type="checkbox"/> ANAL PENETRATION (HOW)						<input type="checkbox"/> CHANGED CLOTHES <input type="checkbox"/> BRUSHED TEETH <input type="checkbox"/> DEFECATED <input type="checkbox"/> OTHER:						
3. AFTER ASSAULT: <input type="checkbox"/> WIPED/WASHED <input type="checkbox"/> BATHED <input type="checkbox"/> DOUCHED <input type="checkbox"/> VOMITED <input type="checkbox"/> CHANGED CLOTHES <input type="checkbox"/> BRUSHED TEETH <input type="checkbox"/> DEFECATED <input type="checkbox"/> OTHER:												
C. Physical Examination												
DATE AND TIME OF EXAM						DATE AND TIME OF ASSAULT			BP	PULSE	RESP.	TEMP
HEIGHT	WEIGHT	HEAD CIRCUM	LAST TETANUS	KNOWN ALLERGIES			CURRENT MEDICATION					
							DIAGNOSTIC DATA					
							Check if indicated and incorporate results in written examination at left					
							<input type="checkbox"/> X-rays (skull, chest, longbone, full skeletal)					
							<input type="checkbox"/> Bleeding, coagulation, tourniquet, tests					
							<input type="checkbox"/> Funduscopic					
							<input type="checkbox"/> Other					

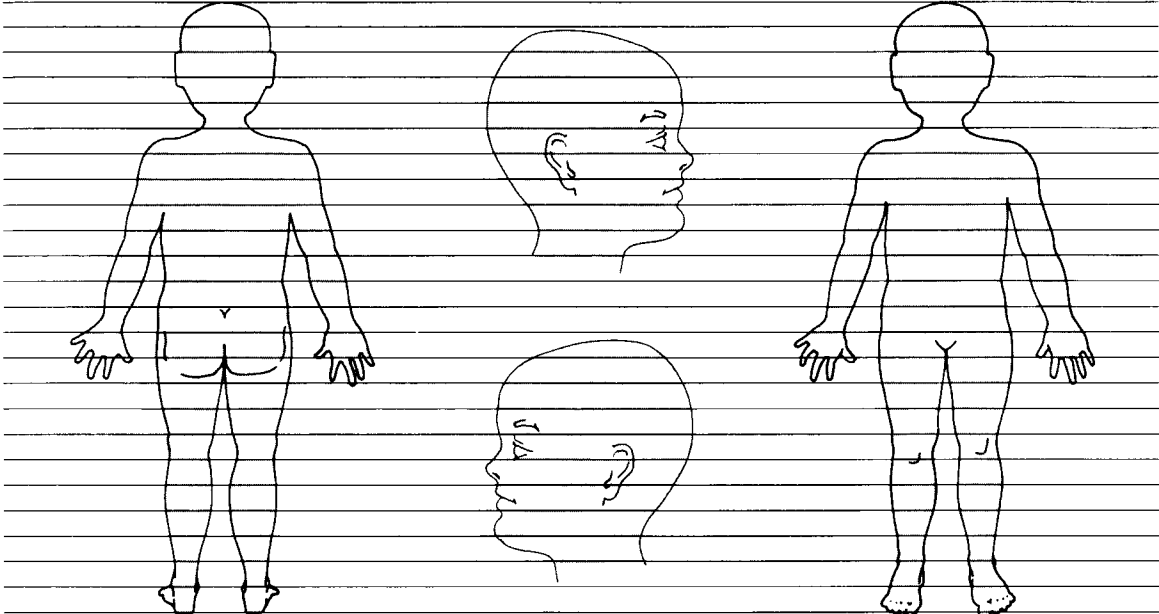
INVESTIGATING AGENCY

Appendix II

Medical Report- Suspected Child Abuse

DOJ 900

DOJ 900

DATE	HOSPITAL ID NO.	HOSPITAL																															
<p>PHYSICAL EXAMINATION (CONTINUED) LOCATE AND DESCRIBE IN DETAIL ANY INJURIES OR FINDINGS: TRAUMA, BRUISES, ERYTHEMA, EXCORIATIONS, LACERATIONS, WOUNDS. TRACE OUTLINE USED AND INDICATE LOCATION OF WOUNDS/LACERATIONS USING 'X' FOR SUPERFICIAL, 'O' FOR DEEP, SHADE FOR BRUISES OR BURNS. BESIDE EACH INJURY INDICATED NOTE COLOR, SIZE, PATTERN, TEXTURE, AND SENSATION. WRITE OVER UNUSED OUTLINES. DESCRIBE IN DETAIL SHAPE OF ARM OR OTHER BRUISES WHICH MAY INDICATE FORCE.</p>																																	
																																	
<p>D. PELVIC A PELVIC EXAMINATION SHOULD NOT BE PERFORMED UNLESS THE PARENT, GUARDIAN OR MINOR CONSENT OR UNLESS NECESSARY AS PART OF TREATMENT. SEE DEPARTMENT OF HEALTH REGULATIONS TITLE 22, DIVISION 2, VICTIMS OF SEXUAL ASSAULT. SAME INSTRUCTIONS AS GENERAL PHYSICAL; IN ADDITION, NOTE PUBIC HAIR COMBININGS WHERE INDICATED, DRIED SECRETIONS AND RECENT INJURIES TO HYMEN, TRACE AND OUTLINE AS ABOVE.</p>		<p>V. SPECIMENS STAINS FOREIGN MATERIALS (WHEN INDICATED):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">LOOSE HAIR</td> <td style="width: 50%;">FINGERNAIL SCRAPINGS</td> </tr> <tr> <td>BLOOD</td> <td>DIRT OR GRAVEL</td> </tr> <tr> <td>THREADS</td> <td>VEGETATION</td> </tr> <tr> <td>GRASS</td> <td>CLOTHING</td> </tr> <tr> <td colspan="2">DRIED SECRETIONS</td> </tr> </table> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">SLIDES</td> <td style="width: 15%; text-align: center;">SWABS</td> </tr> <tr> <td>VAGINAL</td> <td></td> <td></td> </tr> <tr> <td>RECTAL</td> <td></td> <td></td> </tr> <tr> <td>ORAL</td> <td></td> <td></td> </tr> <tr> <td>ASPIRATES, WASHINGS</td> <td></td> <td></td> </tr> <tr> <td>BIFF MARKS</td> <td></td> <td></td> </tr> <tr> <td>OTHER:</td> <td></td> <td></td> </tr> </table> <p>PATIENT'S SAMPLES, TIME OF COLLECTION AT MD DISCRETION</p> <p>BLOOD</p> <p>HAIR FROM HEAD</p> <p>SALIVA</p> <p>HAIR FROM PUBIC AREA</p>	LOOSE HAIR	FINGERNAIL SCRAPINGS	BLOOD	DIRT OR GRAVEL	THREADS	VEGETATION	GRASS	CLOTHING	DRIED SECRETIONS			SLIDES	SWABS	VAGINAL			RECTAL			ORAL			ASPIRATES, WASHINGS			BIFF MARKS			OTHER:		
LOOSE HAIR	FINGERNAIL SCRAPINGS																																
BLOOD	DIRT OR GRAVEL																																
THREADS	VEGETATION																																
GRASS	CLOTHING																																
DRIED SECRETIONS																																	
	SLIDES	SWABS																															
VAGINAL																																	
RECTAL																																	
ORAL																																	
ASPIRATES, WASHINGS																																	
BIFF MARKS																																	
OTHER:																																	
<p>III. DIAGNOSTIC IMPRESSION OF TRAUMA AND INJURIES</p>																																	
<p>IV. TREATMENT/DISPOSITION OF PATIENT</p> <p>A. <input type="checkbox"/> GC CULTURE <input type="checkbox"/> VDRL <input type="checkbox"/> PREGNANCY TEST <input type="checkbox"/> POST COITAL ESTROGEN <input type="checkbox"/> VD PRO-PHYLAXIS <input type="checkbox"/> OTHER:</p> <p><input type="checkbox"/> MOTILE SPERM: <input type="checkbox"/> PRESENCE <input type="checkbox"/> ABSENCE <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> FAMILY ASSESSMENT BY: NOT ORDERED <input type="checkbox"/></p> <p>B. ORDERS:</p>																																	
<p>C. DISPOSITION: <input type="checkbox"/> ADMIT TRANSFERRED TO:</p> <p><input type="checkbox"/> RELEASED ACCOMPANIED BY: NAME ADDRESS RELATIONSHIP</p>																																	
<p>I HAVE RECEIVED THE INDICATED ITEMS AS EVIDENCE AND A COPY OF THIS REPORT.</p>																																	
OFFICER:	ID NO.:	DATE:																															
NURSE	SIGNATURE OF EXAMINATION PHYSICIAN																																

INVESTIGATING AGENCY

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