

## MANDATED REPORTER

### **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 has current reporting law information.



### **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.

### **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.)

### **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 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.)

- 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).

## 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 Head Start 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)).
- 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)(8)).

### **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 form (P.C. 11168).

### **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)).



### **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)).

## **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)).

## **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).

## **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).

## **Responsibilities of Agency Employing a 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)).

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)).

## **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)).

## **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

- Fractures, lacerations, bruises that cannot be explained, or explanations which are improbable given the extent of the injury.
- Burns (cigarette, rope, scalding water, iron, and 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, and 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.)

## **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, and 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.

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 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 contraindicated 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. 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 anger 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."

### **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.

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.

# SUSPECTED CHILD ABUSE REPORT

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

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

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

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