



Child Abuse and Neglect

Inform your supervisor immediately if you suspect that a child has been harmed or is in danger of being harmed.

Background

Certain CPSP practitioners are required (mandated) to report child abuse and neglect.

They include:

- Physician.
- Certified nurse midwife.
- Nurse practitioner.
- Physician assistant.
- Registered nurse.
- Licensed vocational nurse.
- Licensed mental health staff including LCSU, MFT, psychologist.
- Unlicensed mental health interns registered with state.

Other CPSP practitioners are non-mandated:

- Health educator.
- Childbirth educator.
- Registered dietician.
- Comprehensive perinatal health worker (CPHW).
- Unlicensed mental health staff not registered with the state as interns.

However, non-mandated CPSP staff should inform licensed medical and mental health staff of the high risk situation and the mandated staff member has the responsibility to report or delegate the responsibility to the non-mandated staff.

A non-mandated staff member may make a report if he or she has a reasonable suspicion that a child is being abused or neglected.

A report must be made if there is a reasonable suspicion that a child is being abused or neglected. You do not have to be able to prove abuse/neglect or know who did it. It is up to the authorities to investigate. The law was made to protect the child and get help for the parents.

Reporting Child Abuse and Neglect

Child abuse and neglect must be reported when a child (defined as anyone who is under 18 years) experiences any of the following.

Physical Abuse

Any act which results in **non-accidental physical injury is defined as physical abuse.**

It is most often the result of severe physical (corporal) punishment. It is considered abusive if discipline is excessive or forceful enough to leave injuries. This may happen when the parent is frustrated or angry and strikes, shakes or throws the child. Intentional, deliberate assault such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child is also included in this definition.



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Physical Neglect is Divided into Two Categories by the Law:

Severe neglect: endangering the child's health by intentional failure to provide adequate food, clothing, shelter, medical care or supervision.

General neglect: failure to provide adequate food, clothing, shelter, medical care or supervision where the child's health has not been endangered. This is reportable only to county welfare, not to law enforcement.

Sexual Abuse

Includes acts over a long period of time or a single incident that involves:

Sexual assault: rape, incest, sodomy, molestation, and other acts

Sexual exploitation: child pornography or promoting prostitution

See the *Teen Pregnancy and Parenting Guidelines* in this chapter for information on child abuse reporting laws for consensual sexual intercourse of minors.

Emotional Maltreatment

This includes verbal abuse and emotional deprivation. Such cases are extremely difficult to prove and only the most severe cases involving "willful cruelty or unjustifiable mental suffering" must be reported.

When Past Abuse is Discovered

All instances of **current and past** child abuse and neglect are **required to be reported** as long as the victim is currently under 18 years of age. It is up to the child welfare agency whether or not they will investigate the case. You have followed the law by reporting.

If the victim is now an adult and the abuse took place when the victim was under 18 years of age, you are not required to report the past abuse. However, if there are other children in the home of the abuser and you reasonably suspect that these children may be currently in danger, you are required to report the possible danger to these children.

Cultural Differences

Be aware of different cultural attitudes toward child raising and discipline. Some immigrant parents may need to be informed that discipline that is customary and legally permitted in their country of origin may be against the laws of this country. Some parents may use severe physical punishment that they received as a child.

Abused Teens

If the teen is under 18 years of age and physically or sexually abused by someone in her home, you are required to report to the child welfare agency in your community. If she is battered by someone outside the home, such as the boyfriend, you are usually required to report the assault to law enforcement; they may direct you to report to child welfare, depending on the policies of your county. The teen may be placed in a foster home or special teen shelter.

Steps to Take

Reporting Suspected Abuse and Neglect

Consult with your clinical supervisor immediately if you have any suspicions that a child is being abused or neglected. This should take place before the family leaves the office.



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If you or your supervisor are unclear as to whether the case should be reported to the authorities, one of you should call your local child welfare agency for a “telephone consultation” to discuss the case. Document in the chart.

If your supervisor will file the report, this will suffice. However, if your supervisor disagrees and you still reasonably suspect that the child is being abused or neglected, you are required by law to report your suspicion. Your employer is forbidden by law to stop you from reporting or to punish you for reporting if you have reasonable suspicion that a child needs protection.

You might want to inform the family that you are making a report of child abuse or neglect. This is difficult because the family may be very upset or angry. However, in most cases, it is better to let the family know that you are reporting and why.

Remind them that in your first meeting you said all discussions would be confidential, with the exception that you were required by law to report if you suspected someone was being harmed. You need to take steps to protect the child and get help for the parent(s).

Ask if they want to be present when the call is made to child welfare. This can be helpful in maintaining communication with them in a time of crisis. Tell them you want to help them find a successful resolution of the abuse or neglect investigation.

Making a Report

When reporting, you must give your name (which will be confidential unless a court

orders the information be given). Only private individuals can report anonymously. As a health care practitioner, you are not liable unless it can be proven that you made a report that you knew was false. However, you could be sued in criminal and civil court if you fail to make a required report. In the unlikely situation that a law suit is brought against you, the State will provide funds for your defense.

If the situation is very serious and you feel the child is in immediate danger, call the child abuse reporting line immediately. If there is no immediate danger to the child, you are required to report as soon as possible by phone. Look in the White Pages of the phone book under County Social Services for the reporting phone number. In most communities, you will report to county welfare who “cross reports” or informs local law enforcement.

Within 36 hours of the phone report, you are required to file a written report **Suspected Child Abuse Report Form SS8572**. Obtain copies of this reporting form from the county child welfare agency and have them available in your office. The form can also be downloaded from the California Department of Justice. www.caag.state.ca.us/childabuse/forms.htm

Child Welfare is required by law to inform you of the results of any action the agency takes. They may not share the details of their findings, but will let you know if they will continue to provide services to the family or have dismissed the case.

Dealing with a parent who is suspected of abusing or neglecting a child is never easy. Discuss the difficulties in a case conference with other members of the health care team. Ask for emotional support, supervision and training in



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working with difficult families.

Follow-Up

Hopefully, the family will continue to see you after the report has been made. Do not take it personally if they choose not to come back for care at your site or refuse to talk to you. **You did what the law required to protect the child.**

Find out the results of the report. Has a child welfare worker been to visit? What was that experience like? Did the worker make any recommendations or requirements? Is there a way you can help the family follow through on the plan made with the worker?

Acknowledge that being a parent is a difficult job. Build upon parental strengths rather than focusing on weaknesses. See *Parenting Stress Guidelines* in this chapter for additional suggestions.

Referrals

- Parenting classes/support groups.
- Single parent groups.
- Family support centers.
- Respite care (short term, occasional child care).
- Child care or preschool.
- Parent observation classes (available through some school districts or community colleges).
- Parental stress line (sometimes called a "hotline").
- Parental advice line (sometimes called a "warmline").

- Family counseling.
- Child therapy.
- Public health nursing.
- Parent aide home visiting programs.
- In-home family preservation programs.
- Additional programs in your community that help parents under stress.
- You may want to call your local child abuse council or parental stress line for additional referrals.

Call Prevent Child Abuse-California (PCA-CA) **916-498-8481** for more information.

Resources

The National Center for Youth Law

A private, non-profit law office serving the legal needs of children and their families: See "Minor Consent, Confidentiality and Child Abuse Reporting in California" under Publications.

510-835-8098

www.youthlaw.org



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What to Look For

There are several ways you may suspect that a child is being abused or neglected, according to the previous definitions:

The client may tell you of reportable abuse or neglect during the interview. For example, she may say:

- That she lost control and slapped the child in the face, leaving a black eye, when she was angry at the child for disobeying.
- That her boyfriend burned the toddler with his cigarette to punish her for wetting her bed.
- That she left the five year old alone at home all day unsupervised.
- That her uncle is sexually abusing his adolescent daughter.
- That she sold her Food Stamps to buy drugs and the children haven't eaten in two days.

You may also observe reportable abuse or neglect in your office. For example, you may see:

- The mother violently shakes the newborn when the baby won't stop crying.
- The toddler is continually dirty and not dressed appropriately for the weather.
- The child has an injury that doesn't fit the parent's explanation, such as the one-month-old baby pulled the toaster over on top of its head.

The abuse or neglect may be caused by the child's mother, father, or other caretaker.



Spousal/Partner Abuse

Inform your supervisor immediately if:

- *Client has current injuries.*
- *Client is a danger to herself or others.*
- *Client has no option for safe shelter.*
- *The batterer is threatening client or staff.*

Background

Violence against women is a widespread problem. Pregnant women are especially at risk. It is estimated that 1 out of every 12 pregnant women is abused during her pregnancy by her spouse or partner. It can happen in families of all socioeconomic, religious and ethnic groups.

Domestic violence is a pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners.

The abuse may take many forms. There may be **physical abuse** such as hitting, slapping, kicking, pushing, shoving, grabbing, biting, attempted strangulation or assault with an object or weapon. Psychological abuse may include **emotional and economic abuse** as well. This can include threats of violence, verbal abuse, social isolation, total control of the family's finances, or other methods of controlling the victim. There may be **sexual abuse** including forced sex.

Physical abuse during pregnancy is recognized as a **significant health risk for both the mother and baby**. Abuse frequently begins during pregnancy. Women have reported direct blows to the pregnant abdomen, injuries to the breasts and genitals and sexual assault.

Abused women are twice as likely to wait to begin prenatal care until the third trimester. They are at increased risk for **complications of pregnancy** such as poor weight gain, urinary tract and sexually transmitted infections, first or second trimester bleeding, anemia, smoking and alcohol use. They are also more likely to deliver a low-birth weight infant and to have a higher potential for killing the batterer.

Cycle of Violence

Violence is rarely an isolated event. It tends to follow a pattern often called "the cycle of violence." There are usually three phases of the cycle:

- **Increased tension**, anger, blaming and arguing.
- **Abusive incident** which may include hitting, slapping, kicking, choking, use of objects or weapons, sexual abuse, verbal threats or abuse.
- **"Honeymoon" phase** in which the man may deny the violence, say he was drunk, say he's sorry and promise that it will never happen again.

The cycle is usually repeated over and over, getting more frequent and severe. The honeymoon phase may get shorter and shorter over time.

Effects on children

Children who grow up in a household where a parent is abused may suffer physically and emotionally. The effects will vary according to the individual child, but most children living in a family where the parent is abused are also victims of abuse. Children are frequently accidental victims when they attempt to intervene or protect their parent.



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Even if the children do not witness the battering, they are affected negatively by being cared for by a depressed or anxious caretaker. If the mother is aware of the effect on her children, she may be more likely to seek help to end the abuse for their sakes.

Interviewing the Client

Interview the client alone in a private setting without her partner or children present. If you are using an interpreter, use a staff member, not a family member or friend. Tell the support person that you are glad they came to the visit, but it is clinic practice to interview each client alone for part of each visit.

Screen **all** clients by asking questions about present or past abuse. Approach the topic like any other health risk assessment.

Start with statement acknowledging that all families have conflict such as:

*All families have disagreements or
All couples fight from time to time*

Inform the woman that because of your concerns for your clients' health, you ask all of them questions about violence in the home; her responses will be confidential unless she is being abused and:

She has current physical injuries, in which case you are mandated (required) to report to local law enforcement; see *Complicated Situations Guidelines* in this chapter for more information.

She is under the age of 18 and is being abused, in which case you are required to report to your county's child abuse reporting agency; see *Complicated Situations Guidelines* in this chapter for more information.

Ask general questions about conflict in her home. Some examples are:

What are fights like in your house?

What happens when your partner doesn't get his or her way?

Do you feel safe at home?

You may need to ask more direct questions such as:

Has your partner ever hit, punched, kicked or hurt you in any way?

Have there been times during your relationship when you have had physical fights?

Encourage, but do not insist, that the woman respond to your questions. A woman will choose when she is ready to share the history of violence. More time may be required for her to trust you.

If she denies abuse, but you strongly suspect that it's taking place, let her know that you're available to talk in the future if she wishes.

Steps to Take

If the woman admits to **physical abuse**, get details of current and past occurrences including how badly she was hurt and how often it has happened. Ask about the first, worst and most recent violent assaults.

Empathize with her and **validate her feelings**; express support by simple statements such as:

You are not alone.

No one deserves to be treated this way.

You are not to blame.



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You are not crazy.

What happened to you is against the law.

Help is available.

Reassure the client **she is not alone** and does not deserve to be treated this way. **Spousal/partner abuse is against the law.** This may be new information to immigrant women from some countries where spousal battering is socially accepted and even legal. Offer to listen if she wants to talk. Ask what you can do to help.

Respect the cultural values and beliefs that affect her behavior and decision making. These beliefs may be a source of security. Their importance shouldn't be minimized.

Focus on concrete problem solving and emotional support, not telling her what to do.

If There are Current Injuries

The woman with current physical injuries, that you suspect are the result of assault or abuse, should be immediately referred to the health care provider who will assess and document the extent of the problem.

You should clearly document the patient's statements about the current injuries and past abuse using direct quotes from the client, writing: *The client states that...*

Explain to the client that a report to the police is required by law. Inform her of the likely response by law enforcement. In some counties, the report will be filed but the police will not get involved unless requested by the victim. In other counties, the police will investigate and the district attorney will attempt to prosecute the batterer even if the victim does not want to press charges.

Ask if she wants to be present during the phone call to the police. Inform the police if:

- There are any special concerns regarding how the report should be handled. This may include how the client should be contacted so that her safety is not threatened.
- The client is at a confidential address.
- The client has special needs such as need for a translator.

The designated staff member must:

- Report to the police (in the city or county where the assault took place) by phone immediately or as soon as practically possible.
- Submit a written report within 48 hours using the Suspicious Injury Report OCJP-92 available on the Governor's Office of Emergency Services Web site **www.oes.ca.gov** under Law Enforcement and Victim Services Division Publications.
- Document in the medical chart that the verbal and written reports have been made.

Help her make a safety plan if there is risk of retaliation by the batterer.

Assessing Her Safety

Assess how safe it is for the woman and her children to return home before she leaves the medical setting. Discuss the possible indicators of escalating danger and increased homicide potential. Watch for:

- An increase in how often or severely she is beaten.
- Increasing or new threats of homicide or suicide by the batterer.



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- Batterer is severely depressed.
- Threats to her children, pets or extended family members.
- Violence by the batterer outside the home.
- A weapon, especially a firearm in the house or available to the batterer.
- Drug and alcohol abuse by batterer (not the cause of violence, but frequently co-exist).
- Watchfulness by batterer of the woman outside the home.
- Obsession by batterer about the woman, including extreme jealousy, accusations of unfaithfulness.
- Forced sexual encounters.
- Rage by the batterer at possibility of being left by the woman.
- The honeymoon phase is shortened or absent; the batterer stops saying he is sorry.

In general, the woman is the best authority on matters of her own safety and the best predictor of her partner's behavior. However, she may also benefit from your feedback and objective assessment of the situation.

Make a Safety Plan

If it's not safe for your client to return home, help her explore options for staying with family or friends.

If unable to stay with a family member or friend or this is determined to be unsafe, help her contact a **battered woman's shelter**. If they are full, they can advise alternatives.

If the woman decides it's safe to return home, encourage her to **pack an overnight bag** in case she needs to leave in the future. The bag can be hidden or left with a trusted friend/family member. The bag might include:

- Toilet articles and prescription medications.
- Extra set of clothing for herself and the children.
- A special toy, book or blanket for each child.
- Extra cash, checkbook and savings account book.
- Important papers such as social security cards, Food Stamps, Medi-Cal or clinic cards, SSI or CalWORKs papers, birth certificates, immigration papers, medical records including immunization records for the children, marriage certificate, divorce decree, income tax returns, school records, diplomas, professional licenses, membership cards, union cards, restraining orders, police reports, rent receipts, copy of lease, utility bills, title to the car, etc.
- Keys to house, car, safety deposit box, etc.
- Personal mementos such as photo albums.
- Address book and phone numbers.

If she cannot take these things when she leaves, she can ask the police to meet her in the home later and wait for a short time while she gathers her belongings.

Important Considerations for Women with Children

If possible, it is best to **take the children with her when she leaves**, unless their father has been given their custody in a legal proceeding



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or it is not safe for her to do so. She should get a **restraining order** as soon as possible that can include a temporary custody order. This order gives her the right to keep the children; otherwise the father has equal rights to the children.

Advise her to be careful with whom she leaves the children, because the father may try to get them back. Once she has a temporary custody order, she should notify the child's school or day care of the problem so they won't release the children to anyone but her.

Legal Options

Refer the woman to a legal resource to help her determine if she is able to remain in the home and have her partner receive a "kick out order." Once the partner is out of the home, advise the woman not to let him back in, even if he seems calm and apologetic. Review the cycle of violence and the "honeymoon phase." You should not provide legal advice, however you can tell the woman that she has **several legal options** designed for her protection and she should seek advice on those options, which include:

- Orders of protection such as emergency protective orders and restraining orders.
- Criminal or civil charges against the batterer.

Recognizing Danger

Remind the woman to **call 911 in case of emergency**. She should tell the police that she is in danger and needs help immediately. Let them know if she has a court order. If the batterer is arrested and taken to jail, most likely he will be released and the woman may be in increased danger; assist her in making plans to protect herself. She may use the time to quickly gather her personal belongings and find a safe place to stay.

The Greatest Risk is in Leaving

Tell the woman that the greatest time of risk to her is once she has left the abuser. More homicides occur in this situation than in any other. This should not discourage her from leaving, but she should take extra precautions to avoid her abuser. If she finds it necessary to see him, she should carefully consider her safety. Meeting in public places or accompanied by a family member or friend may discourage some abusive partners. On the other hand, this may not stop some violent men.



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Reevaluate her situation being sure to reassess her safety and reinforce her options.

The majority of battered women eventually leave their batterers, but it may take several attempts. Continue providing support, client education and referrals to the woman who stays with her batterer.

Try not to be angry or disappointed with a woman who stays with an abusive partner.

She may be doing the best she can to cope with her situation. Women may stay for many reasons. These may include financial, religious, cultural and many other concerns. In many cases, the woman wants the abuse to stop, not the relationship with her partner. Be honest and explain your concerns for her safety, but let her know that she can always come back to you and you will care about her regardless of her decision.

Referrals

Review with the woman resources appropriate to her situation. This may include referrals to:

- Battered women's shelters.
- Legal assistance.
- Law enforcement.
- Counseling programs for batterers.
- Individual counseling or group support for the battered woman.

Couple's counseling is generally not advised until the violence and manipulation have stopped, and the partner is well established in treatment for himself.

If she refuses referrals, offer her a resource

phone number in case she changes her mind. Write the phone number on a clinic appointment card or prescription blank, which is safer than a brochure or resource list. It can be dangerous for her to have written information about domestic violence in her possession. Document in the chart.

Provide all clients with an opportunity to learn about community resources for battered women.

Have pamphlets and other materials that can be picked up anonymously from the exam room or bathroom where she is usually alone at some point. Information left in the client waiting area is less likely to be picked up by a battered woman, but may be taken by a concerned friend or family member. Materials may be available from local battered women's shelters or agencies listed in the *Resources* section of this chapter.

Complicated Situations

If the Battered Woman is also a Substance Abuser

Most battered women's shelters will not accept women who are actively using drugs or alcohol. See the *Perinatal Substance Abuse Guidelines* in this chapter.

If the Client is Under 18 Years of Age

If the client is under 18 years of age and has been physically or sexually abused by someone at home, you are required to report to the local child welfare agency. See *Child Abuse and Neglect Guidelines* in this chapter. If she is



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battered by someone outside the home, such as the boyfriend, you are usually required to report the assault to law enforcement; they may direct you to report to child welfare, depending on the policies of your county. Some communities have special shelters for teens. Some of these may accept pregnant teens. A few will accept a teen and her child.

If the Client is Developmentally Delayed or Appears Mentally Incompetent

If the client is developmentally delayed or appears mentally incompetent, she should receive an evaluation to determine if a report should be made to Adult Protective Services.

Abused Immigrants

VAWA (Violence Against Women Act)

A federal law called the "Violence Against Women Act" or VAWA may provide help to an abused immigrant. If the client or her child is battered or subjected to extreme cruelty by her spouse and he is a U.S. citizen or a legal permanent resident (has a green card), she may be able to file a "self petition" for a green card without the abuser's assistance or knowledge. She is eligible to apply even if she is undocumented. An immigration attorney can determine if she qualifies and can help her with her application.

If she and her spouse are both undocumented, she is not eligible to apply for a green card under VAWA. She may go to a domestic violence shelter which will not ask her immigration status.

If her children are U.S. citizens or lawfully present immigrants, they may be eligible for other benefits such as CalWORKs and Food Stamps, and she can apply on their behalf. See *Legal/Advocacy and New Immigrant Guidelines* in this chapter for further assistance.

Victims of Trafficking and Violence Protection Act

If the battered immigrant does not qualify for VAWA, she may be eligible for protection under the federal Victims of Trafficking and Violence Protection Act of 2000. This law created two new nonimmigrant visas for noncitizen victims of crimes, the T-visa and the U-visa. Both visas are designed to provide immigration status to noncitizens that are assisting or are willing to assist authorities investigating crimes.

The U-visa is designed for noncitizen crime victims who have suffered substantial physical or mental abuse from criminal activity and who agree to cooperate with government officials investigating or prosecuting the crime which may include domestic violence.

The abuser does not need to be a U.S. citizen or lawful permanent resident, and the person being abused does not have to have been married to the abuser to be eligible for a U-visa. The federal law gives victims work authorization and California law gives them access to certain public social services, including, but not limited to, refugee cash assistance, Medi-Cal, and employment social services, as well as Healthy Families Program benefits. To receive the benefits, noncitizens would have to be otherwise eligible for the programs and working to meet federal eligibility requirements. After three years, U-visa holders may apply for lawful permanent residence.



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As of December 2006, regulations have not been written for the U-visas, however, an attorney may be able to apply for temporary status until those regulations are issued.

The T-visa is for victims of severe forms of trafficking in persons who assist in the investigation or prosecution of trafficking, and who suffer extreme hardship involving unusual and severe harm if they were deported.

The Victim Compensation Program (VCP)

The Victim Compensation Program (VCP) is a state-wide program that provides reimbursement for medical-related expenses, outpatient mental health treatment or counseling, wage or income loss and other services for victims or witnesses to a violent crime such as spousal/partner abuse; this includes children who have witnessed domestic violence. Contact Victim Compensation Program at **1-800-777-9229**. For more information check out: www.boc.ca.gov/

Resources

National Domestic Violence Hotline

Crisis intervention, information about domestic violence and referrals to local service providers to victims of domestic violence.

1-800-799-7233 or **1-800-787-3224 (TTY)**

www.ndvh.org/

Family Violence Prevention Fund

Free brochures on domestic violence and immigrant women in 8 languages; also protocols for clinicians, posters and other patient education materials.

415-252-8900

www.endabuse.org/

California Family Health Council Health Information and Education Division

Produces patient education materials available for a small fee; these include "*No One Deserves to be Abused*" in English and Spanish and "*Everyone has a Right to Live Free from Abuse*" wallet card and "*Is it Really Love?*" in English and Spanish for teens.

1-800-428-5438

www.epahealth.org

The National Immigration Law Center (NILC)

A national support center with two offices in California. An excellent resource for information on the latest immigration laws. Offers many free brochures in several languages. National Headquarters in:

Los Angeles 213-639-3900

Oakland 510-663-8282

www.nilc.org/

The California Immigration Welfare Collaborative

Up-to-date information on the current laws on immigrants' rights to public benefits and free brochures in several languages.

916-448-6762 or **510-663-8282**

www.caimmigrant.org