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Introduction

Introduction

The goal of CPSP psychosocial services is to help the client understand and deal effectively with the biological, emotional and social stresses of pregnancy with the overall aim to improve health outcomes for herself and her baby.

The psychosocial process assists the woman with crisis intervention, community resources, transportation needs, or any psychosocial problem affecting her care.

The following psychosocial guidelines provide information about several important psychosocial conditions. The guidelines are intended to provide the CPSP practitioner with the tools needed to discuss these topics with clients and make appropriate referrals. Complex or high risk conditions require the expertise of a psychosocial professional.

Assessment

The initial assessment will help you identify social, emotional and economic issues and needs that affect the woman and her pregnancy. From the assessment you can help her develop an **Individual Care Plan** to deal with these problems. You will also help her identify her own strengths so that she can trust her ability to find and carry out solutions.

Assessment Guidelines

Complete an initial psychosocial assessment on every client within four weeks of entry into care. If the client declines the assessment, document in the chart. Offer assessments at future visits. Some clients may need to be offered the assessment several times.

Offer reassessments at least once every trimester and at the postpartum visit. High risk clients may need more intervention and may be seen more frequently.

For high risk clients, see information on the following page.



See the CPSP Provider Handbook for a description of required psychosocial assessment components, components of basic psychosocial care, complex psychosocial conditions warranting specialized care, and required CPSP psychosocial personnel.



High Risk Situations

Seek help from your supervisor in any case where you think someone has been harmed or is in danger of being harmed. If a supervisor is not immediately available, consult with the health care provider who has responsibility for the care of the client.

Get help before the client leaves the office. You don't have to be sure that the situation is dangerous.

When in doubt, check it out.

Some dangerous situations are:

- Someone may be thinking of hurting or killing themselves.
- Someone may be thinking of hurting or killing someone else.
- Someone may be a victim of physical or sexual assault.
- Someone may be pregnant as a result of rape or date rape.
- Someone may have a mental problem that makes them unable to care for themselves or puts them in danger.
- A child may be a victim of abuse or neglect.
- An elder or dependent adult may be a victim of abuse or neglect.

Each site will have different ways of handling these situations. Be sure there are written procedures on how your site deals with high risk cases. All staff should be trained on how to follow the procedures before the possible crisis.

The following guidelines give suggestions on how to deal with high risk situations:

Emotional or Mental Health Concerns

Depression

Child Abuse and Neglect

Spousal/Partner Abuse

Perinatal Substance Abuse



Unwanted Pregnancy

Refer to health care provider immediately if client needs additional counseling about her choices or wants a TAB.

Background

If this pregnancy was unplanned and is unwanted, the client may have many mixed feelings. Because she is here, she has probably decided to follow through with the pregnancy, yet she may still be struggling with her decision. You can help a woman in this situation by outlining all the options available to her. The main options are:

- Having a therapeutic abortion (TAB).
- Placing the child for adoption.
- Raising the child.

The time the woman is first seen during the pregnancy will determine her options:

- Before 16 weeks—all options are available.
- Between 16 and 24 weeks—abortion needs specialized counseling for the complex psychological and medical aspects involved.
- After 24 weeks—abortion is generally not an option. The client needs to consider parenting the child versus placing the baby for adoption.
- Adoption should be considered for a woman of any age, not just a teen.

For Teens Under 18 Years

A minor of any age can receive pregnancy-related care (including abortion) without her parents' permission, as long as she seems capable of giving an informed consent. This will be determined by the health care provider.

A pregnant minor is eligible for a special kind of Medi-Cal called "sensitive services" or "minor consent services." **Medi-Cal may not contact the parents and the parents' income is not considered in determining eligibility;** only the teen's own income is counted. Parents are not responsible for payment if the minor receives services on her own.

Steps to Take

Explore Choices

Help the client work through why and if the pregnancy is unwanted. Reasons may include:

- Financial situation.
- Career, job or educational plans.
- Relationship to the baby's father or her partner.
- Support system.
- Other family issues such as other small children at home, disapproval of extended family.
- Age, perceived as either too young or too old.
- Medical problems, either known or feared.
- Substance abuse.
- Psychiatric problems.
- Lack of emotional preparedness for parenting.



Unwanted Pregnancy

Outline the options for her stage of pregnancy, then explore how each could fit into her situation. **Discuss practical and emotional resources that might affect her choice**, such as teenage parenting programs, public assistance, prenatal diagnosis of birth defects, and single parent support groups.

Discuss how each option fits with her religious beliefs and personal and cultural values. Find out if there is someone she trusts who can give emotional support during this time.

Keeping the Baby

Often the client becomes more attached to the baby later in the pregnancy. Refer her to resources to improve her ability to parent. See *Parenting Stress Guidelines* and *Financial Concerns Guidelines* in this chapter.

If the client continues to consider the child “unwanted,” help her consider life with the child. She may agree it would be hard to parent an unwanted child. A counselor can help her explore her feelings in more depth before the baby is born. She may reconsider the option of adoption.

Abortion

If after considering her options, the client wishes to terminate the pregnancy, have the health care provider refer her to the most appropriate medical resource. Encourage counseling before and after the procedure to help relieve anxiety, provide information about the procedure, and help her understand and cope with her feelings. Counseling will also provide education on preventing future unplanned pregnancy.

If you work in a setting that does not support the woman’s choice to have an abortion, follow your internal policies for such cases.

Adoption

There may be a great deal of pressure on the woman—from her partner, family members, friends, or institutions—to either keep the child or give it up. Encourage her to make a decision that is truly in her best interest and that of the infant—she must live with the decision for the rest of her life.

Give special attention to adolescents, those who have developmental disabilities, those with psychiatric problems, and undocumented women. Women in these groups may be more vulnerable to pressure. Their decision-making skills may be lacking.

In most cases, the client should discuss her plans with the baby’s father, who is usually required by law to sign papers consenting to the adoption. If he wants custody, he has preference over any potential adoptive parents.

There are a variety of adoptive placements, depending on the wishes of the birth parents and adoptive parents.

Open Adoption

All parties know the identity of the other. They may never meet, meet once or have ongoing contact. There may be a continuing relationship between the birth parents and child following adoptive placement.



Unwanted Pregnancy

Closed Adoption (confidential adoptions)

Once the most common form of adoption, these are still an option. Birth parents and adoptive parents do not know each others' identities. Personal and medical history can be exchanged through the agency. Ongoing pictures and letters can also be exchanged through the agency as the child grows.

Agency Adoptions

Agencies are licensed and regulated by the state. They provide the best protection for the client—the birth mother and her child. Families are carefully screened and receive extensive education and counseling regarding the adoption process. Most agencies provide an opportunity for the expectant mother to choose and perhaps meet and interview the potential adoptive family. Many agencies offer financial assistance. All provide counseling.

Inform the woman that she does not have to be sure of her decision before contacting an adoption agency. She can receive special counseling to sort out her feelings without any charge or obligation to place her child for adoption at birth.

Independent (private) Adoption

Independent (private) adoptions focus more on the needs of the *adoptive couple*, who often pay for the services of the attorney or other adoption facilitator. Caution that many satisfactory adoptions occur via the private route, but there is more chance that *the client's* needs may not be addressed.

If she has already chosen to work with a private, non-licensed resource, honor her decision. You can refer her to an additional legal resource to be sure her legal rights are protected. See the *Legal/Advocacy Guidelines* in this chapter. Encourage her to request counseling from a neutral individual—someone who is not employed by the attorney or adoptive family.

Adoption — Other Considerations

All adoptions, whether private or agency, must be approved by the State Department of Social Services, who will interview both the birth parents and adoptive parents. The adoption is not final until granted by a judge.

Don't take advantage of the confidential relationship with a vulnerable client who has an unwanted pregnancy. You should not refer her to a specific adoption attorney or family seeking to adopt a baby. **You must act as an advocate for your pregnant client**, not for a person or couple wanting to adopt or an attorney. Help the client explore her feelings about the pregnancy. Refer her to appropriate adoption resources. When her decision is made, be sure her choices are honored and her plan carried out.

Informal Adoption

Informal adoption takes place when a family member or close associate raises the child. Because this arrangement does not go through the courts, the client's parental rights are not terminated. She keeps her legal rights to care for the child. This is a serious decision that needs careful consideration of the short and long term effects for her and her child. Encourage her to seek counseling during pregnancy to sort out feelings and explore this option. Refer her for legal advice so that she understands the legal consequences of having an informal arrangement for the care of her child.



Unwanted Pregnancy

Follow-up

Continue to support her choice. Inquire about the results of any referrals made at previous visits. Assess the need for additional resources. Be sure she receives a referral for family planning services so she can avoid an unwanted pregnancy in the future.

Referrals

Medical Resources for Pregnancy Termination

Out Client Counseling

Adoption Resources

Parenting Resources (See *Parenting Stress Guidelines* in this chapter)

Native American clients—Federal rules apply when placing Native American babies for adoption. Call a local Native American community agency, the adoption division of your county's social services department or a legal resource for more information.



Uncertain About Pregnancy?

Women often have mixed feeling when they are faced with an unplanned pregnancy. ***Any decision that is made-whether it is keeping the baby, having an abortion, or planning an adoption-will be hard and mean changes in you life.***

If you are involved with the baby's father, it may be helpful to talk with him about your feelings regarding your options. He may also have strong feelings about the pregnancy.

You will actually be making two decisions if it is early in the pregnancy:

- Do I want to continue the pregnancy? *and* Do I want to parent a child?

Ask Yourself These Questions

- Am I able to give a child what it needs-emotionally and financially?
- Will I have to count on my parents or family for help? Are they willing and able to do so? Will they pressure me to do what they want?
- Can I raise a child and meet my own needs? To finish school? Support myself? Start a career?
- Am I ready to become a parent on my own? Will the baby's father be there for me now or in the future?
- What kind of help can my husband/baby's father give me? Financial? Emotional? Will he help me care for the baby?
- Am I too young or too old to have the responsibility of a baby?
- Do I have problems, like drinking or drugs, that will keep me from being a good parent?
- Will my religions or cultural beliefs influence what choice I make?



¿Se Siente Insegura Porque Está Erubarazada?

Muchas mujeres se sienten un poco confusas cuando están embarazadas sin haberlo planeado. ***Cualquier decision que hagan, ya sea tener el bebé, pedir que les hagan un aborto, o dar el bebé para que lo adopten, es difícil y produce cambios.***

Importantes en sus vidas.

Si tiene relaciones con el papá del bebé, es bueno hablar con él del efecto que las opciones van a tener sobre sus sentimientos. Su pareja quizás tenga sus propias opiniones sobre el embarazo.

Hay dos decisiones que tiene que hacer cuando su embarazo apenas comienza.

¿Quiero seguir con el embarazo y que nazca el bebé? Y ¿De veras quiero ser madre?

Hágase Estas Preguntas

- ¿Puedo ofrecerle a mi bebé lo que necesita como ser humano y gano el dinero suficiente para que viva bien?
- ¿Necesito que me ayuden mis padres y familiares? ¿Pueden ayudarme y están dispuestos a hacerlo? ¿Me van a presionar para que yo haga lo que ellos quieren?
- ¿Puedo criar un hijo, y satisfacer mis propias necesidades?; ¿Puedo seguir con mis estudios?; ¿Mantenerme por mi propia cuenta?; ¿Comenzar una carrera nueva?
- ¿Estoy lista para ser mamá de una niña o de un niño? Y el papá del bebé, ¿me va a ayudar va a estar allí cuando yo lo necesite, ahora o en el futuro?
- ¿Qué clase de ayuda me puede dar mi esposo, mi pareja, el padre del bebé? ¿Con dinero? ¿Con mis sentimientos? ¿Me va a ayudar a cuidar al bebé?
- ¿Soy muy joven, o ya estoy muy mayor para hacerme cargo de un bebé?
- ¿Bebo alcohol o uso drogas? Si tengo esos problemas, tal vez no me dejaría ser una buena madre.
- ¿Voy a dejar que mis creencias religiosas o culturales dispongan lo que voy a decidir?
- Will my religions or cultural beliefs influence what choice I make?



Choices

You are pregnant and unsure what you want to do. If it is still early in the pregnancy, you have three choices: keeping the baby, having an abortion, or planning an adoption. It is important to talk with a counselor about your choice.

Keeping the baby is:

- Accepting at least 18 years of responsibility for a child.
- Giving up your freedom in order to meet a child's needs.
- Changing your social life, your sleep patterns, and your daily schedule.
- Having patience and love to deal with the 24-hour-a-day needs of a baby.
- Adapting both your education and career goals with the baby in mind.

Abortion is:

- Ending the pregnancy.
- Having a simple surgical procedure done early in the pregnancy.
- Going through both physical and emotional changes after the procedure.
- A decision that you may feel both relieved and sad about.

Adoption is:

- A loving but difficult choice that means giving birth without parenting.
- Choosing between two types of adoption.

Open Adoption means:

- Choosing the family, meeting them and maybe spending time with them.
- Perhaps having the family help you with medical care and other needs.
- Continuing contact with them after the baby is born if you desire.

Closed/Private Adoption means:

- Not meeting the family who adopts your baby.
- Not having ongoing contact with them.
- Perhaps having the family help you with medical care and other needs.



Decisiones y Opciones

Está embarazada y no muy segura de lo que quiere hacer. Si su embarazo es reciente, tiene tres opciones: tener al bebé, abortarlo, o darlo para que lo adopten. Es importante que le platique a su consejera antes de hacer su decisión.

Si decide tener al bebé:

- Acepta 18 años de responsabilidad para criar a su hijo.
- Renuncia a su tiempo libre porque debe satisfacer las necesidades de su hijo/a.
- Va a cambiar su vida social, sus horas de sueño, y su rutina diaria.
- Debe tener paciencia y amor para poder lidiar con los cuidados que su bebé necesita las 24 horas del día.
- Cambia las metas que se ha propuesto para su educación y su carrera para el bienestar de su bebé y el suyo.

El aborto quiere decir que:

- El embarazo termina.
- Le hacen un proceso quirúrgico cuando recién comienza su embarazo.
- Va a pasar por cambios físicos y emocionales después del proceso.
- Tal vez se sienta aliviada y también triste con su decisión.

La adopción quiere decir que:

- Es una decisión que la hace con mucho amor, pero que significa que usted da a luz a un bebé, pero no lo cría.
- Tiene que escoger entre dos tipos de adopción que existen.

La adopción abierta significa que:

- Usted escoge a la familia que van a adoptar al bebé, los conoce, y tal vez se junten de vez en cuando.
- Esa familia tal vez la pueda ayudar con cuidado médico y otras cosas que necesite.
- Si usted quiere, puede continuar tratándolos después de que haya nacido el bebé.

La adopción cerrada o privada significa que:

- Usted no llega a conocer a la familia que adoptó a su bebé.
- No se puede mantener en contacto con ellos.
- Esa familia tal vez la pueda ayudar con cuidado médico y otras cosas que necesite.



Perinatal Loss

Refer immediately to health care provider if the woman is severely depressed and/or has made statements about hurting herself.

Background

A woman may experience a perinatal loss at any stage of her pregnancy. Common terms for such loss-are:

Miscarriage — fetal death before 20 weeks gestation

Stillbirth — after 20 weeks

Neonatal death or newborn death — the death of an infant after birth.

Abortion — another kind of loss, especially if it is done because a fetus has genetic or other severe abnormalities.

Note: health care providers may request psychosocial assistance if they suspect the fetus is dead or has severe abnormalities. Further diagnostic tests such as a sonogram may be ordered to confirm the diagnosis.

Sometimes a pregnancy will progress normally but a loss will occur at labor and delivery. This can happen at the end of a full-term pregnancy or the birth may be preterm.

Each person experiences perinatal loss in a unique way. Although the situations and reactions vary, many issues are shared by clients with differing kinds of loss.

Families from different cultures will have different attitudes toward the death of an infant, autopsy, preferences for burial, and normal expressions of grief. If you're not familiar with their beliefs, customs and rituals, let them know. Ask if they feel comfortable sharing them with you.

Steps to Take

When the loss is suspected during the pregnancy, help the client find a support person to accompany her to the tests to check on the fetus.

If the diagnosis is confirmed and the fetus is dead, the woman and her partner may need a period of privacy to express shock and disappointment. You can help in the following ways:

- Remain available to offer support when the woman and her family are ready.
- Be prepared for anger and hostility, a common reaction for parents who need to identify a cause for their tragedy.
- Give factual information about causes.
- Acknowledge their feelings of fear and anxiety. Allow them to vent negative feelings.
- Encourage additional support from family, friends or someone from the religious community.
- When the family is ready, help them prepare for the many decisions that need to be made.



Perinatal Loss

Assist the family in preparation for the upcoming labor and delivery. This may include:

What to take to the hospital

Arranging for care of other children

Childbirth preparation techniques

Outline possible options for contact with the baby following delivery. For example:

- Seeing the baby.
- Holding, bathing or dressing the baby.
- Naming the baby.
- Taking pictures.
- Saving mementos such as foot and hand prints, a lock of hair.
- Planning a funeral or memorial.

At first, parents may say they don't want any contact with the dead baby, but this is often the first step in acknowledging their loss. You may say something like:

Many parents find it helpful to say goodbye to their baby.

Contact social service staff at the delivery hospital to alert them to the family's need for services during the mother's hospitalization. Ask if the woman can be moved from the maternity unit following delivery, to avoid contact with other mothers and their newborns. Following her discharge, recontact the hospital to coordinate any follow-up plans.

Follow-up

Try to schedule the postpartum visit so the grieving family will not be in contact with pregnant women and newborns. Inform clinic staff, both health care and clerical, of the perinatal loss so they can express sympathy or at least not ask about the baby.

Staff often feel uncomfortable with the grieving family. Be aware of your own feelings and urges to avoid the family. Nonverbal gestures and simple expressions of concern are usually much appreciated.

Assessment and Ongoing Help

Allow family to describe their experiences at the hospital and after discharge. Retelling the story may help them feel it really happened.

Evaluate symptoms of grief:

- Lack of appetite.
- Inability to resume normal activities (such as taking care of other children, working, social contacts, etc.).
- Irritability, anger.
- Difficulty concentrating.
- Sleep disturbances (not being able to sleep or sleeping too much, nightmares).
- Apathy (not caring about anything).
- Fatigue.
- Preoccupation with images of the baby or hearing the baby cry.
- Flashbacks.
- Crying.



Perinatal Loss

Such symptoms are common in the early stages of grief. Assess clients who appear severely depressed or not able to function as usual for suicide potential. Refer for counseling. See *Depression Guidelines* in this chapter for further information.

Evaluate client's social support system.

Assess for conflict between the woman and her partner and the reaction from family members and friends. The mother and father may handle the loss quite differently. The woman may be focused on the loss of her baby, while her partner may be more concerned with her health and emotional well-being.

Family and friends may be supportive during the early weeks of the loss, but may then urge the mother to put the loss behind her and get on with her life.

Refer to a support group for parents who have suffered a similar loss.

If the family has other children, find out the children's attitude toward the pregnancy and understanding of the death. Then, in most cases, the following points can be made:

- No one is to blame for the baby's death.
- No one intentionally harmed the baby.
- No one else in the family is in danger of dying from the baby's illness.

Siblings sometimes feel jealous during their mother's pregnancy and even wish the baby would die. Such children need to understand that their wishes did not cause the baby's death.

Help the family understand the medical causes of the baby's death. Help them ask appropriate questions of the medical staff regarding the autopsy and other diagnostic tests.

Determine the parents' level of understanding of the explanations given. Many parents will blame themselves for the death. Often the mother may be blamed by her family and friends for causing the loss.

They may also blame the medical staff. If they have concerns about the kind of care that they received, encourage them to discuss it first with the health care provider. Provide them with a legal referral if they need advocacy.

Help the family discuss future pregnancies.

Parents may have strong negative or positive feelings about attempting another pregnancy as soon as medically advised.

Often families find it helpful to wait until the intense period of mourning is completed, usually about a year. The next pregnancy may be especially stressful and best attempted when the couple feels emotionally strong.

Reassure the parents that the pain will eventually lessen, though the loss will always be a part of them. The pain may reappear at different times, but will eventually lessen. Anniversaries of the baby's birth and death often bring back feelings of grief.

Ongoing support during the year following the loss can greatly help the family. Schedule additional psychosocial visits or continue contact by phone if needed. Encourage the family to use bereavement services in the community.

Explain that if the parents' feelings of grief and social functioning are not greatly improved by three months following the baby's death, they should seek counseling.



Perinatal Loss

Referrals

Perinatal loss support group or other bereavement services. (Call the delivery hospital social worker for a referral.)

HAND: Help After Neonatal Death

Individual or couple's outpatient counseling

Psychiatric evaluation

Suicide Prevention Hotline

The family's minister, priest, or rabbi

Complicated Situations

Teens or developmentally delayed women who have lost a baby may need special attention. They may not have the support of a partner and may get the message from family, friends and professionals directly or indirectly that "it is for the best." Acknowledge a client's loss and give her permission to grieve as any woman who has had such a loss. She may also be unfamiliar with the biology of her pregnancy and may need extra help in interpreting medical explanations for the death. **Substance abusers** who may actually have contributed to the loss through their drug use have special issues. They may be treated harshly by angry friends, family and medical professionals. Guilt is not always a bad emotion if it leads to more constructive behavior and is not overwhelming. Encourage the woman to forgive herself. She cannot change the past, but she can change the future by accepting a referral for substance abuse treatment. Refer her to out client counseling or someone from the religious community, if appropriate. See *Perinatal Substance Abuse Guidelines* in this chapter.

The grief of a **battered woman** may be complicated by anger at the abusive partner and guilt for not protecting the child. Acknowledge that she can't change the past, but she can change the future. She may be ready to take steps to leave the abusive situation. See *Spousal/Partner Abuse Guidelines* in this chapter.

If the pregnancy was **unplanned and unwanted**, the loss may be seen as a relief by some women. Such women may be ambivalent toward the loss and have both positive and negative feelings. Help her explore both.

If the perinatal loss was the result of an **abortion** because of fetal abnormalities, the grief may be complicated by guilt over the decision and feelings of shame for having produced an imperfect child. Ask a genetics counselor if there is a special grief support group or counseling for such women and their families.



Loss of Your Baby

You've lost your pregnancy or your baby has died. You may be feeling overwhelmed, helpless, or numb. You may be thinking:

Why Me?

Why Did it Happen?

What Did I do to Cause It?

It's Not Fair!

You may feel frustration, anger, and bitterness. You may have physical as well as emotional pain.

Some of the emotional pain may always be with you, as will the memory of your baby.

Having Another Baby

After losing a baby, there is a strong desire to become pregnant again. Your partner may try to ease his grief by pressuring you to have another baby right away. A new baby will not replace the baby you lost. Doctors usually recommend waiting at least a year between pregnancies. This gives your body time to recover fully and be ready to have another baby. Ask your health care provider since he or she knows you best. In the meantime, use a reliable method of birth control, get plenty of rest, and eat well.

Grief Process

You will go through a grieving process because a part of yourself, as well as your baby, has been lost. There will be lots of emotional ups and downs. It is necessary to grieve so that you can move on to feeling better. These are feelings you may experience at different times:

Shock and Denial: *"This can't be happening to me."* You may have trouble believing you lost your baby.

Anger: *"Why me?"* You may be angry at the doctor, your family, your partner, or everyone. You may resent other people who have a baby.

Sadness and Depression: *"What's the use?" "It's not fair that my baby died." "My dreams are gone." "Life is meaningless."* If you are severely depressed and are having suicidal thoughts, it is important to tell your medical providers.

Acceptance: *"I can go on." "I can't change it." "I will accept it."* You may start to have energy. You can have a good time without feeling guilty.



Quando Pierde a Su Bebé

Usted tuvo un aborto natural y perdió a su bebé, o su bebito murió. Se va a sentir abatida, desesperada, y deshecha. Se preguntará:

¿Por qué yo?

¿Por qué sucedió esto?

¿Qué es lo que hice para causarlo?

¡No es justo!

Va a sentirse frustrada, enojada, y amargada. Va a sentir dolor físico y sentimientos que la ahogan. Parte de su dolor emocional no se borra nunca, como nunca se borra el recuerdo de su bebé

Quiere tener otro bebé

Después de perder al bebé, va a tener mucho deseo de volver a quedar embarazada. Su pareja tal vez quiera hacer que su dolor sea menos, y la manera en que esa persona pasa por esta etapa de duelo, es poniendo presión sobre usted, diciendo que tengan otro bebé muy pronto. Otro bebé no reemplaza al que perdieron.

Los doctores recomiendan que esperen un año antes de que usted vuelva a quedar embarazada. Así le da tiempo a su cuerpo para que se recupere, y se prepare para tener otro bebé. Hable con su proveedor médico, porque ellos saben qué es lo mejor para su salud. Mientras tanto, use un método anticonceptivo eficaz, descanse mucho, y coma bien.

Grief Process

Va a pasar un tiempo de penas y duelo porque una parte de usted, pero más que nada su bebé, se han perdido para siempre. Va a tener muchos subidas emocionales. Es justo y es bueno que pase por este período de dolor, para que pueda continuar viviendo y se sienta mejor. Cuando uno está de duelo, pasa por sentimientos como los siguientes:

Shock y Rehusar Creerlo: *"Esto no me puede estar pasando a mí."* Le cuesta creer que perdió a su bebito.

Enojo: *"¿Por qué yo?"* Se va sentir enojada contra el doctor, su familia, su pareja, y todo el mundo en general. Hasta puede sentir resentimiento contra personas que tienen bebés.

Tristeza y Depresión: *"¿De qué sirve?"* *"No es justo que mi bebito se muriera."* *"Mis sueños se han deshecho."* *"La vida no tiene sentido."* Si tiene una depresión muy seria, y quiere suicidarse, debe decírselo a sus proveedores médicos.

Resignación: *"Puedo seguir de frente."* *"No puedo hacer nada por cambiar las cosas."* *"Debo aceptarlo."* Va a comenzar a sentir un poco de energía. Puede divertirse sin sentirse culpable.



Ways to Remember Your Baby

- Start a memory box and put in anything that belonged to the baby or would have belonged to the baby, such as a rattle, blanket, or ultrasound picture. Include items from the hospital such as a photo, lock of hair, or footprint.
- Plant a rosebush or tree in memory of the baby.
- Have a plaque engraved with the baby's name and birth date.
- Write a letter to your baby.
- Buy a porcelain or ceramic angel in memory of your baby.
- Order a charm with the baby's birth date to wear on a chain.
- Recognize the anniversary of your loss with a special ritual.

Ways to Help Yourself

- Be gentle and kind to yourself.
- Consider counseling.
- Contact a support group.
- Talk to a friend who cares about you.
- Remember that crying and sadness are apart of losing someone we love.
- Don't make any big decisions right now; wait awhile.
- Focus on getting through one day at a time.
- Talk to your provider, pastor, or priest about your loss.



Para Tener un Recuerdo de su Bebé

- Tenga una caja de recuerdos, y guarde en ella cosas que eran del bebé, o que hubieran sido del bebé, como una sonaja, una colchita, una foto de su prueba de ultra sonido. Incluya también cosas del hospital como una foto, un rulo de su cabello, o su huella del pie.
- Plante un rosal o un árbol en honor a la memoria del bebé.
- Mande a hacer una placa con el nombre del bebé y su fecha de nacimiento.
- Escríbale una carta a su bebé.
- Compre un angelito de porcelana o de cerámica a la memoria de su bebé
- Mande a hacer un pequeño amuleto con la fecha de nacimiento de su bebé para usarlo en una cadena, ya sea como pulsera o collar.
- Recuerde el aniversario de su pérdida con un evento simbólico especial, como rezando, diciendo misa, un rosario, una novena, una comida, etc.

Maneras Para Ayudarse

- Trátese bien, con fineza y cariño.
- Piense en ir a servicios de consejería.
- Llame a un grupo de apoyo.
- Hable con una su amiga que la quiere mucho.
- Recuerde que llorar y estar triste son parte de la pérdida de un ser querido.
- No haga decisiones serias sin pensarlo un poco; es mejor esperar un tiempo.
- Piense en lo que va a hacer hoy; y piense que el día va a terminar.
- Hable con su proveedor médico, pastor, o cura, sobre su pérdida, para que puedan ayudarlo.



Birth Defects

Refer to supervisor immediately if you suspect that a baby has a birth defect.

Background

A birth defect is a **physical or mental abnormality present from the time of birth**. It can be a major problem such as missing portions of the brain to a relatively minor one, such as an extra finger. The defect may not interfere with the normal life of the individual or can greatly affect his or her life or even cause death. Some birth defects can be corrected while others have no effective treatment.

Types of Abnormalities

Structure or the way the body is made. A body part may be missing, misshapen or duplicated. Examples are open spine (spina bifida), water on the brain (hydrocephalus), clubfoot, cleft lip or palate, extra fingers or toes and dwarfism.

Function or the way one or more parts of the body work. It may be related to a chemical deficiency. Examples are color blindness, muscular dystrophy and some mental defects.

Metabolism or the way the body changes certain chemicals into others. For example, a child with galactosemia is unable to produce a substance needed to break down milk sugar. Other examples include PKU (phenyl-ketoneuria) and Tay-Sachs disease.

Blood which cannot carry out its normal duties due to a reduced or missing blood component.

Examples include sickle cell anemia, hemophilia and thalassemia.

When defects commonly occur together, they are called a syndrome. For example Down's syndrome and fetal alcohol **syndrome** are both conditions in which there is mental retardation together with typical structural defects.

Causes of Birth Defects

Birth defects have several causes:

- Genetic.
- Environmental.
- A combination of both.

Genetic Birth Defects

A genetic birth defect is present from the time of conception. It can be caused by a mistake during the development of the sperm or egg that forms the fetus. The birth defect may never have occurred in the family in the past, for example, Down's syndrome.

The birth defect can be inherited from either the mother or the father, such as color blindness or hemophilia. The trait will have occurred before in the family of either the father or the mother or both. The parent who passed the trait to the child inherited it from his or her parent or parents.

Environmental Birth Defects

An environmental defect is one that occurred sometime during the pregnancy or delivery because of some influence from outside the baby's body. Generally the effect is greater earlier in the pregnancy when the growth of the fetus is very rapid and the major body parts and systems are taking shape. This can happen as a result of the mother getting sick, taking harmful drugs or eating poorly.



Birth Defects

For example, rubella (German measles) early in pregnancy can cause deafness, heart defects, eye problems and nervous system damage in the baby depending on when the mother becomes ill during the pregnancy. Sexually transmitted diseases such as syphilis, gonorrhea or herpes can cause severe mental or physical damage to the baby. Alcohol, tobacco, some prescription drugs and “street drugs” can damage the developing fetus. Poor maternal nutrition can cause fetal malnutrition and cause poor mental and physical development in the baby.

Birth Defects Caused by Genetic and Environmental Factors

Most birth defects are thought to be caused by the combination of genetic and environmental factors. How strongly a child may be affected by an environmental cause, for example, may depend on his or her genetic background. Many normal babies may be born to mothers who took a certain drug during the pregnancy. Possibly these children inherited a greater resistance to the drug than did children who were born with negative effects.

Each year as many as 250,000 babies are born with birth defects in the United States. The most common result from **prematurity**. These babies have immature organs unready to function outside the mother’s womb. **Malformations of the heart** are the second most common. Some birth defects are more common in **certain populations**, such as sickle cell anemia in the African American community. California has a Birth Defects Monitoring Project which keeps track of patterns of birth defects within the state.

Cultural Views of Birth Defects

Different cultures have their own beliefs about what causes certain birth defects. A defect may be seen as a parent’s punishment by God for previous sins, the work of an evil spirit or other supernatural power. To the client, these views may be more believable than the medical explanation.

Language to Describe Birth Defects

A variety of words can describe children with birth defects. Some are “disabled,” “handicapped,” “retarded,” “delayed,” “impaired,” “disordered,” “challenged,” “exceptional,” or “special.” Some words are used by the general public, others are used by professionals and others in the law. Some words used in the past such as “crippled” are no longer used. The client may come with her own language to describe the disability.

Today we are urged to use language that shows respect for the person’s strength and individuality, such as “a person with a disability” rather than “a disabled person.” **This acknowledges that the individual is a person first and someone with a disability second.**

Treatment of Birth Defects

Few birth defects can be completely corrected. However, available treatments can slow, stop or partly reverse the harmful effects. These include:

- **Corrective surgery** for structural defects such as cleft lip and palate, clubfoot and various heart malformations.
- **Chemical treatment by** drugs, hormones, vitamins and dietary supplements or restrictions; for example insulin for diabetes and protein substitute for PKU.



Birth Defects

- **Prostheses** such as hearing aids and mechanical hands.
- **Transplants** such as corneas, kidneys and bone.
- **Rehabilitative training** to deal with mental, physical and sensory handicaps.

Prevention of Birth Defects

Some birth defects can be prevented. Encourage the woman to keep all her prenatal care appointments, follow nutrition guides, and avoid harmful substances such as drugs, alcohol and tobacco.

More Information on Birth Defects

Contact your local **March of Dimes** to receive client education materials on birth defects.

What to Look For

Prenatal Diagnosis

If the client has had a previous child with a mental or physical problem, the health care provider may suggest **genetic counseling**. A genetics counselor will ask questions about the health of each parent's family. The counselor will try to determine if the birth defect is the result of genetic or environmental factors and give an idea of how likely the same problem will occur in other children. The counselor helps parents make informed decisions and shares community resources.

Genetics counseling is available through **Prenatal Diagnostic Centers (PDCs)**, located throughout the state. The centers are approved by the Genetic Disease branch of the State Department of Health Services, 510-540-2534.

Depending on her insurance, prior approval may be required.

Tests that can identify possible problems include:

Amniocentesis - A hollow needle is inserted into the pregnant woman's uterus to draw out some fluid surrounding the fetus. The test is usually done between 15 and 24 weeks of pregnancy. Cells from the fluid, or the fluid itself, is analyzed. Analysis can detect genetic and metabolic disorders.

Chorionic villus sampling (CVS) - Cells from the developing placenta are obtained early in pregnancy, usually between 10 and 12 weeks. Analysis can detect genetic and metabolic disorders.

Blood tests - Blood tests of the mother or fetus, such as the Expanded AFP blood test is usually done between 15 and 20 weeks.

Sonograms - The mother's abdomen is scanned with high frequency sound waves to determine fetal position, head size, and rate of fetal growth and development. With a sonogram the physician may suspect or confirm a birth defect, such as missing limbs and malformed internal organs.

Women with no previous history of babies with birth defects are also offered some of these tests. The tests are optional and each woman should be counseled as to the advantages and disadvantages of taking these tests. See the *First Steps* introductory section *Decision Making Guidelines*.

When a Problem is Suspected

If a birth defect is suspected, the client and her family face a major crisis. Further tests may confirm the diagnosis, but often the infant's



Birth Defects

condition cannot be known until after birth. The period of waiting is difficult. Frequently the client will mourn as if the baby had died. Her reactions may include shock, disbelief, anger, sadness and guilt. She may wonder what she might have done to cause the problem. Family and friends may also blame her. Until the diagnosis is confirmed, she and her family will have to cope with the anxiety of facing the unknown.

When a Problem is Confirmed

The family is faced with many difficult decisions. Early in the pregnancy the mother may have the same basic decisions as in an unwanted pregnancy: abortion, raising the child or making an adoption plan for the child. Later in the pregnancy, abortion is not an option. The family will have the two remaining options.

Termination Due to Birth Defects

A "genetic counselor" can help clients considering therapeutic abortion to understand the diagnosis of the fetus and choose among available options. This is an opportunity to evaluate their personal and religious values and to learn more about services for the child should they decide to continue the pregnancy. See *Unwanted Pregnancy and Perinatal Loss Guidelines*.

Voluntary Placement of Child in the Child Welfare System

Sometimes the family will decide they do not have the emotional or physical resources to care for a child with birth defects. They may need temporary or long-term relief from the care of the child by voluntarily placing the child outside the home, in a state-licensed residence or in a foster home. Parents might also choose to place the child for adoption with another family. These

decisions cannot be made until after the birth of the child, but can be explored prenatally. After delivery, their options can be evaluated with a local child welfare agency.

Raising the Child

Over the last twenty years there has been increased interest in helping people with disabilities participate more fully in community life. Far more children with birth defects are being raised in their own families instead of being placed in institutions. Many community-based services are now available to help the family meet the child's special needs.

In spite of the assistance of outside resources, the family will generally have the primary responsibility for the care of the child. It is hoped the client will have a supportive partner, family and friends, but this is not always the case. Family relationships are often strained by the birth of a child with problems. Also, children with birth defects are more likely to be abused or neglected.

Postpartum Diagnosis

A great many birth defects will not be discovered until after birth. Some may be quite obvious at the time of delivery such as club foot or Down's syndrome. Some will not be discovered until later as the baby grows, such as a baby whose mother took drugs during her pregnancy.

Steps to Take

When there is suspicion of a birth defect:

- Help the client find a support person to accompany her to the tests that have been suggested to check on the fetus.



Birth Defects

- Help the family understand what is suspected about the baby's condition. Help them ask appropriate questions of the medical staff. Determine the parents' level of understanding of the explanations they are given.
- Acknowledge their feelings of fear, anxiety and grief.
- Remain available to offer support.
- Assess the strengths within the family. Encourage contact with supportive family members, friends or someone from the religious community.
- Talk to the family about a referral to a social worker or other mental health professional.

Follow-Up

When the birth defect is confirmed, the parents may need a period of privacy to express shock and disappointment.

- Remain available to offer support when the family is ready.
- Be prepared for anger and hostility, a common reaction for parents who need to identify a cause for their tragedy.
- Allow them to express their negative feelings.
- Assess for feelings of depression. See *Depression Guidelines* in this chapter for additional suggestions.
- When the family is ready, help them prepare for the many decisions that need to be made. Help them prioritize what needs to be done first and what can wait until later.
- Help the family prepare for the birth of the

baby. Encourage them, if possible, to tour the hospital and meet the staff. It might be helpful to visit the Newborn Intensive Care Unit and get used to the policies and equipment. Be sure the family has a referral for specialized pediatric care.

- Suggest they talk to parents of a child with a similar condition. A network of family resource centers can be found by contacting your community's Early Intervention Program. See Referrals.
- Contact social service staff at the delivery hospital to alert them to the family's need for services during the mother and baby's hospitalization. Following discharge, recontact the hospital to coordinate follow-up plans.

Postpartum diagnosis

- Some birth defects are not known until after the birth of the baby. Hopefully you've been told of the baby's condition before you see the mother for her postpartum visit. Then you can be prepared to deal with the family's psychosocial concerns.
- Refer to *Perinatal Loss Guidelines* which have suggestions on dealing with grief. Although the baby may be alive, the family is still experiencing a significant loss and will probably be grieving.
- Assess for feelings of postpartum depression, which may be increased by having a child with birth defects. Refer to the *Depression Guidelines*.
- Find out how the rest of the family, including children, are reacting to the baby.



Birth Defects

- Encourage the parents to take advantage of any early intervention programs in their community to help the child reach his or her full potential.
- Discuss the need for the parents to take a break from their care of the baby. The early intervention program may help them find a baby-sitter who is willing and able to care for a child with special needs and problems.
- Try to point out the baby's positive features or strengths instead of focusing only on his or her defects.

Referrals

Genetics Counseling

A genetics counselor can assist the family during their current crisis and help the family make decisions about future pregnancies.

Regional Centers

Every part of California is served by a Regional Center, a private, nonprofit agency funded by the state to provide services to people with developmental disabilities from birth throughout his or her life.

The Center serves people who:

- Are developmentally delayed.
- Have cerebral palsy.
- Have epilepsy.
- Are autistic.
- Have similar disabilities.

The Regional Center's staff of doctors, nurses, social workers, psychologists and other specialists help determine the problem, provide referrals for infant development programs, respite care, residential facilities, etc. and help pay for some services.

Early Intervention Programs

In California there is a statewide program of comprehensive services for infants and young children under three years who are:

- Handicapped.
- Experiencing delay in reaching developmental milestones or at risk of developing handicapping conditions.

Early intervention services help lessen the impact of the disability. They may include family training, special instruction/education, occupational or physical therapy, psychological services, case management services, medical screenings, assessments and other related services based on the needs of the child and the family. Call your county health department to locate the program in your area.

Support Groups for Families with Special Needs

Some communities have groups that meet regularly to explore feelings, share problems and concerns and learn more about how best to care for their children. Some groups deal with a single problem such as parents of blind children. Others include families with children who have a range of conditions such as parents of children with genetic disorders. Some are designed for siblings of children with birth defects.



Birth Defects

California Children's Services (CCS)

Serves children under the age of 21 who have:

- A handicap requiring orthopedic treatment or plastic surgery.
- Heart disease.
- Epilepsy.
- Cystic fibrosis.
- Vision problems that require surgery.
- Hearing problems.
- HIV infection.
- Blood diseases.

CCS can provide:

- Diagnosis of the problem.
- Help in finding good health care.
- Help with financial planning.
- Fund some or all of the medical care.

Supplemental Security Income (SSI)

See *Financial Concerns Guidelines* in this chapter.

Disabilities Rights Advocates

Numerous local, state and federal laws affect people with disabilities. Many of them were designed to protect rights and guarantee services. If the family wants to know more about their legal rights, refer them to a legal resource that can help them. You may be able to find one that specializes in the rights of the disabled. See the *Legal/Advocacy Guidelines* in this chapter.

Services for Parents in General

- Parenting classes/support groups.
- Single parent groups.
- Family support centers.
- Respite care (short term, occasional child care).
- Parental stress line (sometimes called a "hotline").
- Family or marital counseling.
- Public health nursing.
- Child abuse prevention programs.
- Parent aide home visiting programs.
- In-home family preservation programs.
- Other programs in your community that help parents under stress.
- Perinatal loss support groups.

Complicated Situations

If the mother is a **drug or alcohol abuser**, her child may be at higher risk for birth defects. See *Perinatal Substance Abuse Guidelines* for additional suggestions.

The client whose child has birth defects is at higher risk for depression. See *Depression Guidelines* in this chapter for additional suggestions.

A child with birth defects may be at higher risk for **child abuse and neglect**. See *Parenting Stress and Child Abuse and Neglect Guidelines* in this chapter for more information.



Financial Concerns

Refer to supervisor immediately if unable to find emergency shelter or food for client.

Background

The CPSP client will often have many financial concerns. Although you may not be able to solve all of her financial problems, you may be able to help in some areas. This may relieve some of her stress. You may also help her gain skills that she can use after the baby is born to get help for herself and her family.

Check with the resources in your county to find out eligibility requirements, application procedures and what the client needs to bring to her first appointment.

Rules and regulations for public benefits programs are constantly changing. Legislation may greatly change what programs are available to the CPSP client and her family. Try to keep up with current changes that affect your clients. When in doubt, seek advice from a welfare rights advocate. Refer to *Legal/Advocacy Guidelines* in this chapter.

An excellent source is *The Peoples' Guide to Welfare, Health and Other Services in Los Angeles County*. This guide has information about many statewide programs such as CalWORKs, SSI, WIC, Food Stamps, etc. that is accurate and up-to-date. The Guide in both English and Spanish can be viewed and downloaded at www.lacehh.org/tpg/index.php or can be ordered for a small fee. **Nonprofit community agencies that help low income people may also change. Be sure to keep your referral lists up-to-date.**

A client may have many different financial concerns. This guideline will address: **cash assistance, housing, utilities, food, clothing and baby supplies**. It will also cover the two main kinds of financial concerns: **emergency and non-emergency**.

Steps to Take

When a client tells you she has financial concerns, ask questions that will give you a better idea of the situation. *Is this an emergency? Does she have a place to sleep tonight? Is there food in the house? Does she have diapers?*

Refer her to the appropriate community resource to help her with her immediate problem. Emergency resources are often hard to locate. Sometimes great patience and repeated efforts are necessary to find help for the family.

Get an idea of how the family got into this situation. *Has this happened in the past? How often? What were the circumstances?* Help the woman review her income and make a realistic budget. Refer her to non-emergency resources.

Referrals for Cash Assistance

CalWORKs (California Work Opportunity and Responsibility to Kids)

CalWORKs is a welfare program that gives temporary cash aid and services to eligible families with children under 19 years old. The program is operated locally by county welfare departments. It replaces the former AFDC (Aid to Families with Dependent Children) Program.



Financial Concerns

Qualifying for Cash Aid

Children and the adult relatives who care for them may be eligible to get cash aid. Both single parent and two-parent families may qualify. In two-parent families, one of the parents must be disabled or the principal wage earner must have had less than 100 hours of work for the last four weeks before applying.

Applicants for cash aid must meet income limits. Some sources of the family's income are counted such as wages and others are not counted such as SSI payments, tax refunds, most student loans and grants.

The family also must meet limits on property and other resources. Again, some property is counted such as cash on hand, savings, stocks and bonds. Some property is not counted such as a home if lived in by the family, personal items such as furniture, appliances and tools needed for work.

A pregnant woman with no other children on CalWORKs can start receiving cash aid in her seventh month. She will get a grant for one person and a small amount for the unborn child called a "special need payment." If she has other children on CalWORKs, she can get the special need payment from the date of the pregnancy verification until the baby is born. She can get Medi-Cal immediately.

Pregnant teens with no other children can get cash aid from the date of application with proof of pregnancy but must participate in the Cal-Learn Program. See *Teen Pregnancy and Parenting Guidelines*.

If she has never been married, she must live with her own parent, a guardian or another adult relative or in an adult-supervised arrangement in order to qualify. There are a few exceptions to this rule.

If the pregnant woman is undocumented or receives SSI and has no other children on CalWORKs, she must wait until the child is born to get benefits for the baby.

The rules and regulations are long, complicated and often change. Trained CalWORKs staff will determine if the family qualifies.

Time Limits for Cash Aid

Adults can only get CalWORKs cash aid for five years (60 months) in a lifetime. Any month the adult gets cash aid counts against the 60-month time limit, even if the person is entitled to only a few dollars a month. The client will need to decide if it is worth "using up" a month of eligibility to get a small amount of cash. The person may be able to get Medi-Cal, Food Stamps and child care money even if not getting cash aid. The limit does not apply to children. If an adult has exceeded the 60-month lifetime limit, children will continue to receive cash aid.

There are a few exemptions to the 60-month limit. Any month does not count in which the client does not receive a check, is physically or mentally disabled, suffering from the effects of current or past domestic violence, caring for a sick family member or is a pregnant or parenting teen excused from Cal-Learn.

Diversion Payments

Instead of monthly CalWORKs cash aid, the family may receive a lump sum of money for a major expense that will help the person get or keep a job. For example, the payment may be used for car repairs or insurance, work tools or clothing, rent or utilities, license fees or childcare expenses.



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To get the payment, the family must be:

- eligible for CalWORKs
- have a job or immediate job opportunity
- have an unexpected, one-time need

The family receiving the diversion payment may also get Medi-Cal, Food Stamps and supportive services such as childcare.

Not Eligible for Cash Aid

Some clients who may meet the basic CalWORKs eligibility requirements may not be eligible in the following situations:

If she has been convicted of welfare fraud or found at an administrative court to have committed fraud. The period of disqualification may last from 6 months to a lifetime, depending on the seriousness of the fraud.

If she was convicted in state or federal court after December 31, 1997 for a drug felony committed on or after August 22, 1996, she can never get CalWORKs cash aid or supportive services such as childcare for herself. Her children can still qualify for cash aid.

If a child is under 16 and is not attending school regularly without good cause, the parents' cash aid will be cut off. A child over 16 not attending school without good cause will have the child's cash aid cut off, but not the parent's.

If a child under 6 years does not have proof of immunizations, cash aid to the adults will be cut off. There are exceptions if you can prove that you have "good cause" not to have them immunized such as lack of access or a sworn statement that immunization is against your religious or other beliefs.

If the adult does not participate in the Welfare-to-Work programs and does not have a legal exemption, their cash aid will be cut. The children's cash aid will not be cut.

Amount of Cash Aid

CalWORKs payments may be issued in the form of a check or the family may be given a plastic debit-like card called the Electronic Benefits card and a private PIN (personal identification number).

The amount of a family's monthly assistance payment, called the "Maximum Aid Payment," depends on a number of factors including:

- The number of people who are eligible.
- The special needs of any of those family members.
- The income of the family.

Maximum Family Grant (MFG) or Family Cap Rule

Even though bigger families generally get more cash aid, they will not get more money for children born while the family is getting CalWORKs unless the family meets one of the several exemptions.



Financial Concerns

Other Services

In addition to cash aid, the CalWORKs family is eligible for a variety of programs:

Medi-Cal: for each eligible family member. When the family is no longer eligible for CalWORKs, it may receive "transitional" Medi-Cal for varying lengths of time.

Food Stamps: in most cases, emergency food stamps are available by the next working day after application, if needed. Transitional food stamps may be available for several months after leaving CalWORKs.

Immediate Need Payment: a cash advance at the time of application or before the application is approved for money to buy diapers, medicine, transportation, utilities, food etc. The whole check can be given to the family within 3 days if the family has an eviction notice.

Homeless Assistance: cash for temporary shelter and to help with move-in costs for permanent housing if the applicant is homeless. See *Homeless Assistance in Emergency Housing Guidelines*.

Non-recurring Special Needs: if the family has less than \$100, they may qualify for cash to replace clothing, household items because of fire, disaster, theft or other event beyond their control or to pay for shelter if they do not qualify for the Homeless Assistance Program; this money does not need to be repaid.

Special Needs: extra money may be added each month to the grant if an eligible family member has special needs such as higher food costs because of a medically necessary diet or pregnancy.

Welfare-to-Work Supportive Services: such as job training, educational assistance, childcare, help finding work, job-related transportation, housing relocation, mental health, substance abuse or domestic violence counseling.

Steps in Applying for Aid

Fill out the application form as completely as possible.

Have an Interview with the Eligibility Worker

It is helpful to bring as many of the following documents as possible:

- Identification with current name and address.
- Social security number or card.
- Proof of income such as pay stubs or copy of tax return.
- Proof of relationship to any children for which you are applying.
- Proof of county residence.
- Proof of citizenship or acceptable immigration status such as birth certificate, naturalization papers, green card.
- Proof of housing situation such as rent receipts, lease agreement, etc.
- Auto payment papers and registration if the family owns a car.



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- Letters from a doctor if anyone in the household is pregnant, has a disability, special medical need or special diet.
- Any papers having to do with marriage, divorce, child support.

Get Fingerprinted

All adults 18 years and older and teen parents must be fingerprinted in order to apply for and receive CalWORKs. If the client refuses, she will not be eligible for cash aid, but her children can receive aid.

Have Children Under 6 Immunized

The client must submit proof that all children under 6 are up-to-date on their immunizations at the time of application and at the annual redetermination. Certain exceptions apply such as if immunization is against the parent's religious or other beliefs.

Keep School-age Children in School

The parent's cash aid will be cut off if a child under 16 is not attending school regularly without good cause. Children 16 and over will have their own cash aid cut off if not attending school or welfare-to-work activities without good cause.

Have a Home Visit

Some counties require a home visit for all CalWORKs applicants. If the client does not agree, the application will be denied. See section on *Emergency Housing, Homeless Assistance* in this guideline.

Receiving Aid

Benefits may be given in the form of checks or an EBT (Electronic Benefits Transfer) card to use at banks, ATM's and stores. Using the EBT card

more frequently than allowed or use at non-participating banks and ATM's may result in extra fees deducted from the card.

Continuing to Get Aid

The client must do the following to continue to receive aid:

Send in the quarterly report form: QR-7

Once the application is approved, the woman will need to fill in and return a quarterly eligibility form called the "QR-7." This form updates changes in income or property or the number of people in the household. Some things need to be reported within 10 days: address changes, certain criminal activities, parole or probation violations, and income going over the limit to receive aid. Encourage her to send the QR-7 in on time or her benefits will be discontinued.

Participate in Welfare-to-Work plan activities

All CalWORKs recipients must be working, looking for work, going to job training or school.

There is a long list of exemptions, to this requirement such as illness, severe family problems, lack of transportation or childcare, mental illness, substance abuse, domestic violence and many others.

Cooperate with child support collection

Unless excused, parents participating in CalWORKs must cooperate with the Child Support Agency to collect child support from any absent parent. There are some exceptions to this rule, for example if the client can show that attempting to collect support payments will put her children in danger. The county keeps most of the child support it collects, up to the amount of the family's cash aid. The family gets the



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CalWORKs grant plus an extra \$50 per month if the other parent pays on time. Questions will be asked about who the father is, where he lives and works, his Social Security number, etc. The county, using a national network, will try to find the father so he can share in the cost of supporting the child. If the client does not cooperate with the Child Support Agency, the family's grant may be cut.

Resources

California Department of Social Services
Web site at www.dss.cahwnet.gov/cdssweb/california_169.htm

California Immigrant Welfare Collaborative
916-448-6762, www.caimmigrant.org

SSI (Supplemental Security Income) State Supplementary Payment (SSI/SSP) Program and Cash Assistance Program for Immigrants (CAPI)

The SSI Program is a federally-funded program which provides income support to low-income citizens and some categories of lawfully admitted non-citizens who are either elderly (65 years and older) or disabled. There are limits on the amount of financial assets and personal property the person can have and still get benefits. The person should apply at their local Social Security Administration (SSA) office. Locations of SSA offices can be found in the telephone directory under "United States Government." The agency's toll-free number is **1-800-772-1213**.

The SSP Program is the state program which adds money to the federal payment. Eligibility for both programs is determined by the SSA using Federal criteria. If you qualify for SSI,

you qualify for SSP automatically. The single payment received at the beginning of each month includes both the federal and state payment.

The Cash Assistance Program for Immigrants (CAPI) is a state-funded program which pays cash benefits to some non-citizens that are not eligible for the federal SSI program.

For an adult to be considered disabled, the person must be determined unable to do any substantial, gainful activity because of a mental or physical impairment that can be expected to last for a continuous period of at least 12 months or that will result in death. In order to meet eligibility based on a disability, the applicant may submit proof from a doctor or other medical person accepted by the SSA, or SSA can request the proof from their doctor with their permission. SSA then reviews this information to determine if the person qualifies.

Drug and alcohol dependency is no longer considered a disability which qualifies for SSI benefits. If a client has another disabling condition and happens to be a drug or alcohol addict, the person is still eligible if the other source of disability meets the agency's requirements. If the person has become disabled because of the addiction, such as liver disease, the person may still be eligible because of that other disability. The basic test is: *Would the person still be disabled if he or she stopped using drugs or alcohol?* If no, the person will probably not be eligible.

For children under age 18, "disabled" means there is medical evidence of a physical or mental impairment which limits the child's ability to function and the impairment is expected to last for a continuous period of at least 12 months.



Financial Concerns

A person cannot receive both CalWORKs and SSI. Usually the payment from SSI will be higher. The patient may want to contact a welfare rights advocate before making the decision of which government program meets their needs best. See *Legal/Advocacy Guidelines* in this chapter.

A person on SSI automatically receives Medi-Cal benefits without a share of cost. A separate Medi-Cal application is not necessary.

Resources

Call **1-800-772-1213**. The Social Security Administration has an excellent Web site with information in many languages: www.ssa.gov/ The publications section has an electronic fact sheet on SSI in California.

General Assistance (GA) or General Relief (GR)

This financial assistance program is funded by the county for people who have almost no money and are not eligible for other programs such as CalWORKs or SSI. Eligibility, benefits and procedures vary greatly from county to county. If unemployed but determined by the county to be able to work, the recipient may need to look for work or participate in a county "workfare" project to "work off" (without pay) the GA or GR grant. A person receiving GA or GR automatically receives Food Stamps. GA/GR is not available for persons convicted in state or federal court after December 31, 1997 for a drug felony committed on or after August 22, 1996.

State Disability Insurance (SDI) During Pregnancy

The usual disability period for a normal pregnancy is up to four weeks before the

expected delivery date and up to six weeks after the actual delivery date. The period may be extended if there are complications in the pregnancy or delivery such as a C-section.

How to make a claim:

Obtain a claim form from any Employment Development Department (EDD) office by telephone, letter or in person. It is helpful to order disability forms in bulk and offer them to clients. Both client and health care provider must complete the form. Mail to EDD. The client will receive a weekly check in the mail, based on the client's earnings. This can take up to 3 weeks after the form is mailed to EDD.

Earned Income Tax Credit (EITC)

EITC is a special benefit for low and moderate income working people. Unlike other public benefits programs, this tax credit program is administered by the US Internal Revenue Service (IRS.) It provides cash payment (in the form of a check) even if the person does not owe any taxes. The working person must file a federal income tax return. The family may be eligible for free help in filling out the required tax forms through the VITA (Volunteer Income Tax Assistance) Program. Call **1-800-829-1040** for help in your area.

Resources

The IRS Web site has information in English and Spanish. www.irs.gov/



Financial Concerns

Housing

Emergency Housing

CalWORKs Clients

Clients who are receiving CalWORKs or are eligible may receive money for temporary shelter if they are homeless. "Homeless" is defined as having no regular, permanent place to live for any reason. They may receive \$65 to \$125 a day depending on family size for a maximum of 16 days. The money is addition to the family's usual cash grant and does not need to be repaid. The family may receive this homeless assistance only once in a lifetime, with a few exceptions such as domestic violence, a fire or other disaster or physical or mental illness not including drug addiction or alcoholism. The client should contact their caseworker if already receiving CalWORKs. If not, they should apply, letting the intake worker know what they have an emergency.

If a client has received an eviction notice because of not paying rent, CalWORKs may pay up to 2 months of back rent.

Homeless Shelters

Intake requirements vary. Find out if the shelter:

- Accepts pregnant women.
- Has restrictions on number of weeks gestation.
- Needs proof of pregnancy.
- Accepts children.
- Has age or gender restrictions.
- Allows partners or spouses.
- Requires interview or appointment.

- Accepts clients on a drop-in basis.
- Length of stay.
- Hours of operation.

Also find out what services are offered, such as meals, showers, laundry facilities, child care, clothing, medical or social work services. Some have job counseling and placement, or bilingual staff.

Complicated Situations

Teens

Many resources such as homeless shelters may only serve people 18 years and older. Locate a facility designed to serve youth and inquire if they will accept a pregnant teen; youth shelters are unlikely to accept teens with children. Call your county's child welfare agency to see if there is a group or foster home for the teen mother and her child.

Refer to legal resource if the teen wishes to be legally emancipated. Refer to *Teen Pregnancy and Parenting Guidelines* in this chapter for additional information.

People Who Abuse Substances

A client who is actively abusing substances may not be eligible for homeless shelters that have clean and sober policies. The client who wants help with substance abuse may need to go through detoxification first or enroll in a residential substance abuse treatment program. See the *Perinatal Substance Abuse Guidelines* in this chapter.



Financial Concerns

Non-emergency Housing

CalWORKs Clients

Families on CalWORKs may be eligible for payments to assist them in securing permanent housing. The rent cannot be more than 80% of the maximum aid payment of the household (monthly check). The payment is for security deposits, last month's rent, but does not include first month's rent. In the **Modified Payment Program**, the rent check can be paid directly to the landlord each month by the county welfare agency.

Subsidized Housing

Call local Housing Authority to be put on waiting list for public housing. If client is homeless, she should be given top priority. If she does not want to live in a housing project, she can ask for a **Section 8 Voucher or Certificate** that will allow her to look for private housing on her own. The housing must meet a number of requirements.

Nonprofit Housing Organization

The city Housing or Community Development Department may refer client to a nonprofit organization that owns houses or apartments rented to low-income people.

Rental Housing

The client will usually need to locate her own rental housing. Encourage her to let all her friends and family know she needs housing and any requirements she has. Consider advertising on bulletin boards located in churches, beauty parlors, laundromats, small grocery stores and children's schools.

Shared Housing

In areas where housing is very expensive, it is often necessary to share housing. Look for roommate referral agencies (either free or a small fee), single parent support agencies, or child care referral agencies.

Utilities: Gas and Electric, Phone, and Water Bills

Emergency Utilities

Local utility companies can refer to local agencies who help people with overdue bills and are being threatened with disconnection.

Call the State Department of Community Services and Development, LIHEAP (Low Income Home Energy Assistance Program) at **1-866-675-6623** for referrals to local agencies that can help clients with overdue gas or electric bills.

If the family is receiving CalWORKs, they may be eligible for "immediate need" money to pay overdue bills and avoid shut off utilities.

Non-emergency Utilities

The Low Income Home Energy Assistance Program (LIHEAP) also provides financial assistance to eligible households to help pay the costs of heating and/or cooling dwellings as well as free weatherization services to improve energy efficiency.

Resources

To find a local agency that participates in LIHEAP call **1-866-675-6623** or check the Web site:

www.csd.ca.gov/LIHEAP.html



Financial Concerns

Food

Emergency Food Resources

Each community has different food resources for families with emergency needs. They are often run by volunteers and rely on donations. Call first to see if help is available. Check on emergency food box programs. Request a special box for a pregnant woman or to suit the food choices of specific ethnic groups. Dining halls that serve free meals on a regular basis are often located in churches. Find out the meal schedule and what other services may be offered.

Non-emergency Food Resources

WIC

Refer all CPSP clients to WIC. This federally financed program provides free food vouchers to be used in local stores to purchase nutritious foods such as milk, cheese, eggs, juice, cereals, beans, peanut butter, infant formula and cereals. It also provides nutrition and breastfeeding counseling to help make good food choices.

The program is designed for:

- Pregnant women.
- Mothers up to 12 months postpartum if breastfeeding (6 months if not breastfeeding).
- Women whose pregnancies ended in spontaneous (SAB) or therapeutic abortion (TAB).
- Infants and children under the age of five.

The average value of the vouchers is about \$50 per month. Social security numbers and proof of immigration status are not required. Some WIC offices participate in the Farmers' Market Nutrition Program (FMNP) which provides additional coupons to WIC participants that they

can use to purchase fresh, unprepared fruits and vegetables at participating farmers' markets.

Resources

Call **1-888-WIC-WORKS (1-888-942-9675)** or check the Web site www.wickworks.ca.gov/

Food Stamps

Food stamps are **government coupons issued monthly** that can be used like money to buy food at many local grocery stores and farmers' markets. Some counties have replaced the paper coupons with a plastic Electronic Benefit Transfer (EBT) card that allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received. They can't be used to purchase hot foods to be eaten immediately or nonfood items such as soap or diapers. CalWORKs recipients are automatically eligible for Food Stamps. Applicants must meet income and other requirements. They must be a U.S. citizen or eligible noncitizen (usually someone with residency documents). See *Legal/Advocacy Guidelines* in this chapter for additional guidance.

Apply at the county welfare office. A client can get emergency food stamps within one day if they are eligible. An interview is required to review the application and necessary papers such as identification, proof of income, rent and utility receipts, etc. All adults and an adult applying for food stamps for children only must be fingerprinted. Upon receiving food stamps, the client will have to fill out and return a QR-7 quarterly report form, every 3 months. On this form she will indicate any changes from the previous quarter in household members, income, expenses, etc. There will also be an annual recertification to continue receiving Food Stamps.



Financial Concerns

Ineligibility for Food Stamps

The person will **not** be eligible for Food Stamps if he or she is:

- Convicted of some drug-related felonies committed after August 22, 1996 including possession with intent to sell, selling, manufacturing, or distributing drugs. As of January 1, 2005 recovering addicts convicted of the lesser crime of felony drug possession may receive benefits. The person must first serve out their sentence and complete a drug program or self-certify that he or she is sober.
- Convicted of selling food stamps over \$500.
- A worker on strike and his/her family unless they meet the income requirements one day before the strike.
- A full time student unless enrolled in CalWORKs, working at least 20 hours a week and a few other exceptions.
- Receives SSI; the state adds money to the federal SSI payment instead of providing food stamps.

Resources

California Department of Social Services, Food Stamp Program

Further information and application forms in several languages are available on their Web site www.dss.cahwnet.gov/foodstamps/

California Food Assistance Program (CFAP)

CFAP is a state-funded food stamp program for legal permanent noncitizens residing in the U.S., and determined ineligible for federal food stamp benefits solely due to their immigration status.

The Emergency Food Assistance Program (TEFAP)

TEFAP is a program of the United States Department of Agriculture (USDA) which provides non-perishable canned fruits and vegetables, frozen meat and fresh products to the states to be distributed to hungry families. In California TEFAP is administered by the California Department of Social Services and distributed through a network of hundreds of emergency food providers, such as food banks, food closets and soup kitchens to low income Californians. To find the authorized TEFAP food distribution agency serving your community, call **916-229-3344**.

Resources

California Department of Social Services
Emergency Food Assistance Program
www.dss.cahwnet.gov/cdssweb/EmergencyF_195.htm

California Association of Food Banks
www.cafoodbanks.org/
916-321-4435

Child Nutrition Programs

Generally, public or nonprofit private schools, elementary and secondary schools, and public or nonprofit private residential child care institutions may participate in the school lunch program. Children may be eligible for free or



Financial Concerns

reduced price meals. Apply at the school office. The child is automatically eligible if the family is receiving CalWORKs or Food Stamps. Other families will be required to give the total family income, possibly providing verification. They will also have to list names and social security numbers of all household members. If a family member does **not** have a social security number, list “none”; he or she is not required to apply for a social security number or to give a reason why the person doesn’t have one. Undocumented children are eligible for assistance.

Certified Farmers’ Markets

In many counties, families can buy **fresh products at lower prices** directly from farmers and growers at farmers’ markets. Food Stamps and WIC Farmers’ Market coupons are usually accepted.

Resources

California Federation of Certified Farmers’ Market

www.cafarmersmarkets.com/resources/
530-753-9999

Other Food Resources

Many communities will have additional food resources, like food-buying cooperatives where members can purchase food at reduced prices or community gardens.

Clothing and Baby Supplies

Emergency and Non-emergency Resources

Resources for free clothing and baby supplies vary widely in communities. Check churches and religious charities such as Salvation Army, Catholic Charities, St. Vincent de Paul, Jewish Family and Children’s Services, and Goodwill. Some pro-life groups help pregnant women in need. Parental stress lines or family resource agencies may have referrals for clothing and baby supplies. Client may need a referral letter from you in order to receive assistance. Also check: *Does she need an appointment or can she drop-in? What languages do the staff speak? Are there any income guidelines? Are there other services offered? Are there waiting lists to obtain certain items such as baby equipment and furniture?*

Follow-up

Review client’s financial concerns. *Are they better? Worse? Did she follow through on any referrals? Were they helpful? Does she want to try another resource?*

If she was denied benefits, try to determine if she was unjustly denied. Sometimes **informal action** will resolve the problem. Talk to the worker or supervisor. Help the client explain her situation and see if they can come to an agreement.

Sometimes **formal action** is necessary. If she was seeking help from a government agency, she probably received a “notice of action” which describes the formal complaint procedure. Usually there are time limits in which to file a complaint. Refer her to a welfare rights advocate for her situation. See *Legal/Advocacy Guidelines* in this chapter.



Financial Concerns

Special Financial Considerations for Undocumented Immigrants

In most cases, undocumented people are not eligible for many public benefits such as CalWORKs, SSI (Supplemental Security Income), Healthy Families or Food Stamps. However everyone, regardless of immigration status is eligible for:

- WIC.
- Pregnancy-only Medi-Cal.
- Sensitive services or minor consent Medi-Cal (under 21 years).
- Emergency Medi-Cal.
- Health care from some county and community clinics.
- Free or reduced-price school breakfast, lunch and summer food program.
- CHDP (Child Health and Disability Prevention Program).
- Immunizations for children.
- CCS (California Children's Services) for children under 22 who have serious medical or disabling conditions.
- Services of the Regional Centers for California residents with developmental disabilities.
- Elementary and secondary public education.
- Services from most non-profit community organizations such as churches.
- Help from most shelters such as domestic violence or homeless shelters.
- Food from food pantries.

A child born in the U.S. is a U.S. citizen and may be eligible for many kinds of help that is not available to the undocumented parent.

Resources

The California Immigrant 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

www.nilc.org/ciwc/

The Peoples' Guide to Welfare, Health and Other Services

in Los Angeles County has a guide for Non-Citizens which is useful for immigrants throughout the state.

www.lacehh.org/ltpg/index.php

Check with local immigration advocates for the latest laws that affect different categories of immigrants.



Legal/Advocacy Concerns

Background

Many times during the assessment, a client will describe a problem that may indicate a need for legal advice or advocacy. Do not give legal advice, but help the client by getting more details about her situation and making an appropriate referral. The referral agency will help the woman decide if she has a legal case and if so, what action she should take. It may be difficult to find the appropriate resource, especially one that will serve the client at a price she can afford. Be sure to ask each resource that you contact if they know of someone else who may be able to help.

Legal Rights of Working Pregnant Women

It is illegal for employers to discriminate against an employee who is pregnant. There are many complex federal and state laws that protect her rights. She should contact the California Department of Fair Employment and Housing (FEHA) for information on her rights under the current laws. Look in the "State Government Offices" section of your phone book.

FEHA rules apply to employers who have 5 or more employees. In general, an employee:

- May be allowed to take up to 4 months unpaid leave.
- Must be given the same or similar job when she returns to work.
- May be transferred to less strenuous or hazardous positions, provided it is medically indicated and the transfer does not require the employer to either create a new job or to fire another employee.

The California Family Rights Act requires employers of 50 or more employees to allow employees who have been working at least one year to take up to a total of four months leave following the birth of a child. The law does not require that the leave be paid.

Steps to Take

After getting more detail about the client's situation, **suggest that she contact a legal services program.** See *Making Successful Referrals* in the *First Steps* chapter. Help her find a program that handles her kind of problem. Some agencies help with a wide range of issues; others provide assistance with only specific problems. They will advise her of her rights and may represent her. She may qualify for free (sometimes called pro bono by the legal community) or low-fee services.

Encourage the woman to document her case, writing down dates, places, times and possible witnesses to her difficulties. She can create a "paper trail" by making her complaints in writing.

Advise her to use any grievance procedures and appeals, if available. Remind her to meet any filing requirements and deadlines.

Follow-up

Check with the client at her next visit to see if she followed through on the referral to legal or advocacy services. *If not, why not? If yes, did the referral help her situation? Does she want additional referrals? Can you help her in other methods of solving the original problem?*



Legal/Advocacy Concerns

Referrals

Yellow Pages listing legal help. Nonprofit legal resources in your community may go by the name of Legal Aid Society, Legal Services Foundation, Neighborhood Legal Assistance Foundation and Rural Legal Assistance.

Legal referral service operated by the local bar association (an association of lawyers) that makes referrals to private attorneys that see clients free of charge or for a fee. Some will provide a free or low-cost initial consultation.

Ethnic-specific legal services such as Indian Legal Services or Chinese for Affirmative Action. There are also organizations that specialize in certain types of legal problems such as those for the disabled, minors, etc.

Law schools may provide legal services to low income people.

Community boards may have free, informal conflict resolution services to solve problems between neighbors, family members, friends, housemates, organizations, landlords and tenants, merchants and consumers, and employees and employers. Trained community volunteers assist the people in reaching their own agreement. Although not legally binding, it is often a good way to avoid the lengthy, expensive legal system.



Legal/Advocacy Concerns

Consider Making a Referral for Legal Advice in the Following:

Housing

- evictions
- disputes with the landlord
- housing discrimination
- illegal rent increases
- unsafe housing, need for repairs
- lack of heating, water, weather protection, garbage collection
- rodents and other pests

Immigration

- deportation
- legal residency
- citizenship
- sponsorship of relatives who want to emigrate
- rights to public benefits
- refugee or political asylum

Public Benefits

- being denied benefits
- having benefits decreased
- having benefits discontinued
CalWORKs, SSI, GA or GR
Medi-Cal
unemployment benefits
disability benefits

Employment/Labor

- discrimination on basis of sex, race, ethnic group, sexual orientation, or disability (including pregnancy)
- sexual harassment
- firing
- lay off
- family care leave
- unfair labor practices
- pay equity
- domestic workers
- affirmative action
- unsafe working conditions
- pensions

Family

- child custody, support and visitation
- paternity
- court dependency for abused, neglected children
- termination of parental rights
- adoption
- legal guardianship for children
- legal emancipation for minors 14 years or older
- grandparents' rights
- separation
- divorce
- conservatorship
- wills
- probate
- name changes
- spousal/partner abuse
- restraining orders

Civil and Criminal Prosecution

- small claims court
- arrest
- incarceration
- parole
- probation
- victim of crime
- witness to crime
- lawsuits
- personal injury
- negligence/professional malpractice

Financial/Consumer

- bankruptcy
- debts
- credit
- product liability
- real estate
- insurance
- business



New Immigrant

Refer to supervisor immediately if client has severe anxiety or depression or has a deportation order.

Background

New immigrants to this country have special concerns. **Learn as much as you can about their immigration experience.** See *Cross Cultural Communication Guidelines* in the *First Steps* chapter.

General Concerns

New immigrants are likely to have many emotional concerns such as:

- Homesick and miss loved ones left behind.
- Regret their decision to come to the U.S.
- Unable to return home.
- Culture shock and confusion with unfamiliar customs, values and ways of life.
- Conflict and tension between younger and older generations in the family.
- Isolated with limited social support systems.
- Constant fear of deportation.

Post-traumatic Stress Disorder (PTSD)

Some immigrants will have experienced significant emotional trauma in their homeland or during the migration. Some come from war-torn countries where they have suffered or

witnessed many horrors. Women are sometimes sexually assaulted during the process of migration. These experiences may lead to a mental condition called **post-traumatic stress disorder (PTSD)**.

A person with PTSD **reexperiences the trauma** through painful daydreams or nightmares. Each episode may last from several minutes to several days. **Anxiety, depression and numbing of the emotions commonly occur with this disorder.** It can be treated through individual or group counseling, self-help support groups and/or drug therapies. See *Emotional/Mental Health Concerns Guidelines* in this chapter for additional assistance.

Financial Concerns

New immigrants often have many financial concerns. Family members' ability to find work depends on their job skills, whether or not they have legal authorization to work, and their ability to communicate in English. Undocumented persons will often have difficulty securing good-paying, steady jobs.

If the family needs financial assistance, immigration status determines which government benefits they may receive. These benefits are sometimes called "public" benefits. Children born in the U.S. are citizens and are eligible for the full range of government benefits. Legal permanent residents (LPRs) can receive most, but not all, public benefits. In most cases, undocumented people are not eligible for governmental help. However, they may be able to receive help from private agencies such as churches. See *Financial Concerns Guidelines* in this chapter for further guidance.



New Immigrant

Immigration Status

An immigrant is someone who enters another country with the intention to live there temporarily or permanently. Students and tourists are considered non immigrants. The federal government's United States Citizenship and Immigration Services (USCIS), formerly known as Immigration and Naturalization Services (INS), recognizes many categories of immigrants.

The rules and regulations are complex and change from time to time as the result of new laws.

Some major current categories are listed below:

Lawful Permanent Residents (LPRs)

- Often called "green card" holders.
- Have permission to live and work permanently in U.S.
- Can travel outside U.S. and return as long as they do not abandon their U.S. residence.
- Can Lose LPR status if absent from the U.S. for an extended period of time without requesting a re-entry permit or commits certain deportable crimes.
- Are considered conditional for two years if they receive their legal status through marriage to a U.S. citizen; the couple must jointly file a petition to remove the conditional status, or the immigrant spouse must qualify for a waiver to keep his or her LPR status; see Special Immigration Concerns for more on these waivers.

- Can apply for U.S. citizenship after living in the U.S. for 5 years (3 years if married to a U.S. citizen); such citizens are called "naturalized" and have most of the rights of U.S. born citizens.
- May be eligible for some federal and state public benefits
- May be "commuter aliens" who live in Mexico or Canada, but work in the U.S.

Refugees

- Given permission to enter and reside in the U.S. because they are unable or unwilling to return to their home country due to persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion. Women from countries where there are coercive population control programs (such as forced therapeutic abortion or sterilization) may qualify for refugee status.
- Issued a refugee travel document to travel abroad.
- Issued an employment authorization card.
- Receive resettlement services aimed at economic self-sufficiency, including CalWORKs and Medi-Cal.
- Not affected by the "deeming of sponsor income" rule; see section on *Special Immigration Concerns, Sponsor Income* in this chapter.
- May apply for LPR status after one year.



New Immigrant

Asylees

- People who are already in this country can apply for asylum or withholding of deportation if they satisfy the requirements for refugee status (see previous category). Women or girls who have a well-founded fear of being forced to submit to female genital mutilation in their home country may qualify for asylum.
- Eligible for most of the same benefits as refugees once the status is granted.
- Request must be filed within 1 year of entry into the U.S.

Temporary Protected Status (TPS)

- Is granted to people already living in the U.S. who are from certain designated countries (or parts of countries) where unsafe conditions such as war or natural disaster would make it a hardship for them to return.
- In the past, people have qualified from Burundi, Somalia, Liberia, El Salvador, and Honduras; check the USCIS Web site for currently accepted countries.
- Are authorized to stay for a specific period of time only and does not lead to permanent resident status.
- Receive permission to work
- Not eligible for most public benefits.

Undocumented Immigrants

- May enter the country legally as a non immigrant (student or tourist) and overstay the term of the visa.
- May have entered the country illegally without inspection at the border by USCIS.

- Not permitted to work in the U.S.; individuals and businesses are legally forbidden to hire someone without the necessary work authorization papers.
- Can be deported if their status becomes known to USCIS.
- May be eligible for temporary or permanent lawful status by qualifying for asylum, TPS (Temporary Protected Status) or suspension of deportation.
- May have to return to their country of citizenship and apply from that country for legal entry into the U.S.; the wait may be several years depending on the yearly visa allotment for their group.
- **Although they are ineligible for most public benefits, they may be able to apply on behalf of any children born in the U.S. who are therefore citizens;** see *Financial Concerns Guidelines* in this chapter.

Public Benefits

If the family needs financial assistance, there are many factors that determine which government benefits they may receive. These benefits are sometimes called "public" benefits.

A child born in the U.S. is a citizen and is eligible for the full range of government benefits. If undocumented parents are applying for benefits for a citizen child or other eligible child, they do not have to tell the agency that they are undocumented. They may simply tell the worker that they are not eligible for the program and are seeking assistance for the citizen child only.



New Immigrant

Eligibility for Legally Admitted Immigrants May Depend on:

- Their immigration classification.
- Whether they entered this country before or after August 22, 1996.
- How long they have lived in the U.S.
- The number of quarters they have worked and paid into Social Security.
- If their sponsor signed an Affidavit of Support Form I-864 accepting legal responsibility for financially supporting the sponsored immigrant; see section on *Sponsor Income* for more information.

In most cases, undocumented people are not eligible for many public benefits such as CalWORKs, SSI (Supplemental Security Income), Healthy Families or Food Stamps.

Everyone, Regardless of Immigration Status is Eligible for:

- WIC.
- Pregnancy-only Medi-Cal.
- Sensitive services or minor consent Medi-Cal (under 21 years).
- Emergency Medi-Cal.
- Health care from some county and community clinics.
- Free or reduced-price school breakfast, lunch and summer food program.
- CHDP (Child Health and Disability Prevention Program).
- Immunizations for children.

- CCS (California Children's Services) for children under 22 who have serious medical or disabling conditions.
- Services of the Regional Centers for California residents with developmental disabilities.
- Public education.
- Services from most non-profit community organizations such as churches.
- Help from most shelters such as domestic violence or homeless shelters.
- Food from food pantries.
- ADAP (AIDS Drugs Assistance Program) provides pharmacy benefits for persons who are HIV positive and under-insured or without insurance.

Sponsorship

Immigrants who come to this country under the family preference system need a sponsor.

A sponsor must:

- Be a citizen or legal permanent resident (LPR).
- Be 18 years or older.
- Sign an affidavit of support accepting legal responsibility for financially supporting the immigrant.
- show that they earn enough to support a household that includes the immigrant, family members joining the immigrant, and the sponsor's family, at least 125 percent of the federal poverty level.



New Immigrant

Affidavit of Support

An affidavit of support is a contract signed by the sponsor, to show that the immigrant applying for LPR status is not likely to become dependent on the government, or a "public charge." The sponsor must accept legal responsibility for financially supporting the family member until the relative becomes a U.S. citizen or can be credited with 40 quarters or work (usually 10 years). There are two major types of affidavits:

The "traditional" Affidavit of Support (Form I-134), which is the main form used before December 19, 1997. This affidavit of support is not an enforceable document.

The "enforceable" Affidavit of Support (Form I-864) went into use on December 19, 1997. It is a binding contract by the sponsor for support of the immigrant, and for repayment of certain benefits received by the immigrant such as CalWORKs, SSI, Food Stamps (unless the sponsor is also receiving Food Stamps and is part of the same household as the immigrant) and non-emergency Medi-Cal.

Sponsor Income

Sponsors who sign "enforceable" affidavits must show that they earn enough to support a household that includes the immigrant, family members joining the immigrant, and the sponsor's family, at 125 percent of the federal poverty level. Sponsors who can't meet these requirements may find a joint sponsor who also must sign an affidavit of support, promising to support the immigrant. A joint sponsor must meet all the same requirements as the sponsoring relative, except the joint sponsor does not need to be related to the immigrant.

Sponsored Immigrants and Public Benefits Deeming

The income and resources of the immigrant's sponsor are considered, or "deemed" to be available to the sponsored immigrant when he or she applies for certain public benefits. Deeming rules usually make the immigrant ineligible for benefits because adding the sponsor's income and resources renders the immigrant "over-income."

Sponsored immigrants can get some other benefits without counting their sponsor's income or the sponsor having to pay back the government. These include emergency or pregnancy-related Medi-Cal, immunizations, testing and treatment of communicable diseases, short-term emergency cash aid, school breakfast and lunch programs, Head Start, student financial aid and a few other programs. Other exceptions to the deeming rules include domestic violence survivors or immigrants who would go hungry or homeless without assistance. Additional exceptions may be available, depending on the program.

Public Charge Issue

"Public charge" is a term used by USCIC to classify persons who have become dependent on public assistance programs. It can deny legal permanent resident status or the right to sponsor a relative. Only some forms of public assistance will be counted when deciding if the person is a public charge, namely cash assistance programs such as CalWORKs, SSI and General Assistance (GA) or General Relief (GR). Other forms of public assistance such as Food Stamps, WIC, school lunch, vocational training, rent subsidies, and Medi-Cal are not usually counted.



New Immigrant

Conditional LPR (due to marriage to a U.S. citizen)

Generally, the citizen and alien spouse need to file a joint petition to have the conditional status removed after two years. Then the alien can become an **unconditional legal permanent resident**. Under certain circumstances, an alien spouse may receive a waiver and be able to receive unconditional LPR status without the cooperation of her citizen spouse. (e.g., proving she is a battered spouse.) For more details, refer the client to an immigration attorney; see *Legal/Advocacy Guidelines* in this chapter for further assistance.

Steps to Take

Immigration Status

Assure the client that her medical record is confidential and will not be seen by officials of the USCIS. You will be asking her questions about her immigration status so as to better determine which services she is eligible for. **You or other staff will not report her and her family to USCIS if she is here without legal papers.** If she has concerns about her immigration status or eligibility for public benefits, **do not try to provide legal advice.** Refer her to an immigration advocate or agency who can answer her questions.

Immigration Experience

Gently ask questions about her reasons for leaving her native country. Questions may include:

Did she want to come?

Did she come because of a spouse, parent or other person?

Did she experience trauma such as war or extreme poverty in her homeland?

Find out her experience of traveling to the U.S.

Was it easy or hard?

Did she experience emotional or physical hardship during the journey?

How long did it take for her to get here?

How did she cross the border?

Did she stay in a refugee camp? If so, what was it like?

Cultural Adjustment

Ask what she expected before she came to the U.S.

What's been positive and negative so far?

Does she plan on staying here?

What has been the cultural adjustment of other family members?

Has this caused problems for the client's family?

You can help provide orientation to American culture and customs. Ask if she is homesick.

What does she miss about her homeland?

Find out what loved ones she left behind such as children, parents, grandparents, spouse or partner.

Does she hope to be reunited with them?

What are her plans?

Provide opportunity to express her sad feelings.

Knowledge of English

Determine her knowledge of English. If she has limited ability to communicate in English, find out her willingness to learn more. Provide her with referrals to ESL (English as a Second Language) classes, if she wishes.



New Immigrant

Social and Community Support

Find out more about her social support systems.

Does she have family and friends living near by?

Has she found a community of others from her country of origin?

Has she found a place of worship to practice her religion and a store that sells familiar foods?

Does she know of a radio station, television station and newspaper in her native language?

You can make suggestions on expanding her social network.

Follow-Up

- Provide an opportunity for her to discuss her feelings of cultural adjustment and homesickness.
- Provide support and encouragement.
- Assess for depression and post traumatic stress disorder.
- Provide further referral to community resources.
- Continue to provide orientation to American culture.

Referrals

- Churches, temples, synagogues, mosques or other places of worship.
- Charitable religious organizations.
- Community self-help organizations focusing on immigrants.

- Cultural organizations.
- Local news media in her native language.
- ESL (English as a Second Language) classes (contact your local community college or adult school).
- Immigration advocates and attorneys.

Resources

The United States Citizenship and Immigration Services (USCIS)

Formerly known as Immigration Naturalization Services (INS) has an excellent Web site that provides information and forms in many languages.

www.uscis.gov

U.S. Department of State, Bureau of Consular Affairs, Visa Services

Information on immigrant visas.

www.travel.state.gov/

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 Immigrant 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



Parenting Stress

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

Background

Parenting is one of the world's toughest jobs. All parents experience stress from time to time. They can feel overwhelmed and dissatisfied with the care of their children. You can help the pregnant woman prepare for the demanding task of caring for the newborn. You can also decrease the stress of the pregnant woman with other children.

Parents who experience a lot of stress sometimes take it out on their children. As a health practitioner, you are required by state law to report to the authorities when you suspect that a child is being abused or neglected. See the *Child Abuse and Neglect Guidelines* in this chapter for further information.

Every culture has its own family values concerning child rearing. There are vast differences among cultures in what parents expect of the child at a certain age and attitudes toward child development. What may be considered positive childrearing in one culture may be frowned upon in another. Discipline practices may vary. One culture may rarely discipline unless real danger exists; another may approve of corporal (physical) punishment; another may use indirect methods such as shame.

What to Look For

For the Pregnant Woman

All women expecting a child face a period of adjustment. Even when the pregnancy is planned and wanted, caring for a dependent and needy newborn is a tremendous strain. Experienced parents may also have a lot of difficulty. Many factors will determine how much stress she will face. Although it is impossible to predict how a client will do once the baby is born, you may be able to guess which ones may experience a lot of stress. These may include clients who:

- Are teens, especially young teens.
- Have a history of spousal/partner abuse.
- Have emotional concerns such as marital stress, family problems.
- Have been abused or neglected as a child.
- Lack social support, such as some single parents or new immigrants.
- Have severe financial concerns, such as homelessness.
- Are expecting a child with problems, such as birth defects.
- Are substance abusers.
- Have physical illness or disabilities.
- Have mental illness or disabilities.
- Are developmentally delayed.
- Have a baby who is premature.

For guidance on how to help the client with some of these stresses, see the Table of Contents for useful materials.



Parenting Stress

For the Pregnant Woman with Other Children

The client may tell you of parenting stress during the interview. For example, she may say:

- The kids are driving her crazy.
- She can't take it any more.
- She's afraid of losing control.
- The child is no good.
- She can't handle the child.

You may also observe parenting stress in your office. For example, the mother may:

- Use harsh discipline such as hitting or threatening to hit the child.
- Yelling or swearing at the child.

Not respond to the child's needs or requests for comfort or help such as:

- Letting a newborn cry without attempting to comfort him or her (although this may be a cultural practice).
- Not protecting a toddler from harm.
- Ignoring a preschooler's request for help with a difficult task.

Steps to Take

For the First-time Mother

Find out what she thinks parenting will be like. Is she confident or scared? What does she need to learn or do to help her prepare for being a parent. Ask questions like:

Do you have any ideas on how you'll handle ...?

Help prepare the pregnant woman and hopefully her partner by letting them know what to expect, especially in the early weeks and months of the baby's life. Say things like:

A lot of new parents find themselves wondering ..

Many parents find it useful to ...

You may want to try ...

Many couples experience ...

For the Pregnant Woman with Other Children

Build on Strengths

Acknowledge what a difficult job she has being a parent, and that you know she's trying to do her best. Say something like:

It seems to me that you really love your child. You're trying your best to get him to behave.

Encourage her to discuss her parenting joys as well as difficulties. Say something like:

Being a parent is a difficult job. Are there times when it seems worth all the effort? Can you tell me about it?

Build Upon Parental Strengths Rather than Focusing on Weaknesses.

Let her know when you think she's doing a good job. Say something like:

It's so nice to see a parent who ...

I like the way you ...

You seem really good at ...

Help the mother identify positive things about her child. Some behaviors that the mother



Parenting Stress

identifies as bad can be shown as actually good. For example if the mother is angry at a toddler who is busy pulling open all the drawers in the exam room, you may say:

What a curious child! She really wants to find out more about her world. Maybe we can help her explore something else beside the drawers. Here's a toy that she might like.

Help the Parent Make a Plan for Changing the Child's Behavior Over Time.

Say something like:

Let's see if we can figure out a better way.

Would you like help in finding a way that works?

Help her figure out the steps in teaching the child, and make plans for how long it may take and what to do if the plan doesn't work.

Help her identify the child's positive instead of negative behaviors. Help her determine if the child is capable of such behavior at this stage of development. For example, is it reasonable to expect an 18 month old to sit quietly for a half hour while the mother watches a video on childbirth? Is it reasonable for a three year old to have responsibility for watching the newborn while the mother naps?

Explore what methods she has tried in the past. What was effective and what was ineffective?

Use brochures on behavior management techniques for children of different ages.

Contact your local Child Abuse Council for suggestions.

Encourage the parent to focus on positive behavior. Reward good behavior as much as possible. Children want to please their parents. **The most powerful tool parents have in changing their child's behavior is the child's desire for the parent's approval and love.**

Ignore unwanted behavior if it is not harmful to someone or something. An example of this is a toddler temper tantrum. The child should be praised as soon as the bad behavior stops and the child does something that the parent approves of.

Distraction works well especially with young children. Suggest alternatives. If the child stands on the table, suggest:

Come sit next to me, and I will show you some pictures in this book.

Some behaviors can't be ignored. If a child is hurting himself or others or damaging something, the parent will have to intervene as unemotionally as possible. She can say something like, I can't let you do this. I will have to help you stop until you can stop yourself. Sometimes this is called "setting limits." The parent lets the child know that the behavior is unacceptable. At the same time she should let the child know what is acceptable. For example she can say, You may not stand on the table. You may sit next to me in this chair.



Parenting Stress

Time Out

With Time Out the child is taught to spend a short time by him or herself away from the rest of the family, perhaps one minute for each year of the child's age. This technique stops the child from getting attention for the behavior and sets limits on what is acceptable. It also gives the child and parent a chance to calm down. When the time is up, the parent calmly explains why he or she was sent to the time out space and what behavior she expects in the future.

The goal is for the child to develop self control, not to act properly due to fear of punishment.

Model behavior

Set a good example for the parent in handling the child. For example,

Praise the child for good behavior such as:

*Mommy must be really proud of you for making that picture while she's waiting for the doctor.
What a good artist you-are.*

Put an arm around the fussy child and say:

You seem to be having a bad day. I wonder what you're trying to tell us.

Advise the mother to have patience. A different approach may take time to show results in changing the child's behavior.

Create hope by reminding her that there are ways that she can relieve her parenting stress. Tell her that other parents in her situation have found solutions to difficult problems.

Giving Advice

Try to give **nonthreatening, supportive advice** on how to handle the child differently. When giving advice try not to criticize the parent and make her feel defensive. Instead of saying *You shouldn't . . . or Stop doing . . .*, try saying:

You may get better results if you . . .

Have you tried . . . ?

Emphasize how the different approach may benefit her as well as the child. Say something like:

You'll probably find it easier to...

Encourage Parental Responsiveness

If the mother is not responsive to the child's needs, gently try to get her to empathize with the child. In other words, get her to feel what the child may be feeling. Say something like:

I wonder how she feels when . . .

What do you think he feels when . . .

It must be hard for the child to . . .

Attitudes Towards Child Raising

Ask how she was raised. *Does she want to do the same or differently than her parents?* If her parents were abusive, she may not want to use the same parenting techniques. She might be less likely to abuse her child if she can remember what it felt like to be a helpless, scared child.



Parenting Stress

Find out what role the child's father or the mother's partner plays in providing care to the children.

What role do extended family members play? What are their ideas of child raising and discipline? Do they agree or disagree on how the children should be handled? How does she handle any disagreements?

While you want to respect the family's cultural values, you also may need to inform some families that discipline which they find acceptable may be against the law. Discipline that is excessive or forceful enough to leave marks or injuries is considered abusive. The use of instruments such as whips, belts, sticks, shoes and cords also increases the likelihood of serious injury.

The Importance of Social Support

The isolated parent often experiences a lot of parenting stress. Help her see the need for support systems and how to develop them. Discuss the possibility of getting help from her current community which may include extended family, friends, neighbors, church, support groups, parenting and childbirth preparation classes and ESL (English as a Second Language) classes.

Encourage her to find one or two women she can call when she feels angry or frustrated. They can support each other.

Seeking Outside Assistance

Give all parents the number of the parental stress line, if you have one in your community. Most are staffed by trained volunteers and operate 24 hours a day.

If you think the family needs outside assistance, explain the benefits of a referral. See the following referral guidelines.

If the mother is angry at you for suggesting such help, try to remain calm. Don't take it personally. Share with her any success stories of other families in her situation. If she refuses help, tell her that you will be happy to give her the referral again if she changes her mind.

If the mother is interested in the referral, you may want to help her call from your office. See Making Successful Referrals in the Introduction.

Tip

Your local child abuse council may have guest speakers or brochures on parenting techniques and preventing child abuse. To locate your nearest council or to obtain other information, call Prevent Child Abuse-California.

916-498-8481

www.pca-ca.org



Parenting Stress

Doing Something for Herself

Encourage the mother to meet her own needs. She may have more energy to deal with her children if she is able to fulfill some of her own dreams. In some cultures, clients may need help recognizing the possibility of having their own interests and achieving personal goals. You may acknowledge her central role as caregiver, but also show interest in what brings her pleasure, such as visiting friends, taking a walk, or going shopping by herself.

Follow-Up

For the First-time Mother

Continue to help the pregnant woman think about having a newborn in the household. Help her prepare emotionally for the many demands. Help her decide what kinds of preparations she needs to make, such as purchasing basic supplies.

For the Pregnant Woman with Other Children

Continue to observe for signs of parenting stress. Ask if she's tried any of the suggestions that you made at her last visit. Did they work? Problem solve any difficulties in follow through on the plan to change the child's behavior.

See if she followed up on any of the referrals you suggested. If no, why not? If yes, what has been her experience so far?

Referrals

- Parenting classes/support groups.
- Childbirth preparation classes.
- Single parent groups.
- Family support centers.
- Respite care (short term, occasional child care).
- Child care or preschool (especially those with parental involvement programs such as Head Start).
- 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.
- Other programs in your community that help parents under stress.

Call your local parental stress line for additional referrals.



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 LCSW, 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.



Child Abuse and Neglect

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.



Child Abuse and Neglect

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 working with difficult families.



Child Abuse and Neglect

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



Child Abuse and Neglect

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.



Spousal/Partner Abuse

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.



Spousal/Partner Abuse

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.



Spousal/Partner Abuse

- 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



Spousal/Partner Abuse

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.



Spousal/Partner Abuse

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



Spousal/Partner Abuse

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.



Spousal/Partner Abuse

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



Safety When Preparing to Leave

Safety When Preparing to Leave

There are laws to protect you from violence and shelters to help you leave your partner. If you have children, they need you to protect them. It takes great courage to leave an abusive man. Even if you think the abuse won't happen again, plan ahead where to go and how to get there.

- Call a shelter or hotline for help with making a plan.
- Keep the telephone number handy.
- Tell someone you trust about the violence.
- Hide all important papers (birth certificate, social security cards, Medi-Cal cards, etc.) in one place so you can take them when you leave.
- Put aside as much money as you can each week for when you leave.
- Leave with someone you trust an extra set of keys, copies of important documents, extra medicines, and clothes.
- Have quarters ready for telephone calls.
- Decide what you will take with you. Keep the list short but include one special toy or blanket for each child.
- Determine who would let you stay with them or lend you money to pay for a place to live if necessary.
- Review your safety plan yourself and with your children as often as possible in order to plan the safest possible way to leave.
- Remember! Leaving a batterer is often the most dangerous time for women experiencing domestic violence.



Haga Planes Para Protegerse

Haga Planes Para Protegerse

Hay leyes que la protegen de la violencia y refugios para que pueda dejar a su pareja. Si tiene hijos, ellos la necesitan para que usted los proteja. Se necesita mucho valor para dejar a un hombre que la abusa. Aunque piense que ya no la va a abusar, haga planes para tener a dónde ir, y cómo llegar a ese lugar.

- Llame a un refugio o línea de teléfono para emergencias para que la ayuden a formular su plan.
- Tenga el número de teléfono a la mano.
- Dígale a alguien de confianza que su pareja la abusa.
- Esconda sus papeles importantes (Certificado de nacimiento, tarjeta del seguro social, tarjetas de Medi-Cal, etc.) en un lugar seguro, para que pueda llevárselos cuando se vaya.
- Ahorre lo que pueda cada semana, para tener algo de dinero cuando se vaya.
- Hay que dejar lo siguiente con alguien de confianza: sus llaves, copias de sus documentos importantes, medicinas necesarias extras, ropa extra para usted y sus hijos.
- Tenga suficientes monedas a la mano para poder hacer llamadas de teléfono.
- Decida qué cosas se va a llevar. Que su lista de cosas sea breve, pero que incluya un juguete especial o colchita para cada uno de sus hijos.
- Determine con quien se podría quedar o quien le podría prestar dinero si fuera necesario para pagar su hospedaje.
- Comprate y platique su plan de seguridad con su hijos muy seguido con el fin de tener un seguro para poder ir se.
- ¡Importante! Dejar a su compañero podría ser muy peligroso, si usted es una mujer que vivió bajo la violencia doméstica. Tenga cuidado.



Cycle of Violence

*Most batterers act in a pattern which is described as a “cycle of violence.”
The cycle has 3 parts.*

Part One

Tension

The man is angry and blaming. There is increased tension with lots of arguing. The man feels a need to be in power and to have control.

Part Two

Violence

This may be a one time slap, push or punch or it may be hours of repeated beatings. There may be weapons or objects used to further injure or threaten the woman. Sometimes sexual abuse also happens.

Part Three

Calm

The man may deny or minimize the battering. He may promise never to hit again and say that he is sorry. He may make promises to change and blame alcohol, drugs or other people for his actions.

Most battered women and their children try many things to get the man to stop. Usually no matter what is done, the woman is still battered. It is important to know that you are not to blame for the man's behavior. You cannot stop him. If there is already battering in your life, it may get worse during pregnancy. Pregnancy is stressful for a couple. If you are pregnant, your baby will need to be safe from violence.



Ciclo de Violencia

La mayoría de las personas que abusan a sus parejas actúan de acuerdo con un patrón que se llama “el ciclo de la violencia”. El ciclo consiste de tres partes.

Primera Parte

Tensión

El hombre está enojado y empieza a culparla. La tensión crece y discuten mucho. El hombre siente la necesidad de tener el poder y estar en control.

Segunda Parte

Violencia

La violencia puede consistir de una cachetada, empujón o golpe, o pueden ser horas de pegarle constantemente. A veces, usa armas u objetos para golpearla más o para amenazarla. A veces, el hombre abusa sexualmente a la mujer.

Tercera Parte

La Calma

El hombre niega o dice que la golpiza no fue mucho. Tal vez prometa no volverle a pegar, y decirle que lo siente mucho. Puede prometer que va a cambiar, y echarle la culpa al alcohol, las drogas, o a otras personas por sus acciones.

La mayoría de mujeres abusadas y sus hijos tratan de parar al hombre de muchas formas. Casi siempre no importa lo que hagan, porque la mujer sigue siendo abusada. Es importante que sepa que usted no tiene la culpa por la conducta del hombre. Usted no puede pararlo. Si ya existe abuso en sus vidas, solo se va a empeorar con el embarazo. Un embarazo es causa de tensión nerviosa para una pareja. Si está embarazada, necesita proteger a su bebé de la violencia.



Perinatal Substance Abuse

Refer to your supervisor if you suspect that a client is using any drugs or alcohol during pregnancy.

Background

These guidelines cover the addictive use of the following substances:

Legal substances

- Alcohol.
- Prescription drugs (such as amphetamines and barbiturates).

Illegal substances

- Heroin.
- Cocaine.
- PCP.
- Marijuana.
- LSD.

See *Perinatal Health Guidelines* in this chapter to help the client who uses tobacco, drugs or alcohol on occasion.

Addiction tends to get worse over time and is life-threatening if left untreated. But it is a **treatable disease**. While addicted people may not be responsible for their disease, they are responsible for their recovery. Many have sought help and are currently living productive, clean and sober lives.

Pregnancy can be a “window of opportunity” when an addicted woman may be highly motivated to accept help for her substance abuse. Non-punitive approaches seem to work the best.

Risks of Perinatal Addiction

Any substance use in pregnancy may cause harm to the pregnancy and the developing baby. Encourage all pregnant women to avoid all drugs and alcohol.

Pregnant women who use substances and their babies are vulnerable to numerous **medical complications** such as:

- Miscarriage.
- Preterm labor.
- Abruptio placenta.
- Intrauterine growth retardation.
- Fetal distress.
- Intrauterine fetal death.
- Birth defects.

Whether or not an individual woman will have these problems depends on many factors such as:

- the type of drugs used.
- the amount of drugs used.
- the frequency of drugs used.
- the weeks gestation of the pregnancy.
- individual characteristics of the baby.

No one knows why some babies may be more affected by their mothers' substance use than others. Some women will say, “I used drugs with my other kids, and they're fine.” That may be



Perinatal Substance Abuse

true, but this baby may be affected differently than his or her siblings. There is no way of knowing until the baby is born. By that time, the harm is already done.

Most addicted women use more than one drug. These women are called **polydrug users**. Some of the problems of pregnancy will be due to interactions between the different drugs she uses. Some will be due to life style, not the drugs themselves. An addicted woman is more likely to have sexually transmitted infections (STIs) including HIV, be the victim of violence, suffer greater daily stress, have poor nutritional habits and other factors that are harmful to the pregnancy and her baby.

What to Look For

Assessing the Woman's Drug Use

As part of the psychosocial assessment and reassessment, ask all clients about past and current substance use including:

- Type.
- Amount.
- Frequency.
- Date of last use.

In general, women who use substances will say they use less than they actually do. Some will deny use because they fear disapproval or report to child protective services. Therefore, you need to be aware of some of the signs of substance abuse.

- The woman's current status.
- Smell of alcohol on her breath.
- Slurred speech.
- Staggering walk.

- Irritability or extreme restlessness.
- Inappropriate or strange behavior.
- Trouble concentrating.
- Suicidal feelings, gestures or attempts.
- Mood swings.
- Depression.
- Poor nutritional status.
- Memory lapses and losses.
- Blackouts.

The Woman's Other Children

- Previous involvement with children's protective services including foster care or placement with relatives.
- Fetal alcohol syndrome or effects.
- Learning disabilities or hyperactivity.
- School or behavior problems.

The Woman's Past History

- Complicated perinatal history including premature birth, growth retardation, multiple miscarriages.
- Many emergency room visits.
- Psychiatric treatment or hospitalization.
- Depression.
- Domestic violence.
- Partner is a substance abuser.
- Client's parent is/was a substance abuser.
- Automobile accidents or citation arrests.
- Little contact with family or friends, isolation.



Perinatal Substance Abuse

Steps to Take

Provide Education

Discuss a woman's drug use as a health problem, not a moral problem. Pregnant addicted women usually share society's view of them as bad mothers and suffer from intense feelings of guilt, shame, and low self-esteem.

Express your concern for the client and her developing baby, and the harm that use of alcohol and other drugs can do to both.

Provide Referrals

Explain that help is available if she wants to stop substance use. Many other women in her situation are leading drug-free lives and can show her how. If possible, refer her to a substance abuse treatment program that is woman-focused and can meet her special needs once the baby is born. County Alcohol and Drug Programs are aware of such programs.

Determine if the patient's partner is also a substance user. If so, this may contribute to her stress and make her recovery efforts more difficult. Make appropriate referrals for treatment for the partner so they can support each other in "staying clean." Support the healthy aspects of the woman's life such as coming for prenatal care and her desire to improve her life. Express interest in her priorities. Encourage her to talk about her feelings. Let her know that you understand how hard it is to struggle with an addiction.

Inform her that Children's Protective Services may evaluate her situation at the time of delivery. They may place the newborn outside the home if they decide that the infant is not safe in her care.

Act as an Advocate

Offer to act as an advocate with the child welfare system if she obtains good prenatal care and participates in a substance abuse treatment program.

Suggest she accept the services of a public health nurse who can work with her in the home to follow through on the treatment plan.

Discuss risk of exposure to HIV through sharing needles for intravenous drug abuse and risky sexual practices. Offer referral for HIV testing. See *Perinatal Health Guidelines on HIV/STIs* in this chapter.

If the client denies substance abuse after discussing the topics above and you still suspect she is using substances, discuss the case with your clinical supervisor and the health care provider for coordinated care.

Some addicted people may be very hard to help. Giving up an addictive substance is difficult. Many addicts attempt to cover up their painful feelings with an **angry or hostile attitude**. Clients need to be aware that physical violence and verbal abuse are not tolerated. Encourage her to talk about her feelings. Try to find out her most immediate concerns and focus on specific things that can be done to relieve her stress.

Be creative in helping the client obtain services such as food, housing, etc. that are needed by her family. Help her learn to use the services for which she is eligible.



Perinatal Substance Abuse

Prenatal Exposure to Drugs and Alcohol

Currently, child welfare agencies will not accept a prenatal report for substance exposure of the fetus. This is not considered child abuse. A postpartum report may be made by the staff at the delivery hospital if the newborn is suspected to be at risk.

Parental substance abuse alone, by law, is not sufficient proof for a report of child abuse and neglect. However, if the child is being abused or neglected, a report should be made. See *Child Abuse and Neglect Guidelines* in this chapter for further information.

Follow-Up

Continue to:

- **Assess** her drug use.
- **Educate** her about the health and child welfare consequences of her addiction.
- **Refer** her for appropriate treatment.
- Offer to **act as an advocate**.

Recognize successes no matter how small. Assure her that requesting help is an act of strength and self-respect.

Request a release of information from the client if she is in a substance abuse treatment program. This will enable you to communicate with her counselor and assist in her recovery.

See if she has followed through on any referrals that you made at the last visits such as referrals to public health nursing, substance abuse treatment and others.

Inform social services or medical staff at the delivery hospital of the patient's history of drug use. This will give the mother and infant appropriate hospital care.

Expect that the client who is involved in treatment will occasionally use drugs (relapse). This is not a sign of failure for either the client or you. It is rare for a person to quit using substances and never relapse. Encourage her to talk to her substance abuse counselor about ways to prevent future relapse.

Deal with possible guilt over causing harm to the baby by her drug use earlier in the pregnancy. Stress the benefits of her quitting at this stage of the pregnancy. Stress other things she is doing right, such as getting prenatal care and eating properly. Every day she does not use alcohol or other drugs helps her developing baby. Remind her of the benefits of a drug-free life style in providing good care to the baby after the birth.

Dealing with Your feelings

Some addicted people will not quit or cut down their substance use. This may make you feel frustrated, angry or that you have failed. You have done your job if you have assessed, educated, referred and offered to act as an advocate. **You are not responsible for the addict's behavior, only your own.** Talk with your supervisor or co-workers about your feelings. Attend trainings to help you deal with these feelings and to learn more about working with clients who use substances.



Perinatal Substance Abuse

Referrals

- Substance abuse treatment, either residential or out-client.
- Self-help groups such as NA (Narcotics Anonymous), AA (Alcoholics Anonymous), CA (Cocaine Anonymous).
- PHN (Public Health Nursing).
- Parenting Support.
- Respite (short-term, occasional child care).

Call your county department of alcohol and drugs services to find the most appropriate referral for your client.

Complicated Situations

If the client is a teen under the age of 18 years, it may be hard to find a substance abuse treatment program that will accept minors. Advocate for her with the county's drug treatment agency, stressing the medical urgency of treatment. See *Teen Pregnancy and Parenting Guidelines* in this chapter.

If the client is homeless or battered and actively abusing substances, she might not be accepted by most shelters. Help her find a medical detoxification program that accepts pregnant women so that she will be able to go to a shelter. See *Financial Concerns and Spousal/ Partner Abuse Guidelines* in this chapter.

If the client has psychiatric problems that were present before her addiction, she is considered to be "dually diagnosed." Individuals with a dual diagnosis may use substances in an effort to seek relief from their psychiatric symptoms. Once the client quits using substances, the psychiatric symptoms such as depression may be more obvious. Refer for mental health services. See *Emotional or Mental Health Concerns and Depression Guidelines* in this chapter.



Your Baby Can't Say "No"

ANY substance use—drugs or alcohol—during pregnancy may cause harm to you and your baby.

- *No one knows how much alcohol (beer, wine, hard liquor), or drugs (joints, rocks or other drugs) are too much.*
- *Why take a chance with your baby's future?*
- *Now is the time to stop drinking or using. Your baby needs you to say "NO".*
- *What can happen if you continue to use or drink?*

Alcohol Can Cause

- Miscarriage
- Face defects
- Small baby
- Heart problems
- Mental retardation
- Hyperactivity
- Slow learners
- Behavior problems

Drug Use Can Cause

- Miscarriage
- Addiction of the baby
- Birth defects
- Hyperactivity
- Small baby
- Behavior problems
- A baby born early

Many pregnant women worry that if they admit they "use," their baby will be taken from them. This usually does not happen. Entering a treatment program shows you want to change. The program will help you to stop "using" and teach you ways to be a good mother.

Talk to your medical provider or clinic counselor about a treatment program that can help you and your baby. Don't feel that because you have used drugs or been drinking during this pregnancy it is too late to stop.

Now is the best time to quit!



When You Want to STOP Using Drugs and Alcohol

- Get all drugs and alcohol out of your house.
- Get all drug stuff out of your house.
- Tell the people you live with you cannot have any drugs, alcohol, or stuff around.
- Tell roommates, family, and the father of the baby to stay away unless they are clean.
- If you can't clean up your environment, move.
- Avoid people, places, things, and thoughts you associate with use.
- Get and use the phone number of someone who understands.
- Use your local recovery resources (AA, NA, CA and programs).



Cuando Quiere Deja de Usar Drogas y Alcohol

- Tire todas las cosas con alcohol, y las drogas de su casa.
- Tire todos los aparatos que usa para las drogas.
- Dígale a las personas con quienes vive que no pueden tener ni drogas, ni alcohol, ni cosas parecidas, en la casa.
- Dígale a sus compañeros de casa, familia, y padre de su bebé, que no se le acerquen a menos que estén sobrios de drogas y alcohol.
- Evite a las personas, lugares, cosas, y pensamientos que usted asocia con las drogas.
- Planee otras actividades para los momentos que pasaba usando drogas.
- Pida y use el número de teléfono de alguien que la comprenda.
- Use los servicios de programas como Alcohólicos Anónimos, Narcóticos Anónimos, y otros.



Emotional or Mental Health Concerns

Refer to supervisor immediately if you suspect that the client is a danger to herself or others.

Background

One in five adults living in the U.S. will have an emotional problem that is severe enough to need treatment. Emotional problems go unnoticed for many reasons. Clients consistently under-report personal distress to their physicians. One California study found that only 20 to 30 % of clients with emotional distress, family problems, behavioral problems or sexual problems reported the problems to their primary care provider.

Be alert for these problems. Pregnant women who have severe emotional problems and/or mental illness may be at risk for decreased weight gain, preterm labor, and have difficulty bonding with and parenting their infants. The baby is at risk for neglect and/or abuse.

Causes of Emotional Problems

Some emotional problems are related to a specific situation or crisis. Some are the result of chemical imbalances in the brain.

Treatment for Emotional Problems

Treatments that work are available, but most people don't seek help for emotional problems. Some people think their symptoms are their own fault or caused by personal weakness. Others don't seek help because it's not part of their culture or they're embarrassed by not being

able to solve problems on their own. Others don't realize that help is available or that it can work.

Cultural Considerations

Emotional concerns are viewed in very different ways by different cultures. What may be a problem in one culture may be acceptable in another. The causes and cures will vary according to the cultural beliefs. For example, members of one culture may view emotional problems as a punishment from God while others believe they are caused by bad spirits or other supernatural powers. Culture also influences the type of help, if any, that the client will seek.

Special Considerations for Pregnant Women

Some normal psychological changes can be expected during pregnancy such as:

- More anxiety, especially worries about the baby.
- More attention to her own thoughts and feelings.
- Greater feeling of being dependent on other people.
- Moods that change more often than before she was pregnant.
- Moods that are "higher" or "lower" than before she was pregnant.

What to Look For

Ask Questions about Emotional Concerns

If the client tells you of an emotional concern, ask more questions to get a better idea of the problem. **Don't be afraid to ask sensitive**



Emotional or Mental Health Concerns

questions. Remember that most clients are willing to answer. In many cases they are relieved to discuss their problems with a helpful, caring person.

Your questions may include:

How long has she had this problem? *Did she become depressed after the breakup with her boyfriend or has she been depressed most of her life? Has it been continuous or off and on? Does she see any patterns?*

How has the problem affected her thinking and mood? *For example, has it affected her ability to concentrate or remember things? Does she have periods of irritability or depression?*

Does she have physical problems due to the emotional problem such as loss of energy, eating or sleeping problems?

How severe is the problem? *Does she have difficulty doing daily tasks such as working, caring for herself and her family or taking part in social activities?*

How has the client dealt with the problem? *How has she coped? Has she sought help from others? What was her experience?*

What is the client's understanding of her problem? *In her culture what is the view of her kind of problem? Does she have hope for improving her problem? What does she think might help? Who does she think might help her?*

Steps to Take

Watch The Client for Clues

Is she clean, neat, or disheveled? Does she have an angry or tired expression? Does she complain about eating, stomach or sleeping problems? These can be symptoms of depression or anxiety. Example: You look like you're ready to cry. How are things going for you?

If unable to identify a characteristic, ask:

On an average day what best describes how you feel? Do you feel happy, sad, angry, or depressed?

If she says she's happy, okay or the like, no further assessment is needed. A negative answer such as "scared, depressed or angry," needs further assessment. Go to the appropriate sections: Helping a Client with Anger or Helping a Client with Anxiety, Nervousness or Fears. If she is depressed, refer to the *Depression Guidelines* in this chapter.

You do not need to make a diagnosis of her problem. That is the job of a mental health professional. You need to decide if the situation is high or low risk.

High Risk Situations

The situation is high risk if you suspect there's an emergency that needs immediate attention. **Two main problems require immediate action:**

- If the client is a danger to herself.
- If she is a danger to another person.

If any of these situations are present, inform your clinical supervisor or the health care provider immediately before the client leaves the office. That person should evaluate the situation and determine the appropriate action.



Emotional or Mental Health Concerns

Danger to Herself

If the client is so depressed that she is considering hurting or killing herself, refer to the *Depression Guidelines* in this chapter for more information.

If the client cannot meet her basic needs for food, clothing and shelter because of **severe mental illness**, she may also be considered a danger to herself. Look for symptoms of:

- **Delusions** — beliefs that are obviously false. Do not try to convince or argue her out of a delusion. It won't work. Do not tell her what she is saying is crazy or untrue. Try to lead the conversation away from the delusional ideas. If strong feelings accompany the delusions, address the emotions without commenting on the delusions, such as "you seem really frightened."
- **Hallucinations** — experiences (sight, sound, smell, taste and touch) that are not caused by reality. Hearing voices is the most common kind of hallucination. People with hallucinations may also see things that aren't there, smell things when no odor is present, or feel things, like bugs crawling up and down their arms, when nothing is touching them.
- **Disturbed thinking** — disorganized, illogical or unrealistic. Thoughts bounce from one thing to another without seeming connected. Each sentence may be grammatically correct, but the discussion on the whole makes no sense.

Danger to Her Children

When the woman is a danger to her children by abusing or neglecting them, steps must be taken to protect them. Refer to the *Child Abuse and Neglect Guidelines* in this chapter.

If the family has a child welfare worker already working with them, call the worker directly and let them know of your concerns for the children.

Inform the social worker at the delivery hospital if the patient's emotional problems may put the newborn baby in danger. The hospital social worker will report to the child welfare agency after assessing the mother's ability to care for the infant.

General Anger

When the patient's anger is general and justifiable, help diffuse the anger by listening, giving information and offering referrals.

Encourage the client to talk about her anger. Even if you do not agree, let her talk. **Offer these tips to help deal with anger:**

- Consider writing a letter to the person or place she is angry with. She can send it or keep it for herself.
- Exercise can help relieve anger. Go for a long walk.
- A referral may be appropriate if anger is about eviction or other legal matter. Offer appropriate referral, e.g. Tenants' Rights.

Anxiety, Nervousness or Fears

When a patient's anxiety or fears are about life events (labor and delivery, getting married, etc.) listening and offering support can be helpful.

- Allow client time to talk. Help her focus on what she is most afraid of. *Tell me what you're most afraid of.*
- Discuss her fears. For example, if she's afraid of labor and delivery, encourage Lamaze classes.



Emotional or Mental Health Concerns

- If fears are because of domestic violence, see *Spousal/Partner Abuse Guidelines*.
- If a client describes extreme anxiety or fears that affect her daily functioning (such as she's unable to leave her house alone and has to have someone with her all the time), refer her for mental health counseling. If she refuses, notify your supervisor and the health care provider for evaluation.

Low Risk Situations

When the situation is low risk, help the client deal with her emotional concerns in these ways.

- Assist her on your own. A nonjudgmental, caring person may be all that is needed for some clients with certain kinds of problems.
- Work with a consultant or outside agency.

Referrals to Outside Help

If you feel that a mental health specialist is needed, **you can help the client make an appointment with an appropriate specialist.** See *Making Successful Referrals* in the *First Steps* section. **Have a list of mental health clinics and therapists who take Medi-Cal or who have sliding scale fees, and are culturally and linguistically appropriate for your clients.**

Often, the client may not seek outside help even though you recommend it. You may provide a model of a helping relationship and eventually the client may be persuaded to accept the referral.

Follow-Up

- Ask the client about the emotional concerns you discussed at the previous visit.
- Observe the client for symptoms you've seen in the past.
- Encourage her to express her feelings. **Be a supportive listener.**
- Assist the client in finding solutions to her problems. **Try to provide hope that the problem can be solved or at least improved.**
- Find out if she followed through on any referrals.
- Watch for new symptoms.
- Assess whether or not the client is a danger to herself or others and take the appropriate action.

Referrals

- Outpatient mental health services available through public and private agencies.
- For referrals call your local departments of health or social services, family service agencies, community mental health centers, Veteran's Administration hospitals, medical societies or universities, mental health associations.
- Psychiatric emergency room at your local hospital.
- Suicide prevention crisis line.
- Self-help groups.
- Religious communities.
- Support groups for families of the mentally ill.
- SSI (Supplemental Security Income) for financial assistance.



Depression

Refer to supervisor immediately if you suspect that the client is a danger to herself or others.

Background

Depression is one of the most common forms of mental illness, but probably only 10 to 25% of depressed people seek treatment. These guidelines will focus on what mental health professionals call “clinical depression.” Depression is considered a “mood or affective disorder” because it involves the person’s feelings. Treatment depends on the availability of resources and the patient’s motivation. Psychological therapies may include individual or group counseling.

The symptoms may be major or relatively minor. The depression may or may not be related to what’s happening in the patient’s life.

Depression may be

- Chronic (a long term, continuous problem).
- Episodic (comes and goes).
- A one-time experience.

Researchers have been unable to find a single cause for depression. There seem to be many possible factors which include:

Biological Factors

People with depression often have blood relatives who have also suffered the same

kind of problem. Chemical abnormalities of the brain that cause depression may be inherited.

Psychological Factors

There are many theories about what kinds of life events and personality traits can cause a person to suffer from depression; for example, loss of a loved one, poor early mother-child interactions, low self-esteem, and anger turned inward.

What to Look For

We all experience mood changes in our daily lives. Feelings of sadness and disappointment are normal. How can you tell if the client’s depression is serious enough to be considered clinical depression?

Signs of Clinical Depression

Mood Problems

- Feelings of sadness or discouragement over a long period of time.
- Crying for no apparent reason.
- Loss of interest in normal activities that once were enjoyable, such as eating, sex, social events or family gatherings.
- Difficulty in doing usual tasks, such as duties at work, housework, caring for her family.
- Feeling hopeless and helpless; feeling unable to cope and with no hope that things will be better in the future.



Depression

- Being anxious. She may feel terrified of some unknown danger. She may experience physical signs of terror, such as sweating, rapid heartbeat, shaking, rapid breathing, and upset stomach.

Physical Problems

- Disturbances of sleep, appetite and sexual activity. She may have trouble sleeping or sleep too much. She often will lose her appetite or, less commonly, overeat. She will often lack sexual interest.
- Lack of energy, without doing anything to get tired. Her speech, thought and movement may actually be slowed down.
- Agitation. The person suffers from unpleasant restlessness or tension. She may be unable to relax or sit still.
- Other bodily complaints such as backaches, headaches, hyperventilation, chest pain, shortness of breath, nausea and vomiting, constipation, heartburn.

Problems with Thinking

- Difficulty in concentrating. She may be so wrapped up in her own thoughts that she has a difficult time paying attention to what is happening around her.
- Feeling guilty, worthless; poor self-esteem.
- Symptoms of psychosis, most commonly hallucinations and delusions. Refer to the *Emotional or Mental Health Concerns Guidelines* in this chapter for more information.

A person you suspect is clinically depressed should have a thorough medical and psychiatric evaluation to determine an accurate diagnosis and the best possible course of treatment. Based on the woman's current symptoms and past psychiatric history, she may be prescribed medication. The physician and the client will consider the risks and benefits. The risk of certain medications on the fetus may be less than the risk of a mother with untreated depression.

Steps to Take

Be understanding and supportive. The client may feel isolated and helpless. Don't try to talk her out of her feelings of sadness by saying things such as "things aren't so bad."

Get a brief history of emotional problems in the client's family, especially blood relatives such as parents, grandparents, aunts, uncles, cousins. This discussion may also give clues as to the patient's cultural beliefs and personal attitudes toward emotional problems.

Reassure and inform client that depression can be treated.

Discuss her available options. Encourage her to accept a referral to a mental health counselor for evaluation and possible treatment.

Raise the client's self-esteem by pointing out what hardships she has overcome and her current strengths. She may be able to draw upon this strength to seek help.

Help identify specific causes of her stress. Help her find possible solutions that would relieve some of the stress that may be contributing to her depression.



Depression

Check for severe psychological symptoms, such as:

- Delusions.
- Hallucinations.
- Disturbed thoughts.

Refer to *Emotional or Mental Health Concerns Guidelines* in this chapter for more information.

Prenatal Depression

Many pregnant women suffer from some of the common symptoms of depression, such as fatigue, sleep problems, eating disorders and lack of sexual interest. These women may or may not be clinically depressed.

Women who have a personal or family history of depression are more likely to be depressed during pregnancy.

Refer the depressed woman to the medical provider for further evaluation and intervention. Based on the woman's current symptoms and past psychiatric history, she may be prescribed medication. Often a pregnant woman fears that medication may harm the unborn baby. The medical provider and the patient will consider the risks and benefits. The risks of certain drugs on the baby may be less than the risks of untreated maternal depression. Depression may lead to poor nutrition, substance use and suicide risk.

Strongly encourage the client to follow through on a referral for mental health evaluation and counseling.

Postpartum Emotional Problems

Postpartum emotional problems are common and may be present in one of several forms. They may be caused by hormonal changes, genetic factors and psychosocial stresses. They include:

Maternity or Baby Blues

About half of all new mothers experience the mildest form of postpartum depression often called the maternity or baby blues. She complains of tiredness and has crying spells that usually start right after the baby is born or as late as two weeks following delivery. After a week or so, the mother starts to feel much better. If she experiences depression once, she will likely have the blues after her next deliveries.

Baby blues can't be prevented, but they can be lessened by knowing ahead of time that such reactions are common in postpartum women. Social support and reassurance are also effective.

Postpartum Clinical Depression/Anxiety

Postpartum clinical depression is more serious, but also less common. About one in every five new mothers experience the signs of clinical depression described above. The consequences of this disease to both mother and child are significant. Depressed mothers often show a more negative attitude toward their children, and a depressed new mother puts significant emotional and perhaps economic burdens on family relationships. Solid evidence is mounting that maternal depression is harmful to the baby's development. In addition, there is a possibility of maternal suicide.



Depression

The symptoms usually start a month after delivery, or as late as one year postpartum. It is more common in women who:

- Have a personal or family history of depression.
- Are first time mothers.
- Have mixed feelings about the pregnancy.
- Have negative feelings about pregnancy outcome such as sex of baby or perinatal loss.
- Have other psychosocial stresses such as marital problems, financial or housing problems and others.

Many women may be afraid to tell someone about their negative or depressive thoughts and feelings. They often feel quite guilty since they believe that having a new child is a time when they should feel very happy. Postpartum depression is a condition that is very treatable. Leaving it untreated can sometimes affect the quality of bonding and relationship between a mother and her child.

A woman with serious postpartum depression needs help. Pay attention to suicidal thoughts and symptoms of severe mental illness.

Ask permission of the client to contact family and friends to see if they can provide additional social support. Refer to a new mothers' support group.

Try to help with the other psychosocial stresses in the new mother's life, such as lack of resources.

Be sure to refer the depressed woman to the medical provider for further evaluation and

intervention. Based on the woman's current symptoms and past psychiatric history, she may be prescribed medication. The medical provider and the client will consider the risks and benefits. If the client is breastfeeding, the risk of certain medications on the baby may be less than the risk of a mother with untreated depression. For healthy, full-term babies, the known benefits of breast milk outweigh the potential hazards of most antidepressant medicines.

Strongly encourage the client to follow through on a referral for mental health evaluation and counseling. She may benefit from counseling or short-term medication. In rare cases, she may need to be hospitalized.

Postpartum Psychosis

This serious emotional problem is very rare (about one case in every thousand postpartum women) but can have dangerous consequences. Suicide or killing the baby is seen in up to 10% of untreated cases.

The symptoms usually appear rapidly one to two weeks after delivery or as late as one year after birth. The client at greatest risk is the person with:

- History of bipolar disorder (manic-depression).
- Previous postpartum mental problems, either psychosis or clinical depression.
- Family history of postpartum mental problems.

Some of the symptoms to look for are:

- Rapidly shifting moods.
- Manic symptoms such as extreme agitation, restlessness, and distractibility.



Depression

- Elation, insomnia, crying spells, and/or extreme confusion.
- Symptoms of psychosis such as auditory or visual hallucinations and delusions. See *Emotional Concerns or Mental Health Guidelines* in this chapter for more information.
- Obsessions which often focus on religious themes or an impulse to hurt or kill the infant.

Consult with your clinical supervisor or the health care provider for an immediate psychiatric referral for evaluation and treatment. A client who refuses can be considered a danger to herself or others and held for emergency psychiatric evaluation and treatment. See *Emotional or Mental Health Concerns Guidelines* in this chapter for additional information.

Suicide Risk

Suicidal clients have reached a state of unbearable emotional pain. Often the expression of suicidal thoughts are cries for help instead of serious wishes for ending their lives.

It is impossible to absolutely predict who will attempt suicide, but some factors make it **more likely**:

- Past history of suicide attempts especially if there is a history of impulsiveness.
- History of suicide by one or more close relatives.
- Females are two to three times more likely than men to attempt suicide, but half as likely to succeed.

- High degrees of stress, particularly stress associated with medical illness or the loss of a loved one.
- Social isolation.
- Depression, substance abuse and schizophrenia.

A client with suicidal thoughts may be at highest risk **after** the improvement of some of the signs of clinical depression because it gives her enough energy and motivation to carry out the plan.

What To Do if You Think a Client Might be Suicidal

If a client has symptoms of clinical depression:

Listen for indirect statements about wishing to die such as the client saying:

They would be better off without me.

I don't think that I can go on much longer.

I wish that I had never been born.

I might as well give up because I can't make things better.

Look for certain behaviors, such as:

- Giving away prized possessions.
- Frequent risk-taking behavior and accidents.

Don't be afraid to bring up the subject of suicide. Respectful questioning does not increase the patient's interest in making a plan.



Depression

Don't be afraid to bring up the subject of suicide. Respectful questioning does not increase the patient's interest in making a plan. Often a suicidal person has no one to listen to her scary, desperate feelings and will be relieved by your willingness to discuss the subject.

Ask a series of questions to get at her possible suicidal feelings:

- *How bad does it get?*
- *Do you sometimes feel like giving up?*
- *Have you ever thought of ending your life?*
- *Have you ever thought you might lose control and actually hurt yourself?*
- *Do you have a plan on how you might kill yourself?*
- *Do you have a way of carrying out your plan?*
- *How close have you come to killing yourself?*
- *Do you feel that you will kill yourself in the near future?*
- *What has kept you from killing yourself?*
- *Does anyone know of these feelings?*

If she denies any suicidal thoughts, express your concern for the patient's sadness and tell her that you want to know if she has any thoughts of hurting herself in the future.

If she admits to suicidal thoughts, listen to her talk about her pain. Try not to express shock. Don't try to cheer her up or give advice. Don't try to talk the person out of it by using guilt. **Don't try to handle the situation on your own.**

Let her know that you care about her safety and will need to refer immediately to your clinical supervisor or the health care

provider who has more experience with such situations. Try to remain calm and communicate a sense of hope to the client. If possible, assure her that you will remain with her until she gets the special help she needs.

Try not to leave her alone while you consult with your supervisor. Have another staff person stay with her.

Contact your clinical supervisor or the health care provider who will assess her suicide risk and take the appropriate action, according to your on-site, high risk protocols. **Know your protocols before this situation occurs.**

Referrals

- Outpatient mental health services available through public and private agencies.
- For referrals call your local departments of health or social services, family service agencies, community mental health centers, Veteran's Administration hospitals, medical societies or universities, mental health associations.
- Psychiatric emergency room at local hospital.
- Suicide prevention crisis line.
- Self help groups.
- Religious community.
- Support groups for families of the mentally ill.
- In-home support such as Public Health Nursing.
- Prepared childbirth classes.



Depression

Resources

Postpartum Support International
www.postpartum.net/

Listing of local Postpartum Depression support groups.

Complicated Situations

Immigrant clients have their own emotional concerns which may include homesickness, problems of cultural adjustment, lack of social support, worries about immigration status, post-traumatic stress disorder and others.

You may have a difficult time finding resources that are linguistically and culturally appropriate. The client may be unable to pay for services. If she is undocumented, she may be concerned that she will be reported to USCIS (United States Citizenship and Immigrants Services) formerly known as INS (Immigration and Naturalization Services). See *New Immigrant Guidelines* in this chapter for additional suggestions.



How Bad Are Your Blues?

There are times when all of us feel blue, sorrowful, or kind of down. True depression is more than this. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. Depression is not something that is imagined or “all in your head”. It is a common, treatable illness.

Some Signs of Depression

Depression has certain signs and symptoms. Mark the items that best tell how you have been feeling. Checking 5 or more items may indicate depression. Don't be afraid to discuss any of these feelings with your medical provider or clinic counselor.

- Feeling sad and/or irritable
- Not enjoying things that used to be fun (being with friends, sports, hobbies, sex)
- Unexpected changes in appetite and/or weight
- Unexpected changes in sleep patterns, sleeping too much, or not sleeping enough
- Feeling tired all the time and having no energy
- Feeling guilty, hopeless, or worthless
- Problems with concentration, memory, and decision-making
- Thinking about death or even trying to commit suicide

Understanding the Causes

Depression may result from chronic illness, difficult personal relationships, or money problems. It can run in families. Sometimes depression occurs for no reason. People who are depressed see themselves and the world in a negative way.

Treatment

Take a look at your lifestyle. Stress management, good support and regular physical exercise can all help. You may need some medical attention along with professional counseling or “talk” therapy.

For More Information Call

National Institute of Mental Health at
1-800-421-4211

Or your local crisis line

If you think your depression is severe and you have thoughts of hurting yourself, you should consult a mental health professional right away.



¿Es Muy Grande Su Tristeza?

Hay veces en que nos sentimos tristes, apenados, o melancólicos. La verdadera depresión es mucho más que todos esos sentimientos. Afecta el modo de comer y dormir, la forma en que se siente consigo misma, y la manera en que piensa sobre las cosas en general. La depresión no es algo que usted se imagina o que sólo existe en su mente. Es una enfermedad común que se puede tratar con cuidado médico.

Algunas Señales del Depresión

La depresión se caracteriza por ciertas señales y síntomas. Abajo, marque las frases que mejor indican el modo del cual se está sintiendo hoy. Si marca 5 frases o más, tal vez tenga depresión. No sienta pena de hablar con su proveedor médico o consejero de la clínica de sus sentimientos.

- Se siente triste o irritable.
- Ya no se divierte con cosas que antes las gozaba (estar con amistades, deportes, pasatiempos, tener relaciones sexuales).
- Cambios inesperados del apetito y/o de su peso
- Cambios inesperados para dormir, duerme demasiado, o no duerme suficiente.
- Se siente cansada todo el tiempo, y no tiene energía.
- Se siente culpable, desesperada, o que no tiene valor como ser humano.
- Le cuesta concentrarse, le falla la memoria, y no puede hacer decisiones.
- Piensa en la muerte, o hasta ha considerado suicidarse.

Sepa las Causas

La depresión puede ser resultado de enfermedades crónicas, relaciones personales difíciles de controlar, o problemas de dinero. Puede ser común en una familia. A veces, la depresión ocurre sin razón alguna. Las personas que sufren de depresión ven al mundo y a sí mismos en una manera negativa.

Tratamiento

Considere su forma de vivir. Si sabe cómo controlar las presiones, tiene buen apoyo moral, y hace ejercicios, todo eso puede servirle de ayuda. Quizás necesite atención médica junto con servicios de consejería profesional. Para obtener más información, por favor llame al:

1-800-421-4211

National Institute of Mental Health
o llame
a la línea de asistencia local.

Si piensa que su depresión es muy seria, y está pensando en hacerse daño a sí misma, debe consultar con un profesional de salud hoy mismo.



Teen Pregnancy and Parenting

Tell your supervisor right away if you suspect that the teen has been harmed or is in danger of being harmed.

Background

Adolescence is a transitional period from being a child to being an adult. The pregnant adolescent has special psychosocial needs. **The pregnancy pushes her into womanhood when she is still in many ways a child, with many conflicting needs and wants.** She will need to care for a dependent infant while still having needs and interests of other girls her age. She may have had little experience in independent problem solving and making important decisions. She probably lives and thinks in the present and often lacks the ability to plan for the future. She probably is greatly influenced by what her friends do and say and resistant to the advice of adults.

Adolescents vary greatly depending on their cultural background, individual lifestyles, educational background, family structure, and emotional maturity. These and many other factors can be either **positive or negative influences** in the outcome of her pregnancy and her parenting ability.

Special Legal Rights of Minors

Current California law gives some special legal rights to children under 18 years of age.

Consent to Care

A minor of any age can receive some health care without her parents' permission, as long as she

seems capable of giving an informed consent. This includes family planning and sexual assault services, abortion and prenatal care. Minors 12 years or older may provide their own consent to services related to sexual assault, substance abuse treatment, mental health treatment, and sexually transmitted diseases. Parents are not responsible for payment if the minor receives services on her own under Medi-Cal's Sensitive Services described below. For more information, see "California Minor Consent Laws" on The National Center for Youth Law's Web site www.youthlaw.org under "Articles and Analysis - Adolescent and Child Health."

Sensitive Services

A young person may be eligible for a special kind of Medi-Cal called "sensitive services" or "minor consent services" if he or she is:

- At least 12 years and not over 20.
- Living at home or temporarily away such as in school.
- Seeking care for sexually transmitted diseases, family planning, prenatal care, abortion, sexual assault, substance abuse treatment or outpatient mental health treatment.

Medi-Cal may not contact the parents and the parents' income is not considered in determining eligibility; only the teen's own income is counted. It is available to young people in all immigration categories, including undocumented; a social security number is not required. For more information, see Medi-Cal's Web site www.medi-cal.ca.gov/. Go to "Provider Manuals," then "Medical Services," then "Part 2: Obstetrics," then "Minor Consent Program - minor."



Teen Pregnancy and Parenting

Steps to Take

Interviewing Teens

Interview the teen privately, even if she is accompanied by a parent or boyfriend. Tell the support person you're glad they came to the visit, but policy says you must interview the client alone for part of each visit. Then you can ask the teen how she wishes to involve family members, her partner or the father of the baby in her prenatal care.

You may need some **extra time to establish a relationship** with the teen before the psychosocial interview. She may have had little or no experience with interviews and may be anxious or nervous. She may respond in a hostile or angry manner, not understanding why you are asking her so many questions. See *Interviewing Techniques* in the *First Steps* chapter.

It is very important to have a **nonjudgmental attitude** when working with pregnant teens. They are often very sensitive to adults' negative attitudes and body language.

Unwanted Pregnancy

Give her a chance to talk about her feelings about being pregnant. Spend some time exploring whether the pregnancy was planned or unplanned and wanted or unwanted. If unwanted, be sure to explore all of her options as outlined in *Unwanted Pregnancy Guidelines* in this chapter.

Pregnant teens may experience greater pressures than adult women to choose a certain "solution" to an unwanted pregnancy. Because of their emotional and financial dependence

on their parents, they are often pressured to do as their parents wish. This may involve making a choice that is not truly their own. When you observe this happening, advocate for the teen's wishes to be heard. You may want to make a referral for family counseling to help the teen and her parents resolve the crisis before a final decision is made.

The Teen's Parents

One of the first things to find out is if the parents of the teen are aware of her pregnancy. *If yes, how did they react? Are they supportive? If they do not know, how does she plan to tell them? When? How does she think they will react? Would she like to practice with you on how she would tell her parents?*

The pregnancy will often cause or make worse a family crisis between the girl and her parents. The parents' reactions may include anger, guilt, sadness, or acceptance. Usually their reactions will be mixed.

Living Arrangements

If the family is unable to accept the girl's pregnancy, she may have to live elsewhere. Help her explore her options.

Can she live with a relative or friend who can provide her with physical and emotional support? Would this be a short-term or long term arrangement?

Living with Boyfriend

Sometimes she will choose to live with the father of the baby and/or his family. Help the girl explore her relationship with her boyfriend.

How will living together affect their



Teen Pregnancy and Parenting

relationship? What if she wants to break up with him? How will she do this if she is dependent on him for housing?

Legal Emancipation

If the client is emotionally and socially mature, she may need to become legally “emancipated” and obtain her own housing. A minor may obtain a court declaration of emancipation if all of the following are true:

- She is 14 years or older.
- She is living apart from her parents with parental consent or they are not formally protesting the arrangement.
- She is managing her own financial affairs and her income is legally obtained (not through criminal activity).

She is also considered emancipated if:

- She has entered into a valid marriage, even if she is currently divorced.
- She is on active duty in the armed forces.
- The court considers emancipation in her best interest.

For more information, refer her to a legal resource that specializes in services to minors; see *Legal/Advocacy Guidelines* in this chapter.

Maternity Homes

Explore the option of living in a residence for teenaged parents, often called a maternity home. These facilities provide safe, stable housing with many support services such as child care, education and job training, counseling and help in planning her future. She must be willing to live in a structured

environment with a group of other girls and their babies. If she is interested, help her locate the nearest residence. Contact your local Adolescent Family Life Program (AFLP) for more information.

Homeless

Homeless pregnant teens have many complicated medical, social, economic, and legal concerns. Find out why she is homeless.

Was she a runaway before she became pregnant? Was her leaving home due to physical, emotional or sexual abuse? Was she living in a foster care placement? How long has she been living on her own? Was she kicked out of her home after her parents discovered she was pregnant?

Homeless youth are at greater risk for substance abuse, poor nutrition, sexually transmitted infections including AIDS, mental health problems, and the threat of violence and injury. They may be involved in prostitution. Refer to guidelines in this chapter for *Perinatal Substance Abuse, Emotional or Mental Health Concerns, Depression, and Spousal/Partner Abuse* if indicated.

In spite of their high risk status, many homeless youth are resistant to getting involved with services.

Others may want help but are excluded from services such as battered women’s shelters or residential perinatal drug treatment programs because they are under 18 years of age.

Listen to her carefully and try to establish a trusting relationship with the client.



Teen Pregnancy and Parenting

Encourage her to accept help in stabilizing her life. Your local AFLP can provide case management services. Inform her of the possibility that her child could be removed from her care if she cannot provide for its basic needs. See *Child Abuse and Neglect Guidelines* in this chapter.

Financial Assistance

A pregnant or parenting teen under 18 who has never been married and is applying for CalWORKs must live with a parent, guardian, other adult relative or in an adult-supervised arrangement. There are a few exceptions such as if she has been kicked out of the house or she would be in danger if she was forced to live with her family.

If she does not have her high school diploma or CED, she is required to participate in the state's Cal-Learn Program. There are a few exceptions. The Cal-Learn Program uses financial rewards and penalties to encourage school attendance and graduation. It also includes supportive services to help the teen attend school regularly such as childcare, transportation, and case management. These support services may be available if your county has an **Adolescent Family Life Program (AFLP)**.

The months that she receives CalWORKs while participating in Cal-Learn will not count towards her lifetime limit of 60 months of cash assistance. See *Financial Concerns Guidelines* in this chapter for more details about time limits on CalWORKs.

Educational Plans

Encourage the teenager to remain in school and complete her education. She can be helped in doing this by accepting a referral to your local Adolescent Family Life Program (AFLP) if your county has one. An AFLP case manager will help her decide whether or not she wants to remain in her current school, attend a special school for pregnant teens or continue her education through a home-based program.

There are advantages and disadvantages to each choice. Help the girl evaluate her options from an academic and personal perspective. Where will she be able to progress in her studies best? Where will she be happiest? Where will her physical and emotional needs as a pregnant woman best be met?

Acknowledge that at times it will be difficult to deal successfully with both the demands of education and pregnancy. This continues to be true after the baby is born when she will have the challenges of school and parenting. With the client's written permission, you might want to communicate with the client's case manager at the AFLP Program so that you can support her plans to finish school.

Social Relationships

Peer groups are important influences for teens, giving feedback about her attitudes, appearance, values and behavior. Her pregnancy will probably affect her relationships with her friends. She may be isolated from her old friends and have to make new ones. This may happen at a time when she is undergoing numerous other stresses. Encourage her to talk about problems she may be having with her friends; they are likely to be very important to her.



Teen Pregnancy and Parenting

Father of The Baby

The relationship with the father of the baby is often significant. Sometimes the relationship will end when the pregnancy is discovered. The boyfriend may deny paternity, which usually adds to the emotional pain of the breakup. In many cases, the relationship will continue. The father of the baby may provide financial and/or emotional support depending on his circumstances and desires. **The foundation for his future role as a father is usually laid down during the pregnancy.** If he is a positive figure in the patient's life, encourage him to attend prenatal appointments and take part in childbirth preparation classes, and hospital tours.

Advise her that all unmarried parents will be asked at the time of delivery if they wish to participate in a statewide Paternity Opportunity Program operated by the California Department of Child Support Services. The program is voluntary. If the parents of a child are not legally married, the father's name will NOT be added to the birth certificate unless they:

- Sign a Declaration of Paternity in the hospital, or sign the form later.
- Legally establish paternity through the courts and pay a fee to amend the birth certificate.

Signing the form is the first step in establishing legal rights and responsibilities of the father. Establishing legal paternity is necessary before custody, visitation, or child support can be ordered by the court. The form can be challenged in a court only by using blood and genetics test results which show the man is not the natural father. For more information on the Paternity Opportunity Program, see California

Department of Child Support Services Web site. You can download the required forms and information for patients in several languages. **1-866-249-0773.**

www.childsup.cahwnet.gov/program/pop

Follow-Up

Encourage the client to participate in any **health education or support groups**, especially if they are designed for teens.

Strongly encourage the teen to accept a referral to **Public Health Nursing** for in-home health monitoring, teaching and support.

Help her choose a **support person** for labor and delivery.

Prepare the client for her **physical and emotional needs after delivery.**

Help the client and her family make decisions in advance about who will care for the baby so that family conflicts are minimized and roles are clear.

Where is the baby going to sleep? Who is going to be responsible for feeding, bathing and changing diapers? Under what circumstances will the grandparents of the infant baby-sit? While the teen works or attends school? While she goes out with her friends? Who will make decisions about how the child is cared for?

Problems can best be avoided by mutual understanding.

At the postpartum visit, assess her situation as you would any new mother, paying particular attention to family relationships and emotional coping. See *Parenting Stress Guidelines* in this



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chapter for further suggestions. Be sure the teen has a referral to family planning.

Referrals

- Public Health Nursing.
- Adolescent Family Life Program.
- Family Planning.
- Parenting Classes.
- Parental Stress Line.

Complicated Situations

Teens Who Abuse Substances

Refer to *Perinatal Substance Abuse Guidelines* in this chapter. Many outpatient and residential drug programs exclude minors (those under 18 years of age). Contact your local drug and alcohol programs for referrals for minors.

Mandated Reporting Responsibilities

Physical, Sexual Abuse and Neglect

If you reasonably suspect that a teen under the age of 18 is being abused or neglected, you have the same reporting responsibilities as with a child. See the *Child Abuse and Neglect Guidelines* in this chapter for more information. Your county child protective services may or may not investigate the report, depending on their assessment of risk to the teen. In many cases, the agency will consider the teen mature enough to protect herself by leaving a dangerous situation and not in need of protection by the child welfare system.

A report for suspected abuse is required even if you think that nothing will come of the report. Be sure to document the report in the medical record. It is a good idea to tell the teen that you must report. Even better, have the teen be present when you make the phone call. This helps the teen feel that you are not talking about her behind her back.

If the teen tells you she has been abused in the past but not currently, see *Child Abuse and Neglect Guidelines* in this chapter under "When Past Abuse is Discovered" section.

Dating Violence

Dating violence is more than just arguing or fighting. Dating violence is a pattern of controlling behaviors that one partner uses to get power over the other, including:

- Any kind of physical violence or threat of physical violence to get control.
- Emotional or mental abuse, such as or constantly putting her down or criticizing her.
- Sexual abuse, including making her do anything she doesn't want to or refusing to have safer sex.

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.

Review the *Spousal/Partner Abuse Guidelines* in this chapter. The National Domestic Violence Hotline Web site www.ndvh.org/ has a special site for teens called "When Love Hurts: A Guide on Love, Respect and Abuse in Relationships."



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If you suspect that she has been forced, threatened or exploited into sexual activity you must report the sexual abuse to Children's Protective Services.

Consensual Sexual Activity of Minors

If the teen has consensual intercourse, the mandatory reporting laws are more complicated. It depends on the ages of both the sexual partners. You are not required to ask the age of the client's partner or father of her baby.

When an adult (18 years or older) has sex with a minor (17 years or younger), it is called "statutory rape." However, you are not required to report all cases of statutory rape, just in some circumstances. The National Center for Youth Law publishes, "When Mandated Reporters Must Report Consensual Disparate Age Sexual Intercourse to Child Abuse Authorities" under Publications on their Web site www.youthlaw.org, which gives a good summary of the laws. See *Child Abuse and Neglect Guidelines* for information on how to make a report.

Studies have shown that girls who engage in early sexual activity may have been molested in a past or present relationship and may be in need of protection and mental health counseling. Ask questions about sexual abuse and refer to your clinical supervisor if needed.

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. This document contains information on minor consent, consensual sexual activity and other topics.

510-835-8098

www.youthlaw.org

California Health Council

Health Information and Education Division

Produces patient education materials, available for a small fee; these include:

"Is It Really Love?" in English and Spanish for teens

1-800-428-5438

www.epahealth.org