

# Mandated Reporting

Domestic and Intimate Partner Violence

Child Abuse and Neglect

Elder and Dependent Adult Abuse and Neglect

[WWW.TVHC.ORG](http://WWW.TVHC.ORG)



# Who is a Mandated Reporter?



Any person who is required by law to report a particular category or type of abuse to the appropriate law enforcement or social service agency.

**Mandated Reporters** are legally responsible to report the incident themselves. They are not required to investigate any known or suspected case of abuse.

# Who is a Mandated Reporter?



## Mandated Reporters Include...

- All licensed healthcare professionals, including but not limited to:
  - Physicians
  - Nurses
  - Mental Health Professionals
  - EMTs, paramedics, medical examiners
  - All employees in a long-term health facility
- Social workers, marriage & family counselors
- Childcare custodians/elder or dependent adult custodians
- Teachers
- Clergy
- Employee of a protective service or law enforcement agency
- Commercial film & photographic print processors

## Failure to Report is a Crime

Everyone who has knowledge of abuse should report; however designated professionals are required by law to report.

Failure to report is a misdemeanor crime punishable by up to six (6) months in jail and/or up to a \$1000 fine.

# Who is a Mandated Reporter at TVHC?

For cases of child, elder, and dependent adult abuse and neglect (**for best practice purposes**):

- All clinical staff including providers, nurses, medical assistants, dental and behavioral health staff.
- Employees who are not licensed and whose job duties require direct contact and supervision of children:
  - Case Managers
  - Patient Care Coordinators
  - WIC staff
  - Youth Services Staff
  - Street Outreach Health Staff

For cases of domestic and intimate partner violence:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Dentists
- All other staff that would examine a victim's injuries.

# Who is a Mandated Reporter at TVHC?

## Permissive Reporters (Non-Mandated Reporters)

**Permissive reporters** are individuals who are encouraged to report suspected child abuse, although not required by law.

Employees who are not licensed and whose duties do NOT require direct contact and supervision of children;

Examples:

- Front office administrative staff;
- Janitorial staff;
- Volunteers

Volunteers of public or private organizations whose duties require direct contact with, and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect.

Any other person who reasonably suspects that a child is a victim of abuse or neglect may report.





# Domestic and Intimate Partner Violence

# What is Domestic and Intimate Partner Violence?

The United States Department of Justice classifies several different types of domestic and intimate partner violence that can be punishable by State and Federal laws. To enhance the ability to identify domestic and intimate partner violence, mandatory reporters should know the following classifications of domestic violence:

- **Physical abuse** can include hitting, biting, slapping, battering, shoving, punching, pulling hair, burning, cutting, pinching, etc. (any type of violent behavior inflicted on the victim). Physical abuse also includes denying someone medical treatment and forcing drug/alcohol use on someone.
- **Sexual abuse** occurs when the abuser coerces or attempts to coerce the victim into having sexual contact or sexual behavior without the victim's consent. This often takes the form of marital rape, attacking sexual body parts, physical violence that is followed by forcing sex, sexually demeaning the victim, or even telling sexual jokes at the victim's expense.
- **Emotional abuse** involves invalidating or deflating the victim's sense of self-worth and/or self-esteem. Emotional abuse often takes the form of constant criticism, name-calling, injuring the victim's relationship with his/her children, or interfering with the victim's abilities.

# What is Domestic and Intimate Partner Violence?

- **Economic abuse** takes place when the abuser makes or tries to make the victim financially reliant. Economic abusers often seek to maintain total control over financial resources, withhold the victims access to funds, or prohibit the victim from going to school or work.
- **Psychological abuse** involves the abuser invoking fear through intimidation; threatening to physically hurt himself/herself, the victim, children, the victim's family or friends, or the pets; destruction of property; injuring the pets; isolating the victim from loved ones; and prohibiting the victim from going to school or work. Threats to hit, injure, or use a weapon are a form of psychological abuse.
- **Stalking** can include following the victim, spying, watching, harassing, showing up at the victim's home or work, sending gifts, collecting information, making phone calls, leaving written messages, or appearing at a person's home or workplace. These acts individually are typically legal, but any of these behaviors done continuously results in a stalking crime.
- **Cyberstalking** refers to online action or repeated emailing that inflicts substantial emotional distress in the recipient.

# Reporting Requirements

## WHEN REQUIRED TO REPORT:

Any licensed healthcare professional employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report if he or she "provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is":

1. "suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm", and/or
2. "suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

"Assaultive or abusive conduct" is defined to include a list of 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, abuse of spouse or cohabitant, and an attempt to commit any of these crimes.

# Reporting Requirements

## How to Report Domestic and Intimate Partner Violence:

In the case of a life-threatening emergency, please call **911**.

Mandated reporters are required to make a report by telephone as soon as practically possible and send a written report to a local law enforcement agency within **48 hours**. When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make the report.

## Local Police Departments:

Hayward Police Department,  
300 W. Winton Ave, Hayward, CA 94545  
(510) 293-7000

Union City Police Department  
34009 Alvarado Niles, Union City, CA 94587  
(510) 471-1365

San Leandro Police Department  
901 E. 14<sup>th</sup> Street, San Leandro, CA 94577  
(510) 577-2740

# Reporting Requirements

## Suspicious Injury Report - CalEMA 2-920

The report shall include, but not be limited to:

- A. The name of the injured person, if known.
- B. The injured person's whereabouts.
- C. The character and extent of the person's injuries.
- D. The identity of any person the injured person alleges inflicted the injury. A report must be made even if the person has died, regardless of whether the injury contributed to the death, and even if evidence of the conduct of the perpetrator was discovered during an autopsy.

**PLEASE NOTE: ALL DOMESTIC AND INTIMATE PARTNER VIOLENCE REPORTS MUST BE DOCUMENTED IN THE MEDICAL RECORD IMMEDIATELY AFTER REPORTING TO LOCAL POLICE AND AN EVENT REPORT FORM NEEDS TO BE COMPLETED AND SENT TO THE COMPLIANCE DEPARTMENT ALONG WITH A COPY OF THE SUSPICIOUS INJURY REPORT FORM.**

CALIFORNIA EMERGENCY MANAGEMENT AGENCY SUSPICIOUS INJURY REPORT CalEMA 2-920 (4/1/09)				STATE OF CALIFORNIA
<b>INFORMATION DISCLOSURE</b>				
This form is for law enforcement use only and is confidential in accordance with Section 11163.2 of the Penal Code. This form shall not be disclosed except by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by this report. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts. The person making this report shall not be required to disclose his/her identity to their employer (PC 11160).				
<b>Part A: PATIENT WITH SUSPICIOUS INJURY</b>				
1. PATIENT'S NAME (Last, First, Middle)	2. BIRTH DATE	3. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	4. SAFE PHONE NUMBER ( ) ( ) ( ) ( ) ( ) ( )	
5. PATIENT'S RESIDING ADDRESS (Number and Street / Apt. - NO P.O. Box) _____ City _____ State _____ Zip _____				
6. PATIENT SPEAKS ENGLISH <input type="checkbox"/> Y <input type="checkbox"/> N - Identify language spoken: _____		7. DATE AND TIME OF INJURY Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Unknown		
8. LOCATION / ADDRESS WHERE INJURY OCCURRED, IF AVAILABLE - Check here if unknown: <input type="checkbox"/>				
9. PATIENT'S COMMENTS ABOUT THE INCIDENT - Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident.				<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
10. NAME OF SUSPECT - If identified by the patient		11. RELATIONSHIP TO PATIENT, IF ANY		
12. SUSPICIOUS INJURY DESCRIPTION - Include a brief description of physical findings and the final diagnosis.				<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
<b>Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS</b>				
13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Mandated by PC 11160)		14. DATE AND TIME REPORTED Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm		
15. NAME OF PERSON RECEIVING PHONE REPORT (First and Last)		16. JOB TITLE	17. PHONE NUMBER ( ) ( ) ( ) ( ) ( ) ( )	
18. LAW ENFORCEMENT AGENCY RECEIVING WRITTEN REPORT (Mandated by PC 11160)			19. AGENCY INCIDENT NUMBER	
<b>Part C: PERSON FILING REPORT</b>				
20. EMPLOYER'S NAME		21. PHONE NUMBER ( ) ( ) ( ) ( ) ( ) ( )		
22. EMPLOYER'S ADDRESS (Number and Street) _____ City _____ State _____ Zip _____				
23. NAME OF HEALTH PRACTITIONER (First and Last)		24. JOB TITLE		
25. HEALTH PRACTITIONER'S SIGNATURE: _____			26. DATE SIGNED: _____	

# Reporting Recommendations

## MEDICAL RECORDS:

It is recommended that any medical records of a person about whom a physician or surgeon is required to report include:

- (1) Any comments by the injured person regarding past domestic violence or the name of any person suspected of inflicting the assaultive or abusive conduct;
- (2) A map of the injured person's body identifying the injuries and bruises; and
- (3) A copy of the law enforcement reporting form.

## REFERRALS:

It is also recommended that licensed healthcare professionals refer people suffering or suspected of suffering from domestic violence to local domestic violence services and other appropriate services.

## Resources for Prevention and Intervention of Domestic Violence

National Sexual Assault Hotline: 1-800-656-HOPE

National Domestic Violence Hotline: 1-800-799-SAFE

National Center for Victims of Crime: 1-202-467-8700

# Example of a Reportable Case

## Scenario #1 – Reluctant Disclosure of Physical Abuse and Cyberstalking

A 37-year-old patient Lisa Harper came to the Union City clinic for a routine exam with her primary care provider, Dr. Sharon Young. Dr. Young asks Lisa a series of screening questions and asks about her relationship with her husband, Scott. Lisa mentions that Scott is a very jealous person but not violent. Dr. Young asks Lisa what she means by “jealous”. Lisa tells Dr. Young that she must be home by a certain time or Scott will become upset and that he has accused her of cheating in the past, which Lisa said she has never done. Lisa also told Dr. Young that Scott monitors her activity on social media and becomes jealous whenever men like or comment on her posts. Lisa is considering deleting her social media accounts to appease her husband and his jealousy. Lisa said that Scott loves her and that she is somewhat flattered by his behavior. Dr. Young informed Lisa that if his behavior becomes scarier than flattering, to let her know. Dr. Young proceeds with the examination and asks Lisa if she is experiencing any health problems. Lisa mentions that she had been experiencing some lower back pain and may have pulled something. Dr. Young looks at Lisa back and noticed bruises on her back and the outside of her leg. Lisa says that she bruises easily and works out a lot. Lisa says that Scott wants to keep her in shape and that she must have hit herself on a machine. Dr. Young tells Lisa that her bruises are in unusual places and asks Lisa if she is sure no one is hurting her at home. Lisa tells Dr. Young that it was an accident, and that Scott pushed her harder than he realized, and she landed in the door casing. Lisa said it was her fault because she came home late. Lisa also mentions that Scott has been under a lot of pressure at work and had been stressed. Dr. Young advises Lisa to have a safety plan and offers her resources. Dr. Young informs Lisa that as a mandated reporter, she will be reporting this incident to local law enforcement. Dr. Young documents the report in Lisa’s medical record and submits an Event Report form to Compliance.

# Example of a Non-Reportable Case

## Scenario #2 – Hearsay

A 52-year-old patient Justine Patterson came to the San Leandro clinic to see her podiatrist, Dr. Harvey Forrester for a foot injury. During the exam, Justine shares with Dr. Forrester that she is worried about her daughter, Bridget. Justine shares that the father of Bridget's children, Jim Roach was recently released from prison and was incarcerated for violent crimes. Justine shared that Jim has also been violent in the past with her daughter and her children. Justine is not convinced that Jim is a reformed man and will revert to his abusive nature and cause harm to Bridget and their children. Dr. Forrester advises Justine to speak directly to her daughter about this situation and does not report this issue to authorities as this is second-hand information and no confirmation that domestic and intimate partner violence occurred.

# Child Abuse & Neglect

# What is Child Abuse & Neglect?

The Federal **Child Abuse Prevention and Treatment Act (CAPTA)** defines child abuse and neglect as, at minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm. This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.

According to the Federal Child Abuse Prevention and Treatment Act, each state is responsible for providing its own definition of child abuse and neglect. Most states recognize the following types of abuse: **Physical Abuse, Neglect, Sexual Abuse, Emotional Abuse, and Abandonment.**

**Physical Abuse** is the non-accidental infliction of injury or an act that poses substantial likelihood of bodily injury. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. This harm can be caused by a parent or caregiver who is responsible for the child. It should be noted that physical discipline, such as spanking, is not considered abuse as long as it is "reasonable" and does not result in a bodily injury to the child.

**Neglect** is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs such as failure to provide food or shelter, medical treatment, adequate emotional or psychological care, and basic education.

# What is Child Abuse & Neglect?

**Sexual Abuse** is any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, child, vulnerable adult, or another person. Under this definition, actions such as penetration, rape, sodomy, improper touching, and indecent exposure qualify as sexual abuse or exploitation.

**Emotional Abuse** demonstrates a pattern of criticizing, rejecting, insulting, isolating, terrorizing, or humiliating the child, resulting in serious emotional or behavioral issues. This may include threats, rejection, constant criticism, and lack of support. Studies have shown that emotional abuse is frequently present when other types of maltreatment exist.

**Abandonment** is a form of neglect that includes situations where a child has suffered harm as a result of a parent or caretaker who has left the child alone for a period of time. This also includes situations where the parent has failed to maintain contact or provide reasonable support for the child. With abandonment, there's a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child.

# Potential Signs of Abuse or Neglect

## Potential Signs, Indicators of Abuse in Children

In addition to understanding the various types of abuse, it is also important to recognize the signs of abuse and neglect.

Potential signs of the different types of abuse are often present in the child as well as the abuser.

The following signs may be potential indicators of abuse or neglect in children:

- The child is constantly watchful as if something bad may happen.
- The child has difficulty concentrating.
- The child shows sudden changes of behavior.
- The child has not received help for obvious medical or mental health problems.
- The child constantly lacks adult supervision.
- The child is extremely passive and withdrawn.
- The child does not want to go home.

## Potential Indicators of Abuse or Neglect by Parents

The following signs may be potential indicators of abuse or neglect by parents or caretakers:

- The parent shows little concern for the child.
- The parent sees the child as burdensome.
- The parent blames the child for poor performance.
- The parent makes unreasonable and extreme demands from the child.

# When Mandated Reporters in California Must Report Consensual Disparate Age Sexual Intercourse to Child Abuse Authorities

(1) If a minor has consensual sexual intercourse with an older (or younger) partner, is a report mandated?

The law does not require providers to ask about partner age.

(2) If a minor engages in “lewd and lascivious acts” with an older younger partner, is a report required?

“Lewd and lascivious acts” are acts performed with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of the minor or partner. Mandated reporters must report “lewd and lascivious acts” when a minor is 14 or 15 and the partner is 10 or more years older, (14-year-old with an adult 24 years or older/ 15-year-old with an adult 25 years or older), or when a minor is under 14 and the partner is 14 or older, regardless of claimed consent by the minor.

(3) Are there other situations in which sexual intercourse must be reported?

Mandated reporters must report sexual intercourse or other sexual activity with a minor under 18 years old when the activity appears coerced, exploitative, based on intimidation, or in any other way resembles abuse -- regardless of claimed consent by the minor and regardless of partner age.

Age of Partner	12	13	14	15	16	17	18	19	20	21	22
Age of Patient											
11	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
12	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
14	Y	Y	N	N	N	N	N	N	N	Y	Y
15	Y	Y	N	N	N	N	N	N	N	Y	Y
16	Y	Y	N	N	N	N	N	N	N	N	N
17	Y	Y	N	N	N	N	N	N	N	N	N
18	Y	Y	N	N	N	N	N	N	N	N	N

**Please Note: Current nursing standing order for Urine Pregnancy Test (UPT) are for ages 15-49 years old. Patients under 15 years old must be treated by a provider.**

# California Minor Consent and Confidentiality Laws

In most cases, parents must consent to health care on behalf of their minor children. However, there are situations in which minors must or may consent for their own care and opportunities in which other adults may consent to care on the minors' behalf. The tools on this page summarize the rights of minors and third parties to consent to a minor's health care in California.

<https://www.altamed.org/sites/default/files/2019CaMinorConsentConfChartFull.pdf>

## Minors of ANY AGE may consent:

- Pregnancy
- Contraception
- Abortion
- Sexual Assault Services
- Rape Services for Minors Under 12 Years
- Emergency Medical Services
- Skeletal X-Ray to Diagnose Child Abuse or Neglect

## Minors 12 YEARS OF AGE OR OLDER may consent:

- Infectious, Contagious Communicable Diseases (Diagnosis, Treatment)
- Sexually Transmitted Diseases (Preventive Care, Diagnosis, Treatment)
- AIDS/HIV (Preventive Care, Testing, Diagnosis, and Treatment)
- Rape Services for Minors 12 and Over
- Intimate Partner Violence
- Outpatient Mental Health Services/Shelter Services
- Drug or Alcohol Abuse Treatment

## Minor 15 Years of Age or Older:

- General Medical Care
- General Medical Care for Emancipated Youth

# Emancipated Minor

## Emancipation

Emancipation is a legal way for children to become adults before they are 18. Once a child is emancipated, their parents do not have custody or control of them anymore. Emancipation is usually forever. But the court can cancel the emancipation if the minor asking for the emancipation lies to the court or is no longer able to support themselves.

If a minor is emancipated, they can do some things without their parent's permission, like:

- Get medical care;
- Apply for a work permit;
- Sign up for school or college; and
- Live where they want to.

If a minor is emancipated, they will give up the right to be supported by their parents.

Even if a minor is emancipated:

- They must go to school;
- They cannot get married without their parent's permission; and
- They will go to juvenile court if they break the law.

**Note:** If a minor has a legal guardian, all the information in this section about parents applies to legal guardians and their case, too.

# Emancipated Minor

There are 3 ways to get emancipated:

1. **Get married** - They will need permission from their parents and the court.
2. **Join the armed forces** - They need permission from their parents, and the armed forces must accept them.
3. **Get a declaration of emancipation from a judge** - To get a declaration of emancipation, they must prove ALL these things:
  - They are at least 14 years old.
  - They do not want to live with their parents. Their parents do not mind if they move out.
  - They can handle their own money.
  - They have a legal way to make money.
  - Emancipation would be good for them.

If they do not want to live with their parents, they do not necessarily have to get emancipated. They can:

- Get counseling or mediation with their parents;
- Go to live with another adult (like an aunt, uncle, grandparent, or family friend);
- Get help from public or private agencies; or
- Make an agreement with their parents to live somewhere else.

**STAFF SHOULD NOT ASSUME THAT A TEENAGE PATIENT IS AN EMANCIPATED MINOR BASED ON THE SERVICES THEY ARE RECEIVING (IE REPRODUCTIVE SERVICES, MENTAL HEALTH). THIS NEEDS TO BE VERIFIED BY STAFF WITH EACH TEENAGE PATIENT.**

# Reporting Requirements

## How to Report Child Abuse

In the case of a life-threatening emergency please call **911**.

You must make a report immediately (or as soon as practically possible) by phone to local police. A written report must be sent by fax or electronic submission within **36 hours** of receiving the information regarding the incident. Written reports must be submitted on Department of Justice forms, which can be requested from your local child protective agencies. The report must be made to a county welfare department, police or sheriff's department or to a county probation department.

Form: SS 8572: Suspected Child Abuse Report & Instructions

### To Report:

In cases of child abuse (ages 0 – 18) employees must contact Child Protective Services (CPS) and/or in the county of residence:

**CPS Alameda County – (510)-259-1800**

**CPS Contra Costa County – (510) 646-1680**

### Local Police Departments:

Hayward Police Department,  
300 W. Winton Ave, Hayward, CA 94545  
(510) 293-7000

Union City Police Department  
34009 Alvarado Niles, Union City, CA 94587  
(510) 471-1365

San Leandro Police Department  
901 E. 14<sup>th</sup> Street, San Leandro, CA 94577  
(510) 577-2740

# Reporting Requirements

## California Suspected Child Abuse Report (SCAR) Form 8572

When filling out a SCAR form you will be asked for this information:

- Reporting party
- Report notification
- Victim information
- Involved parties
- Incident information

NOTE: it may be helpful to complete the written SCAR report before making the call so that all the information is ready.

**PLEASE NOTE: ALL CHILD ABUSE REPORTS MUST BE DOCUMENTED IN THE MEDICAL RECORD IMMEDIATELY AFTER REPORTING TO CPS AND AN EVENT REPORT FORM NEEDS TO BE COMPLETED AND SENT TO THE COMPLIANCE DEPARTMENT ALONG WITH A COPY OF THE COMPLETED SCAR 8572 FORM.**

STATE OF CALIFORNIA  
SCIA 8572  
(Rev. 04/2017)

DEPARTMENT OF JUSTICE  
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**SUSPECTED CHILD ABUSE REPORT**  
(Pursuant to Penal Code section 11166) [Print Form](#) [Clear Form](#)

To Be Completed by Mandated Child Abuse Reporters  
PLEASE PRINT OR TYPE

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

**A. REPORTING PARTY**  
NAME OF MANDATED REPORTER \_\_\_\_\_ TITLE \_\_\_\_\_ MANDATED REPORTER CATEGORY \_\_\_\_\_  
REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City Zip \_\_\_\_\_ DID MANDATED REPORTER WITNESS THE INCIDENT?  
 YES  NO  
REPORTER'S TELEPHONE (DAYTIME) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**B. REPORT NOTIFICATION**  
 LAW ENFORCEMENT  COUNTY PROBATION AGENCY \_\_\_\_\_  
 COUNTY WELFARE / CPS (Child Protective Services)  
ADDRESS Street City Zip \_\_\_\_\_ DATE/TIME OF PHONE CALL \_\_\_\_\_  
OFFICIAL CONTACTED - NAME AND TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

**D. INVOLVED PARTIES**  
**VICTIMS/SIBLINGS**  
1. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_ NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
**PARENTS/GUARDIANS**  
NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ BIRTHDATE OR APPROX. AGE \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
ADDRESS Street City Zip \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ BIRTHDATE OR APPROX. AGE \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
ADDRESS Street City Zip \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
**SUSPECT**  
SUSPECT'S NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ BIRTHDATE OR APPROX. AGE \_\_\_\_\_ SEX \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
ADDRESS Street City Zip \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
OTHER RELEVANT INFORMATION \_\_\_\_\_

**E. INCIDENT INFORMATION**  
IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX  IF MULTIPLE VICTIMS, INDICATE NUMBER: \_\_\_\_\_  
DATE/TIME OF INCIDENT \_\_\_\_\_ PLACE OF INCIDENT \_\_\_\_\_  
NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

# Example of a Reportable Case

## Scenario #1 – Neglect and Abandonment

A 14-year-old patient Byron Slater came to the Logan Health Center on a Monday morning to be seen by a provider for nausea and dizziness. Byron was seen by Howard Kane NP who took his vitals and asked him some screening questions. Kane NP suspected that Byron may have been suffering from low blood sugar, so he gave him juice and crackers to make him feel better. After about 5 minutes, Kane NP continued with the exam and asked Byron some follow up questions. Byron explained that he had not eaten the past couple of days as food was scarce at his home and he has two younger siblings, Rochelle (10), and Kyle (7) who he made sure ate whatever was left in their apartment. Kane NP asked where their parents at this time were and why hadn't there been enough food in their apartment. Byron told Kane NP that he and his siblings live with their mother and do not know the whereabouts of their fathers. Byron noted that their mother, Monica, had not been home all weekend and often disappears for days at a time. Byron also mentioned that even when she is home, she is often passed out under the influence of drugs and alcohol. Byron feels obligated to take care of his siblings when she is not around and is looking for a part-time job to help take of the household. Byron noted that he loves his mother and doesn't want anything to happen to her or his family. Byron also suspects that his mother may be prostituting when she is away from the home as strange men have come to their apartment looking for their mother. Kane NP is very concerned about Byron and his siblings' living situation and intends on reporting this to Child Protective Services (CPS) to assist with this matter. Kane NP asks Byron if they have any other family in the area. Byron stated that their grandparents live in Newark. Kane NP reports to CPS and documents the report in Byron's medical record. Kane NP also submits an Event Report form to Compliance.

# Example of a Non-Reportable Case

## Scenario #2 – Discipline not Abuse

A 32-year-old patient Patricia Saunders and her son, Jeremy (8) came to the Hayward clinic to receive the COVID-19 vaccine. While sitting in the waiting room, Jeremy begins to fuss and become disruptive. He lies on the floor, yelling, and touching objects his mother asked him not to touch. Patricia becomes irritated and tells Jeremy to stop and warns him that if he doesn't, "he's going get it." Jeremy continues to act out and Patricia starts counting to three. Jeremy still does not get the message, and Patricia has had enough. Patricia grabs Jeremy by the wrist and then spanks him on his buttocks and yells at him telling him to sit still or she's going to tell his father when he gets home. The front desk receptionist and medical assistant in Pediatrics witness the entire incident. The receptionist is questioning the MA whether or not to report it. The MA assures the receptionist that this was not reportable as physical discipline, such as spanking, is not considered abuse as long as it is "reasonable" and does not result in a bodily injury to the child.



# Elder and Dependent Adult Abuse & Neglect

# What is Elder and Dependent Adult Abuse & Neglect?

In California, elders are defined as persons 65 years and older. A dependent adult means any person residing in this state between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. The following types of abuse can be attributed to a variety of causes: **Physical Abuse, Sexual Abuse, Emotional or Psychological Abuse, Abandonment, Neglect, Self-Neglect, and Financial Abuse.**

**Physical Abuse** is defined as a use of force that may result in pain, injury, or impairment. Examples include hitting, pushing, kicking, burning, and beating. Inappropriate use of medications and physical restraints are also examples of physical abuse. Potential warning signs of physical abuse may include bruises, black eyes, broken bones, lacerations, or sprains/dislocation.

**Sexual Abuse** may include forced sexual contact. This includes sexual assault, unwanted touching, coerced nudity, and any sexual contact with any person who lacks sufficient decision-making ability to give consent. Signs and symptoms may include:

- Bruising around genital or breast area
- Unexplained vaginal or anal bleeding
- Stained, torn, or bloody underclothing
- Unexplained venereal disease

# What is Elder and Dependent Adult Abuse & Neglect?

**Emotional or Psychological Abuse** - Emotional or psychological abuse is defined as harassment or other forms of intimidating behavior that may cause humiliation or emotional distress.

Examples may include verbal insults, threats, and treating a person like an infant.

Potential warning signs include:

- Being agitated or upset
- Being extremely withdrawn
- Being intimidated or fearful of staff

**Abandonment** is defined as the complete desertion of a person by a caretaker. Examples may include a family member who fails to visit or provide care for a dependent who cannot care for themselves. Signs of abandonment include:

- Reports by neighbors that an elderly person or dependent adult may be abandoned.
- Desertion of an elderly person or dependent adult in public locations.
- Reports by the elderly person or dependent adult regarding family members or caretakers that have taken things or money from the victim, and no longer visits or provides care.

# What is Elder and Dependent Adult Abuse & Neglect?

## Neglect

Failure to provide:

- Sufficient medical care
- One's needs

Failure to assist in:

- Personal hygiene
- Prevent malnutrition or dehydration
- Protect against simple safety hazards

Potential symptoms of neglect may include:

- Untreated bed sores
- Dehydration
- Malnutrition
- Unsafe living conditions
- Unsanitary living conditions

**Self-Neglect** – Self neglect is defined as the failure to sufficiently provide for one's own needs.

This may include failure to provide adequate shelter, food, water, clothing, and medication.

Self-neglect is frequently associated with cognitive impairment, depression, or other mental illness.

Symptoms of self-neglect may include:

- Homelessness
- Inadequate clothing
- Unsanitary living conditions
- Hoarding to the point that living conditions are unmanageable.
- Malnutrition
- Dehydration
- Poor personal hygiene

**Financial Abuse** - Financial abuse includes theft or improper use of an elder's funds, property, or assets.

It frequently involves inducing elderly with diminished mental capacity to sign over deeds or power of attorney.

Other examples include forging an elder person's signature or coercing them to provide access to personal identifying information, which may later be used by the perpetrator to make fraudulent purchases.

Signs of financial abuse include:

- Unexplained and sudden transfer of funds.
- Purchase of services that the person did not need.
- Sudden changes in bank account including the withdrawal of large sums of money.
- Unexplained changes in a will or other financial documents.
- Additional signers on legal or banking documents.

# Reporting Requirements

## How to Report Elder and Dependent Adult Abuse:

In the case of a life-threatening emergency please call **911**.

Report the known or suspected instance of abuse by telephone or through a confidential internet reporting tool, immediately or as soon as practically possible. If reported by telephone, a written report shall be sent, or an internet report shall be made through the confidential internet reporting tool within **two (2) working days**.

If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within **two hours**.

Form: SOC 341: Report of Suspected Dependent Adult/Elder Abuse & Instructions

# Reporting Requirements

## Three Ways to Report:

### Local Law Enforcement Agencies

If you suspect that an elderly citizen or dependent adult is a victim of abuse or neglect, contact your local law enforcement agency to file a report. You do not need to know for sure that a crime has been committed to call law enforcement and file a report.

### **Local Police Departments:**

Hayward Police Department,

300 W. Winton Ave, Hayward, CA 94545

(510) 293-7000

Union City Police Department

34009 Alvarado Niles, Union City, CA 94587

(510) 471-1365

San Leandro Police Department

901 E. 14<sup>th</sup> Street, San Leandro, CA 94577

(510) 577-2740

### Adult Protective Services

If you are concerned about an elder or dependent adult who may be experiencing physical abuse, financial abuse, isolation, abandonment, neglect, self-neglect, or mental abuse, please file a report with Adult Protective Services. Please note that anyone may file a report anonymously. A social worker can link the elder to community resources, involve family members, and alert law enforcement if there is evidence of a crime.

### **Alameda County Social Services Agency**

Reports may be made 24 hours a day, 7 days a week by phone, mail, on-line and fax.

Call: (510) 577-3500 or 1-866-CALL APS

Mail: 6955 Foothill Blvd., 3rd Floor, Oakland, 94605

On-Line: <https://reporttoaps.org/>

FAX: (510) 577-5615

### Long Term Care Ombudsman Program

If you would like to file a complaint against a long-term care facility, nursing home, residential care facility or assisted living facilities, please contact the Long-Term Care Ombudsman Program. The Ombudsman is responsible for representing the residents at these facilities by investigating and resolving complaints.

### **Ombudsman Services of Contra Costa, Solano, and Alameda**

7677 Oakport Street

Oakland, CA 94621

Phone: 510-638-6878

Fax: 510-225-2331

# Reporting Requirements

## Report of Suspected Dependent Adult/Elder Abuse – SOC341 Form

The general structure of the form includes the following information:

- The date, time, and place of the incident
- The name, address, telephone number and occupation of the reporting party
- The name and address of the victim

**PLEASE NOTE: ALL ELDER AND DEPENDENT ADULT ABUSE REPORTS MUST BE DOCUMENTED IN THE MEDICAL RECORD IMMEDIATELY AFTER REPORTING TO APS AND AN EVENT REPORT FORM NEEDS TO BE COMPLETED AND SENT TO THE COMPLIANCE DEPARTMENT ALONG WITH A COPY OF THE COMPLETED SOC341 FORM.**

State of California – Health and Human Services Agency California Department of Social Services

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE				Date Completed
<b>CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE</b> TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.				
<b>A. VICTIM</b> <input type="checkbox"/> Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))				
Name (Last Name, First Name)		Age	Date of Birth	SSN
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other/Nonbinary <input type="checkbox"/> Unknown/Not Provided	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown/Not Provided	Ethnicity	Race	
		Language (Check one) <input type="checkbox"/> Non-Verbal <input type="checkbox"/> English <input type="checkbox"/> Other (Specify)		
Address (If facility, include name and notify ombudsman)		City	Zip Code	Telephone
Present Location (If different from above)		City	Zip Code	Telephone
<input type="checkbox"/> Elderly (65+)		<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Mentally Ill/Disabled	<input type="checkbox"/> Lives Alone
<input type="checkbox"/> Physically Disabled		<input type="checkbox"/> Unknown/Other	<input type="checkbox"/> Lives with Others	
<b>B. SUSPECTED ABUSER</b> Check if <input type="checkbox"/> Self-Neglect				
Name of Suspected Abuser				
Address		City	Zip Code	Telephone
<input type="checkbox"/> Care Custodian (Type)		<input type="checkbox"/> Parent	<input type="checkbox"/> Son/Daughter	<input type="checkbox"/> Other
<input type="checkbox"/> Health Practitioner (Type)		<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relation	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity	Age	D.O.B	
Height	Weight	Eyes	Hair	

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# Example of a Reportable Case

## Scenario #1 – Dependent Adult Emotional Abuse and Neglect

A 32-year-old dependent adult patient Ronald Armstrong came to the Firehouse clinic accompanied by his mother Felicia Armstrong for a routine check-up with his primary care provider, Glenda Newsome PA. Ronald was born with mental disabilities and requires some caretaking. Glenda started the appointment by asking Felicia how her husband Paul was doing. Felicia appeared distraught and distracted. Glenda asked Felicia if there was something bothering her. Felicia stated that Paul passed away two months ago and that she was still struggling with his absence. Ronald also appeared to be scared to speak in front of his mother and was very quiet during the appointment. Glenda also noticed that Ronald smelled like he hadn't bathed in quite some time and his clothes were dirty. Glenda expressed her sympathy for their loss and asked Felicia if she could step out for a minute so that she could speak with Ronald. Felicia agreed. Glenda asked Ronald how he was doing, and Ronald was reluctant to share. He eventually became comfortable after Glenda broke the ice with a corny joke. Ronald expressed that his mother is really sad after his dad passed away and that she has become short tempered and has become verbally abusive calling him stupid. Ronald also stated that she yells at him a lot and has thrown objects around the house at him. Ronald noted that their house is extremely messy as Felicia no longer cleans up or does any laundry. She has also stopped helping him bathe and get dressed and he goes days without bathing or changing his clothes. Ronald also stated that he spends most of his time in his room to avoid his mother. Glenda brings Felicia back into the exam room and finishes the appointment. Glenda immediately contacts Adult Protective Services (APS) and files a report. Glenda also documents the report in Ronald's medical record and submits an Event Report form to Compliance.

# Example of a Non-Reportable Case

## Scenario #2 – Independent Adult Attacked

A 40-year-old patient Roger Simpson came to the Hesperian clinic to receive care for injuries he incurred from a random robbery in a public place. He was seen by Margaret Thomas NP who asked him about what occurred during this incident. Roger explained that as he was at the grocery store and walking towards his car with bags of groceries in his hands and a young man came from behind him and punched him on the right side of his face and he fell on the ground. The young man took his wallet while he was down and ran away. Roger was only able to see him from behind as he ran away. Roger called the police to file a report and provided a description of what he could remember about the perpetrator. Thomas NP treated Roger for bruising on his right cheek and eye and prescribed him medication. Thomas NP did not report this incident as it involved an independent adult who was randomly attacked and was able to contact the police on his own.



TIBURCIO VASQUEZ  
Health Center

Click to add text

# Thank You



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**Compliance & Risk Management  
Department**  
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