

Mandated Child Abuse Reporting Law:

Developing and Implementing Policies and Training



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Cardea is the Family Planning National Training Center for Service Delivery (NTC-SD) which is one of the five national training centers funded by the Office of Population Affairs, Department of Health and Human Services. The NTC-SD offers training to enhance the ability of Title X agencies to provide high-quality family planning services.

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Disclaimer

This document provides information. It does not constitute legal advice or representation. For legal advice, readers should consult their own counsel.

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Contents

Introduction	1
I. Understanding My State’s Reporting Rules	3
A. <i>Where Do I Find My State’s Mandated Child Abuse Reporting Rules?</i>	3
B. <i>The Components of Reporting Law</i>	4
1. Which individuals are mandated to report abuse?.....	4
2. What acts must be reported as child abuse?.....	5
3. When is the reporting duty triggered?.....	7
4. How to report?	8
a) Acceptable method for reporting	8
b) To whom reports are made.....	8
c) What must be included in reports.....	8
II. Developing Clinic Reporting Policy and Training: Issues and Questions to Consider	
Addressing in Your Guidance	9
A. <i>Procedural Questions Regarding the Reporting Process</i>	9
1. Which staff are mandated reporters in your agency?	9
2. Is a centralized reporting system appropriate for your clinic?.....	9
3. How to document reports?.....	9
B. <i>What Is — And Is Not — Reportable</i>	10
1. The difference between criminal and abusive behavior for reporting purposes	10
2. The difference between abuse at the hands of caregivers and abuse at the hands of others	11
3. Specific scenarios regarding sexual activity and relationships	11
4. Common questions regarding whether the reporting duty has been triggered.....	14
5. Tools to help clinicians understand their reporting obligations.....	16
C. <i>The Intersection of Confidentiality and Child Abuse Reporting</i>	16
D. <i>The Intersection of Child Abuse and Other Mandated Reporting Laws in Your State</i>	18
E. <i>When Reporting Rules Do Not Feel Right to an Individual Clinician</i>	18
III. Implementing Child Abuse Reporting: Practical Suggestions for Developing Clinical Practice	
Guidelines	19
A. <i>Preparing Yourself and Your Practice</i>	19
B. <i>Starting All Adolescent Visits with an Explanation of Confidentiality</i>	20
C. <i>Trauma-Informed Reporting</i>	20
D. <i>Red Flags in Family Planning Settings</i>	23
E. <i>Report when Required, but Focus on Intervention</i>	24
IV. Appendices	27
Appendix A — <i>Bibliography</i>	27
Appendix B — <i>State Child Abuse Reporting Numbers</i>	29
Appendix C — <i>Sample Tool</i>	37
Reporting Grid for California — <i>When Sexual Intercourse* with a Minor Must Be Reported as Child Abuse:</i> <i>California Law</i>	37
Appendix D — <i>Additional Useful Resources</i>	49

Introduction

The 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, American Samoa, Guam, the Northern Mariana Islands and Puerto Rico¹ all have laws that define certain acts and failures to act as child abuse or neglect and mandate their reporting in certain situations.² Health care providers providing Title X³-funded care must comply with any applicable state mandated child abuse reporting law.⁴ Because Title X regulations do not include their own child abuse reporting requirements or amend state reporting obligations in any way, Title X-funded providers must be familiar with and understand their own state's reporting obligations. This guide is intended to help Title X Grantees, sub-recipients and service sites craft state specific, legally accurate and clinically competent reporting guidance for providers.

Who Should Use this Guide

This document is for those persons in charge of developing and updating child abuse reporting policy, training and resources for clinicians at Title X service sites. They may include administrators, managers and select providers involved in policy development and/or training development.

How to Use this Guide

The document contains three parts:

- **Part one** helps the team find and understand its state's child abuse reporting law.
- **Part two** makes suggestions on what to include and how to frame and explain reporting obligations when developing clinic policy and training.
- **Part three** suggests how to ground reporting policy and guidance in good clinical practice.

What this Guide Does Not Do

The document does not provide specific guidance on any one state's law. The guide also does not address other types of mandated reporting law, such as mandated reporting of domestic violence. For this reason, the document should be used as a reference only and not as a substitute for clinic policy or advice from legal counsel.

¹ Hereinafter referred to collectively as "the states."

² Child Welfare Information Gateway. (2013). *Making and screening reports of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau at 1.

³ The Title X Family Planning Services and Population Act of 1970 (Public Law 91-572). For more information on Title X, see the U.S. Department of Health and Human Services, Office of Population Affairs description of the Title X program. Available at: <http://www.hhs.gov/opa/familyplanning/index.html>

⁴ See, e.g., Consolidated Appropriations Act, 2014, Pub. L. No. 113-76, 128 Stat. 5 (2014) ("Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.").

I. Understanding My State's Reporting Rules

A. Where Do I Find My State's Mandated Child Abuse Reporting Rules?

Mandated reporting obligations can stem from multiple legal sources — state statutes, state regulations, case law, and attorney general opinions, among others. A good place to start your search is with your state statutes. The U.S. Department of Health and Human Services (DHHS) maintains a database that makes it easy to find your state mandated child abuse reporting statutes. **This source only links to state reporting statutes.** It does not always reference other relevant state statutes that may be helpful or necessary to understanding reporting obligations, such as criminal codes, nor does it reference state regulations, case law or other sources of reporting obligations.

Resources:

[DHHS State Statutes Database](#)

See Appendix A(2)

For other sources, DHHS also maintains a **database of abuse reporting guides** developed by state agencies such as states' Departments of Social Services, Health and Human Services, courts, and offices of states' Attorney General. Often, these address not only state statutes but also state regulations, case law, and other sources, including agency interpretation. You will find a link to this database at right and in Appendix A. In many cases, you also may go to your state social service agency website to find guides or links to state reporting law. You may find links to some state's social service agency websites in Appendix B.

Resources:

[DHHS State Guides Database](#)

See also Appendix A(1) and Appendix B

As you read Part I, it may be helpful to download or have available your state reporting laws and guidance.

TIP:

State statutes may not be the only source of reporting rules in your state. In some states, a court or attorney general opinion or an agency directive may help shape interpretation of the law and ultimately reporting obligations. It can be helpful to discuss this with legal counsel.

B. The Components of Reporting Law

Child abuse reporting laws typically have four broad components. They describe: (1) Which individuals are mandated to report abuse; (2) What must be reported; (3) When the reporting duty is triggered; and (4) How to report. In the subsections that follow, this guide describes each of these four components of reporting law in more detail and highlights under each subsection a few key areas where state laws look the same and where they may vary from one another.

1. Which individuals are mandated to report abuse?

Every state's reporting law defines a group of individuals who are required to make child abuse reports. You may find a summary of your state statute defining who is a mandated reporter in your state in the last section of the publication at right.

Where state laws may vary:

In some states, everyone is a mandated reporter, including parents. In others, only certain individuals are mandated to report abuse. In such states, mandated reporters are often defined by profession. If you are in such a state, some staff in your clinic, such as interns, administrative staff and volunteers, may not be required by law to make child abuse reports. It is important to know who is — and is not — a mandated reporter in your state.

Where to find the law:

[“Mandatory Reporters of Child Abuse and Neglect”](#)

See Appendix A(2)b

State Law Examples — Who is a mandated reporter?

In Delaware, “any person” is a mandated reporter. De. Code Tit. 16, Sec. 903 (2014).

In Michigan, mandated reporters include, among others, physicians, physician assistants, dentists, dental hygienists, nurses, persons licensed to provide emergency medical care, psychologists, marriage and family therapists, licensed professional counselors, and social workers. However, not all staff in a Michigan clinic may be mandated reporters of abuse. M.C.L.S. § 722.623 (2013).

In New Mexico, “every person” is a mandated reporter. N.M.S.A § 32A-4-3 (2013).

In Arkansas, mandated reporters are defined by profession and include “medical personnel who may be engaged in the admission, examination, care, or treatment of persons,” among others. Ar. Code § 12-18-102 (2014).

2. What acts must be reported as child abuse?

All states require reporting of child abuse and neglect. While federal law provides a general definition for these terms,⁵ state laws also define them for reporting purposes. Most states define “child abuse” to include:

- *physical abuse,*
- *exploitation,* and
- *sexual abuse.*⁶

Some states include and require reporting of “emotional abuse;” others do not.

Where to find the law:
[“Definitions of Child Abuse and Neglect”](#)

See Appendix A(2)a

All states then define these terms with more specificity for reporting purposes, often putting those definitions in statute. Some definitions are specific and describe indicators of abuse; others are more general. You will find a summary of your state statutes defining these terms in the publication at right. In addition, your state agencies may have issued guidance with more information and details.

Where state laws may vary:

While all states require reporting of “*child abuse*,” the definition of abuse for reporting purposes, and therefore, what is reportable, varies by state. It is important to be very familiar with your state’s definitions. Key areas where state definitions may vary include the following:

- **Treatment of sexual activity and intimate relationships**

In Part II, this guide highlights some common questions about what is or may be reportable when minors disclose information regarding sexual activity and intimate relationships, and suggests how to find out what is and is not reportable under your state law.

⁵ Child Welfare Information Gateway. (2013). *What is child abuse and neglect?* Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau at 2 (“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.”)

⁶ Child Welfare Information Gateway. (2011). *Definitions of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. This document cites to state statutes. It does not include information on state regulations, case law, Attorney General Opinions or other legal sources.

- **Treatment of abuse by persons other than caregivers**

An important part of understanding what is reportable under your state's child abuse reporting law is *clarifying whether your state requires reports of abuse and neglect at the hands of any perpetrator or only abuse and neglect at the hands of parents or other caregivers.*

In some states, mandated reporters are required to make child abuse reports about abuse at the hands of anyone, including strangers and acquaintances. In other states, mandated reporters are only required to report abuse and neglect at the hands of caregivers. If your state only requires reports of abuse and neglect perpetrated by caregivers, it then is important to clarify who is included in the definition of caregiver for this purpose.

This is important to understand for many reasons; among those, it will directly impact whether and when rape or statutory rape are ever reportable under your state's child abuse reporting law.

- **How do I know whether my state law requires reports of abuse and neglect at the hands of any perpetrator or only at the hands of a caregiver?**

According to DHHS, "Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers."⁷ However, some are broader. The only way to answer this question is to review your state law.

In some states, the reporting statutes are written in a way that obviously and explicitly limits reporting to acts or omissions by caregivers. In others, understanding the reporting obligation requires reviewing and interpreting multiple legal sources. For this reason, it can be very valuable to get legal guidance answering this question.

⁷ Child Welfare Information Gateway. (2013). *What is child abuse and neglect?* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, at 2.

State Law Examples — Is reportable abuse only acts at the hands of caregivers?

In Ohio and Nevada, mandated reporters are required to make child abuse reports about abuse at the hands of anyone, including strangers and acquaintances. *See* Ohio Rev. Code §§ 2151.421(A)(1), 2919.22(B)(2013); Nev. Rev. Stat. §§ 432B.020, 432B.070, 432B.090, 432B.100, 432B.140, 432B.220 (2013).

In Maine, a mandated reporter must report abuse perpetrated by “persons responsible for the child.” The term “persons responsible for the child” is specifically defined in Maine state law. *See* 22 M.R.S. § 4002(1)&(9)(2013).

In New Mexico, a mandated reporter must report abuse or neglect perpetrated by the child’s parent, guardian or custodian. They must report abuse by others only when the “child’s parent, guardian or custodian knew or should have known of the abuse and failed to take reasonable steps to protect the child from further harm.” “Custodian” is specifically defined in New Mexico state law. *See* N.M.S.A. §§ 32A-4-2, 32A-1-4 (2013).

3. When is the reporting duty triggered?

All state laws define when a mandated reporter’s duty to report is triggered. In most states, the trigger is *knowledge or reasonable belief* that a child is or has been the victim of abuse or neglect, as abuse or neglect are defined in state law.

Where state laws may vary:

Where to find the law:
[“Mandatory Reporters of Child Abuse and Neglect”](#)
See Appendix A(2)b

Some state laws qualify this trigger and limit the reporting mandate so that it only applies when the reporter receives information in the course of his or her employment. Others do not. You may find your state reporting laws in the publication above. Once in the document, see “Standards for Making a Report” heading under your state summary.

State Law Examples — When is the reporting duty triggered?

In Alaska, mandated reporters must report when, “in the performance of their occupational duties, or ... in the performance of their appointed duties, [they] have reasonable cause to suspect that a child has suffered harm...” Ak. Stat. § 47.17.020 (2014).

In Vermont, any mandated reporter “who has reasonable cause to believe that any child has been abused or neglected shall report or cause a report to be made...” 33 V.S.A. § 4913 (2013).

4. How to report?

All states laws describe a process for making reports when the mandatory reporting duty has been triggered. These laws will tell you **when to report, how to report, what to report, and to whom**. Often they will tell you what happens to reports. You may find your state statutes describing the reporting process in the last section of the publication at right.

Where state laws may vary:

Where to find the law:
[Making and Screening Reports of Child Abuse and Neglect](#)
See Appendix A(2)g

a) Acceptable method for reporting

In some states, reporters satisfy their reporting duty by making a report over the phone. In others, they are required to make a call and follow it up with a written report. Other states allow for online reporting. **It is important to know whether your state requires mandated reporters to submit written reports in order to satisfy the reporting duty.** Even if the law requires written reports from mandated reporters, additionally, according to DHHS, “most states have statewide, toll-free numbers for accepting reports of maltreatment.”⁸ For a list of state reporting hotline telephone numbers and web addresses collected by the Department of Health and Human Services, see Appendix B.

b) To whom reports are made

*All state laws allow reports to be made to a child protection agency as well as to law enforcement.*⁹ State law will clarify which law enforcement agencies are able to receive reports as well as whether certain types of reports must go to certain agencies. For example, in some states, criminally assaultive acts must be reported to law enforcement rather than child protection. Similarly, in some states, abuse by caregivers exclusively is reported to child protection, while in others, reports can go to either law enforcement or child protection, and the agencies will then cross-report.¹⁰

c) What must be included in reports

Most state laws outline the information that **must** be included in a report as well as the information that **may** be included.

⁸ Child Welfare Information Gateway. (2013). *Making and Screening Reports of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.

⁹ Child Welfare Information Gateway. (2013). *Making and Screening Reports of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

¹⁰ Child Welfare Information Gateway. (2012). *Cross-Reporting Among Responders to Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

II. Developing Clinic Reporting Policy and Training: Issues and Questions to Consider Addressing in Your Guidance

This part highlights some legal issues and frequently asked questions that you may want to consider including and exploring in your clinic policy and/or training to help clinicians better understand their reporting obligation.

A. Procedural Questions Regarding the Reporting Process

Some practical and procedural questions frequently arise when trying to interpret and apply reporting rules. You may want to consider addressing some or all of the following in your policy and/or training, as appropriate.

1. Which staff are mandated reporters in your agency?

In some states, all employees of a health care provider are mandated reporters. In other states, mandated reporters are defined by profession and only certain licensed health professionals are mandated reporters; others, such as interns, administrative staff and volunteers, may not be required by law to make child abuse reports. *If some staff in your clinic are not mandated reporters, you may want to consider addressing in policy or training how these staff should handle a situation in which abuse is disclosed to them.*

2. Is a centralized reporting system appropriate for your clinic?

State law in some states explicitly authorizes clinics to establish an internal procedure that allows staff to share child abuse suspicions with a centralized person who then makes mandated reports on behalf of the agency. On the other hand, in many states, child abuse reporting is an individual duty and reporting to other staff through an internal agency process may not be considered sufficient to meet the reporting duty. If you believe a centralized system would be helpful, it is critical to develop and review such a system with legal counsel to ensure it complies with state law.

3. How to document reports?

You may wish to discuss developing policy or guidance regarding where, what and how much should be documented when a staff person makes an abuse report. If state law allows mandated reporters to satisfy their reporting obligation with a non-written

report, your agency also may wish to discuss developing policy or guidance regarding how to record when reports have been made by clinic staff. It can be helpful to seek legal guidance when developing documentation practice.

B. What Is — And Is Not — Reportable

There are always questions about what, in fact, constitutes reportable abuse. The following are some common questions and sources of confusion that you may want to consider addressing with specificity in your policy or training, as appropriate. Depending on your state, some of these issues and questions may not be relevant. The following also includes guidance on how to find answers to these questions in your state law.

1. The difference between criminal and abusive behavior for reporting purposes

Child abuse reporting laws mandate reporting of “child abuse” and “neglect;” they do not mandate reporting of all criminal or illegal acts by or against a minor. There will be situations in which criminal or illegal acts by or against a minor will also meet the definition of child abuse or neglect under your state law and be reportable. For example, incest is both a crime and defined as child abuse in all states.¹¹ These acts are reportable because they meet the state’s definition of reportable child abuse, not simply because they are illegal.

There also will be situations in which acts by or against a minor are illegal but do not meet the definition of abuse under your state law. For example, it is illegal for adolescents under age 18 to use tobacco products; however, illegal use of tobacco in and of itself is not included in any state’s definition of child abuse for reporting purposes. Criminal or illegal acts by or against a minor may become part of a neglect report, but whether or not a neglect report is appropriate would depend primarily on the case history and specifically the acts or omissions of a parent or caregiver. If criminal acts do not meet the definition of abuse or neglect, they are not reportable under mandated child abuse reporting law.

This can be a source of confusion. It can be helpful to be sure reporters understand that not all criminal behavior perpetrated by or against their patients is reportable. It also can be helpful to remind clinicians that they can provide clinical intervention and support

¹¹ See Child Welfare Information Gateway. (2011). *Definitions of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau at 7-92.

to a patient even if a child abuse report is not appropriate. You may wish to consider addressing this in clinic policy and/or in training.

2. The difference between abuse at the hands of caregivers and abuse at the hands of others

It is important to clearly explain in your policies whether your state requires reports of abuse and neglect at the hands of caregivers or caregivers and other perpetrators as well.

If your state only requires reports of abuse and neglect perpetrated by caregivers, it is important to provide information about who is included in the definition of caregiver for this purpose.

If your state requires reports of abuse perpetrated by anyone, it is important to know whether your state law prescribes a different reporting process depending on the type of perpetrator and explain that in policy. For example, in some states, abuse by caregivers is exclusively reported to child protection while abuse by others is reported to law enforcement. In other states, the law prescribes the same reporting process irrespective of perpetrator.

3. Specific scenarios regarding sexual activity and relationships

Some examples of scenarios that frequently lead to questions about what is and is not reportable — and how to formulate state specific guidance in response:

- **Is intimate partner/domestic violence between teen partners reportable as child abuse or neglect in my state?**

If you choose to address and provide an answer to this question in your policy or training, you must consider the legal definitions of both child abuse and neglect in your state in formulating your response.

In some states, violence between two dating partners, even two teen partners, may be reportable as child abuse. If your state law defines reportable abuse as acts at the hands of any perpetrator, then you should consider carefully your state's definition of child abuse to determine whether it incorporates intimate partner violence perpetrated by or against a teen partner. Normally, if your state law limits reporting to abuse at the hands of parents or other caregivers, intimate partner violence will not be reportable under your state's child abuse reporting laws, but you should review your state definitions carefully with legal counsel.

Even if not reportable as abuse, neglect is also a possibility when a minor patient reports intimate partner violence. Depending on your state’s definition of neglect and on the case history, — including the parent or caregiver’s knowledge, actions or failures to act to protect the minor, — *it may be appropriate in some cases to file a neglect report against a parent or caregiver when a minor reports intimate partner violence.*

To formulate guidance in response to this question, it is critical to be very familiar with your state’s legal definitions of abuse and neglect and advisable to consult legal counsel. You may find a summary of your state statutes defining reportable abuse and neglect in the last section of the publication above.

Where to find the law:
[“Definitions of Child Abuse and Neglect”](#)
See Appendix A(2)a

- **Is prostitution, commercial sexual exploitation, or sexual trafficking reportable as child abuse or neglect in my state?**

If you choose to address and provide an answer to this question in your policy or training, you must consider the legal definitions of both child abuse and neglect in your state in formulating your response.

In some states, prostitution, commercial sexual exploitation and/or sexual trafficking may be reportable as child abuse. If your state law defines reportable abuse as acts at the hands of any perpetrator, then you should consider carefully your state’s definition of child abuse and exploitation to determine whether they incorporate aspects of prostitution, commercial exploitation or trafficking. Normally, if state law limits reporting to abuse at the hands of parents or other caregivers, prostitution, trafficking and commercial sexual exploitation will not be reportable under child abuse reporting laws — unless of course a parent or caregiver was involved in prostituting or trafficking the minor, — but you should review your state definitions carefully.

Even if not reportable as abuse, neglect is also a possibility when a minor patient is a victim of trafficking or commercial exploitation. Depending on your state’s definition of neglect and the case history, — including the parent or caregiver’s involvement, knowledge, actions and failures to act, — *it may be appropriate in some cases to file a neglect report against a parent or caregiver.*

To formulate guidance in response to this question, it is critical to be very familiar with your state’s legal definitions of abuse and neglect and advisable

Where to find the law:
[“Definitions of Child Abuse and Neglect”](#)
See Appendix A(2)a

to consult legal counsel. You may find a summary of your state statutes defining reportable abuse and neglect in the last section of the publication above.

State law examples — Sexual trafficking reportable as abuse?

California law requires a report when “any person” knowingly promotes, aids, employs, uses, assists, persuades or coerces a minor to engage in prostitution. *See* Cal. Penal Code §§ 11166, 11165.6, 11165.1 (2014).

Illinois law requires mandated reporters to report, among other things, when “a child whose parent or immediate family member, or any person responsible for the child’s welfare, or any individual residing in the same home as the child, or a paramour of the child’s parent” commits or allows to be committed prostitution with a child or “commits or allows to be committed the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons as defined [in criminal code]...” *See* 325 I.L.C.S. §§ 5/3, 5/4 (2014).

- **Is “statutory rape” reportable as child abuse in my state?**

In every state, there are state statutes that criminalize certain sexual acts with minors. These laws criminalize the sexual activity based on (1) the age of the minor(s) involved, (2) the sexual activity involved, and sometimes (3) the difference in age or relationship between the minor and his or her partner. These laws are often referred to as “statutory rape” laws. There are often questions about whether “statutory rape” is ever reportable as child abuse. The fact that a sexual act is criminalized under state law does not in and of itself make it reportable as child abuse; however, if you choose to provide an answer to this question in your policy or training, you must consider your state’s definitions of child abuse and neglect in formulating your response.

In some states, some, and sometimes all, instances of statutory rape are reportable as sexual abuse. If your state law defines abuse as acts at the hands of any perpetrator, then you should consider carefully your state’s definition of child abuse to determine whether it incorporates aspects of statutory rape. For example, in some states, sexual activity with a minor is criminalized and is defined as reportable child abuse in a subset of cases — such as when there is an extreme age difference between the two partners.¹² In other states, statutory rape is only considered child abuse for reporting purposes when the statutory rape was “perpetrated or allowed by a person responsible for the care of the child.”¹³

¹² *See e.g.* National Center for Youth Law, “When sexual intercourse with a minor must be reported as child abuse: California law,” available in Appendix C.

¹³ *See* U.S. Dept of Health and Human Services, “Statutory Rape A Guide to State Laws and Reporting Requirements- Executive Summary” at 3 for a discussion of reporting and statutory rape. Available online at <http://aspe.hhs.gov/hsp/08/sr/state;aws/execsum.shtml>

Even if not reportable as abuse, neglect is also a possibility when working with a minor who is engaging in coercive, dangerous or illegal sexual activity. Depending on the state's definition of neglect and the case history, — including the danger to the minor, the parent or caregiver's knowledge of the activity, and the parents' actions and failures to act, — it *may be appropriate in some cases to file a neglect report* against a parent or caregiver when a minor is involved in dangerous behavior.

To formulate guidance in response to this question, it is critical to be very familiar with your state's legal definitions of abuse and neglect and advisable to consult legal counsel. You may find a summary of your state statutes defining reportable abuse and neglect in the last section of the publication at right. You also may find information on statutory rape in the publication below.

Where to find the law:
[“Definitions of Child Abuse and Neglect”](#)
See Appendix A(2)a

State law examples — Are violations of statutory rape law reportable as abuse?

In some states, sexual activity with a minor is criminalized and is defined as reportable child abuse in a subset of cases — such as when there is an extreme age difference between the two partners or the activity was coerced. In other states, statutory rape is only considered child abuse for reporting purposes when the statutory rape was “perpetrated or allowed by a person responsible for the care of the child.” U.S. Dept. of Health and Human Services, “[Statutory Rape: A Guide to State Laws and Reporting Requirements- Executive Summary](#)”

See “[Statutory Rape: A Guide to State Laws and Reporting Requirements](#)” for more information on reporting obligations and statutory rape.

Note: This resource was created in 2003 and laws may have since changed. However, it is still the best resource available.

4. Common questions regarding whether the reporting duty has been triggered

Some examples of common questions regarding reporting that you may wish to consider addressing in your clinic policy or training and how to formulate guidance in response:

- **Do I have to report abuse that occurred a long time ago?**

In some states, the reporting duty is triggered when an individual reports past abuse to a mandated reporter, no matter how long ago the abuse occurred. In other states, there are time limitations placed on the reporting obligation. Sometimes this is

explicit in the statutes. An example is provided below. In many cases, however, the answer to this question is not found directly in the statutes.

If your state does not have clear language regarding time limitations in its statutes, it can be very valuable to get legal guidance answering this question.

Where to find the law:
[Making and Screening Reports of Child Abuse and Neglect](#)
See Appendix A(2)g

State law example — Required to report abuse that occurred long ago?

In Minnesota, a mandated reporter shall immediately report when the reporter “knows or has reason to believe a child is being neglected or physically or sexually abused, [as those terms are defined in state law], or has been neglected or physically or sexually abused **within the preceding three years**” (*emphasis added*) Mn. Stat. § 626.556 Subd. 3(a)(2013).

- **Is a report still required if the reporter does not have all the information typically requested to complete a report?**

A common question is whether a report is required when the mandated reporter does not have all required information. For example, some wonder whether a report should be made if the reporter does not know the name of the perpetrator or the perpetrator’s address. Your state law may provide guidance, but it can be valuable to get legal advice if you choose to address this question, particularly as in many states there can be penalties for failing to report.

- **Is a report still required if the minor says he or she has been reported already?**

A common question is whether a report is required when the mandated reporter believes a report already was submitted on the minor. Your state law may provide guidance, but it can be valuable to get legal guidance if you choose to address this question, particularly as in many states there can be penalties for failing to report.

5. Tools to help clinicians understand their reporting obligations

Sometimes you can develop algorithms, grids, charts or other means to graphically represent your state's reporting laws. Such charts and tools should be created in consultation with legal counsel as they often require analysis of multiple sources of law. As an example, a legal organization had to analyze and synthesize both state statutes and case law to develop the chart in Appendix C.

State example — One state's disparate age reporting grid:
“When Sexual Intercourse with a Minor Must be Reported as Child Abuse: California Law”
Available in Appendix C

C. The Intersection of Confidentiality and Child Abuse Reporting

Sometimes mandated reporters wonder how their child abuse reporting duties fit within the context of confidentiality laws that limit disclosure of personal health information. You may wish to consider addressing this and related questions in your clinic policy and/or training.

- **How do mandated reporting rules fit within confidentiality laws?**

Most individually identifiable information collected and exchanged during the provision of health care is protected by federal and state confidentiality laws. For example, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996, or HIPAA, protects patients' health information held by covered entities.¹⁴ Title X regulations require that patient information about individuals receiving Title X funded care be kept confidential. They prohibit providers from releasing this personal information unless the clinic has written authorization from the client for the release, the release is necessary to provide services to the patient, or state or federal law requires the release.¹⁵ State laws in your state also may protect health information in your clinic.

Mandated child abuse reporting laws are examples of laws that “require” the release of information when reporting is triggered. Because there is an exception in both HIPAA and Title X for disclosures required by state law, clinicians do not violate

¹⁴ U.S. Department of Health & Human Services. (2003). Summary of the HIPAA Privacy Rule. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf>

¹⁵ See 42 C.F.R. § 59.11 (2013) (“All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.”).

Title X or HIPAA confidentiality provisions when they disclose otherwise protected health information as part of a child abuse report they are mandated to submit. If you choose to address this question in your policy or training, it can be helpful to seek legal counsel in formulating your response.

- **How much protected health information should a reporter include in a report?**

The Title X regulations prohibit a clinic from releasing personal information obtained from an individual receiving Title X funded services unless the clinic has written authorization for the release, the release is necessary to provide services to the patient, or state or federal law **requires** the release.¹⁶ Mandated reporters should include, as part of a report, information they are required to submit, including any health information they are required to submit; however, if a state law **allows but does not require** release of information, then the clinic cannot release the information without authorization from the client. You may wish to address this in clinic policy or training. State reporting laws often provide some guidance about the type of information that may and must be included in a mandatory report, but it can be very valuable to seek legal counsel when answering this question and developing clinic policy or training.

¹⁶ See 42 C.F.R. § 59.11(2013).

D. The Intersection of Child Abuse and Other Mandated Reporting Laws in Your State

In addition to child abuse reporting, your state may have laws that mandate reporting of other acts. For example, many states require health care providers to report **elder abuse**, and many states require providers to report to law enforcement when they are asked to treat injuries that result from **certain kinds of assaultive conduct**, such as gunshots and certain domestic violence. If a health care provider reasonably suspects that his or her reporting duty has been triggered under any mandated reporting law, the reporter must disclose relevant information to the appropriate authorities as mandated. For this reason, it is important to be familiar with all mandatory reporting laws in your state, not just child abuse reporting. You may wish to consider addressing in clinic policy or training other reporting laws and whether and how your state's child abuse reporting law intersects with them. If you choose to address this question in your policy or training, it can be helpful to seek legal counsel in formulating your response.

Examples of other types of mandated reporting laws:

[Mandatory Reporting of Domestic Violence by Health Care Providers](#)

See Appendix A(4)

Note: This resource was created in 2004 and laws may have since changed. However, it is still the best resource available.

E. When Reporting Rules Do Not Feel Right to an Individual Clinician

In looking at your state law definitions of what is reportable child abuse, clinicians may realize that there are behaviors or situations that they consider “abusive” but that your state law does not include in its legal definition of abuse and does not require mandated reporters to report. They also may realize that there are behaviors that state law defines as “abuse” and requires mandated reporters to report but that they do not consider “abusive.”

It can help to acknowledge to health care providers that their personal understanding of abuse may not always align with state law definitions used for mandated child abuse reporting purposes. You may wish to consider addressing this in clinic reporting policy and/or training and providing guidance. Part III of this document may be helpful in formulating appropriate guidance for clinicians in either scenario.

III. Implementing Child Abuse Reporting: Practical Suggestions for Developing Clinical Practice Guidelines

A. Preparing Yourself and Your Practice

The first step to developing child abuse reporting practice guidelines in Title X service sites is to have a clear grasp of state law as well as the Title X regulations for minors and others seeking services. The second step is to build an infrastructure of tools, resources and training around reporting to ensure a smooth reporting process and support a clinically competent approach to disclosures and reporting.

Guidelines for Practice:

Some suggestions for this infrastructure include:

1. Develop policies which address roles and responsibilities of all staff.
2. Make sure everyone knows procedures and required timeframes for reporting.
3. Have forms and phone numbers easily accessible.
4. Know how your local county responds to each kind of report.
5. Identify adolescent health champions in local CPS and law enforcement. Who are your resources for advice on tough questions?
6. Develop guidance for clinical staff on documentation. This should be discussed with legal counsel. There may be state specific guidance on where documentation should be kept. At a minimum, the following information should be documented:
 - a. A report has been completed and filed
 - b. Date of visit and name of the informant (this will usually be the youth, but could also be a parent, caregiver or other adult)
 - c. Date of alleged abuse (or date range for ongoing abuse)
 - d. Documentation of any injuries (this can be done on a body map)
 - e. Date and time the report was submitted
 - f. Name of the individual who took the report (if applicable)
7. Train staff on what's reportable and what is not reportable. (See Part I and II of this guide)

8. Train all staff on minor consent, confidentiality and abuse reporting.
 - a. Include approaches to communicating with patients about their confidentiality rights, the LIMITS of confidentiality, and situations that could require a breach in confidentiality in the training (See “B. Starting All Adolescent Visits with an Explanation of Confidentiality”)
9. Train staff about red flags in a family planning setting.(See “D. Red Flags in Family Planning Clinic Settings” below)
10. Develop protocols and train around trauma-informed reporting. (See “C. Trauma-Informed Reporting” below)
11. Train all staff on appropriate clinical intervention even if a report is not required. (See “E. Report when Required, but Focus on Intervention” below)
12. Review and update policies and training on an annual basis.

B. Starting All Adolescent Visits with an Explanation of Confidentiality

Since any clinical interaction with an adolescent could potentially result in a disclosure of information that triggers child abuse reporting, ALL adolescent visits should begin with a clear, developmentally appropriate explanation of minor consent, confidentiality, and situations (such as child abuse reporting) that could lead to a breach in confidentiality. Concepts related to confidentiality and child abuse reporting can be confusing for young people, and addressing these issues before beginning any assessment can help to build the trust and rapport needed to provide good care and facilitate the reporting process.

C. Trauma-Informed Reporting¹⁷

Being victimized is a frightening and disempowering experience, and disclosure of that victimization takes great strength and resolve. It is important that the mandated reporters do everything they can to assure that the process of reporting does not add to the trauma and disempowerment the youth has experienced. There are concrete steps that a mandated reporter can take to make the process less traumatic.

¹⁷ <http://www.nasmhpd.org/TA/nctic.aspx>

Guidelines for Practice:

Including the youth as much as possible in the reporting process reduces fear, anger, and the perceived lack of control that can accompany mandated abuse reporting. Consider the following when abuse reporting is triggered:

1. Always address the reason the youth was seeking care FIRST.
 - a. Example: *“It sounds like there are a whole lot of things going on for you, and I am worried about your health and your safety. Let’s start with why you came in today...”*
2. Inform the youth of the need to report, framing it in the context of assuring that they get the help they may need, rather than “I have to report this because it is the law.”
 - a. Example: *“Remember at the beginning of your visit, when we talked about situations that I might have to share information with other people in order to make sure that you get the help you may need? Well, this is one of those situations... what has happened/is happening to you is dangerous, I am very worried about your safety, and I need to share what you have told me with a social worker/police.” (Use your state/county-specific practice to identify who will be informed.)*
3. Acknowledge that this may be a frightening process and provide messages of support.
 - a. Example: *“I understand that this may be scary and that you are worried about what might happen. You may even feel really angry with me about this, but we still need to do it. You can be part of each step in the process, and I will show you what I write down in the report. I’ll let you know what usually happens with these reports, but remember, every situation is special and different.”*
4. Empower¹⁸ the youth, point out their strengths and recognize the courage it takes to disclose information about abuse.
 - a. Example: *“It took guts to talk with me today about what has been happening. Sharing this, and getting help shows what a very brave, strong young person you are. Even though things may feel frightening and out of control right now, you have taken the first step to getting things in control by sharing your story.”*

¹⁸ Although there is no research data that confirms the therapeutic value of disclosure, child maltreatment is associated with a broad range of adverse outcomes such as mental health problems, suicide attempts, substance abuse, STIs and risky sexual behaviors [Norman, R E, Byambaa, M, De, R, et al. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. *PLoS Medicine*, 9(11), e1001349-e1001349.]. If disclosure is linked to appropriate support services and counseling, ongoing abuse patterns can be interrupted and the youth can begin to process their experience, build their coping mechanisms and begin to heal from this adverse life experience.

5. Respect what they want to disclose and how (while considering legal issues re: reporting).
 - a. Provide options for follow-up, such as requesting that CPS or law enforcement initially interview them at the clinic, at school, or in *another* location of the youth's choice (See #6a for an example)
6. Invite the youth to participate in the reporting process, showing them the paperwork that you are filling out and allowing them to be present when you call the report in, if this is feasible.
 - a. Example (for #5 and #6): *“Even though you don’t have a choice about whether or not I fill out this report, you do have some choices. You can decide how much information you want to share with me, we can complete the paperwork together, and you can see everything I write down and hear the phone conversation when I call the report in. We can ask the social worker/police officer to meet with you in a place that you feel safe at a time that works for you.”*
7. Educate your client about his/her rights, safety, and problematic relationship patterns. The following resource may be useful:
 - a. “Hanging Out or Hooking Up” safety card from Futures Without Violence that providers can give clients
http://www.futureswithoutviolence.org/userfiles/file/HealthCare/5026_Teen_English_PSC_cropped.pdf
 - b. See “Appendix D. Additional Useful Resources”
8. Assess for safety first! If the youth is afraid of his/her partner or parent, get assistance with safety planning from CPS or a domestic violence or sexual assault advocacy program.

Safety Assessment:

- a. “Are you currently safe where you are now?”
- b. “What has been the worst fight? Were weapons used?”
- c. “Do you ever feel so sad or hopeless that you think about hurting or killing yourself?”
- d. “Are you afraid that you could be hurt or killed?”
- e. “Do you have an adult you can confide in?”
- f. “Have you tried to leave your relationship before? If so, what happened?”
- g. “If a crisis/unsafe situation, where would you go/who could you turn to for help?”

D. Red Flags in Family Planning Settings

Although *any* patient presenting for family planning services may have experienced/ be experiencing coercion or abuse, there are some consistent historical and behavioral indicators that should alert the clinician to carefully explore these issues.

Risk factors found in the literature associated with sexual abuse and coercion:^{19,20}

- Early pubertal development in girls
- History of childhood physical or sexual abuse
- Living with a non-related adult male in the household
- Early (≤ 14) dating or dating older partners
- Youth with disabilities
- Youth who are runaways or homeless

Risk factors found in the literature associated with relationship abuse/dating violence^{21,22}

- Being young: 16-24 years old
- Substance involvement
- Growing up in a household where there was domestic violence or abuse (as a victim or a witness)

Family planning-specific indicators for relationship abuse/dating violence²³

- Contraceptive nonuse
- Frequent STD testing
- Repeated pregnancy testing
- Multiple emergency contraception use
- Multiple repeat pregnancies

¹⁹ Raj A, Silverman JG, Amaro H. *The Relationship between Sexual Abuse and Sexual Risk among High School Students: Findings from the 1997 Massachusetts Youth Risk Behavior Survey*. *Matern. Child Health J.* 2000;4(2):125-134

²⁰ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

²¹ Silverman JG, Raj A, Clements K. *Dating Violence and Associated Sexual Risk and Pregnancy among Adolescent Girls in the United States*. *Pediatrics* 2004;114:e220-5

²² Kantor GK, Jasinski JL. *Dynamics and Risk Factors in Partner Violence*. In: Jasinski JL, Williams LM, editors. *Partner Violence: A Comprehensive Review of 20 Years of Research*. Thousand Oaks (CA):Sage; 1998. p.1-43.

²³ Miller E, Decker MR, McCauley H, Tancredi DJ, Levenson R, Waldman J, Schoenwald P, Silverman JG. *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*. *Contraception* 2010;81(4):316-22.

Service sites where a higher percentage of youth report having experienced relationship abuse^{24,25,26,27}

- Family planning clinics
- School-based health centers
- Pre-natal care clinics

Remember: None of these risk factors, behaviors or care seeking patterns automatically indicate abuse, but they should heighten the provider’s concern and lead to careful exploration of the issue.

E. Report when Required, but Focus on Intervention

Mandated reporters will encounter many situations in which they are concerned about coercion or abuse, but state law does not require abuse reporting. There will also be situations where the mandated reporter suspects abuse but the youth does not disclose key information necessary for abuse reporting. In some jurisdictions, follow-up of adolescent cases may not be prioritized due to an overburdened system or the assumption that an abused adolescent has the option to leave the abusive situation. Although reporting when indicated is essential, it is not an intervention. Exploring concerns, listening non-judgmentally and providing access to support, counseling, safety planning, alternative housing and advocacy are interventions that will increase safety and decrease isolation and fear.

Key messages that convey support:

- “I’m so sorry this is happening, you don’t deserve it, no one deserves this.”
- “It’s not your fault.”
- “I’m worried about your safety.”
- “You’re not alone, there is help available.”

²⁴ Miller E, Decker MR, McCauley H, Tancredi DJ, Levenson R, Waldman J, Schoenwald P, Silverman JG. *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*. *Contraception* 2010;81(4):316-22.

²⁵ Silverman J, Miller E, Decker MR, Reed E, Raj A. *Partner Violence and Coercive and Deceptive Forms of Sexual Risk Among Female Adolescent Clinic Attendees*. *Perspect. Sex. Reprod. Health*. 2010;100(8):1417-1419.

²⁶ Sarkar NN. *The Impact of Intimate Partner Violence on Women’s Reproductive Health and Pregnancy Outcome*. *Journal of Obstetrics and Gynaecology*. 2008;28(3):266-271.

²⁷ Intimate Partner Violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:412-7.

Remember, you do not have to be a child abuse expert to recognize and help youth experiencing coercion and abuse. Contact with adolescents during family planning visits provides a unique opportunity for education, early identification, and intervention, but you cannot do it alone! Partner with your local experts: find resources/youth advocates in your local law enforcement, child protection services, domestic violence and sexual assault advocacy programs and build relationships before you need them. By preparing yourself and your practice you can assure that youth experiencing abuse will receive appropriate and supportive care.

IV. Appendices

Appendix A – Bibliography

(1) DHHS State Guides Database. For state guides and manuals on child abuse reporting, search the U.S. Department of Health and Human Services (DHHS) database, available at: <https://www.childwelfare.gov/systemwide/sgm/index.cfm>

(2) DHHS State Statutes Database. “State Statute Series” prepared by Child Welfare Information Gateway of the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. The database includes indices of state statutes but does not include summaries of other legal sources such as state regulation, available at: https://www.childwelfare.gov/systemwide/laws_policies/state/

The database include the following titles, among others:

- a. Child Welfare Information Gateway. (2011). *Definitions of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm
- b. Child Welfare Information Gateway. (2012). *Mandatory reporters of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm
- c. Child Welfare Information Gateway. (2012). *Penalties for failure to report and false reporting of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/report.cfm
- d. Child Welfare Information Gateway. (2013). *How the child welfare system works*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Available online at: <https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>

- e. Child Welfare Information Gateway. (2011). *Immunity for Reporters for Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/immunity.cfm
- f. Child Welfare Information Gateway. (2012). *Cross-Reporting Among Responders to Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/xreporting.cfm
- g. Child Welfare Information Gateway. (2013). *Making and Screening Reports of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/repproc.cfm
- h. Child Welfare Information Gateway. (2014) State Child Abuse Reporting Numbers. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Available online at: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082

(3) Lewin Group, "Statutory Rape A Guide to State Laws and Reporting Requirements" U.S. Department of Health and Human Services. Available online at <http://aspe.hhs.gov/hsp/08/sr/state;aws/execsum.shtml>

(4) *Mandatory Reporting of Domestic Violence by Health Care Providers* Revised: September 2004. The National Health Resource Center on Domestic Violence, a project of Futures Without Violence, formerly Family Violence Prevention Fund. Available online at: http://www.futureswithoutviolence.org/section/our_work/health/health_material/mandatory_reporting

Appendix B — State Child Abuse Reporting Numbers

The reporting numbers and information below is from the Child Welfare Information Gateway and is current as of June 9, 2014. To check on the most current information, you may go to: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082

State toll-free numbers for specific agencies designated to receive and investigate reports of suspected child abuse and neglect:

Alabama

http://dhr.alabama.gov/services/Child_Protective_Services/Abuse_Neglect_Reporting.aspx

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Alaska

Toll-Free: (800) 478-4444

<http://www.hss.state.ak.us/ocs/default.htm>

Arizona

Toll-Free: (888) SOS-CHILD (888-767-2445)

<https://www.azdes.gov/dcyf/cps/reporting.asp>

Arkansas

Toll-Free: (800) 482-5964

<http://humanservices.arkansas.gov/dcfs/Pages/ChildProtectiveServices.aspx#Child>

California

<http://www.dss.cahwnet.gov/cdssweb/PG20.htm>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Colorado

Local (toll): (303) 866-5932

<http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251590165629>

Click on the website above for information on reporting or call (303) 866.5932

Connecticut

TDD: (800) 624-5518

Toll-Free: (800) 842-2288

<http://www.ct.gov/dcf/cwp/view.asp?a=2556&Q=314388>

Delaware

Toll-Free: (800) 292-9582

<http://kids.delaware.gov/services/crisis.shtml>

District of Columbia

Local (toll): (202) 671-SAFE (202-671-7233)

<http://cfsa.dc.gov/service/report-child-abuse-and-neglect>

Florida

Toll-Free: (800) 96-ABUSE (800-962-2873)

<http://www.dcf.state.fl.us/abuse/>

Georgia

<http://dfcs.dhs.georgia.gov/child-abuse-neglect>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Hawaii

Local (toll): (808) 832-5300

<http://humanservices.hawaii.gov/ssd/home/child-welfare-services/>

Idaho

TDD: (208) 332-7205

Toll-Free: (800) 926-2588

<http://healthandwelfare.idaho.gov/Children/AbuseNeglect/ChildProtectionContactPhoneNumbers/tabid/475/Default.aspx>

Illinois

Toll-Free: (800) 252-2873

Local (toll): (217) 524-2606

<http://www.state.il.us/dcfs/child/index.shtml>

Indiana

Toll-Free: (800) 800-5556

<http://www.in.gov/dcs/2398.htm>

Iowa

Toll-Free: (800) 362-2178

<http://www.dhs.state.ia.us/Consumers/Test/ProtectiveServices.html>

Kansas

Toll-Free: (800) 922-5330

<http://www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx>

Kentucky

Toll-Free: (877) 597-2331

<http://chfs.ky.gov/dcbs/dpp/childsafety.htm>

Louisiana

Toll-Free: (855) 452-5437

<http://dss.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=109>

Maine

TTY: (800) 963-9490

Toll-Free: (800) 452-1999

<http://www.maine.gov/dhhs/ocfs/hotlines.htm>

Maryland

http://www.dhr.state.md.us/blog/?page_id=3973

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Massachusetts

Toll-Free: (800) 792-5200

<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/>

Michigan

Fax: (616) 977-1154, (616) 977-1158

Toll-Free: (855) 444-3911

http://www.michigan.gov/dhs/0,1607,7-124-5452_7119---,00.html

Minnesota

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000152

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Mississippi

Toll-Free: (800) 222-8000

Local (toll): (601) 359-4991

http://www.mdhs.state.ms.us/fcs_prot.html

Missouri

Toll-Free: (800) 392-3738

<http://www.dss.mo.gov/cd/rptcan.htm>

Montana

Toll-Free: (866) 820-5437

<http://www.dphhs.mt.gov/cfsd/index.shtml>

Nebraska

Toll-Free: (800) 652-1999

http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx

Nevada

Toll-Free: (800) 992-5757

http://dcfs.state.nv.us/DCFS_ReportSuspectedChildAbuse.htm

New Hampshire

Toll-Free: (800) 894-5533

Local (toll): (603) 271-6556

<http://www.dhhs.state.nh.us/dcyf/cps/contact.htm>

New Jersey

TDD: (800) 835-5510

TTY: (800) 835-5510

Toll-Free: (877) 652-2873

<http://www.nj.gov/dcf/reporting/how/index.html>

New Mexico

Toll-Free: (855) 333-7233

<http://cyfd.org/child-abuse-neglect>

New York

TDD: (800) 369-2437

Toll-Free: (800) 342-3720

Local (toll): (518) 474-8740

<http://www.ocfs.state.ny.us/main/cps/>

North Carolina

<http://www.dhhs.state.nc.us/dss/cps/index.htm>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

North Dakota

<http://www.nd.gov/dhs/services/childfamily/cps/#reporting>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Ohio

Toll-Free: (855) 642-4453

<http://jfs.ohio.gov/ocf/reportchildabuseandneglect.stm>

Oklahoma

Toll-Free: (800) 522-3511

<http://www.okdhs.org/programsandservices/cps/default.htm>

Oregon

<http://www.oregon.gov/DHS/children/abuse/cps/report.shtml>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Pennsylvania

TDD: (866) 872-1677

Toll-Free: (800) 932-0313

<http://www.dpw.state.pa.us/forchildren/childwelfareservices/calltoreportchildabuse!/index.htm>

Puerto Rico

Toll-Free: (800) 981-8333

Local (toll): (787) 749-1333

Spanish: <http://www2.pr.gov/agencias/adfan/Pages/AdministracionAuxiliardeProteccionSocial.aspx>

Rhode Island

Toll-Free: (800) RI-CHILD (800-742-4453)

http://www.dcyf.ri.gov/child_welfare/index.php

South Carolina

Local (toll): (803) 898-7318

<http://dss.sc.gov/content/customers/protection/cps/index.aspx>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

South Dakota

<http://dss.sd.gov/cps/protective/reporting.asp>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Tennessee

Toll-Free: (877) 237-0004

<https://reportabuse.state.tn.us/>

Texas

Toll-Free: (800) 252-5400

https://www.dfps.state.tx.us/Contact_Us/report_abuse.asp

Spanish: <http://www.dfps.state.tx.us/Espanol/default.asp>

Utah

Toll-Free: (855) 323-3237

<http://www.hsdcsf.utah.gov>

Vermont

After hours: (800) 649-5285

http://www.dcf.state.vt.us/fsd/reporting_child_abuse

Virginia

Toll-Free: (800) 552-7096

Local (toll): (804) 786-8536

<http://www.dss.virginia.gov/family/cps/index.html>

Washington

TTY: (800) 624-6186

Toll-Free: (800) 562-5624

(866) END-HARM (866-363-4276)

<http://www1.dshs.wa.gov/ca/safety/abuseReport.asp?2>

West Virginia

Toll-Free: (800) 352-6513

http://www.wvdhhr.org/bcf/children_adult/cps/report.asp

Wisconsin

<http://dcf.wisconsin.gov/children/CPS/cpswimap.HTM>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Wyoming

<https://sites.google.com/a/wyo.gov/dfsweb/social-services/child-protective-services>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Appendix C — Sample Tool

The following page is an example of a tool created for the state of California to assist clinics in determining reporting obligations based on age differences between partners. These kinds of charts and tools should be created in consultation with legal counsel as they often require analysis of multiple sources of law. (See Part II.B.5, p. 16 for reference to this tool)

Reporting Grid for California – When Sexual Intercourse* with a Minor Must Be Reported as Child Abuse: California Law



In the State of California, health care practitioners are mandated to report any reasonable suspicion of child abuse. Sexual intercourse with a minor is reportable as child abuse *when*:

- 1. WHEN COERCED OR IN ANY OTHER WAY NOT VOLUNTARY**

Mandated reporters must report any intercourse that was coerced or in any other way not voluntary, irrespective of the ages of the partners and even if both partners are the same age. Sexual activity is not voluntary, for example, when performed against the victim's will by means of force or duress, or when the victim is unconscious or so intoxicated that he or she cannot resist. See Penal Code § (insert legal source here) for more examples. Irrespective of what your patient tells you, treating professionals should use clinical judgment and "evaluate facts known to them in light of their training and experience to determine whether they have an objectively reasonable suspicion of child abuse." 249 Cal. Rptr. 762.
- 2. BASED ON AGE DIFFERENCE BETWEEN PARTNER AND PATIENT IN A FEW SITUATIONS**

Mandated reporters also must report based on the age difference between the patient and his or her partner in a few circumstances, according to the following chart:

KEY: M = Mandated. A report is mandated based solely on age difference between partner and patient.
 CJ = Clinical Judgment. A report is not mandated based solely on age; however, a reporter must use clinical judgment and must report if he or she has a reasonable suspicion that act was coerced, as described above.

Age of Partner ⇒	12	13	14	15	16	17	18	19	20	21	22 and older
Age of Patient ↓											
11	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
12	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
13	CJ	CJ	M	M	M	M	M	M	M	M	M ⇒
14	M	M	CJ	M	M ⇒						
15	M	M	CJ	M	M ⇒						
16	M	M	CJ								
17	M	M	CJ								
18	M	M	CJ	CJ	CJ	CJ					
19	M	M	CJ	CJ	CJ	CJ					
20	M	M	CJ	CJ	CJ	CJ					
21 and older	M	M	M	M	CJ	CJ					

Chart design by David Knopf, LCSW, UCSF.
 (The legal sources for this chart are as follows: Penal Code §§ 11165.1; 261.5; 261; 249 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1989); 226 Cal. Rptr. 361, 381 (1st Dist. Ct. App. 1986); 73 Cal. Rptr. 2d 331, 333 (1st Dist. Ct. App. 1998).)

Do I have a duty to ascertain the age of a minor's sexual partner for the purpose of child abuse reporting?

No statute or case obligates health care practitioners to ask their minor patients about the age of the minors' sexual partners for the purpose of reporting abuse. Rather, case law states that providers should ask questions as in the ordinary course of providing care according to standards prevailing in the medical profession. Thus, a provider's professional judgment determines his practice. 249 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1988).

What do I do if I am not sure whether I should report something?

When you aren't sure whether a report is required or warranted, you may consult with Child Protective Services and ask about the appropriateness of a referral.

*This chart addresses reporting about vaginal intercourse between non-family members. It is not a complete review of all California sexual abuse reporting requirements and should not be relied upon as such. It is intended for use only by health care providers. For more information on other reporting rules and how to report in California and other states, check www.teenhealthlaw.org

© National Center for Youth Law. Dec. 2011. For questions about this chart, contact us at www.teenhealthlaw.org.

Appendix D – Additional Useful Resources

Adolescent Health Working Group (AHWG), <http://www.ahwg.net/index.html>

National Network to End Domestic Violence, <http://nnev.org/>

Rape, Abuse and Incest National Network, <http://www.rainn.org/>

Love is Respect, <http://www.loveisrespect.org/>

Futures without Violence, <http://www.futureswithoutviolence.org/>

Note: This is not a complete list of recommended resources.

