# California Patient Abuse and Neglect Reporting Requirements Summary

For quick summary of reporting, all phone numbers and forms, and patient materials: [http://domesticabuse.stanford.edu/quick.html](http://domesticabuse.stanford.edu/quick.html)

These websites also contain important information and resources:
- [http://domesticabuse.stanford.edu](http://domesticabuse.stanford.edu)
- [http://elderabuse.stanford.edu](http://elderabuse.stanford.edu)
- [http://childabuse.stanford.edu](http://childabuse.stanford.edu)
- [http://humantraffickingmed.stanford.edu](http://humantraffickingmed.stanford.edu)

For general questions or to schedule free individual or group training/education:
- [domesticabuse@med.stanford.edu](mailto:domesticabuse@med.stanford.edu)
- [elderabuse@med.stanford.edu](mailto:elderabuse@med.stanford.edu)
- [childabuse@med.stanford.edu](mailto:childabuse@med.stanford.edu)

<table>
<thead>
<tr>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
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<tbody>
<tr>
<td><strong>Mandated Reporters</strong></td>
<td>Any health practitioner providing medical services for a physical condition</td>
<td>Anyone who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults; also financial institutions</td>
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<tr>
<td><strong>What is reportable?</strong></td>
<td>- present wound or physical injury possibly caused by domestic violence or sexual assault</td>
<td>- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds</td>
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<td>- any injury from firearm or deadly weapon</td>
<td>- sexual abuse</td>
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<td>- neglect</td>
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<td>- neglect, including self neglect</td>
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<td>- abandonment, abduction, isolation</td>
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<td>- financial abuse</td>
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<td><strong>Where to report</strong></td>
<td>Police Dept. (PD) in city where incident occurred</td>
<td>Outside of a nursing home – PD or Adult Protective Services (APS) in county of residence</td>
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<td>- Inside nursing home care – PD or Ombudsman in county of nursing home</td>
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<tr>
<td><strong>How to report</strong></td>
<td>Call ASAP and send report within 2 working days</td>
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<tr>
<td><strong>State reporting form</strong></td>
<td>CalEMA 2-920 - optional forensic form CalEMA 2-502</td>
<td>SOC 341 - optional forensic form CalEMA 2-602</td>
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**Acute sexual assault**
- DO NOT TOUCH GENITAL AREA
- contact police who can authorize a forensic examination through the county SART (Sexual Assault Response Team) program at Valley Medical Center
- competent patients over the age of 12 can refuse this examination
**SUSPICIOUS HISTORY, BEHAVIORS, PHYSICAL FINDINGS**

**History**
- Delay in seeking care for an injury
- Injury inconsistent with history
- Injury inconsistent with patient developmental stage or physical abilities
- History vague or keeps changing
- A part-time caregiver was present at the time of the incident
- Patient has multiple visits for injuries, vague complaints, chronic pain syndromes, depression or anxiety symptoms
- Pregnancy – late or no prenatal care
- Sudden change in behavior
- Suicide attempt or gesture
- Patient or caregiver keeps changing physicians (to hide abuse)
- Patient reports items or money stolen, being made to sign documents
- Frequent cancelled appointments or no-shows

**Condition**
- Poor hygiene
- Clothing in disrepair or inappropriate for weather
- Torn, stained or bloody undergarments
- Patient appliances (glasses, hearing aid) broken or missing
- Poor growth parameters in children
- Dehydration or malnutrition
- Prior injury not properly cared for; lack of compliance with appointments, meds, or treatment regimens

**Patient behavior**
- Seems afraid to speak in front of partner/caregiver
- Embarrassed, evasive
- Highly anxious, inappropriate emotional responses
- Withdrawn, uncommunicative, staring, rocking, sucking, biting
- Listless, passive, flat or blunted affect, overly compliant
- Angry, disruptive, agitated
- Exaggerated startle response
- Withdraws quickly to physical contact
- Difficulty walking or sitting

**Partner/caregiver behavior**
- Overly attentive, doesn’t want to leave patient alone
- Speaks for patient
- Anger or indifference towards patient
- Intimidating to staff
- Refuses consent for reasonable further evaluation or treatment

**Soft tissue injuries (bruises, lacerations, burns, bites, scratches, punctures) to:**
- Head and neck, orbit
- Lips/oral cavity/frenulum
- Forearms – defensive injuries
- Trunk, breasts, buttocks
- Restraint marks on wrists, axilla, ankles, corner of lips
- Genital/rectal area
- Any pressure ulcers or contractures

**Bruises**
- Multiple areas, different stages of healing
- Pattern reflecting article used (hand, fingermarks, belt, looped cord)
- “Battle sign” – bruising behind ear due to gravity and hidden scalp injury

**Burns**
- Shape of hot object (iron, curling iron)
- Cigarette – usually multiple, 8-10 mm dia. with indurated margin
- Caustic substance
- Friction (rope, or dragging)
- Immersion - straight demarcation line without splash marks
- Taser – paired round erythematous lesions 5 cm apart

**Fractures**
- Any fracture in a child under age 1
- Multiple old fractures in different stages of healing
- Dislocations or fractures of extremities or face

- “Choking” (50% no immediate physical signs, but patient may have sx)
- Ligature or fingermarks on neck, scratches from patient trying to remove
- Petechiae above markings, subconjunctival hemorrhage
- Patient hoarseness, dysphagia, dyspnea, nausea, ringing in ears
- Unexpected stroke in relatively young patient

**Occult injuries**
- Head trauma – lethargy, irritability, vomiting, convulsions
- Blunt abdominal trauma – vomiting, pain, tenderness, hematuria, shock
- Ingestion of toxic substance (purposefully or through neglect)

**Lab**
- Evidence of over- or under-dosing medications
- Unexpected STDs or pregnancy
- Parameters of dehydration or malnutrition