**CALIFORNIA PATIENT ABUSE AND NEGLECT REPORTING REQUIREMENTS SUMMARY**

For reporting phone numbers or forms, see “reporting” sections of:
http://domesticabuse.stanford.edu
http://elderabuse.stanford.edu
http://childabuse.stanford.edu

These websites also contain important information on how to ask, what to look for, educational resources, upcoming events and conferences, and patient materials.

For general questions:
domesticabuse@med.stanford.edu
elderabuse@med.stanford.edu
childabuse@med.stanford.edu

<table>
<thead>
<tr>
<th>Who are Mandated Reporters?</th>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any health practitioner providing medical services for a physical condition - not practitioners from psychiatry or pediatrics - not social work</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>
<td>All MDs, RNs, SW, psychologists, EMTs, dentists/dental hygienists, optometrists, clergy, teachers, commercial film processors, animal control officers, persons who perform autopsies, several other categories</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is reportable?</th>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge or reasonable suspicion of:</td>
<td>- wound or physical injury from domestic violence or sexual assault - any injury from firearm or deadly weapon</td>
<td>- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds - sexual abuse - neglect, including self neglect - abandonment, abduction, isolation - financial abuse</td>
<td>- non-accidental physical injury - sexual abuse - neglect - unlawful corporal punishment - willful cruelty or unjustifiable punishment; endangerment - abuse or neglect in out of home care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where to report</th>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<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 - Inside nursing home care – PD or Ombudsman in county of nursing home</td>
<td>PD in city where incident occurred, or Child Protective Services (CPS) in county of residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to report</th>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call ASAP and send report within 2 working days</td>
<td>Call ASAP and send report within 2 working days</td>
<td>Call ASAP and send report within 36 hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State reporting form</th>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalEMA 2-920 plus optional forensic form CalEMA 2-502</td>
<td>SOC 341 plus optional forensic form CalEMA 2-602</td>
<td>SS 8572 plus optional forensic form CalEMA 2-900</td>
<td></td>
</tr>
</tbody>
</table>

**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 in your county
- competent patients age 12 and older 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