


# Mandated Child Abuse Reporting Law: Developing and Implementing Policies and Training

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Family Planning National Training Center  
for Service Delivery

## New Guide!

**Mandated Child Abuse Reporting Law:  
Developing and Implementing Policies and Training**



Authored by  
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## Objectives

Upon completion of this webinar, participants should be able to:

- Identify the four common components of mandatory child abuse reporting.
- Identify at least three key elements to include when developing an agency child abuse reporting policy.
- Describe at least three topics for staff training on mandatory child abuse reporting.



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## Today's Presenters



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## Introduction and Overview

- Who this training is for
- Finding your state law
- Developing Policy and Training: Issues to Consider
- Developing Clinically Competent Policy and Training: Issues to Consider



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## Mandated Child Abuse Law: Developing Policies and Training GUIDE

**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 subsection that follows, the guide describes each of these four components of reporting law. In more detail and with legal code links, this document also lists how each state law links the state and where they may vary from one another.

**1. Which individuals are mandated to report abuse?**

Child abuse reporting law defines a group of individuals who are required to make child abuse reports. These individuals are referred to as mandated reporters. Who is mandated to report varies from state to state. The following table lists the individuals who are mandated to report in each state.

**Who is Included?**

**Who is Excluded?**


**How can I identify who is a mandated reporter?**

In the legal code section, the individuals who are mandated to report are listed. In the legal code section, the individuals who are excluded from reporting are listed. In the legal code section, the individuals who are mandated to report are listed. In the legal code section, the individuals who are excluded from reporting are listed.

Resource with live link

Location of link in Appendix

State law examples



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**What this webinar will NOT cover**

No state specific guidance  
 No guidance on other types of mandated reporting law




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**Feedback Questions:**



- How many have written mandated child abuse reporting policies?
- Has your mandated reporting policy been reviewed and updated in the last year?
- How many have been able to work with legal counsel to develop reporting policies?




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**The “Law”**

Where do the legal rules come from?

Gathering the information:  
 Where do I find resources? How do I know I have everything?



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**What to look for in your state law:**

Typically four components to a mandated reporting law:

1. Who must report
2. What to report
3. When to report
4. How to report



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**Who must report:**

**What to look for:**  
 Law and interpretative guidance defining who must make reports when reporting duty is triggered


**Where state law may vary:**

- “Everyone” is a reporter
- Defined by Professions
- Who is NOT a mandated reporters (special exemptions)




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**Polling Question:**



*If you work in a clinical setting, are front desk staff in your clinic mandated reporters of child abuse?*



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### What to report: Defining child abuse and neglect for reporting purposes

#### What to look for:

Law and interpretative guidance defining what must be reported

#### Where state laws may vary:

- Does your state law differentiate between abuse at hands of caregivers and abuse at the hands of others?
- Does your state law provide specific examples?



### When is the duty to report triggered?

#### What to look for:

Law and guidance using terms like “know” or “reason to believe”

#### Where state laws may vary:

- *What is the standard for reporting?*  
“reasonable cause to believe,” know or suspect”
- *Any limitations?*  
Know or observe “in his or her professional capacity,” “in performance of duties”?



### Polling question:



A staff member is on the sidewalk in front of your clinic, returning from lunch break, and sees a young mother kick and berate a child in a stroller. Later on, the staff member enters the exam room. The new patient says “Hi, I’m Tracy and this is my daughter.” It is the same woman the clinician saw on the street.

*Would this trigger reporting in your state? Do you know how to answer this question?*



### How to report:

#### What to look for:

Law, including interpretative guidance, that tells you *How, What, When and To Whom*



### How to report:

#### What to look for and how state law may vary:

##### *How to report?*

- Does your state require written reports, telephone, allow for electronic transmission?

##### *When to report?*

- Once the reporting duty is triggered, how long does a reporter have to make the report?  
“Immediately,” “48 hours,” “24 hours,” “as soon as practicable possible”



### How to report:

#### What to look for and how state law may vary:

- *To whom?*  
Child protection, law enforcement
- *What?*  
Information that must be included in report and information that may be included in report



**Developing Policy and Training:**

**Common procedural questions to consider including:**

- Which staff persons are mandated reporters?
- Is a centralized reporting system appropriate?
- How to document reports?
- Has the duty been triggered scenarios



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**Developing Policy and Training:**


**Issues and questions to consider regarding what is – and is not – reportable**

- Difference between abuse at hands of caregivers and abuse at the hands of others
- Difference between criminal and abusive behavior
- Specific scenarios




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**Polling Question:**



*If you are a mandated reporter, have you ever been afraid to ask a patient a question because it might trigger a child abuse report?*



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**Developing Policy and Training:**

*Consider addressing specific scenarios, as relevant and appropriate, such as:*

- Trafficking and commercial sexual exploitation
- Intimate partner violence
- Voluntary sexual activity/statutory rape




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**Developing Policy and Training:**

**Other issues to consider addressing:**

- *Intersection of CAR and confidentiality law*
  - How does abuse reporting fit within the confidentiality obligations imposed by HIPAA, Title X regulations and state law?
- *Intersection of CAR and other mandated reporting laws*
  - What are the other mandated reporting laws in your state? Do they intersect with CAR?



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**Developing Clinically Competent Policy and Training**



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### Developing Clinically Competent Policy and Training

**Identify “best practices” for child abuse reporting in your clinical setting**

- Start with a grounding in the law
- Consider the impact of Title X regulations on confidential services
- Draw on the skills and experience of your clinical staff



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### Establish your Team

**Determine who will work on policy development**

- Remember that *everyone* in the organization plays a part
- Seek participation from all levels of the organization

**Pair policy with training**


- The best policy is useless if not put into practice
- Train *all staff* regarding their roles and responsibilities



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### Some Suggested Content to Address

- **Clearly define what situations are reportable and what situations may be abusive but do not meet criteria for child abuse reporting**
  - Include examples of both reportable and non-reportable situations
  - Acknowledge the “grey areas”
  - Establish access to and resources for consultation
  - Include tools that help staff understand the law and their responsibilities



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### An Example of a Helpful Tool


(page 37 of guide)

**California State Law:**

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 →
12		CJ	CJ	M	M	M	M	M	M	M	M →
13		CJ	CJ	M	M	M	M	M	M	M	M →
14		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M →
15		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M →
16		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
17		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
18		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
19		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
20		M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
21 and older		M	M	M	M	M	M	M	M	M	M


(The legal sources for this chart are as follows: Penal Code §§ 11165.1, 261.5, 261.261; 289 Cal. Reg. 702, 709  
 (17) Disc. Ct. App. 1989; 226 Cal. Reg. 361, 381 (17)  
 Disc. Ct. App. 1990; 73 Cal. Reg. 23,331, 333 (17)  
 Disc. Ct. App. 1996)



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### Include Details on the Process


- Required timeframes
- Sample forms
- Phone and fax numbers for reporting
- Guidance on charting/ documentation
- Resources for consultation
  - Identified allies/champions in law enforcement and child protective services



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### Include Clinical Guidance in Policy and Training

- Red Flags in Family Planning settings (p. 23)
- Communicating the concept of conditional confidentiality (p. 20)
- Approaches to trauma-informed reporting (p. 20)
- Focus on intervention and trauma-informed care (p. 24)
  - Mandated reporting is a legally required process, not an intervention



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### Make it a Living Document

**Policies need maintenance**

- Check annually for legal updates/changes
- Update clinical practice/approaches
  - Trauma-informed care is evolving

**Staff training is an ongoing undertaking**

- Established staff need a “tune up”
- New staff need to be brought up to speed




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### Questions?




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### Thank you!




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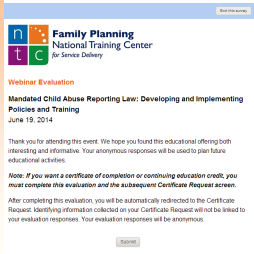
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