

# The Guilds Child Abuse Prevention and Treatment Center Child Advocacy Clinic

The Guilds Child Abuse Prevention and Treatment Center at Valley Children's Hospital is a full-service practice providing expert diagnosis and management of suspected child maltreatment cases in infants, children and adolescents. We encourage a full multidisciplinary approach to patient care utilizing community resources as well as experts on staff in many fields who become part of the child's care team. Our medical professionals will assist to protect an injured child or intervene preventively in all cases identified and referred.

Child maltreatment is a specialty that typically deals with a multitude of child maltreatment issues, including unexplained injuries, emotional abuse, suspected histories for sexual abuse or physical abuse, neglect and exposure to domestic violence. Early identification and clear documentation of findings are paramount to the child's safety and wellbeing. The clinic identifies child maltreatment through forensic sexual abuse and physical abuse exams. For the child entering foster care, medical clearance exams are completed at the request of Child Protective Services and foster care agencies.

#### **Access Center**

24/7 access for referring physicians (866) 353-KIDS (5437)

### **Outpatient Referral**

Referral forms online at valleychildrens.org/refer

FAX: (559) 353-8888

## **Child Advocacy Office Numbers**

Main: (559) 353-6022 FAX: (559) 353-7176

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# **Child Advocacy Consultant Reference Guide**

As a medical professional, you are a mandated reporter. You must report to your local Child Protective Services if you suspect abuse. A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine (Penal Code 11172[e]).

Patients should be referred if they have disclosed physical or sexual abuse. If the physician suspects injuries or findings are suspicious for abuse, please refer the child to the clinic for evaluation.

Condition	Pre-referral Work-up	When to Refer
Child Sexual Abuse	Urine PCR. Do no treat positive cases prior to referral.	Any child or adolescent who discloses abuse.
		Pain or bleeding from the genital or perineal area.
		Sexually transmitted infection (STI) in nonsexually active children and adolescents.
		Pregnancy in children younger than 18 years old.
		Sexualized behavior.
Child Physical Abuse	Children under 2 years old need skeletal survey if fractures or significant injuries are seen.	Significant bruising not age appropriate.
		Unexplained injuries.
	Bleeding studies including PT, PTT, INR, CBC if significant bruising is noted.	Injuries in a child not ambulating.
	Acute fractures need X-rays.	Multiple visits for injuries in a young child (under 1 year of age).
Child Maltreatment: Emotional Abuse and/or	Report to law enforcement and Child Protective Services.	When a history or suspected history is disclosed.
Domestic Violence	Referral to Victims of Crime if possible.	Worried about safety of child with caregivers.
		Injuries are seen on the child. Self-inflicted injuries are identified.
Medical Clearance Examination	Rule out any emergency medical situation and contact appropriate emergency room, if needed.	Placed in protective custody and general physical exam is required.
	Document any injury or bruising	Recent change in foster care placement.

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## Child Advocacy Consultant Reference Guide Resources

California Abuse Reporting Law, Penal Code Section 11164-11174.5;

http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=93760323573+0+0+0&WAISaction=retrieve

Suspected Child Abuse Report: http://ag.ca.gov/childabuse/pdf/ss\_8572.pdf

#### **Definitions:**

<u>Physical Abuse:</u> The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm inflicted nonaccidentally upon the child by the child's parent or guardian.

<u>Sexual Abuse:</u> Sexual assault or sexual exploitation as defined by the following:

- (a) "Sexual assault" means conduct in violation of one or more of the following sections: rape, statutory rape, rape in concert, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration, or child molestation.
- (b) Conduct described as "sexual assault" includes, but is not limited to, all of the following:
  - (1) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
  - (2) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
  - (3) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that, it does not include acts performed for a valid medical purpose.
  - (4) The intentional touching of the genitals or intimate parts (including the breasts, genital area, groin, inner thighs, and buttocks) or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that, it does not include acts which may reasonably be construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.
  - (5) The intentional masturbation of the perpetrator's genitals in the presence of a child.
- (c) "Sexual exploitation" refers to any of the following:
  - (1) Conduct involving matter depicting a minor engaged in obscene acts (preparing, selling, or distributing obscene matter) or employment of minor to perform obscene acts.

<u>General Neglect:</u> The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child. Lack of emergency shelter for the family does not fall under this definition but still may be a safety issue.

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