# CHILD ABUSE

## Is a physician required to report suspected child abuse?

Yes. When a physician has reasonable cause to believe that a child has suffered abuse or neglect, the physician must report the incident to the proper law enforcement agency or to the Washington State Department of Social and Health Services (DSHS).[[1]](#footnote-1)

A “child” for purposes of the requirement to report child abuse is any person under age 18.[[2]](#footnote-2)

“Abuse or neglect” means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child’s health, welfare or safety; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child.[[3]](#footnote-3) “Abuse or neglect” does not, however, include physical discipline, for purposes of restraining or correcting the child, which is reasonable and moderate and is inflicted by a parent, teacher, guardian, or any other person who has the parent or guardian’s advance authorization.[[4]](#footnote-4)

## Is there any exception to the requirement to report child abuse?

Yes. The requirement to report child abuse does not apply to child abuse or neglect that was discovered after the child became an adult, unless the physician has reasonable cause to believe that other children are or may be at risk of abuse or neglect by the accused.[[5]](#footnote-5)

## When must the report of child abuse be made?

The report must be made at the earliest opportunity, but no later than 48 hours after the physician has reasonable cause to believe that the child has suffered abuse or neglect. If known, the report must include the identity of the suspected abuser.[[6]](#footnote-6)

## How must the report of child abuse be made?

The physician must make an immediate oral report, by telephone or otherwise, to the proper law enforcement agency or to DSHS.[[7]](#footnote-7) Upon request, the physician must follow up the oral report with one in writing.[[8]](#footnote-8)

Such reports must contain the following information, if known:

* The name, address, and age of the child;
* The name and address of the child’s parents, stepparents, guardians, or other persons who have custody of the child;
* The nature and extent of the alleged injury or injuries;
* The nature and extent of the alleged neglect;
* The nature and extent of the alleged sexual abuse;
* Any evidence of previous injuries, including their nature and extent; and
* Any other information that may be helpful in establishing the cause of the child’s death or injury and the identity of the alleged abuser(s).[[9]](#footnote-9)

## May a physician detain an abused child?

Yes. A physician may detain a child without consent of a person legally responsible for the child, whether or not medical treatment is required, if the physician has reasonable cause to believe that, based on the child’s condition or circumstances, allowing the child to return home would present an imminent danger to the child’s safety.[[10]](#footnote-10) If a child is detained, the physician must notify, or cause to be notified, the appropriate law enforcement agency or child protective services as soon as possible and within no more than 72 hours. Saturdays, Sundays, and holidays are excluded from this 72-hour limit.[[11]](#footnote-11)

## Can a physician be held liable for detaining a child where child abuse is suspected?

Generally, no. If done in good faith, a physician cannot be held civilly or criminally liable for detaining a child.[[12]](#footnote-12)

## Can a physician be held liable for reporting suspected child abuse?

Generally, no. A physician who in good faith makes a report of suspected child abuse is immune from any liability resulting therefrom.[[13]](#footnote-13) If, however, a physician intentionally and in bad faith makes a false report of child abuse, the physician is guilty of a misdemeanor.[[14]](#footnote-14) Making a false report is also unprofessional conduct, which may subject a physician to disciplinary action.[[15]](#footnote-15)

## Are there penalties for failing to make a report of suspected child abuse?

Yes. Failure to make a required report of child abuse is punishable as a gross misdemeanor.[[16]](#footnote-16) Failure to make a required report may subject a physician to civil liability as well if the failure to file a report is a proximate cause of an actionable injury. Failure to make a required report can also constitute unprofessional conduct, which may result in disciplinary action.[[17]](#footnote-17) See **UNPROFESSIONAL CONDUCT**.

1. RCW 26.44.030(1)(a). [↑](#footnote-ref-1)
2. RCW 26.44.020(2). [↑](#footnote-ref-2)
3. RCW 26.44.020(1). [↑](#footnote-ref-3)
4. RCW 26.44.020(1); RCW 9A.16.100. [↑](#footnote-ref-4)
5. RCW 26.44.030(2). [↑](#footnote-ref-5)
6. RCW 26.44.030(1)(g). [↑](#footnote-ref-6)
7. RCW 26.44.040. [↑](#footnote-ref-7)
8. *Id*. [↑](#footnote-ref-8)
9. *Id*. [↑](#footnote-ref-9)
10. RCW 26.44.056(1). [↑](#footnote-ref-10)
11. *Id*. [↑](#footnote-ref-11)
12. RCW 26.44.056(3); RCW 26.44.060(2). [↑](#footnote-ref-12)
13. RCW 26.44.060(1)(a). See also Whalen v. State, 90 Wn. App. 658, 670–71 (1998) (upholding immunity for making a report of child abuse); Yuille v. State, 111 Wn. App. 527, 535 (2002). [↑](#footnote-ref-13)
14. RCW 26.44.060(4). [↑](#footnote-ref-14)
15. RCW 18.130.180. [↑](#footnote-ref-15)
16. RCW 26.44.80. [↑](#footnote-ref-16)
17. RCW 18.130.180. [↑](#footnote-ref-17)