

[Back to Top ^](#)



Print Section

Print Entire Policy

[Assessments & In-Person Responses](#) > [Allegation Assessments](#) > [Assessing Allegations of Sexual Abuse](#)

## **Assessing Allegations of Child Sexual Abuse**

0070-532.10 | Revision Date: 07/29/15

### Overview

This policy guide provides information on how ER CSWs are to assess allegations of sexual abuse and misconduct during an emergency response investigation. Instructions are provided on observing, gathering and assessing evidence.

### TABLE OF CONTENTS

#### Policy

Assessment of Child Sexual Abuse

Medical Examinations

#### Procedure

Investigating Allegations of Child Sexual Abuse

ER CSW Responsibilities

SCSW Responsibilities

Investigating Allegations of Sexual Misconduct between Children

ER CSW Responsibilities

SCSW Responsibilities

#### Approvals

#### Helpful Links

Forms

Referenced Policy Guides

Statutes

### Version Summary

This policy guide was updated from the 07/01/14 version to support the implementation of the Individualized Investigation Narrative.

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# POLICY

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## **Assessment of Child Sexual Abuse**

Sexual Abuse, the victimization by sexual activities, is defined by law as a sexual assault or sexual exploitation.

Sexual Assault includes:

- Rape
- Rape in Concert
- Incest
- Sodomy
- Lewd or lascivious acts upon a child under 14 years of age
- Oral Copulation
- Penetration of a genital or anal opening by a foreign object
- Child molestation

Sexual Exploitation includes:

- Conduct involving matter depicting a minor engaged in obscene acts.
- Knowingly promoting, assisting, or coercing a child (or helping others do the same) to engage in prostitution or a live performance involving obscene sexual conduct.
- Knowingly developing, duplicating, printing, downloading, streaming, accessing through electronic or digital media, or exchanging any film, photograph, video tape, negative, slide, drawing, or other pictorial depictions in which a child is engaged in an act of obscene, sexual conduct, except for those by law enforcement and prosecution agencies and other persons.

An assessment of child sexual abuse must be provided at the earliest opportunity. The ER CSW investigating allegations of sexual abuse must be familiar with the physical and emotional indicators of the abuse. The ER CSW must also obtain the information and/or documentation necessary to make an accurate assessment.

- Indicators of child sexual abuse must be examined in context with other characteristics of the family in order to determine that a child is in need of help.
- If there is suspicion of sexual abuse, the child's clothing must not be rearranged nor be disrobed except by a medical practitioner.

Staff must consult and collaborate with the Department of Mental Health professionals and/or the CSAT team leads (SLS/MAT Coordinator) representing the Bureau of the Medical Director in identifying appropriate interventions and services as needed.

Whenever possible, ER CSWs and SCSWs are encouraged to work cooperatively and collaboratively with the local Law Enforcement Agency (LEA) in the investigation of sexual abuse cases.

- CSWs must defer to the judgment of law enforcement officers/deputies on matters pertaining to forensic interviewing.
- The officers may prefer to conduct the interviews in the investigation or may direct the CSWs not to interview the perpetrator, which the CSW must comply with and document.

## **Medical Examinations**

Medical examinations can yield forensic evidence that is admissible in both dependency and criminal court. In the absence of forensic evidence, medical examiners can explain how the lack of findings may be consistent with a child's statements.

Medical exams (either forensic or exams to detect and treat child abuse injuries and neglect) are prohibited, unless one or more of the following conditions exist:

1. Parental consent
2. A court order
3. Exigent circumstances which demonstrate either:
  - A medical emergency
  - That examination is necessary to preserve evidence

Where exigent circumstances do not exist, a request for an investigative/evidentiary medical examination should be made at a court hearing or in a [warrant application](#).

Children over 12 must consent to the exam themselves. The exam should not be performed by force even on younger children. There should be only one physical/forensic examination of a child.

Whenever possible, attempt to arrange that the forensic exam [at a Medical Hub](#) take place, as soon as possible. Forensic exams must occur no later than 24 hours of removal in cases where the last incident of sexual abuse has occurred within the last 72 hours. CSWs are to submit a [Medical Hub Referral Form](#) to the Medical Hub to request a forensic evaluation. Contact the [Medical Hub](#) to consult with a medical provider and to obtain direction on the appropriateness of the forensic evaluation. Consultation is with a Specialist who is a medical provider with

specialized training in detecting and treatment of child abuse injuries and child neglect. It is the responsibility of the Specialist to determine that a forensic examination is appropriate.

To test a child for HIV, consent is required. A CSW may consent for infant's age 0-12 months when certain conditions are met.

[Back to Policy](#)

## **PROCEDURE**

### **Investigating Allegations of Child Sexual Abuse**

#### **ER CSW Responsibilities**

1. Prior to leaving the office for a sexual abuse investigation, contact the Law Enforcement Agency (LEA) that has jurisdiction over the location where the sexual abuse is reported to have occurred. Request assistance in investigating an allegation of child sexual abuse.
2. Interview each family member separately (and privately, if possible), including the child, non-offending parent (NOP), victim(s), sibling(s) and offender/alleged perpetrator (unless contraindicated by law enforcement).
  - Begin the interviews with the victim(s) as soon as possible.
  - When possible, conduct a [concurrent investigation with law enforcement](#) to avoid duplicate interviews.
  - Make every effort to limit the number of times the children are questioned.
    - i. When possible, arrange to have interviews completed at the [Medical Hub](#).
  - Obtain family history and any other information such as [criminal history](#).
  - Use open-ended questions as much as possible and avoid leading questions during the interview.
  - Do not disclose any specific information to the alleged perpetrator and do not ask questions that reveal specific information.
3. Assess all children in the household, even if only one child is identified as a victim of child sexual abuse. Consider the following factors in making the assessment:
  - Child's age
  - Child's medical condition; behavioral, mental and emotional problems, any developmental disability; and/or, physical handicap.
  - Signs and indicators of potential sexual abuse, including:

- Difficulty walking or sitting
  - Torn, stained, or bloody underclothing
  - Pain or itching in genital area
  - Bruises or bleeding in external genitalia, vaginal or anal areas
  - Sexually-transmitted diseases
  - Sophisticated or unusual sexual knowledge
  - Pregnancy
  - Unwilling to participate in gym class or to change clothes in front of others
  - Sleep disturbances
  - Bizarre, sophisticated or unusual sexual behavior, including excessive masturbation
  - Withdrawn, fantasy or infantile behavior
  - Vague somatic complaints
  - A history of running away, prostituting or engaging in other delinquent behavior
  - Poor peer relationships
  - Reported sexual assault by caregiver
  - Severity, location and number of injuries in this incident.
  - Whether an object was used in the abuse.
  - Chronicity of similar incidents and/or duration of the sexual abuse relationship.
  - History of inconclusive or substantiated abuse or neglect allegations.
  - Whether the parent or legal guardian:
    - Personally committed the harmful act
    - Condoned or permitted a harmful act by other persons in where it would be reasonably possible to prevent the harm
    - Forced, allowed, or coerced the child to commit harmful acts
4. If applicable, assess the alleged perpetrator's access to the child and take appropriate action to ensure the safety and well-being of the child:
- Determine if the alleged perpetrator needs and/or is willing to move out of the home.
  - To make an adult individual leave his/her home, law enforcement may place a **Temporary Restraining Order**, the other parent or lease holder may file for a restraining order, or a Court may set limits on contact that prevent an individual from entering a property.
5. Assess risk by determining the non-offending parent's (NOP) ability/willingness to protect the child. Consider the following:
- NOP's understanding of the alleged abuse.
  - NOP's suspicion that it was happening.

- NOP's action, or lack of action, in response to this suspicion.
  - NOP's reason for acting or not acting.
- Drugs/alcohol use in the home and/or drugs/alcohol use by NOP's parents.
  - Domestic Violence in the home
  - Denial, justification, minimization, projection of blame and responsibility.
  - Experience of loss in event.
  - Ego strengths, coping skills.
  - Attitude towards working with CSW during investigation phase and willingness to engage in developing a protection plan.
  - NOP's history of being molested.
6. Confer with the investigating Law Enforcement Officer and SCSW regarding the next plan of action. Decide if removal is required. Utilize the required SDM tools in making this determination.
  7. To remove a child in order to place them in to temporary custody, obtain:
    - A copy of the Preliminary Report or Incident Report.
    - The file or the Detective's Report (DR) number.
  8. Consult with SCSW to determine if a child should be referred for a forensic exam.
    - If it is determined to refer a child for a forensic exam, submit a Medical Hub Referral to the Hub closest to the child's residence/placement and consult with the Hub Specialist regarding the appropriateness of the forensic exam, including the time frame.
  9. If determined necessary by the Hub Specialist, arrange for a forensic exam, preferably at a Medical Hub, as soon as possible.
    - The exam must occur within 24 hours of removal or within 72 hours of the last sexual assault incident.
  10. Document the findings of the investigation in the DCFS Narrative Template and all contacts with the child/parent, consents, and facts establishing exigent circumstances in the Contact Notebook.
  11. Gather and follow up on any information necessary for the investigation.
  11. Consult with the PHN for medical findings as needed.
  12. Evaluate the safety of all children in the home and make the appropriate determination as to placement/intervention.

- Consult with SCSW regarding intervention and [disposition](#) of the referral per existing protocols.
  - For all substantiated sexual abuse referrals:
    - i. Request ARA approval to close or open [Voluntary Family Maintenance/Family Maintenance](#) (VFM/FM) on any case with a substantiated sexual abuse allegation.
14. If appropriate, refer the child to an agency with expertise in treating intra-familial child sexual abuse.
- Maintain communication and collaborate with the sexual abuse counselor/team.
  - Consult with the co-located Department of Mental Health professionals and/or the CSAT team leads (SLS/MAT Coordinator) as needed during assessment, if necessary.
15. Utilize [Child and Family Team Meeting](#) or other team meeting(s), as appropriate.

### **SCSW Responsibilities**

1. Confer with CSW to determine if a child should be referred for a forensic exam.
  - It is the responsibility of the Hub Specialist to determine if a forensic exam is appropriate.

[Back to Procedure](#)

## **Investigating Allegations of Sexual Misconduct between Children**

### **ER CSW Responsibilities**

1. Investigate and evaluate allegations and determine the [appropriateness of the abuse allegation](#).
2. Interview each child separately and conduct joint interviews as needed. Assess all children in the household and consider all [signs and indicators of sexual abuse](#).
3. Interview adults involved in making the allegation and/or other witnesses. Obtain the following:
  - Background and specific information regarding the incident(s) reported.
  - Previous history of abuse/sexual behaviors and family history.

4. Confer with the investigating LEA and SCSW regarding the next plan of action, including consulting with the Hub Specialist regarding a forensic exam after the submission of the [Medical Hub Referral Form](#).
5. If determined necessary by the Hub Specialist, arrange for a forensic exam of the child, preferably at a [Medical Hub](#) within 24 hours of removal and within 72 hours of the last sexual assault incident.
6. Make appropriate referrals for therapy and/or other services.
7. Utilize [Child and Family Team Meeting](#), Department of Mental Health professionals and/or the CSAT team leads if necessary.
  - This consultation may include a discussion of the difference between developmentally normal, non-abusive behavior, and abusive or pathological behavior.
8. If appropriate, refer the child to an agency with expertise in treating intra-familial child sexual abuse.
  - Maintain communication and collaborate with the sexual abuse counselor/team.
  - Consult with the co-located Department of Mental Health professionals and/or the CSAT team leads (SLS/MAT Coordinator) as needed during assessment, if necessary.
9. Document all findings of the investigation in the DCFS Investigation Narrative Template and all contact, consents, and investigation facts in the Contact Notebook.

## **SCSW Responsibilities**

1. Confer with CSW to determine if a child should be referred for a forensic exam.
  - It is the responsibility of the Hub Specialist to determine if a forensic exam is appropriate.

[Back to Procedure](#)

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# **APPROVALS**

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## **SCSW Approval**

- To determine the next plan of action regarding an allegation of child sexual abuse

- [To decide if removal is required](#)

## **ARA Approval**

- [To close or open a Voluntary Family Maintenance/Family Maintenance \(VFM/FM\) case on any case with a substantiated sexual abuse allegation](#)

[Back to Approvals](#)

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# **HELPFUL LINKS**

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## **Forms**

### **CWS/CMS**

[Medical Hub Referral Form](#)

### **LA Kids**

[Medical Hub Referral Form](#)

## **Referenced Policy Guides**

[0050-502.10, Child Protection Hotline \(CPH\)](#)

[0070-516.15, Screening and Assessing Children for Mental Health Services and Referral to the Coordinated Services Action Team \(CSAT\)](#)

[0070-547.13, Concurrent Investigations with Law Enforcement](#)

[0070-548.01, Child and Family Teams](#)

[0070-548.10, Disposition of Allegations and Closure of Emergency Response Referrals](#)

[0070-548.20, Taking Children into \*\*Temporary Custody\*\*](#)

[0070-548.24, Structural Decision Making \(SDM\)](#)

[0070-548.25, Completing the Structured Decision Making \(SDM\) Safety Plan](#)

[0070-560.05, Joint Response Referral: Consulting with PHN](#)

[0070-570.10, Obtaining Warrants and/or Removal Orders](#)

[0070-559.10, Clearances](#)

[0080-502.25, Family Maintenance Services for Court and Voluntary Cases](#)

[0300-318.05, Obtaining Restraining Orders](#)

[0400-503.10, Contact Requirements and Exceptions](#)

[0600-500.00, Medical Hubs](#)

[0600-502.20, HIV/AIDS Testing and Disclosure of HIV/AIDS Information](#)

## **Statutes**

[Health and Safety Code Section 121020](#) – Provides a listing of who may consent to HIV/AIDS testing on behalf of a person not competent to consent on their own. Includes children under 12. Also addresses obtaining court authorization.

[Penal Code 11165.1](#) – Defines sexual abuse as a sexual assault or sexual exploitation.

[Back to Helpful Links](#)