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## **Assessing Allegations of Physical Abuse**

**0070-529.10 | Revision Date: 07/01/14**

### **Overview**

**This policy guide provides an overview for assessing allegations of physical abuse and provides instructions on observing, gathering, and assessing evidence.**

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### **Version Summary**

This policy guide was updated from the 06/22/10 version, as part of the Policy Redesign, in accordance with the DCFS Strategic Plan.

## **POLICY**

### **Physical Abuse**

Physical abuse, which refers to non-accidental bodily injury inflicted on a child, can include a single incident ranging from “over-discipline” (e.g. the caregiver loses control and inflicts a mark or bruise on a child) to the extreme case of child death. The longer the physical abuse continues, the more serious the consequences. Early identification of child physical abuse and effective intervention is critical.

Indicators of physical abuse include, but are not limited to:

- Bruises/welts in unusual configurations, patterns or reflecting the shape of the object used to inflict the injury
- Lacerations/abrasions to the head, face, mouth and other body parts, such as fingernail scratches
- Cluster bruises of various colors or stages of healing that may indicate repeated abuse
- Burns/scalds that may show the shapes of the item used to inflict them, such as a cigar or that are found in different parts of the body (soles, palms, back or buttocks)

Physical abuse is a criminal offense. A child may be removed from the custody of a parent/legal guardian on account of physical abuse. As a result, law enforcement must be involved in all investigations where there are allegations of physical abuse. As mandated reporters, CSWs must [cross-report](#) all allegations of physical abuse. In many cases, a child may be referred to DCFS after law enforcement has already detained the child and/or the child’s siblings.

The CSW must be familiar with the physical and emotional indicators of physical abuse by being observant and conducting interviews which address issues of discipline, punishment and physical abuse in all contacts with DCFS supervised children.

### **Medical Examinations**

Medical examinations are required in all cases of suspected physical abuse, to document the nature and extent of the injuries, and to determine the need for and type of treatment. A diagnosis of an illness/injury resulting from physical abuse can only be made by a

medical professional. These examinations can both prevent further trauma to a child by substantiating the cause(s) of the injury, and be used as evidence to remove a child from a dangerous situation or to develop a safety plan for the family.

State regulations require a medical examination for all children placed in out-of-home care. Initial medical examinations are to be conducted within the first 72 hours of initial placement following detention for high risk children and children 0-3 years of age.

A medical assessment is not mandatory when:

- The allegations in the referral are patently unfounded
- Independent and reliable witnesses can verify that an injury was accidental
- A physician can verify that s/he has seen the child after the alleged abusive incident occurred and will share the results of his/her examination including the extent and cause(s) of any injury.

Certain fractures and injuries, such as those found in the [Shaken Infant Syndrome](#), can only be evaluated and diagnosed with [diagnostic imaging](#).

Diagnostic imaging includes a skeletal survey or full body x-ray, Magnetic Resonance Imaging (MRI) or Computed Tomography (CT). Diagnostic imaging is critical in detecting previous or hidden injuries and in obtaining accurate diagnosis and treatment for children. It is an essential element in documenting the evidence needed in both Juvenile and Criminal Court to protect a child from further injury and death.

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## PROCEDURE

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### Investigating a Referral Alleging Physical Abuse

#### [CSW Responsibilities](#)

1. Enter the home and assess all children in the household for signs or symptoms of physical abuse.
  - Consent, exigent circumstances or a [court order](#) is required to enter a home.
2. Without removing the child's clothing, look for immediately observable marks, bruises, or burns on the exposed areas of the child's body.
  - Examine all indicators in context with other family characteristics.

3. Observe whether the child wears clothing that is inappropriate for the weather, (e.g. long sleeves in very hot temperatures), which may hide possible injuries.
  
4. Interview each child separately, away from the caregiver, and consider the child's age and developmental stage, physical and mental health, intellectual, verbal and cognitive capacity.
  - Approach the child in a non-threatening manner to establish rapport and build trust, keeping in mind that the child may:
    - Be wary of all adults
    - Be fearful of the parent/caregiver
    - Accommodate a high level of family violence with the belief that physically abusive behavior is normal
    - Be protective towards a parent who is also a victim in a domestic violence situation
    - Blame him/herself and/or think the abuse was deserved
  - Assess the child's emotional affect, including whether the child presents as:
    - Compliant, withdrawn, uncommunicative, depressed
    - Aggressive, agitated
    - Fearful, vigilant
  - Assess for behavioral indicators, including, but not limited to
    - ⋮
    - Destructive behaviors towards self/others
    - Regression (e.g. bedwetting, soiling)
    - Poor school attendance/performance
    - Substance abuse, running away, or criminal violations
  - Ask the child how s/he is punished and/or disciplined in the home.
  - Follow-up on all disclosures of physical abuse even when it may be indirect (e.g. a child describing abuse as happening to a friend or someone else).
  - Be especially alert to the possibility of physical abuse when:
    - The nature or extent of the injury does not fit with the explanation given.
    - The child's age or developmental stage is inconsistent with the type of injury.
    - There is a high incidence of accidents or frequent injuries.
    - The explanations given by the child, his/her sibling(s), and parent/caregiver(s) do not match.
    - The severity or type of injury itself is of concern.

5. Interview each parent/caregiver separately, away from others and the child.
- Consider whether the parent/caregiver who is alleged to be the perpetrator of physical abuse possesses any of the following:
    - A current or past history involving domestic violence
    - Substance abuse or mental health issues
    - Low impulse control
    - Unrealistic expectations of children
    - Limited or incorrect knowledge of child development
    - Negative view of a child or a fear of spoiling him/her
  - Consider that a child is often targeted for abuse when:
    - Bonding and attachment have been disrupted (e.g. in an unwanted or difficult pregnancy, a lengthy hospitalization of a child with severe medical problems at birth, etc.).
    - The child's appearance is perceived as 'different' (e.g. as the 'wrong' gender, having a darker skin tone, resembling the father/mother with whom the parent has difficulty, etc.).
    - The child presents behaviors or possesses characteristics, such as disabilities, that require special attention or care.
    - Difficulties occur at developmental stages (e.g. toilet training, adolescence, etc.).
  - Consider the possibility of physical abuse when:
    - The nature or the extent of the child's injury is inconsistent with the explanation given by the parent/caregivers.
    - The explanations are unbelievable, inadequate, and/or illogical or changes over time and do not match those of the child, the child's siblings or the other parent/caregiver.
    - The alleged victim is accused of lying about the abuse.
    - The parent/caregiver appears unconcerned about the child(ren)'s condition.
    - The parent/caregiver appears to have concealed the physical abuse by delaying medical assistance or failing to attend regular health center appointments.
    - The child has had unexplained fractures to the skull, nose, or facial structure and/or multiple or spiral fractures.
6. To evaluate physical abuse, consider differences in how cultures, ethnicities, races and/or religions view children, parental authority, and discipline.

- Be aware that physical discipline is permitted in the form of “reasonable and age appropriate spanking to the buttocks”...as long as there is “no evidence of serious physical harm.”
7. If there is reasonable cause to believe that physical harm has occurred, and there is no other way to verify the allegation, consider whether removal or adjustment of the child’s clothing is necessary.
- Before a CSW can conduct a **visual inspection** of a child, the CSW must have voluntary consent from the parent, legal guardian, or child 12 years or older. Absent consent or exigent circumstances, a court order is required.
  - Another adult must always be present when conducting a visual inspection of a child. As the parent/caregiver for assistance. If the child is in school at the time of the interview, ask a school employee for help.
8. If the child has physical injuries or symptoms which may be indicative of physical abuse, consider detention if any of the following apply:
- These physical injuries/symptoms are verified by medical evaluation to be the result of physical abuse
  - A verbal child:
    - Discloses being physically abused
    - Describes the perpetrator as being a parent/caregiver or other person who has access to him/her
    - Is fearful of going home or remaining in the home
    - Has observable marks, bruises and/or other symptoms of physical abuse
  - There is evidence that the child has been physically abused and the alleged perpetrator is the parent/caregiver and
    - Has access to the child
    - Discloses that s/he abused the child
    - Displays symptoms of mental illness, and/or substance abuse
    - Denies, excuses and/or justifies the abuse by not taking responsibility or blaming the child
    - Is involved in a domestic violence situation
9. If any marks or bruises are observed on the child, complete the **DCFS 550, Body Chart** and document the date it was completed in the Contact Notebook.

10. Absent exigent circumstances or voluntary parental consent to remove the child, a **removal order** is required for the detention.
  - If it is determined that a child is at an immediate risk of serious bodily harm, detain the child immediately.
  - Consult with the SCSW as necessary.
11. Prior to placement, ensure that the child is **medically examined** or, if hospitalized, obtain a written discharge summary from the hospital.
12. Complete the SDM Safety Assessment.
13. Prior to the Initial Case Plan being completed, complete the SDM Family Risk Assessment and the SDM Family Strengths & Needs Assessment.
14. **Document** all information, observation and findings in the Contact and Health Notebooks.

### SCSW Responsibilities

1. Approve all applicable SDM tools.

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## Obtaining a Medical Examination

### CSW Responsibilities

1. If there is evidence of physical abuse, obtain immediate medical attention, including hospitalization if necessary.
  - Initial medical examinations must be conducted within the first 72 hours of initial placement following detention for high risk children and children 0-3 years of age.
2. Involve the non-offending parent/caregiver in arranging for the child to see a physician at the earliest possible date.
  - If the parent/caregiver refuses to cooperate, and it is an exigent circumstance, enlist the assistance of law enforcement in securing a medical examination. Otherwise, a **court order** must be obtained prior to the medical examination.
3. **Involve the Public Health Nurse (PHN)** in obtaining a medical examination.

4. When injuries do not include possible internal injuries, broken bones/fractures or apparent burns, and do not appear to require medical evaluation/treatment, assess children ages 5 or older for injuries that are:
  - Superficial
  - Located on extremities, such as hands, arms and/or feet
  - Few in number
  - Surface scrapes, abrasions or bruises
  - Not darkly colored or deep tissue bruises
5. Complete the SDM Safety Assessment, SDM Risk Assessment and SDM Family Strengths & Need Assessments.
6. Document all observations and findings in the Contact and Health Notebooks.

### SCSW Responsibilities

1. Approve all applicable SDM tools.

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## Arranging for Diagnostic Imaging

### CSW Responsibilities

1. Should the child need treatment for a traumatic injury or untreated medical condition, discuss with a physician/health care provider the possibility of abuse. Consider the following:
  - Child's exact injuries
  - Injuries in different stages of healing
  - Injuries that are likely intentionally inflicted (rather than accidental)
  - Parent(s)' explanation of the child's injuries
  - Parent(s)' explanation is not consistent with the injuries
2. Request that the examining physician arrange for diagnostic imaging as part of the medical evaluation when physical abuse is suspected and when:
  - There are obvious injuries/symptoms
  - The child is under the age of two years
  - An older child is developmentally delayed and/or non-verbal
3. Enlist the assistance of the parent/legal guardian in making the child available for this procedure.

- If the parent/legal guardian refuses to cooperate, a physician, surgeon or dentist may take skeletal x-rays of a child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case.
- 4. Respond to questioning by the physician of the need for diagnostic imaging by discussing the reasons for the request and the joint responsibility of the physician and CSW to ensure the safety of the child.
- 5. If the physician refuses to arrange for diagnostic imaging, confer with the SCSW and obtain the [assistance of the PHN](#).
  - The PHN will contact the physician and any other appropriate hospital/medical office personnel and discuss its value of/need and the protocols for communicating the outcome to DCFS.
  - Should the physician still refuses, the PHN will consult with a DCFS approved physician trained in child abuse assessment and treatment.
- 6. Complete the SDM Safety Assessment, SDM Risk Assessment and SDM Family Strengths & Needs Assessment.
- 7. Document all observations and findings in the Contact and Health Notebooks.
  - Thoroughly document when x-rays and other forms of diagnostic imaging are done.

### SCSW Responsibilities

1. Approve all applicable SDM tools.

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## APPROVALS

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### SCSW Approval

- SDM Safety Assessment
- SDM Risk Assessment
- SDM Family Strengths & Needs Assessment

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## HELPFUL LINKS

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## Attachments

[Physical and Behavioral Indicators of Physical Abuse](#)

## Forms

### CWS/CMS

[SS 8572, Suspected \*\*Child Abuse\*\* Report \(SCAR\)](#)

[SS 8583, Child Abuse Investigation Report](#)

### LA Kids

[DCFS 550, Body Chart](#)

## Referenced Policy Guides

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

[0070-525.10, Assessment of Shaken Infant Syndrome](#)

[0070-531.10, Visual Inspection of Children](#)

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

[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](#)

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

[0600-500.00, Medical Hubs](#)

## Statutes

[Penal Code Sections 11165.3](#) – Refers to a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, including unjustifiable physical pain or mental suffering.

[Penal Code Sections 11165.4](#) – States, in part, that "unlawful corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

[Penal Code Sections 11171 \(a\), \(1\) & \(2\)](#) – States, in part, that adequate protection of victims of child physical abuse or neglect has been hampered by the lack of consistent and comprehensive medical examinations. Enhancing examination procedures, documentation, and evidence collection relating to child abuse or neglect will improve

the investigation and prosecution of child abuse or neglect as well as other child protection efforts.

**Welfare and Institutions Code Section 300 (a)** – States, in part, that a juvenile court may adjudge that a child to be a dependent of the court should the child have suffered, be at risk of suffering physical harm inflicted non-accidentally, by the child's parent or guardian.

**Welfare and Institutions Code Section 324.5 (a)** – States that whenever allegations of physical or sexual abuse of a child come to the attention of a local law enforcement agency or DCFS and the child is taken into protective custody, that agency may, as soon as possible, consult with a medical practitioner to determine whether a physical examination of the child is appropriate. The examination shall be performed within 72 hours of the time the child was taken into protective custody or within 72 hours of the time the allegations were made, if the child is already in custody at the time of the allegations.

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