Physical Abuse Protocol

(Revised 05/03/24)

Related Policies

- Case Consultation
- Case Plans
- Child and Adolescent Needs and Strengths (CANS)
- Child Protection Team Meeting
- Child Victim Witness Protocol
- Importing Photos into CWS/CMS
- Injuries to Children in Open OCS Cases or Investigations
- Medical Opinions - Forensic Examinations/Interviews and Medical Consultations
- Structured Decision Making (SDM)
- Voluntary Services Protocol

Resources

The following resources are available when investigating allegations of physical abuse:

- Medical Tests Frequently Used in Evaluating for Physical Abuse Injury
- Medical Conditions That Can Be Mistaken for Physical Abuse

See Medical Opinions - Forensic Examinations/Interviews and Medical Consultations for additional information.

Child Victim Witness Protocol: The Child Victim Witness Protocol provides guidelines to working with the child victim/witness. It emphasizes treating children with dignity and respect and minimizing further trauma by limiting the number of times a child is interviewed, increasing the effectiveness of the investigative process and facilitating the child's access to needed services, such as medical treatment and trauma counseling.

Resources (cont.)

TEN-4-FACESp: is an acronym and clinical decision rule to help screen children 4 years and younger with marks or bruises, to identify when an injury is more likely to be caused by abuse than accidental injury.

Child Protection Team Meeting: The Children's Hospital Child Protection Team (CPT) is available for SWs to present cases and gather medical, legal, and law enforcement feedback. SWs **will** consult with their Protective Services Supervisor (PSS) prior to scheduling a case for review with CPT. To request scheduling a case to be heard at CPT, SW will contact PSS of the Office of the Ombudsman for scheduling.

NOTE: CPT does not provide any form of written opinion/feedback to the SW. If written documentation is needed from a medical professional that has participated at the review, the SW may request this from individual doctors directly.

Introduction

This protocol is written as a guide to be utilized by all staff involved with the investigation, case planning and management of physical abuse referrals and cases. This is not a substitute for staff knowledge, training, experience or assessment skills and use of Structured Decision Making (SDM) Safety and Risk Assessment tools and Case Consultation.

The Agency's vision is that every child grows up safe and nurtured while ensuring that our intervention level is appropriate for each situation. Through engagement and meaningful relationships, CWS supports families to enhance safety, permanency, and well-being for children.

This protocol supports the Agency's efforts to provide staff with guidelines for assessing the need for services and intervention while ensuring safety and enhancing well-being of children and families impacted by child physical abuse.

Definition and Explanation

Penal Code definitions are applied when concluding dispositions for allegations of physical abuse. The Penal Code defines physical abuse as follows:

Penal Code 11165.3: As used in this article, "the willful harming or injuring of a child or the endangering of the person or health of a child," means a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered.

Penal Code 11165.4: As used in this article, "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.

Definition and Explanation (cont.)

Welfare and Institutions Code (WIC) definitions are applied when petitioning the court. WIC defines types of physical abuse in sections §300(a), (b) (e), and (i), briefly defined as follows (see the Welfare and Institutions Code for complete definitions):

§300(a) - The child has suffered, or there is a substantial risk the child will suffer, serious physical harm inflicted non-accidentally upon the child by the child's parent or guardian.

"Serious physical harm" does not include reasonable and age-appropriate spanking to the buttocks where there is no evidence that serious physical injury occurred.

§300(b) - The child has suffered, or there is a substantial risk 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, …to protect the child from the conduct of the custodian with whom the child has been left, …failure to provide the child with adequate food, clothing, shelter or medical treatment, …inability to provide the child with adequate care due to the parent or guardian's mental illness, developmental disability or substance abuse.

A child cannot be considered under 300(b) solely due to homelessness, the failure of the children's parent to seek court orders for custody, or financial difficulty including poverty that leaves a family unable to provide basic necessities.

§300(e) – The child is under the age of five and has suffered severe physical abuse by the parent, or by any person known by the parent, if the parent knew or reasonably should have known that the person was physically abusing the child.

"Severe physical abuse" means any of the following: any single act of abuse which causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death.

§300(i) - The child has been subjected to an act or acts of cruelty by the parent or by a member of the child's household or the parent has failed to adequately protect the child from an act or acts of cruelty when the parent knew or reasonably should have known that the child was in danger of being subjected to such cruelty.

Types of Physical Abuse

The table below provides examples of suspicious injuries for children/youth of all ages. When a child/youth's injuries are consistent with those listed in the charts, there may be a concern for non-accidental trauma. The tables below are not an exhaustive list of suspicious injuries; SWs will consult with their PSS and the Doctor of the Day to determine next steps regarding the injuries.

NOTE: See Injuries to Children in Open OCS Cases or Investigations regarding the use of Ten-4-FACESp for assessing injuries that are not associated with an existing physical abuse allegation.

Types of Physical Abuse (cont.)

Injuries as they may be reported by a lay person:

Area	Injuries
Head	• Facial bruising to soft tissue of cheek • Blackened eye(s) • Cuts to face • Bruising to scalp • Bruise to earlobe
Neck	• Bruising to neck
Torso, Arms, and Legs	• Bruising/lacerations to multiple parts of body without history of an event likely to result in multiple injuries • Unexplained injuries on a non-ambulatory child
Skin	• Human bite marks • Loop marks • Multiple linear marks • Marks in the shape of another object • Cigarette or other contact burns in the shape of an object • Marks that cover circumference (or nearly so) of a limb or neck • Multiple bruising of different colors (fresh and fading to yellow) that is not on knees, shins, elbows, or other common areas for accidental bruising

Injuries as identified by medical staff or the child abuse experts that may be suspicious injuries for children/youth of all ages:

Area	Injuries
Head	• Torn frenulum in infant • Bruising to earlobe on both surfaces and underlying scalp • Constellation of injuries consistent with sudden impact • Scalp hematoma
Neck	• Bruising to neck
Torso	• Multiple rib fractures (especially posterior) • Fractures to spine
Arms/Legs	• Spiral/oblique fracture in non-ambulatory child • Corner fractures • Bucket handle tears • Multiple fractures of different ages

Types of Physical Abuse (cont.)

Area	Injuries
Skin	• Human bite marks • Loop marks • Multiple linear marks • Marks in the shape of another object • Cigarette or other contact burns in the shape of an object • Marks that cover circumference (or nearly so) of a limb or neck • Multiple bruising of different colors (fresh and fading to yellow) that is not on knees, shins, elbows, or other common areas for accidental bruising

NOTE: SWs should always consider and consult regarding cultural practices that can be causes of marks or injuries including, but not limited to:

- Cupping
- Moxibustion
- Coining/Spooning
- Allowable forms of physical discipline

Assessing for Physical Abuse

Structured Decision Making (SDM) Safety Assessments and Risk Assessments must always be completed as part of safety and risk assessment regarding physical abuse. In addition, research demonstrates that a thorough assessment should include the following:

Child(ren)

- Is there a pattern of abuse/frequency of injury/escalation of abuse?
- Likelihood of victimization of siblings and/or re-victimization of the injured child
- Does the child have ongoing developmental disabilities and/or behavior patterns that may place the child at high risk of re-victimization?
- Sexual connotation to the injuries, such as cuts/bruises/bleeding on genitals/anus and/or bruising on the inner thighs or inner mouth.

Caregiver(s)

- Nature of abuse: sadistic/bizarre/ritualistic/chronic
- Mental capacity/presence of documented psychiatric or emotional disorders
- Explanation does not fit the injury/no explanation/multiple, conflicting explanations
- Delay in seeking medical treatment for child(ren)
- Did the caretaker intend to cause the child harm?
- Caregiver fears he/she will maltreat the child
- If claiming injury was unintentional, demonstrates caring, concern for child's welfare, remorse and rationale regarding discipline issues
- Consider caregiver's behavior in the context of their cultural background.

Assessing for Physical Abuse (cont.)

Timelines

- When/how did the injury occur?
- Who is responsible for the injury?
- Who was present when the injury occurred?
- Did anyone witness the injury occur?
- Who had access to the child at the time the injury occurred?
- When did anyone last see the child without this injury?
- How will the injury affect the child over time?

Evidence

- Photograph the injury – see information regarding Documentation below.
- Where did the injury occur?
- If the child is alleged to have fallen, photograph the location with a measurement for scale (e.g. measure the distance from the bed to the floor or the top of the counter to the floor, wherever the child is alleged to have fallen from and to)
- Was an instrument used to inflict the injury? Take photographs of the instrument and where the instrument was found or coordinate with law enforcement, as the instrument may be seized by law enforcement as evidence.
- Gather medical history from current pediatrician or any physician that has examined the child since the injury occurred.

Importance of Documentation

Documenting injuries as soon as possible with quality photographs is essential:

- SWs will use their County-issued cell phones to photograph injuries in the field.
  NOTE: SWs may not text pictures to their PSS during consultation. Pictures can only be sent via Teams or email.
- Refer to the Body Checks policy for guidelines on taking photographs as well as how and when to examine a child for injuries.
  NOTE: All pictures taken for evidence must be imported into CWS/CMS. See Importing Photos into CWS/CMS for additional information.
- If injuries are noted upon completing a body check of a child, SW will consult with PSS immediately to determine if a medical examination is needed.
  NOTE: Refer to the Forensic Interview/Forensic Medical Exam Criteria resource for policy on when those investigative steps are required.

Emergency Response (ER)

SWs will have a **same-day consultation with their PSS** on ALL allegations of physical abuse.

SWs must get a same-day medical opinion, if not an exam (see Medical Opinions - Forensic Examinations/Interviews and Medical Consultations), whenever one or more of the following exists:

- Child under 1 year of age with bruises, burns, breaks, Abusive Head Trauma, or suspicious injuries
- Child under 3 years of age with burns, breaks, or bruising to head, face or torso

---

Emergency Response (ER) (cont.)

- Suspicious bite marks
- Developmentally delayed or emotionally/physically challenged child who has suspicious breaks or burns or injuries that are traumatic enough to require medical attention
- Any siblings and other children who reside in the home of a child whose death is suspicious or of a non-accidental cause
- Siblings of a child with documented serious non-accidental injuries
- Other high-risk factors related to medical and/or physical issues are present.
- Head injuries are alleged or suspected and the child is experiencing symptoms of a head injury such as dizziness, tiredness, vomiting, or nausea, even if a mark or injury is not seen on the head.

If there is a situation where the injury doesn't match the explanation given, the SW can call the CPT "Doctor of the Day" (see Child Protection Team Meeting) to determine whether the child needs to be taken to the Emergency Room (ER) or if an appointment can be scheduled the next day at Rady Children's Hospital Chadwick Center or Palomar Pomerado Health – Forensic Services (consult with PSS and Protective Services Program Manager (PSPM) before waiting for a next-day appointment). See Resources section above.

The SW must consult with County Counsel, which can be completed during a Multidisciplinary Team (MDT) meeting when a child (age 5 or younger, or who is developmentally delayed at the level of 5 years or younger) has injuries to the head, face or torso, including **accidental** injuries where contributing risk factors exist.

Contributing risk factors may include:

- Parents' lack of maturity/responsibility
- Substance abuse
- Pattern of neglect
- Lack of parenting skills
- Lack of support system

If investigation determines, based on risk assessment, that a case will not be opened for ongoing services, Initial Services (up to 30 days) can include:

- Educating the family regarding alternative forms of discipline and parent/child interactions
- Utilizing available parent support systems
- Referring families to appropriate community-based agencies/resources.

Medical Opinions

SWs will have a same-day consultation with their PSS on ALL allegations of physical abuse, sexual abuse, and/or medical neglect.

The Chadwick Center for Children and Families at Rady Children's Hospital offers a Forensic and Medical Services Program.

Medical Opinions (cont.)

Chadwick Center has a "Doctor of the Day" on duty daily who can assist with consultations to determine whether a child needs to be seen immediately for medical evaluation or an

appointment for a forensic examination or interview will be made. The SW shall consult with their PSS prior to calling the "Doctor of the Day." Call (858) 966-5980 and ask for the "Doctor of the Day." There is no charge for these telephone consultations, but there is a charge if the child is brought in for an examination or a formal consultation is requested.

During regular business hours (Monday through Friday) Law Enforcement, CWS, physicians and/or families may refer cases of suspected physical abuse, sexual abuse, or medical neglect for evaluation, which can help avoid long emergency room wait times when the child's injuries are non-life-threatening.

The Chadwick Center also provides full physical and sexual abuse forensic examinations and interviews by appointment.

The policy requirements for Forensic Interviews and/or a Forensic Medical Exam can be found in full in the Child Victim Witness Protocol. For a table outlining the criteria for Forensic Interviews and/or Forensic Medical Exams for physical abuse allegations, refer to the Forensic Interview/Forensic Medical Exam Criteria resource.

See Medical Opinions - Forensic Examinations/Interviews and Medical Consultations for additional information on referral and payment for these exams.

The SW and PSS will assess all available investigative facts, including the medical opinion and other information gathered from the family and collaterals, to assess the allegation against the Penal Code for Physical Abuse.

Voluntary Services (VS)

Voluntary Services (VS) may be provided to families when:

- substantiating that a child has been abused, neglected or exploited, **and**
- the family is accepting VS, **and**
- there is reason to believe that the family can safely resolve its problems without the intervention of the Court.

These services would not normally be appropriate for families where severe physical abuse of a child 5 years of age or younger has been documented. The following types of physical abuse cases may **not** be appropriate for VS:

- Injuries to the head, face or torso (including accidental injuries where contributing risk factors exist) in a child 5 years or younger or who is developmentally delayed at the level of 5 years or younger
- Physical abuse that causes significant bleeding, deep bruising or significant external or internal swelling, bone fracture or unconsciousness
- Physical trauma which, if untreated, would cause death or permanent disfigurement or physical disability

Voluntary Services (VS) (cont.)

- Burns of a punitive nature
- Non-organic failure to thrive
- Abuse that resulted in the death of another child in the parent's home
- Sadistic abuse
- Non-accidental poisoning
- Bite marks caused by an adult.

See Voluntary Services Protocol for more information on opening VS cases.

Court Intervention (CI)

It is appropriate to file a petition in Juvenile Court when assessment indicates:

- There is a level of risk to a child that cannot be reduced without court intervention.
- Neither Initial or Voluntary Services would sufficiently reduce the risk to the child(ren) or the case is not appropriate based on the exclusion criteria stated above.

Filing a petition must be assessed when a child (age 5 or younger, or who is developmentally delayed at the level of 5 years or younger) has injuries to the head, face or torso, including **accidental** injuries where contributing risk factors exist.

Contributing risk factors may include:

- Parents' lack of maturity/responsibility
- Substance abuse
- Pattern of neglect
- Lack of parenting skills
- Lack of support system.

In both Family Reunification and Family Maintenance cases, the Case Plan should be family-centered to address the priority needs and strengths identified in the Child and Adolescent Needs and Strengths (CANS) assessment. See Case Plans for additional information.

Reunification Bypass under WIC 361.5(b)

WIC 361.5(b) does not require reunification services to be provided to a parent/guardian under specified circumstances, such as when the Court finds by clear and convincing evidence:

- **361.5(b)(3):** That the child has been previously adjudicated a dependent pursuant to any subdivision of Section 300 as a result of physical or sexual abuse, that following that adjudication the child had been removed from the custody of his or her parent or guardian pursuant to Section 361, that the child has been returned to the custody of the parent or guardian from whom the child had been taken originally, and that the child is being removed pursuant to Section 361, due to additional physical or sexual abuse.
- **361.5(b)(5):** That the child was brought within the jurisdiction of the Court under subdivision (e) of Section 300 because of the conduct of that parent or guardian.

If a physical abuse case appears to fit under either of the above provisions, the SW will consult with County Counsel (CC) to discuss whether or not to recommend services.

Continuing Services (CS)

In both Family Reunification and Family Maintenance cases, the Case Plan should be family-centered to address the priority needs and strengths identified in the Child and Adolescent Needs and Strengths (CANS) assessment. See Case Plans for additional information.

When a child who had been physically abused has been returned to or is living in the same home as the perpetrator, the SW will include performing regular body checks in the Case Plan.

Body checks are to be conducted at both scheduled and unannounced visits. The SW and PSS will regularly discuss body checks and determine their minimum frequency.

Alignment with SET

Preserving the primary family and relationships is our priority (SET Value 1). When this is not possible, CWS strives to ensure children will maintain and establish safe and nurturing relationships (SET Value 3).