Sexual Abuse Protocol

(Revised 04/07/23)

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Introduction

This protocol is written as a guide for all CWS staff involved in the investigation, case planning and management of sexual abuse cases. It is designed to be used in conjunction with the SW's knowledge, training, experience, assessment skills, while integrating Safety Organized Practice.

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 sexual abuse.

Definitions/ Terms Used in Protocol

This table lists various terms used throughout this Protocol and their definitions:

Term	Definition (and Synonyms)
Alleged Offender	Person alleged to have committed sexual abuse against the child victim. (aka "Perpetrator")
Offender	Person found to have committed the abuse by a court.
Non-Offending Parent	Parent who did not commit acts of sexual abuse against the child victim. Non-Offending Parents include both the Non-Protecting Parent and the Protecting/Protective Parent.
Non-Protecting Parent (NPP)	Parent(s) who allowed the abuse to occur or continue because they failed to engage in acts of protection. The non-protective parent may be custodial or non-custodial. Non-protective acts include, but is not limited to: • Leaving victim alone with offender after disclosure was made • Failing to report victim's disclosure to appropriate authorities • Failure to believe the victim's disclosure • Blaming the victim for the abuse • Not consistently supporting the victim emotionally Supporting/believing perpetrator denials

Definitions/ Terms Used in Protocol (cont.)

Term	Definition (and Synonyms)
Protecting/ Protective Parent	Parent(s) who consistently engage in acts of protection and support the victim and siblings. Acts of protection include, but is not limited to: • Believing the victim's disclosure • Ensuring that the offender does not have access to the victim and other potential victims • Making supportive statements to the victim and siblings • Participating in appropriate therapy that supports the victim's healing • Testifying in support of the victim in Court
Forensic Interview	Detailed interview done by a trained child forensic interview specialist at a Child Advocacy Center (CAC) for investigative purposes.
Forensic Examination	Medical examination performed by a child abuse trained medical provider at a Child Advocacy Center (CAC) for investigative purposes.
Victim	Child who is suspected of being sexually abused.

WIC and Penal Codes

The following subdivisions of California's Welfare and Institutions Code (W&IC) relate to sexual abuse:

- WIC 300 includes sections (d) and (j), Juvenile Court jurisdiction definitions WIC 361.5(b) including sections (6) and (16), reunification bypass allowances

The following subdivisions of California's Penal Codes relate to sexual abuse:

- PC 11165.1, definition of sexual abuse/sexual assault
- PC 261.5, sections (a) through (e)(1), definition of sexual intercourse with a minor

Sexual Abuse Referrals Received at the Hotline

When sexual abuse is reported, the Hotline SW will follow policies for screening, evaluating out, and assigning as outlined in the following policies:

- Hotline - Referral Screening Criteria
- Hotline - Assignment of Referrals
- Hotline - Priority of Referrals
- ER - Changing Response Determination
- Hotline - Statutory Rape

Emergency Response Investigation Components

In addition to following investigation requirements in ER - Investigations, Child Victim Witness Protocol, and Interviewing a Child at School, the components listed below are guidelines for a thorough investigation, but may not apply to every referral/case.

1. Contact law enforcement and/or detective before beginning the investigation to coordinate interviews with the alleged victim and offender. (See Child-Victim Witness Checklists)

2. Evaluate the need for a forensic interview and examination based on the Forensic Interview/Forensic Medical Exam Criteria and immediately contact law enforcement if either appears to be indicated. (See Medical Opinions - Forensic Examinations/Interviews and Medical Consultations for additional information.) If coordination with law enforcement reveals that a forensic interview will be conducted with a victim immediately, and the SW has not already interviewed the victim, the SW should not interview the victim prior to forensic interview, but will follow up after to interview the youth regarding all other areas of abuse and neglect.

3. The forensic interview serves as a team interview and can be utilized as the SW's interview regarding the allegation. It is **required that the SW be present** for the forensic interview. If the forensic interview is not able to be scheduled immediately, the SW should complete a minimal facts interview with the victim (The Minimal Facts Interview Checklist is located in the Resources Guide) regarding the allegations and will complete a complete interview regarding all other areas of abuse and neglect to ensure safety of the youth while awaiting the forensic interview.
   NOTE: If the SW is unable to attend, the PSS will send another SW in his/her place.

4. Interview alleged victim(s) and all available siblings:

   - separately
   - outside the presence of the alleged offender and other parent/caregiver
   - in a sensitive and supportive manner.

   NOTES: Follow policy and procedures in the Child Victim Witness Protocol to minimize trauma to the victims and/or siblings by, whenever possible, limiting the number of times a child must be interviewed.

   While the SW is not prohibited from re-interviewing a victim if additional information is needed, the SW must try to gather enough information during the initial interview to avoid having to subject the victim to another interview.

5. Interview alleged perpetrator. CWS must at least attempt to interview the alleged offender, but this should be coordinated with law enforcement as much as possible.

   NOTE: If sexual abuse is suspected but law enforcement requests that CWS not interview the perpetrator, the SW will consult with their supervisor and County Counsel regarding interview requirements for investigations and CACI reports.

6. If the alleged offender is a child, it is critical that the child's alleged behavior is assessed and evaluated by the SW within the context of developmentally acceptable child sexual behavior (see behavioral indicators of child sexual abuse).

Emergency Response Investigation Components (cont.)

7. If the alleged offender is a child **and** it appears the alleged behavior was outside the continuum of developmentally acceptable sexual behavior, both alleged offender and victim should receive forensic interviews.

8. Assess the influence of others, including support people, on the victim (e.g., coaching responses, pressuring to recant, etc.)

9. If alleged offender is a juvenile, assess history of physical, sexual, and/or emotional abuse/neglect.

10. Review the Grooming Behaviors List. This list is for internal use only. If sexual abuse has been alleged, this list may be useful in assessing the situation. If any of these behaviors are occurring, the SW can alert a caregiver, therapist, etc.

    NOTE: The presence (or lack) of these, or any other, "grooming" behaviors is not, in and of itself, an indication that sexual abuse has or has not occurred. A full assessment of harm and danger must be done.

11. When investigating allegations of sexual abuse, the SW will NOT move/remove any part of the child's clothing. If the SW believes there's physical evidence that needs to be documented and assessed, the SW will immediately follow procedures for requesting a forensic examination and consult with law enforcement (see Medical Opinions - Forensic Examinations/Interviews and Medical Consultations).

General Reminders

When investigating allegations of sexual abuse, SWs will:

- Assess the need for immediate medical care, including if the last sexual abuse incident occurred within the previous 72-120 hours
- Remember that sexual abuse does not necessarily require physical contact and could include masturbation in the presence of a child
- Coordinate with law enforcement on all aspects of the investigation
- Avoid multiple interviews (see Child Victim Witness Protocol)
- Assess for ALL other types of abuse and neglect
- SWs need to be mindful that recantation is not unusual in child sexual abuse cases.
- Bring copies of the following to give to parent/caregiver when applicable:
    - Victim Application for Crime Victim Compensation Form
    - Restraining Orders information and form (JV-250)
    - "Understanding Children's Sexual Behaviors" (also available in Spanish) for caregiver.

NOTE: "Understanding Children's Sexual Behaviors" booklet (also available in Spanish) by Dr. Toni Cavanagh Johnson, Ph.D. is an optional resource available for SWs to review prior investigating allegations of sexual abuse.

Minimal Facts Interview with Victim

Whenever possible, a minimal facts interview should be coordinated with Law Enforcement.

The SW should gather only enough information from the victim to make immediate protective and investigative decisions. "Minimal facts" that should be gathered from the victim in the field include:

- Who, what, where, when, how (the "Wh- questions")
- Whether or not there are any witnesses
- Whether or not the child has told anyone; if so, what did child tell this person and what was the response of the person told
- Whether or not there are other perpetrators and/or victims
- Whether or not anything hurt (then or now).

NOTE: Younger children can have difficulty with time concepts. If a child discloses abuse, avoid asking "When did…?" or "How many times did…?" Instead, ask the child to tell everything about the last time something happening (i.e., details, not when).

It is only necessary to get an account of *one* act of sexual abuse. Questions about multiple acts, frequency, all sexual acts, ejaculation, lubricants used, etc. will be the focus of the subsequent in-depth forensic interview.

The Minimal Facts Interview Checklist is located in the Resources Guide

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Referral for a Forensic Interview for Child

If a child discloses abuse during the minimal facts interview, the child should be referred to the local Child Advocacy Center (Chadwick Center or Palomar Forensic Health) for a forensic interview and/or examination based on the Forensic Interview/Forensic Medical Exam Criteria. Law enforcement typically authorizes such interviews, but if an interview is denied, then the SW will follow CWS policy and procedures for requesting internal authorization (see Medical Opinions - Forensic Examinations/Interviews and Medical Consultations) for the interview.

The purpose of the forensic interview, which is recorded and available to involved parties with appropriate court orders, is to assist law enforcement and CWS with obtaining complete and accurate information that will support accurate and fair decision making in the criminal justice and child welfare settings. The interview is to be conducted in a developmentally and culturally-sensitive manner, utilizing objective, neutral and legally defensible interviewing strategies.

NOTE: If the assigned SW is unable to attend the forensic interview, the assigned SW will ask the PSS or another member of the unit to attend. After the interview, the assigned SW will immediately contact the interview site to view a recording of the interview even if someone attended in the assigned SW's place.

Although most children only require one forensic interview, it is the up to the investigative agencies, or team, as to whether or not additional forensic interviews of the child may be warranted to assist in making case decisions.

Forensic Medical Exam

A medical assessment may be necessary based on the Forensic Interview/Forensic Medical Exam Criteria.

The medical provider doing the child abuse examination will provide a written report to Law Enforcement and CWS.

SWs may request the following types of forensic medical exams:

Type of Exam	Description
Sexual Abuse • Acute Forensic Exam/SART	• For children and/or adolescents in which the incident is believed to have occurred recently, to collect evidence. NOTE: While CWS can authorize an Acute exam, DNA collection can only be authorized by Law Enforcement.
• Non-acute Forensic Exam	• For children who report a history (delayed disclosure) of sexual abuse when penetration is reported, medical symptoms exist, and/or concerns of STDs, pregnancy, etc.

For more information on consent and practice considerations, see Medical Opinions - Forensic Examinations/Interviews and Medical Consultations.

Interviewing the Non-Offending Parent (NOP)

The goals of the interview with the NOP are to:

- Find out what the NOP knew/knows.
- Assess the NOP's level of cooperation. Is (s)he open and honest or minimizing and denying?
- Assess the NOP's ability and willingness to protect the child at that time.

Questions for Interviewing the NOP include:

- Tell me about your relationship with your child.
- Tell me about your child's relationship with the alleged offender. (Close? In conflict? How much time spent together? Discipline issues?)
- Have you noted changes in your child's behavior? If yes, describe. See Behavioral Indicators
- What kind of support system/network do you have in place?
- Does the alleged offender currently have access to your child?
- Do you have any concerns about any of the alleged offender's sexual interests or behaviors- including pornography or child sexual abuse material (CSAM)- that has caused problems in the relationship?
- Have you ever known the alleged offender to videotape sex acts, take sexually-explicit photos, or to express an interest in doing that?
- Have you ever been afraid for your safety and/or the safety of your children? If yes, why? What did you do?
- Have you tried to take action about past or present abuse? What happened? What worked and what didn't work?
- Are there any past or present restraining orders between any people for any reason?
- Are there any existing Family (or other) Court orders related to your child?
- Has the alleged offender ever touched your child in a way that made you feel uncomfortable?
- Does the alleged offender ever treat one child significantly better or worse than another?
- Have you ever been sexually abused? (If so, how old were you? Who was the perpetrator? Did you tell anyone? If so, what happened? Did you ever get help?)
- What do you believe would help keep you and/or your children safe?
- What are you willing to do to protect your child to make sure this doesn't happen again?
- Use scaling questions to determine NOP's acceptance of the abuse and child safety (Example: "Most of the parents may go back and forth between believing his/her child and believing his/her spouse/partner. Is this something you are feeling or experiencing right now? If we were to rank this on a scale from 0 to 10, where 0= you do not believe these allegations at all and this is a big misunderstanding; and 10= you really think something happened to your child, where would you put yourself on this scale? What got you to that number? What would it take to move that number up just one point on the scale?" (NCCD Case Plan Field Tool 2014).
- Use Solution Focused Inquiry questions (Position Questions, Coping Questions, etc.) Example: "If your children were here right now and were able to speak about this, what would they say worries them about the current allegations?" or "How do you think your child has been impacted by the sexual abuse?"

Interviewing the Alleged Offender

While the CWS investigation is *separate** from the Law Enforcement (LE) investigation, the SW must make every effort to coordinate the interview with LE **before** interviewing the alleged offender. The SW is encouraged to conduct a joint interview with LE whenever possible.

*"Separate" also means that the LE and CWS dispositional decisions (such as whether or not to close the case) are also made independently of each other.

If LE asks the SW to not interview the suspect, the SW will follow CWS policy in the "Interviewing the alleged perpetrator" section of the ER - Investigations file in the Policy Manual.

The goals of the interview with the alleged offender are to:

- Find out what happened from the alleged offender's perspective.
- Assess the alleged offender's level of cooperation. Does (s)he admit to the allegations or minimize and deny?
- Assess the alleged offender's ability and willingness to do what it takes to ensure the victim's current and future safety. Use scaling questions to determine the offender's willingness to abide by a Safety Plan, court order, and the impact the abuse has had on the victim and other family members.

When discussing specific incidents, use police or medical reports, if available. Avoid providing or confronting the alleged offender with information disclosed directly by the victim. If the alleged offender denies abuse, do not try to force disclosure. **The SW does not need the alleged offender's disclosure to confirm that sexual abuse has occurred.** Confirmation can be derived from adult and child-victim statements; SW observations, interviews, and assessments; and other police/agency/ medical reports.

Questions for Interviewing the Alleged Offender:

- Tell me about your relationship with the child.
- The allegations are _____. What is your response? (Quote when possible.)
- If offender admits, ask:
- How often did it occur?
- Did you ever tell the child not to tell anyone what was going on?
- Did you ever promise things to the child if (s)he didn't tell?
- Have you ever been accused of, or arrested for, any crime? If so, what? Accused of, or arrested for a violent and/or sexual crime?
- Are you currently on probation or parole? If so, for what?
- Have you ever been on probation or parole? If so, for what?
- Have you ever been prohibited by court order from contact with a child? If so, what were the circumstances?
- Are you aware of any physical/behavioral problems that the child may have at home/school/day care? If so, describe.

Interviewing the Alleged Offender (cont.)

- Tell me about your relationship with the child's other parent or caregiver.
- Do you ever watch or collect pornography? If so, where? (computer, photos, magazines, etc.)
- Have you ever been physically or sexually abused? (If so, when, by whom, what happened? etc.)
- If there does not appear to be any other way to maintain the child(ren) safely in the home, would you be willing to live apart from the child(ren) during the investigation stage? (If a Safety Plan [04-277] has been, or will be, developed, discuss it with alleged offender.)
- If the court finds that a dependency petition naming you as the alleged offender is true, would you be willing to live apart from the child(ren) while you are participating in court-ordered services and/or treatment?

If the Alleged Offender Is a Minor: In addition to the above, the SW must do a CWS/CMS check for history (may be a victim or alleged offender). If there is reason to believe at any point that the alleged minor offender is a victim of sexual abuse (per SDM Hotline Screening tool definition of sexual abuse) then a companion referral should be generated.

If the alleged offender is a dependent or a ward of the court, the SW must get the consent of the alleged offender's Juvenile Court attorney **prior to** interviewing him/her.

Assessing Child Safety and Risk

As with all open referrals and cases, the SW must:

- Gather enough information at complete the initial SDM Safety Assessment following the first face-to face visit with an alleged child victim and possibly subsequent Safety Assessments
- Assess the child's safety during each SW contact, and consider potential danger.
- Complete a Safety Assessment whenever there's new information or when circumstances change that affect the child's safety.

The SDM Safety Assessment specifically addresses sexual abuse. Review the definition for each safety threat to determine if the circumstances meet the definition, and consult with the PSS.

SDM Safety Assessment Safety Threat #2 and its definitions:

Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.

SDM Safety Assessment Safety Threat #6 and its definitions:

Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

Suspicion of sexual abuse may be based on indicators such as:

- The child verbally discloses sexual abuse.
- Medical findings consistent with molestation.
- The child's behavior appears to be sexually age-inappropriate toward self or others but child denies sexual abuse.

Assessing Child Safety and Risk (cont.)

It might be necessary to consider further assessment, including but not limited to:

- A forensic interview to explore possible sexual victimization
- Behavioral intervention to teach child appropriate boundaries may be indicated.

NOTE: Physical findings related to sexual abuse are rare, even in infants and toddlers, because the body heals quickly and because abuse can occur without physical injury.

Reminder: Lack of physical findings does NOT mean that abuse did not occur.

- The caregiver or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing the child to observe sexual performances or activities).
- Access to a child by possible or confirmed sexual abuse offender exists.

Definitions of all 10 Safety Threats can be found in the SDM Manual, SDM Safety Assessment file.

The SDM Risk Assessment is completed after a Safety Assessment has been completed and the SW has reached a conclusion regarding the allegation AND prior to the decision to promote the referral to a case.

Complete the Child and Adolescent Needs and Strengths (CANS) to assist in case planning.

Assessing Sibling Safety

The California Appellate Court has held that in order to file a WIC 300(j) sibling petition on sexual abuse cases, there must be specific evidence to show how the sibling is at-risk for sexual abuse. CWS must demonstrate that **each** sibling **is more likely than not** to be at imminent danger for sexual abuse.

Levenson, Becker, & Morin (2008) reported that:

- Criminally adjudicated sex offenders who abused a child age 6 years or younger (regardless of gender) were 3 times more likely to have sexually offended against children of both genders

Research indicates that intra-familial offenders **more likely than not** abuse more than one child in the family.

Weinroot and Saylor (1991) - Surveyed adult males committed to psychiatric hospitals:

- 34% of extra familial offenders also had intra-familial child victims
- 50% of intra-familial child abusers had sexually abused a child outside of the family

Assessing Sibling Safety (cont.)

However, the SW must be able to demonstrate that, based on the facts of the specific case; the level of danger for each sibling's risk indicates abuse is **more likely than not in this particular family.**

The Detention Hearing Report must include specific factors that show a direct link between the facts of the case and danger to each sibling named in the petition.

- Having an expert opinion about this danger is also helpful and most likely needed if the case goes to trial.

The following questions address basic information that must be addressed in the Detention and Jurisdictional/Dispositional court reports:

- Was the sibling exposed to the sexual abuse of the victim? If so, the exposure constitutes danger because:
    - exposure "normalizes" the abuse (makes it "acceptable" behavior), and/or
    - it demonstrates that the offender can do what he/she wants because the child is powerless (instills a sense of powerlessness against the offender), and/or
    - it may constitute initiation of sexually inappropriate behavior with that sibling, either as a direct victim or as a forced co-offender in the continuing sexual abuse of the initial victim
- Does the offender have a past or current history of preferentially choosing to spend time with sibling's age group or with gender opposite of initial victim's? Examples include: Coaching sports, teaching Sunday school in that grade, taking children on over-nights or for extra-curricular activities?
- Does the offender have an interest in child sexual abuse material (pornography), which has been shown to be predictive of pedophilic sexual interest, thus increasing risk to siblings?

NOTE: SDM Safety Assessments are conducted on all children with allegations of abuse in the household.

Assessing Non-Offending Parent's (NOP's) Ability to Protect Child

Regardless of visitation and placement, the SW must assess the NOP's ability and willingness to protect the child by considering the NOP's:

- Past acts of protection, e.g., the signs the parent demonstrated to try to keep the child safe.
- Past actions of harm or danger
- Whether or not the NOP supports the child.

  NOTE: Research indicates that NOP supportiveness (defined as believing the victim AND additional acts of protection such as severing romantic or interpersonal relationship with the offender, and keeping offender out of home and away from child) is probably the most significant factor in determining:

Assessing Non-Offending Parent's (NOP's) Ability to Protect Child (cont.)

- whether or not a child initially discloses sexual abuse upon questioning by CWS
- the probability that the child will recant if disclosure does occur, and
- the child's subsequent emotional and mental health adjustment following the abuse

(Malloy and Lyon [2006]. Caregiver Support and Child Sexual Abuse: Why Does It Matter? *Journal of Child Sexual Abuse, 15*, 97-103.)

- Knowledge/suspicion (or lack thereof) of the sexual abuse
- What the NOP did/did not do upon learning of the sexual abuse
- Presence or absence of drug/alcohol history or current use
- Presence or absence of other types of abuse or neglect such as:
  - Domestic violence in the home
  - Physical abuse
  - Neglect of basic needs (food, clothing, medical/mental health needs)
- Intent to continue/discontinue the relationship with the alleged offender

NOTE: If the NOP will be continuing a relationship, assess his/her willingness and ability to restrict all access (see definition in assessing alleged offender access) to the victim(s) that is not authorized by the SW or ordered by the court.

- Relationship with the alleged offender's family members
- Denial, justification, or minimization of the sexual abuse
- Whether or not the NOP blames the child for the sexual abuse, including blaming the child for telling and/or for "ruining" the family
- Own sexual abuse history (as a perpetrator or as a victim)
- Presence or absence of a safety network
- History of following court orders and/or cooperating with CWS (which can be useful for assessing whether or not the NOP benefitted from prior CWS involvement and whether or not the NOP only superficially complied but did not behaviorally follow through with the Case Plan or discharge plan)
- Level of financial independence (which can be a contributing factor related to the NOP's willingness or ability to sever the relationship with the alleged offender)
- Strengths and coping skills
- Willingness to develop and follow a Safety Plan and a Case Plan.
- **SWs** must, throughout the life of the case, continually assess the NOP's ability to protect the child(ren) because circumstances can change frequently, both for better and for worse.

Assessing Alleged Offender's Access to Child

NOTE: This section is not designed or intended for the SW to assess the alleged offender's risk/likelihood to re-offend. Such an assessment can be made only by a qualified treatment provider.

"Access" means more than just whether or not the alleged offender would have the opportunity to re-abuse the child. It also refers to whether or not the alleged perpetrator has the opportunity to intimidate, coach, bribe or in any other way manipulate the child, whether directly by talking/phoning/e-mailing/texting/social networking the child; or

Assessing Alleged Offender's Access to Child (cont.)

indirectly, by letting the child see him/her at the child's school/ daycare, sporting event, recital, etc.

SWs should be mindful of the following when assessing sexual abuse offenders:

- CWS cases are forensic cases, meaning that information obtained during the CWS investigation can be used in Juvenile, Family, and/or Criminal Court.
- "Grooming" describes the overt and covert behaviors used by an offender to do the following with a prospective victim:
  - gain trust
  - slowly encroach on personal boundaries
  - gain power and control
  - subtly intimidate, and
  - ultimately manipulate
- Sex offenders are often skilled at grooming and manipulating adults such as the NOP, the SW, the therapist, probation officer, etc., which is why CWS has guidelines regarding appropriate providers and treatment

Additional elements to consider about the alleged offender include:

- Denial, justification, or minimization of the sexual abuse
- Current ability and willingness to follow court orders, especially regarding living arrangements and visitation/no contact, regardless of whether or not admitting/denying allegations
- Relationship with the NOP and/or other family members
- Relationship with the victim and sibling(s)
- Past relationships, and what those partner(s) say about the alleged offender's behavior around their child(ren)
- Presence or absence of drug/alcohol history or current use
- Intent to continue/discontinue the relationship with NOP
- Whether or not there's domestic violence in the home
- Perpetration history (accused, arrested, or convicted AND whether or not they have ever received sex offender treatment intervention as evidence of prior offending behavior.) SW must verify completion of treatment
- Victimization history (self as victim of sex abuse)
- Financial situation (especially relative to the possibility of supporting two households if needing to move out before the child could return home)
- Strengths and coping skills

Grooming Behaviors

Below is a list of some common "grooming" behaviors. **These behaviors are not evidence of sexual abuse, but are often present when a child is a victim of, or is at-risk of, sexual abuse.** Conversely, a child may be sexually abused **without** a history or obvious signs or patterns of grooming.

Assessing the *context* of the behavior and the child's response is critical.

- Treating one child differently from siblings.

Grooming Behaviors (cont.)

- Wanting to spend time alone with child, making excuses to go places or to have others leave.
- Doing things to child or asking child to do things that involve physical contact, like giving backrubs, washing back, tickling, massaging, wrestling, or wanting to help child wash.
- “Accidentally on purpose” touching child’s private parts, e.g., brushing against breasts while wrestling, rubbing body against each other.
- Looking at or touching child’s body while saying it is an inspection or to see how child is developing.
- Putting on lotion or ointment when other caregiver or others are not around or when nothing is wrong.
- “Accidentally on purpose” going into child’s room while child is undressed, or going into the bathroom when child is in there.
- Not respecting child’s privacy, e.g., entering child’s room without knocking, not allowing child to close doors to bedroom or bathroom.
- Asking questions or making accusations about sexual things between child and child’s boyfriends/girlfriends.
- Teaching sex education by showing pornographic pictures, showing own private body parts or touching child’s privates
- Saying sexual things about child’s body or how child dresses (e.g., “That sweater really shows off your great figure.”)
- Talking to child about sexual activities

  NOTE: Problematic behavior in this area would involve talking to the child about adult sexual behavior that is unrelated to sex education and/or is not age-appropriate.

- Saying child is special, different, only one who really understands, etc.
- Giving child special privileges or favors, or making child feel obligated.
- Singling child out in ways that isolate the child
- Telling child not to tell mother/father or other people about things that happen between the child and the groomer.
- Going into child’s bedroom at night for no reasonable reason.
- “Accidentally on purpose” letting own bathrobe fall open, walking without clothes on.

Indicators of Sexual Abuse

This section identifies *possible* indicators of child sexual abuse. It is a *guide* based on the expertise of various professionals in the field of child sexual abuse.

Indicators may be behavioral, sexual or nonsexual, physical, and/or emotional in nature. Likewise, indictors of sexual abuse may be manifested differently based on a child’s age and/or developmental level. **Indicators alone do not mean abuse is occurring and/or has occurred. Likewise, a lack of indicators does not mean that abuse is *not* occurring**. Children have their own internal coping abilities, strengths and limitations, and personality make-up. As a result, there is great variability in how children cope with, and respond to, sexual abuse.

Indicators of Sexual Abuse (cont.)

Identifying indicators of possible sexual abuse must be done in conjunction with interviewing the victim(s), collaterals, and any witnesses. Keep in mind that the alleged offender almost always denies the allegations. Often, the offender will attribute the victim's internalizing (depression, social isolation) and/or externalizing (temper outbursts, aggressive behavior, impulsivity) behaviors to the child being chronically lazy, mentally ill, oppositional defiant, chronically promiscuous, and/or a liar – essentially labeling the child as "the problem". For this reason, the alleged offender is an unreliable source of information regarding any changes in the child's behavior.

Nothing in this section (or in this Protocol) is to be taken alone as "proof" that a child has (or has not) been sexually abused.

SWs must fully investigate each situation, and assess and document each child's harm, safety, and risk.

Described below are possible indicators published by the Child Welfare Information Gateway.

Psychosocial Indicators of Child Sexual Abuse

Two categories of behavioral indicators are described here:

1. sexual indicators, generally being higher-probability indicators
2. nonsexual indicators, usually considered lower probability.

1. Sexual Indicators

Sexual indicators vary somewhat depending on the child's age. The discussion of these indicators will be divided into those likely to be found in younger sexually abused children (aged 10 or younger) and those likely to be found in older sexually abused children (older than age 10). However, this distinction is somewhat arbitrary, and within these two groups there are children at very different developmental stages.

Sexual Indicators Found in Younger Children

These behaviors are high-probability indicators because they represent sexual knowledge not ordinarily possessed by young children.

3. Statements indicating precocious sexual knowledge, often made inadvertently.
4. A child observes a couple kissing on television and says that "the man is going to put his finger in her wee wee."
5. A child comments, "Snot comes out of Uncle Joe's ding dong."
6. Sexually explicit drawings, e.g., a depiction of fellatio.
7. Sexual interaction with other people.
8. Sexual aggression toward younger or more naive children (may represent an identification with the abuser).
9. Sexual activity with peers (may indicate the child experienced a degree of pleasure from the abusive activity).

Indicators of Sexual Abuse (cont.)

10. Sexual invitations or gestures to older persons (suggests the child expects and accepts sexual activity as a way of relating to adults).
11. Sexual interactions involving animals or toys.
12. A child makes dolls engage in oral sex.

Sexual knowledge is more compelling when demonstrated by younger children than older ones because the latter may acquire sexual knowledge from other sources such as sex education classes or discussions with peers or older children.

While younger children may obtain knowledge from sources other than abuse, they are not likely to learn the intimate details of sexual activity such as what semen tastes like and penetration feels like without direct experience. Another indicator is **excessive** masturbation. Because "excessive" could be subjective, masturbation might be indicative of sexual abuse if the child:

- masturbates to the point of injury.
- masturbates numerous times a day.
- cannot stop masturbating.
- inserts objects into vagina or anus.
- makes groaning or moaning sounds while masturbating.
- engages in thrusting motions while masturbating.

Disclosure: A High-Probability Sexual Indicator for All Children

(e.g., when coached in custody disputes). A study by Eisen, Goodman, Qin, Davis, & Crayton (2007) found that sexually abused children omitted information related to the abuse upon questioning more frequently than they inserted incorrect information when directly queried about the sexual abuse; these acts of commission occurred approximately 4% of the time. This means that it is very unlikely that a child will report erroneous information or details regarding sex-related questions. In a review of the research on children's memory development and memory recall in a forensic context, Pipe & Salmon (2009) reported that children often don't disclose abuse immediately or even within weeks/months of the last occurrence, especially if it is sexual abuse. "Delayed reporting is as much the norm as the exception" (Pipe & Salmon, 2009, p. 251). Also, the child may not perceive the abuse as abuse. Forensic interviews are key to eliciting accurate information without interjecting information that might contaminate the interview. Children may not want to disclose – they feel shame, embarrassment, responsibility; they are motivated to protect the loved suspect or have been cajoled or threatened.

When children report to anyone they are being, or have been, sexually abused, there is a high probability they are telling the truth. Only in rare circumstances do children have any interest in making false accusations. According to a review of empirical literature, Mikkelsen, Gutheil, and Emens concluded: "False allegations of sexual abuse by children and adolescents are statistically uncommon, occurring at a rate of 2 to 10 percent of all cases." (Mikkelsen, E.J., T.G. Gutheil, and M. Emensa: False Sexual Abuse Allegations by Children and Adolescents: Contextual Factors and Clinical Subtypes. American Journal of Psychotherapy 46: 556-70, 1992). Therefore, unless there is substantial evidence that a statement is false, it should be interpreted as a good indication that the child has, in fact, been sexually abused.

Indicators of Sexual Abuse (cont.)

2. Nonsexual Behavioral Indicators of Possible Sexual Abuse

Nonsexual behavioral symptoms are lower probability indicators of sexual abuse because they can also be indicators of other types of trauma. For example, these symptoms can be a consequence of physical maltreatment, marital discord, emotional maltreatment, or familial substance abuse. Nonsexual behavioral indicators can arise because of the birth of a sibling, the death of a loved one, or parental loss of employment. Moreover, natural disasters such as floods or earthquakes can result in such symptomatic behavior.

As with sexual behaviors, it is useful to divide symptoms into those more characteristic of younger children and those found primarily in older children. However, there are also some symptoms found in both age groups.

Nonsexual Behavioral Indicators in Younger Children include:

- sleep disturbances
- enuresis and/or encopresis
- other regressive behavior (e.g., needing to take transitional object to school)
- self-destructive or risk-taking behavior
- impulsivity, distractibility, difficulty concentrating (without a history of nonabusive etiology)
- refusal to be left alone
- fear of the alleged offender
- fear of people of a specific type or gender
- fire-setting (more characteristic of boy victims)
- cruelty to animals (more characteristic of boy victims)
- role reversal in the family or pseudomaturity.

Nonsexual Behavioral Indicators in All Children

- problems relating to peers,
- school difficulties, and
- sudden noticeable changes in behavior.

Sexually abused children may manifest a range of symptoms that reflect the specifics of their abuse and how they are coping with it.

Suspicion is heightened when the child presents with several indicators, particularly when there is a combination of sexual and nonsexual indicators. For example, a common configuration in female adolescent victims is promiscuity, substance abuse, and suicidal behavior. But while the presence of both behavioral and physical symptoms increases concern, the absence of a history of such indicators does not signal the absence of sexual abuse.

Indicators of Sexual Abuse in Adolescents

While it is often difficult to assess possible CSA based only on behavioral factors in younger children, it can be even more difficult to assess in adolescents because their speech and behavior normally become more sexually-oriented as they develop.

Indicators of Sexual Abuse in Adolescents (cont.)

Described below are possible indicators of sexual abuse of an older child published by the [Child Welfare Information Gateway].

Sexual Indicators Found in Older Children

As children mature, they become aware of societal responses to their sexual activity, and therefore overt sexual interactions of the type cited above are less common. While some level of sexual activity is considered normal for adolescents, these three behaviors may signal sexual abuse in older children:

- sexual promiscuity (especially girls)
- sexual victimization by peers or nonfamily members (especially girls)
- adolescent prostitution (both genders).

Nonsexual Behavioral Indicators in Older Children include:

- eating disturbances (bulimia and anorexia)
- running away
- substance abuse
- self-destructive behavior, e.g., suicidal gestures/attempts
- self-mutilation
- incorrigibility
- criminal activity
- depression and social withdrawal.

Safety Plans

When a Safety Threat is identified on the SDM Safety Assessment, the SW must assess whether developing a Safety Plan with the family can prevent removal of the child(ren) from the home AND keep the child(ren) safe.

A Safety plan may minimize the trauma by keeping children in their homes and/or communities.

Developing a safety plan is an opportunity to engage the family around safety and assessing protective behaviors. The Safety Plan (04-277) is available in English, Spanish, and Arabic.

Safety Mapping

Research indicates that when Sexual Abuse is occurring in the child's home, the child may also be a victim of other forms of abuse. This can further complicate the CWS case. Best practice when there are such cases with multiple safety issues is to conduct a safety mapping, with the family whenever possible, to address all safety factors.

NOTE: SWs must assess all safety threats and strengths and protective actions on the SDM Safety Assessment.

CFT Meetings

Child and Family Team Meetings in sexual abuse cases must address safety planning issues such as:

- the NOP's ability to protect the child(ren) emotionally and physically

CFT Meetings (cont.)

- the safest place (emotionally and physically) for the child(ren) to live during the investigation
- the living/sleeping arrangements where the child(ren) will live
- who can provide emotional support to the child(ren) (Safety Network)
- the caregiver's (or prospective caregiver'(s) level of commitment to keeping the child(ren) safe, supporting them emotionally, meeting their needs, complying with case plan elements, etc.

When there is current or historical sexual abuse within a family scheduled for a CFT meeting:

- The SW will alert the CFT Facilitator of the risk/history.
- CFT staff will alert the Security Guard of possible increased security needs.
- The CFT Facilitator will ensure there is adequate security for the meeting and for participants when walking out to their cars.
- The SW will arrange for a supportive person to attend the meeting if the child(ren) will be present.

NOTE: Careful consideration must be given about having the child victim in attendance when the allegation or history involves sexual abuse. Current risk, dynamics of sexual abuse, and any therapeutic progress must be explored and understood prior to including the victim in the meeting. Use caution (or it is inadvisable) to invite the alleged offender to the CFT Meeting if the victim is going to be present to prevent additional trauma.

Restraining Orders

A restraining order is a court order that can protect individuals from abuse or harassment from another person.

There are several different types of restraining orders in California, including a domestic violence restraining order, a civil harassment order and a dependent adult restraining order. DV restraining orders (see Restraining Orders) should be used if you seek protection from a spouse or partner, while civil harassment orders are for neighbors or associates. Dependent adult restraining orders are used to protect against elder abuse. Filing a restraining order in California requires a number of forms and a court hearing.

NOTE: SW's must verify on the Sheriff's website that there is or is not a temporary or permanent restraining order by calling (858) 974-2110 or going to the Sheriff's website.

Placement

If the safety concerns can be adequately addressed, including the caregiver's ability to emotionally support the victim, keeping children at home is preferable. However, there are situations in which removal of children is the only way to assure child safety.

When it is likely that a child may be placed in out of home care, hold a CFT Meeting. Safety concerns for both the adult and child need to be addressed. SWs should use Solution Focused Inquiry and Safety Mappings in addition to CFT Meetings to assist in making decisions.

The following are some considerations when assessing the best placement for a victim:

- Is the caregiver supportive of the child? As demonstrated how?

Placement (cont.)

- Is the caregiver willing to support the child's treatment needs? As demonstrated how?
- What is the caregiver's relationship with the perpetrator?
- What is the caregivers understanding of the abuse?
- Use Scaling questions (capacity) to determine if the caregiver is willing and able to enforce any court orders related to the child's contact (or lack thereof) with the perpetrator? As demonstrated how?
- Where does the perpetrator live?
  - If the perpetrator is required to live separate from the child, the SW must continually verify that the residence is indeed separate. The SW must verify not only the perpetrator's "official" address, but also where (s)he spends significant amounts of time, and where (s)he sleeps. The SW will:
    - Conduct unannounced home calls to the perpetrator's home and to the child's home at various times.
    - Talk to victims, siblings, family members, neighbors, etc. What do the parent(s) tell them?
    - Check with the child's school to see who drops off/picks up child and siblings
    - If the perpetrator is incarcerated, ask facility staff who visits.

If the SW suspects the perpetrator is having unauthorized contact with the child or siblings (if siblings are deemed at risk), the SW may ask law enforcement to do a welfare check during late-night/weekend hours.

Caution should be used if considering placement of a victim with siblings who don't believe the victim. This type of situation could place pressure on the victim to recant and obstruct the victim's ability to progress in therapeutic treatment.

The SW will discuss with the caregiver the potential for behavioral changes in the victim. Document that discussion on the 04-75 (Dangerous Propensities).

NOTE: The SW must continually assess all of the above because it is not uncommon for people's circumstances and/or feelings to change.

Court Reports

When the SW is writing the detention hearing report, the SW will include:

- As much detail as possible regarding the incident
- Quotes, especially from the child (if verbal)
- An articulation of danger to each child filed on
- The risk to the victim(s) if the perpetrator is out of the home, taking into consideration:
  - The child's protective capacities
  - The caregiver's protective capacities
  - The perpetrator's willingness to cooperate with the court process/ Safety Planning
- The danger to the siblings of the victim

The SW will address the following factors in the detention, JD and Status Review report:

Court Reports (cont.)

- Any factor influencing child vulnerability, including young age, special needs, emotional/mental health.
- All identified safety threats

NOTE: Prior to attaching a sexual abuse police report to a court report, consult with CC and Law Enforcement (preferably the Detective if one is assigned). Attaching the court report without consultation could interfere with the criminal investigation.

Case Plans

The SW will complete the CANS tool **prior** to the development of the case plan. When creating the Case Plan, use Family Centered language (ex: Instead of "Accept disclosure made by child", write, "Listen to and show acceptance and support of the disclosure made by your child.") Some activities that could be included in the case plan are:

- A social support system / Safety Network
- Mental health treatment including counseling
- Sexual Abuse Offenders Group
- NOP Sex Offenders Group

The following objectives are options specific to sexual abuse cases (NCCD Case Plan Field Tool, 2012):

For NOPs:

- Write a list of warning signs that indicated your child was being sexually abused.
- Write a list of things that prevented you from responding to protect your child.
- List at least 5 challenges your child now faces because of the sexual abuse.
- List at least 5 ways you can support your child as he/she faces those challenges. Demonstrate how you can demonstrate that support.
- Develop a Safety Plan, detailing how you can prevent further sexual abuse from occurring, and what to do if further abuse occurs.
- Demonstrate that you are able to ask for help from the Safety Network when needed.

For Offenders:

- Develop a Re-molest Prevention Plan
- List consequences of your behavior to both the victim and your family
- Prepare apology letter for your victim (if appropriate)

For Victims (if age appropriate):

- Express feelings and emotions about the molest.
- Develop safety/re-molest prevention plan.
- Increase knowledge of family dynamics and conditions that lead to molest
- Learn stress reduction techniques

Include the Safety Network in Case Planning. Examples include:

Case Plans (cont.)

- The family agrees to have two neighbors in their safety network who know everything about the past sexual abuse and will call the police or SW if they suspect the offender has returned to the home.
- Network members will make unannounced visits (including at night) to the home to ensure the offender is not in the home.
- Network member will make a code word with the child that the child can use if they are worried about something.

Visitation

When a caregiver sexually abuses a child, it creates complex family issues. The perpetrator may use manipulation, control tactics and pressure in order to get the victim to recant. Even if it is not verbally said often, the victim will feel responsible for the chaos and turmoil being experienced by the family. (See monitored visitation guidelines from CAPSAC.)

Visitation should move slowly and at the comfort level of the victim. The SW should also obtain input from both the victim's and offender's therapist regarding visitation There are some factors to consider when assessing the quality of face-to-face visits. Does the caregiver:

- Regularly attend visits or calls in advance to reschedule?
- Demonstrate a protective role?
- Respond appropriately to the child's verbal and non-verbal signals?
- Put the child's needs ahead of caregiver/offender own?
- Show empathy toward the child?

Therapeutic Intervention for Children/ Youth

All children will be screened for behavioral health needs soon after the CWS case is opened. If a concern is identified then a Child and Family Team Meeting will be created to discuss assessment and treatment options. In addition, the SW should be alert to post traumatic stress symptoms such as:

- Nightmares that persist after a few weeks
- Intrusive thoughts of the events
- Significant changes in behavior after the trauma i.e. sexually reactive behavior, depression, irritability, temper tantrums
- Exaggerated startled responses
- Reactions to trauma reminders
- Seeking to avoid people or places that remind the child of the traumatic events.

NOTE: For victims of **Sexual Abuse** and their siblings when they have an **actively protecting** parent, refer to an appropriately trained TERM provider.

- TF-CBT has been identified as best practice for victims of sexual abuse ages 3 and over. TF-CBT includes a supportive adult as an important component of a child's treatment.

Therapeutic Intervention for Children/ Youth (cont.)

- In cases where the parent is not willing and/or able to support the child, the child's substitute care provider can be included in the therapeutic process.
- Children under age 3 should be referred to a TERM provider appropriately trained to treat sexual abuse victims and who, preferably, is certified or registered in play or art therapy. Determine if the provider also is trained in TF-CBT because this treatment can be adapted and blended with age-appropriate treatment for younger children.

NOTE: Not all children will exhibit the above mentioned symptoms, however most can benefit from some type of therapeutic intervention specific to their needs.

NOTE: For appropriate treatment planning for sexually reactive youth who are not confirmed as sexual abuse victims (via investigation) or as sexual abuse perpetrators (via conviction in Juvenile Delinquency Court), PSW should consult with CWS Senior Staff Psychologist for assessment of the best available TERM, Non-TERM, or BHS treatments to meet the youth's needs.

Therapeutic Intervention for Parents

Perpetrators and non-protecting parents (NPPs) should participate in group treatment for sex offenders or NPPs with TERM-Approved providers on the specialized panel.

- These providers are identified through the Mental Health Treatment and Services process.
- Additional services, particularly individual treatment, are **not** indicated.

Group treatment is the preferred therapeutic intervention for both offenders and non-protecting parents (NPP) unless contra-indicated by the client's presentation once treatment begins. Therefore, the referral to the TERM-Approved providers on the specialized panel should be for group treatment ONLY. If it is determined by the provider after group treatment begins that the client requires individual treatment, then individual treatment can be provided **only** by the group facilitator or other TERM provider identified in TRes III as treating sex offenders and NPPs.

For the non-protecting parent, the goal is to ensure that the parent benefits to the extent that s/he is able to:

- Actively protect the child: ensure the offender cannot access the victim or other potential victims living with the parent
- Understand sexual abuse dynamics and red flags to prevent future relationships and circumstances that place the children at risk for sexual abuse.

The therapists who are approved to treat offenders and non-protecting parents are expected to provide detailed quarterly reports (the same format that they use for reporting to Adult Probation if the client is an offender).

SWs are encouraged to communicate closely with the therapists and to provide additional case-related information as it becomes available.

The general consensus among treatment professionals is that sexual offending is not "cured" because sexual paraphilias cannot be "cured". However, the behaviors of sexual offending (the actual acts themselves) can be managed successfully if the client is motivated to participate in treatment, maintains treatment and the designated aftercare plan, and maintains behaviors designed to prevent future sex offending acts.

Family Reunification, Family Maintenance, and Voluntary Services in Sexual Abuse Cases

Each review process for how to proceed in an open case should consider case requirements outlined in the following policies:

- Continuing Services - Goals
- Voluntary Services Protocol

Investigations of Commercially Sexually Exploited Children (CSEC)

When investigating sexual abuse and exploitation, SWs should follow all practices and policies outlined in:

- CSEC Interagency Protocol and CSEC Response Team Protocol
- Commercial Sexual Exploitation - Identification Tool (CSE-IT)
- Commercial Sexual Exploitation of Children (CSEC) Advocate Resources

Alignment with SET

This policy supports SET Value 1 by valuing the importance of meaningful relationships with children, youth, and families, recognizing that enhancing safety for children and youth in the home is the top priority, and building on family strengths.