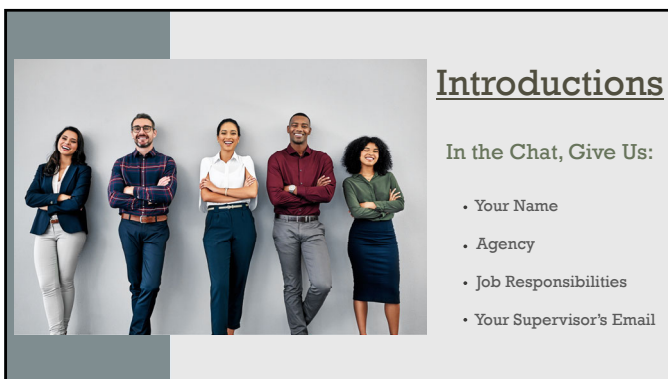


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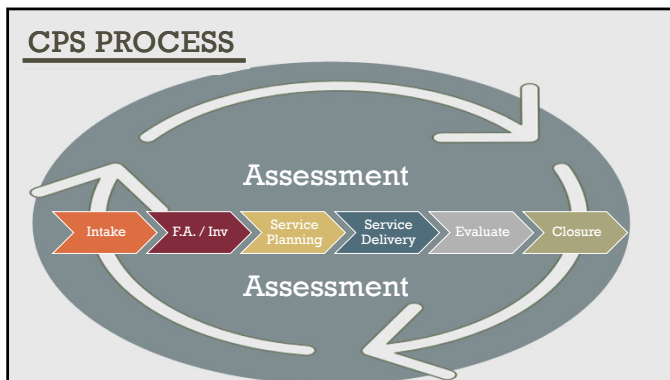
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CHILD PROTECTIVE SERVICES

THE IDENTIFICATION, RECEIPT AND IMMEDIATE RESPONSE TO COMPLAINTS AND REPORTS OF ALLEGED CHILD ABUSE OR NEGLECT FOR CHILDREN UNDER 18 YEARS OF AGE. IT ALSO INCLUDES ASSESSMENT, AND ARRANGING FOR AND PROVIDING NECESSARY PROTECTIVE AND REHABILITATIVE SERVICES FOR A CHILD AND HIS FAMILY WHEN THE CHILD HAS BEEN FOUND TO HAVE BEEN ABUSED OR NEGLECTED OR IS AT RISK OF BEING ABUSED OR NEGLECTED.

SECTION 1.2

4



5

VIRGINIA CHILDREN'S SERVICES PRACTICE MODEL

6

1

We believe that all children and communities deserve to be safe.

2

7

2

We believe in family, child, and youth-driven practice.

3

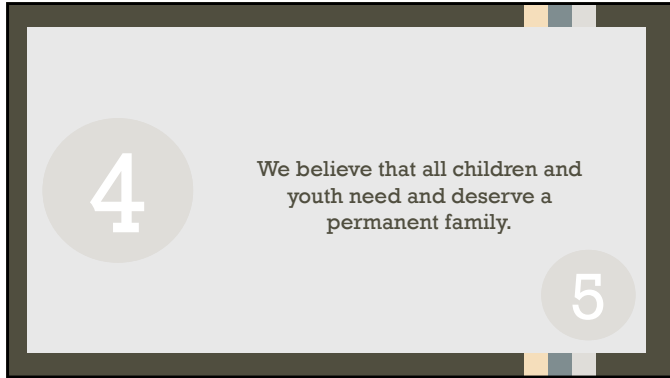
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3

We believe that children do best when raised in families.

4

9



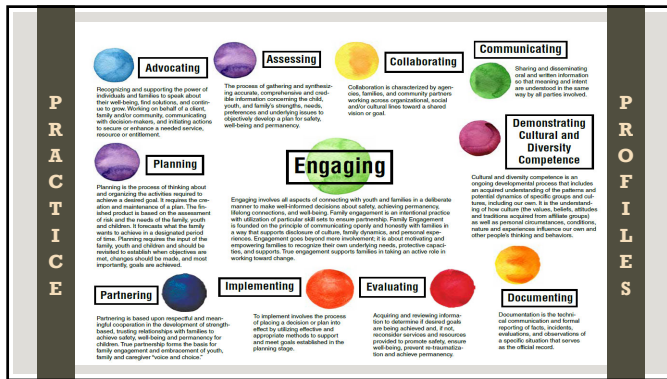
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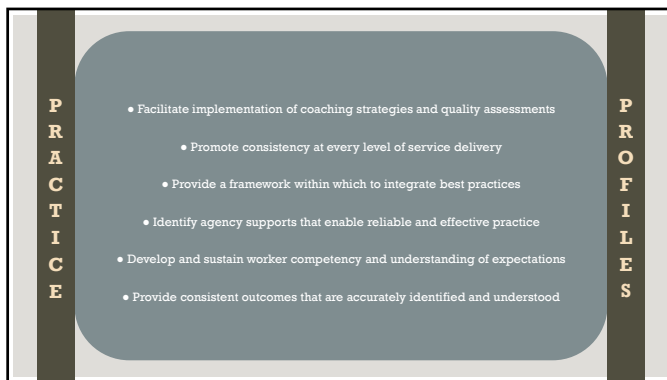
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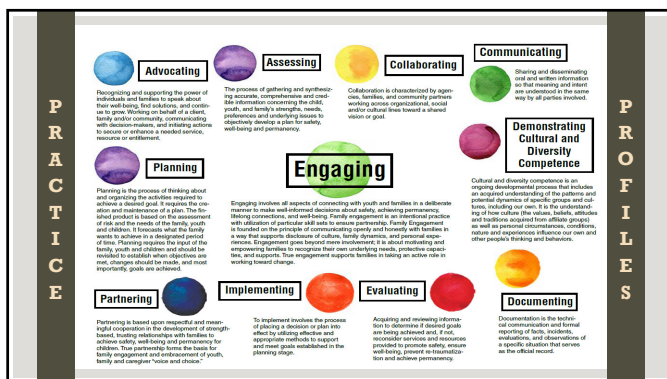
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13



14



15



16



17



18

Factor Clusters

1. Child who is a victim is different or perceived as different by the caretaker
2. Stressors on the family
3. Caretaker has tendency toward violence
4. Precipitating or trigger incident




19

SILENCED



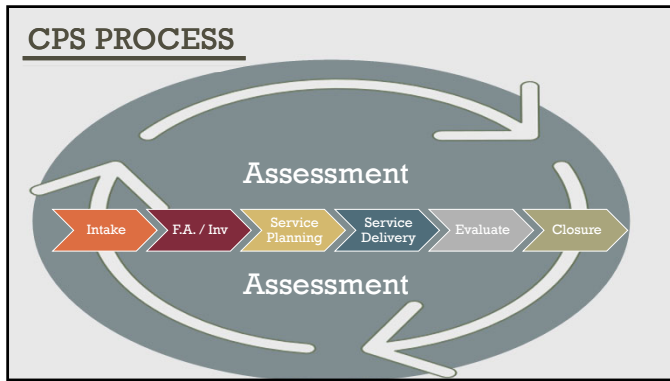
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Socioeconomic Status

Special Case Types

21



22



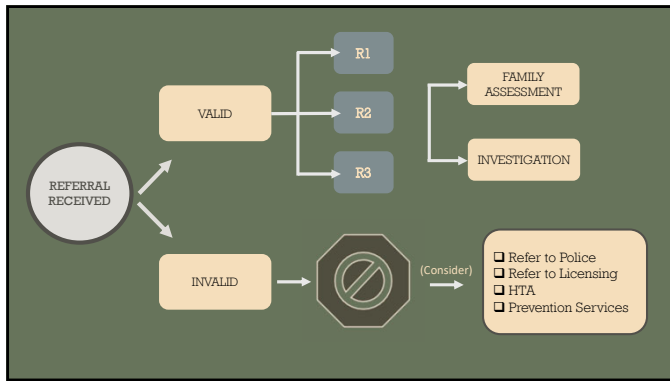
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CPS Intake is the beginning of the family's journey with Child Protective Services.

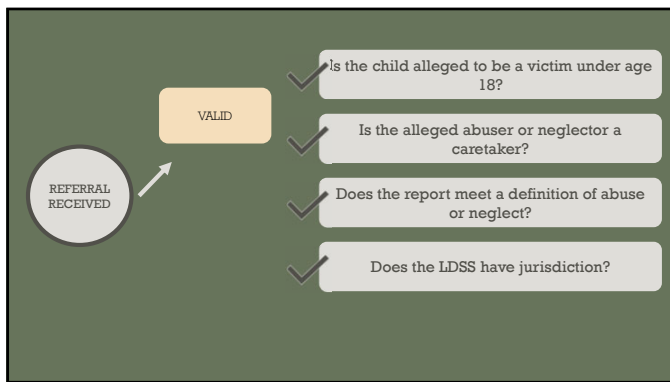
Three Primary Decisions:

<u>VALIDITY</u>	<u>RESPONSE TIME</u>	<u>DIFFERENTIAL RESPONSE</u>
Screen In/ Screen Out	R1, R2, R3	Track Decision: Family Assessment or Investigation

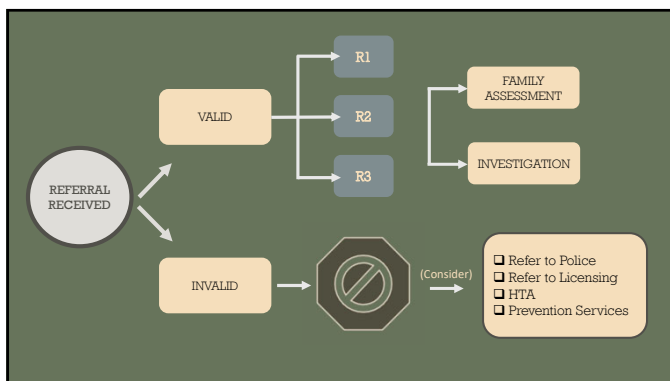
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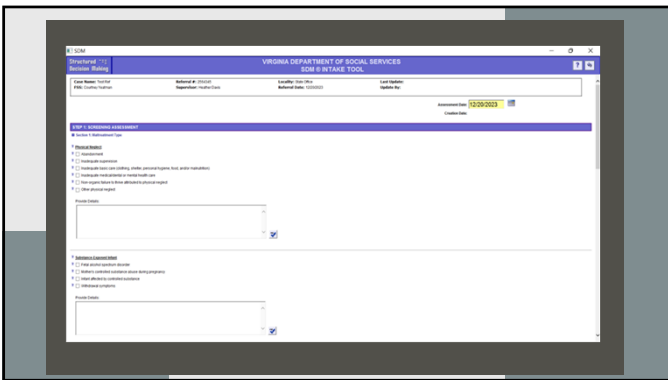
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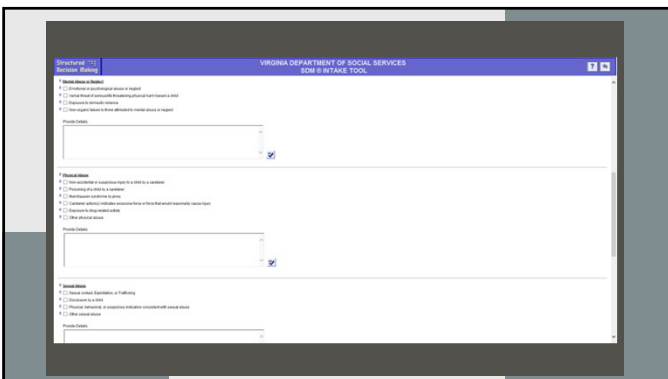
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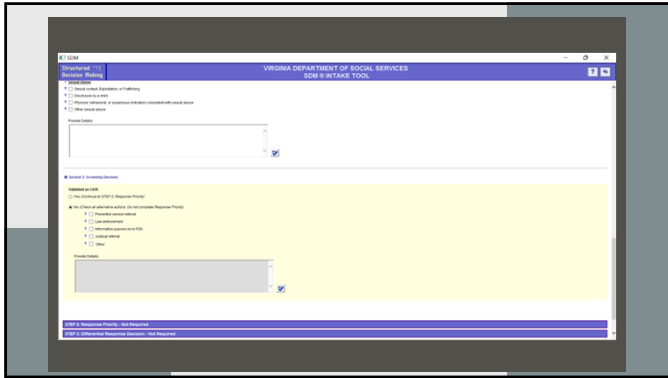
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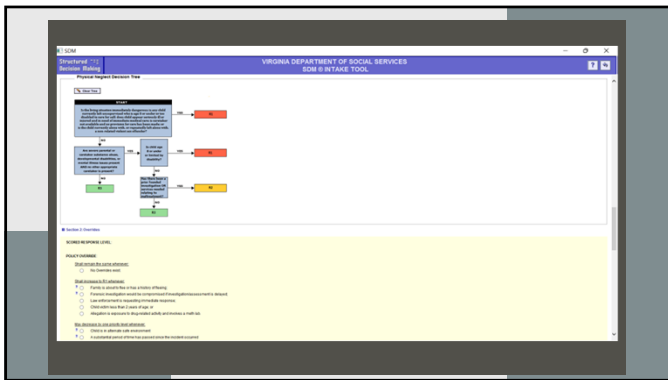
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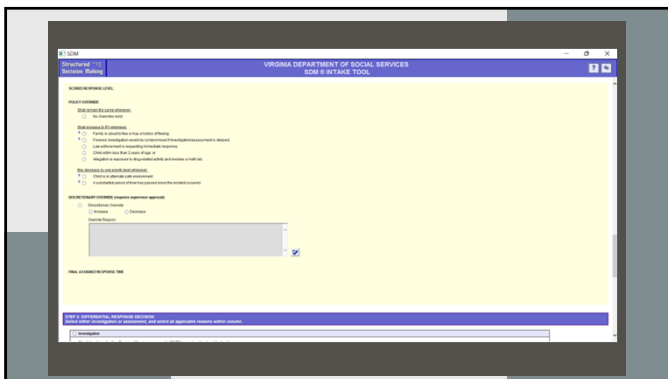
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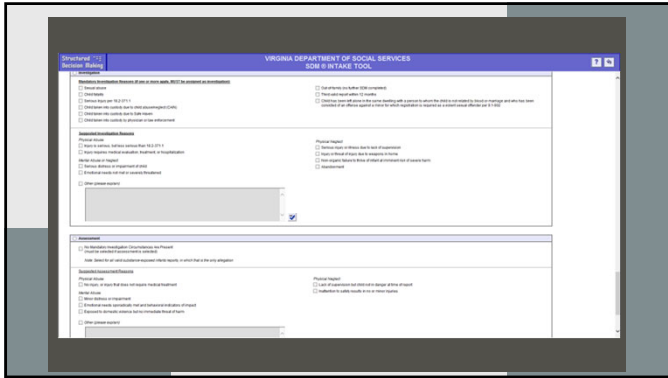
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32



33



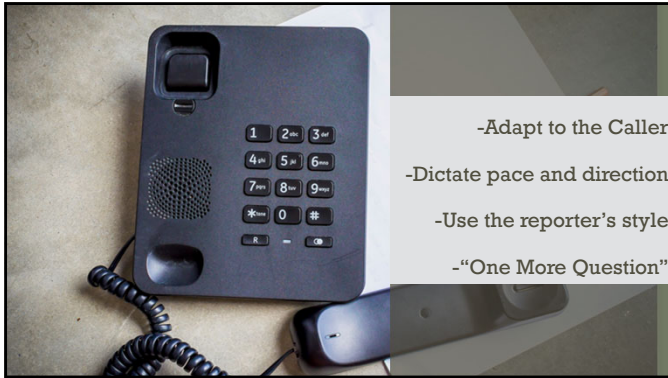
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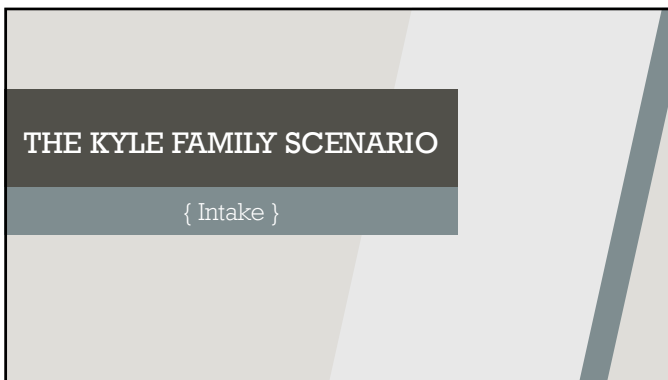
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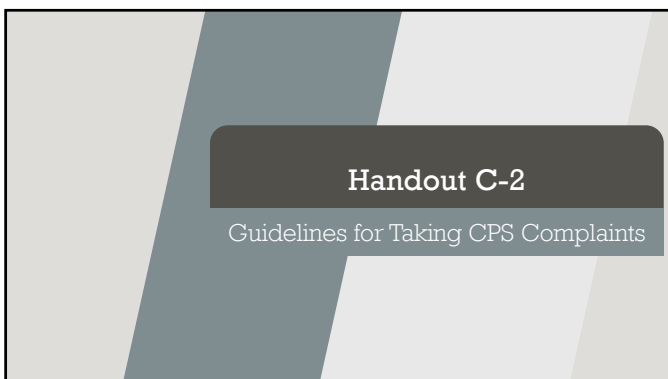
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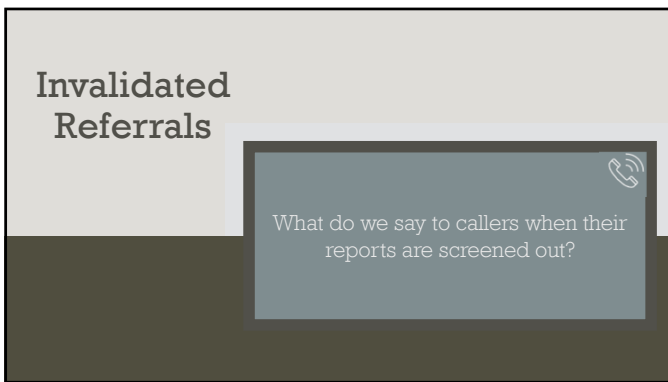
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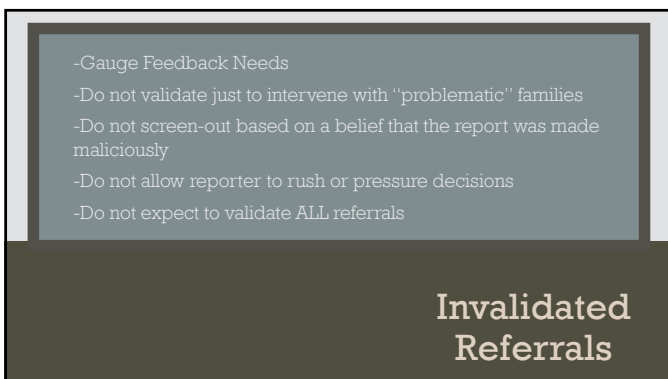
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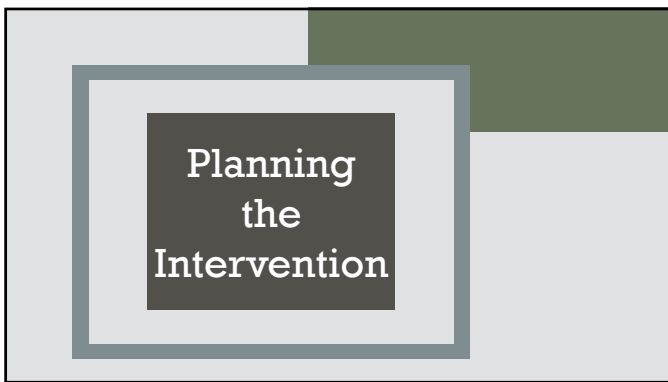
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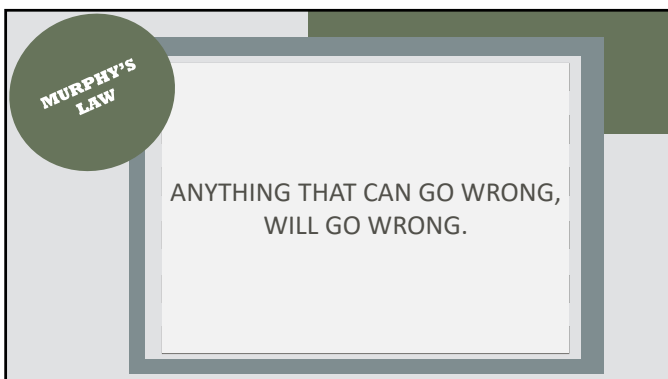
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43



44



45

CHECKLIST FOR CPS PROCESS	
<input type="checkbox"/>	SOM Intake Tool
<input type="checkbox"/>	Is it a valid report?
<input type="checkbox"/>	Response time? R1 R2 R3 (R1 for victim under 2 years old)
<input type="checkbox"/>	Entered report into OASIS within three days?
<input type="checkbox"/>	Jurisdictional issues? If yes, forwarded to: _____
<input type="checkbox"/>	Checked agency records/history
<input type="checkbox"/>	Report to Commonwealth's Attorney
<input type="checkbox"/>	Report to Law Enforcement
<input type="checkbox"/>	2 hours verbal
<input type="checkbox"/>	2 days written
<input type="checkbox"/>	First meaningful contact with family
<input type="checkbox"/>	SOM Safety Assessment
<input type="checkbox"/>	Interviewed alleged victim?
<input type="checkbox"/>	If not, why not?
<input type="checkbox"/>	Audiotaped victim interview (Investigations)?
<input type="checkbox"/>	If not, why not?
<input type="checkbox"/>	Alleged victim is a Native American?
<input type="checkbox"/>	Alleged victim is a victim of human trafficking?
<input type="checkbox"/>	Interviewed alleged abuser?
<input type="checkbox"/>	If not, why not?
<input type="checkbox"/>	Informed of timeframe for completion of INVFA
<input type="checkbox"/>	Offered audio recording to alleged abuser?
<input type="checkbox"/>	If not, why not?

46



47



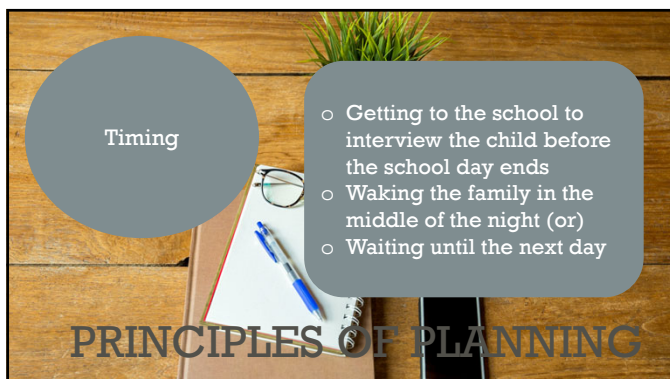
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49



50



51

Resources

- Do we need the police?
- Is a car, phone, or car seat available?
- Is the iPad charged, updated, etc.
- Does the situation seem to require two workers?

PRINCIPLES OF PLANNING

52

Coordination

- Who else must be involved?
 - Police
 - CAC
 - Interpreter
 - Others
- In-Home Services

PRINCIPLES OF PLANNING

53

Communication

- Who must be informed?
- Who do we interview first?
- When do we do the interviews?
- Where do we do the interviews?
- How do we engage?

PRINCIPLES OF PLANNING

54



55



56



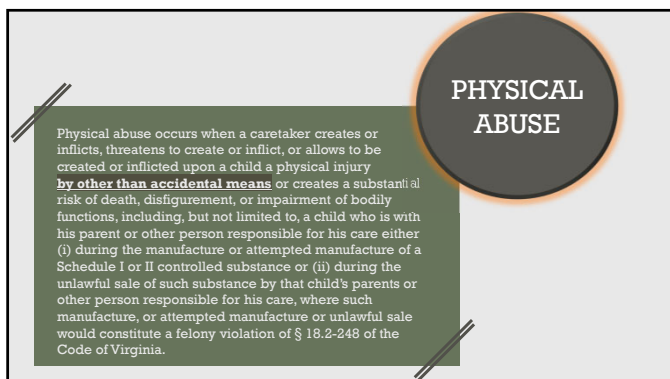
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58



59



60

PHYSICAL ABUSE

- Asphyxiation and strangulation
 - Bone fracture
 - Head injuries
 - Burns/scalding
- Cuts, bruises, welts, abrasions
 - Internal injuries
 - Poisoning
- Sprains/dislocation
- Gunshot wounds
- Stabbing wounds
- Munchausen syndrome by proxy
 - Bizarre discipline
- Abusive Head Trauma and battered child syndrome
- Exposure to sale or manufacture of certain controlled substances
- Other physical abuse

61



BRUISES

62



BRUISES

- Bruises are caused when soft tissue is compressed between two hard surfaces and blood vessels leak blood into tissues
 - Swelling is secondary to inflammation
 - Swelling resolves over the first 2-3 days

63



64



65



66



67



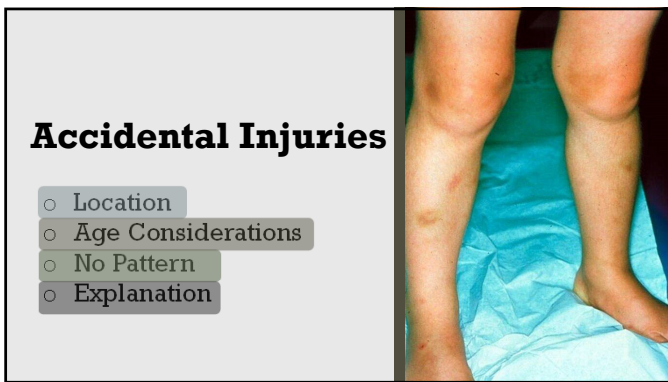
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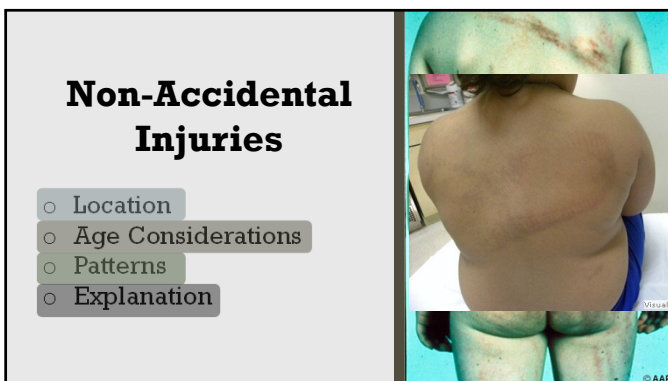
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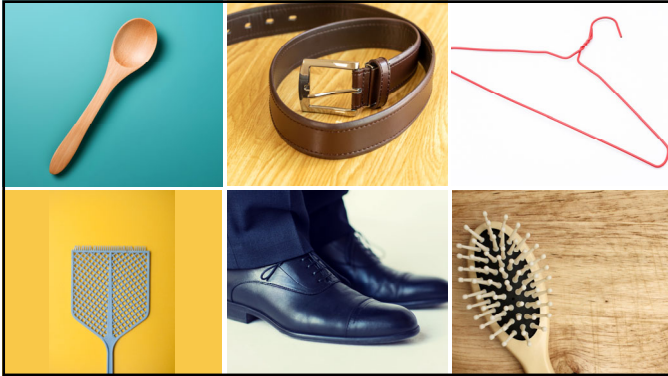
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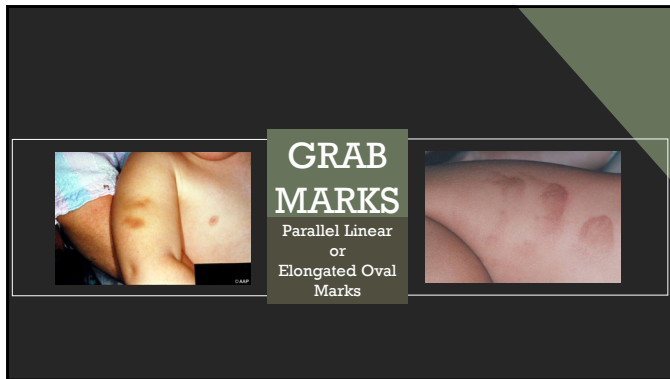
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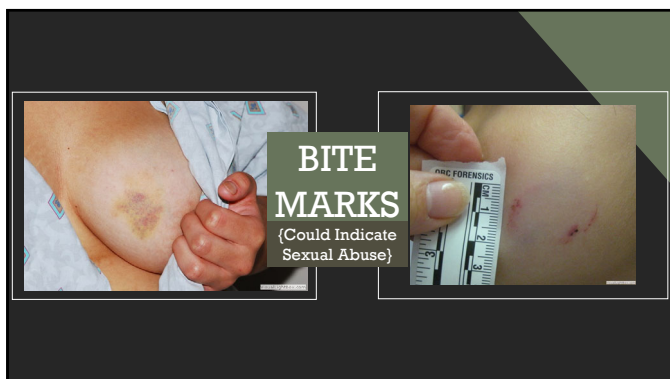
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76



77



78

THE EXPLANATION

- He bruises easily & so do I
- She slept on a pacifier
- The siblings plays rough
- The dog did it
- He hits himself in the face
- He crawled into something
- She is light skinned

79

What Is
NOT
Abuse?

80

SLATE
GREY
NEVI

Congenital Dermal Melanocytosis



© AAP

81



82



83



84

Building Resilience

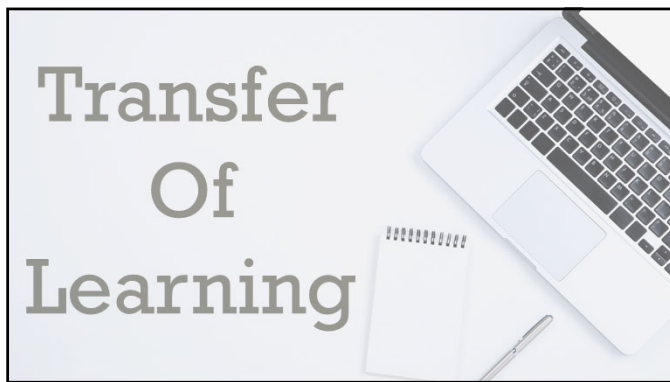





Physical	Inner-self	Creative	Social
Exercise	Meditation	Paint	Family
Sleep	Journaling	Dance	Friends
Nutrition	Prayer	Cook	Pets
Walking	Nature	Scrapbook	Tradition
Stretching	Yoga	Design	Faith-Family
Massage	Reading	Garden	Acts of Kindness
		Sing	
		Craft	

85

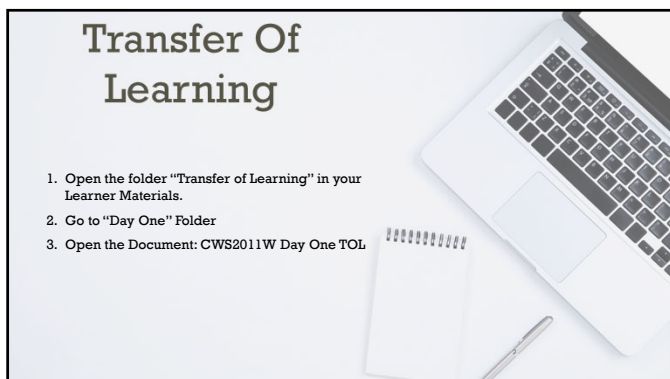
Transfer Of Learning



86

Transfer Of Learning

1. Open the folder "Transfer of Learning" in your Learner Materials.
2. Go to "Day One" Folder
3. Open the Document: CWS2011W Day One TOL



87

Transfer Of Learning

01

1. Find out if your agency has a "Checklist for CPS Process"
2. If you do, obtain a copy and compare it to Handout D, noting similarities and differences. Discuss these similarities and differences with your supervisor.
3. If your agency does NOT have a checklist, discuss with your supervisor the possibility of using Handout D to ensure best practice.

88

Transfer Of Learning

02

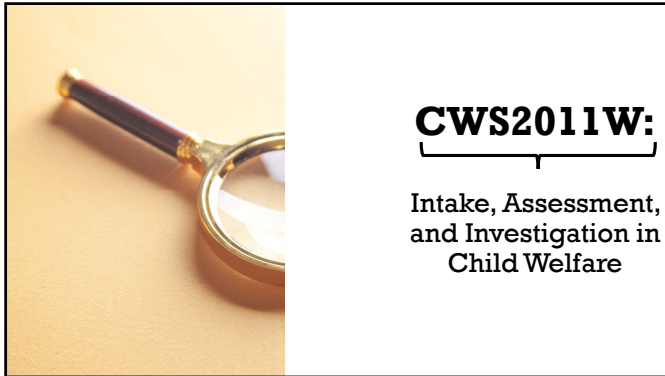
1. Complete the SDM Intake Tool (referencing Handout C-2, as well) on the call from Grandma Mable Kyle.
2. Determine the Maltreatment Type, Response Time, and Track
(The link to the call is in the TOL document)

Email the Completed Day 1 TOL document to Trainers.

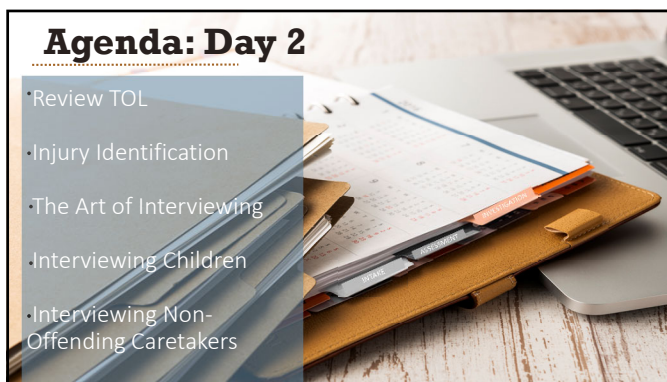
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THANK YOU

90



91



92



93

<u>Degrees (F)</u>	<u>Time</u>
• 120	• 10 minutes
• 122	• 5 minutes
• 127	• 1 minute
• 130	• 30 seconds
• 140	• 5 seconds
• 150	• 2 seconds
• 158	• 1 second



BURNS

94

- Stocking or glove pattern
- Clear demarcation
- No splash marks
- Sparing of buttocks, soles of feet, flexor creases

ABUSIVE BURNS

95



ABUSIVE BURNS

GLOVE BURN PATTERN

96



97



98



99



100



101



102

ABUSIVE HEAD TRAUMA / TRAUMATIC BRAIN INJURY

Symptoms to Look Out For:

- Sleepiness/lethargy
- Irritability
- Poor feeding
- Vomiting
- Loss/Alteration of consciousness
- Seizures
- Any changes in "normal"

103

Never Shake Your Baby

Research shows crying in the newborn age trigger leading caregivers to violently shake and injure babies.

My Baby's Crying Plan

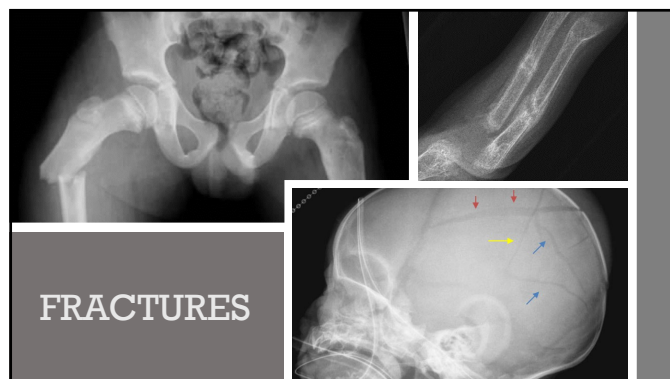
People's trust and care call for help after 10 baby cries.

Name: _____
Phone: _____
Address: _____
Phone: _____

Prevent Child Abuse Virginia
800-255-5971
Child Abuse and Neglect Helpline
1-800-962-7868
National Center on Shaken Baby Syndrome
www.shakenbaby.org

FUSION
Where collaboration and creativity redefine practice

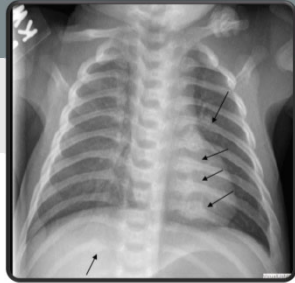
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105

Symptoms of Fractures:

- ❖ Rib and metaphyseal fractures (ends of arms and legs) are highly associated with abuse
 - Swelling/discoloration
 - Not moving the limb
- ❖ Pain during movement
 - Diagnosis of abuse depends on age and developmental ability of the child
 - Favoring another limb
 - "Pop" noise during break
 - Not crying (ribs)



106

When bones heal, a ball forms at the site of the fracture.



107

INVESTIGATING SEVERE INJURIES

- ❖ Detailed TIMELINE
- ❖ As many WITNESSES as possible
- ❖ What is NORMAL for the child?
- ❖ WHEN was the child last "normal"?
- ❖ REENACTMENT at the scene (record it)

108

RED FLAGS

- Different witnesses provide different accounts
- There is a changing history (story changes)
 - There is no explanation
 - Medical care was delayed
- Home remedies were attempted for severe injuries
- Caretaker notices an unresponsive or seriously injured child and calls their mother, girlfriend, boyfriend or someone other than 911 and medical care.

109

- ❖ Take LOTS of pictures
- ❖ Use flash AND no flash
- ❖ Include a picture of the face
- ❖ Start wide and move in closer, taking pictures at various distances
- ❖ Take a slow steady video

Documenting Injuries

110

- ❖ Use a ruler, or other standard object for measurement
- ❖ Take a photo of the object that caused the injury
- ❖ Take photos even if there is no obvious injury

Documenting Injuries

111



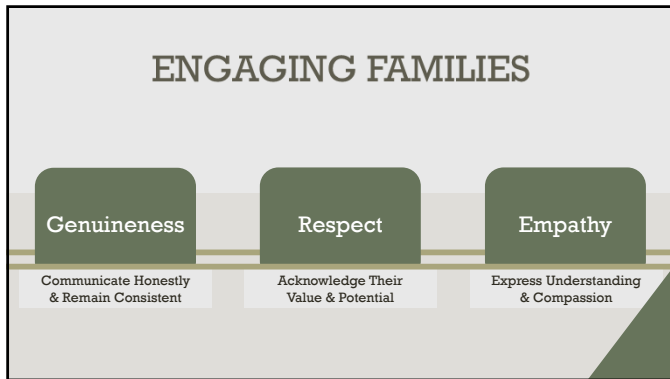
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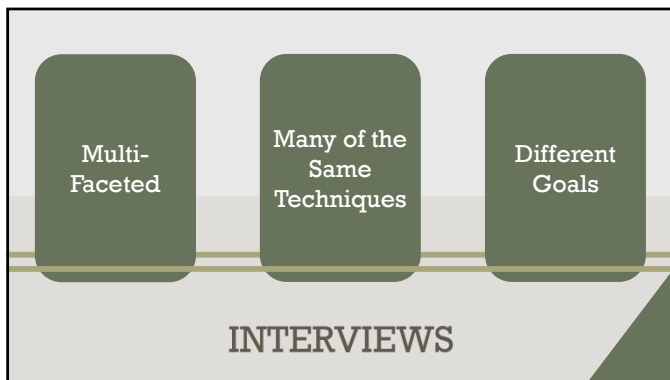
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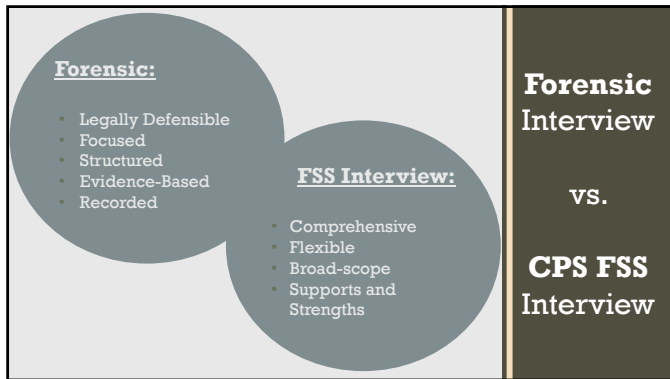
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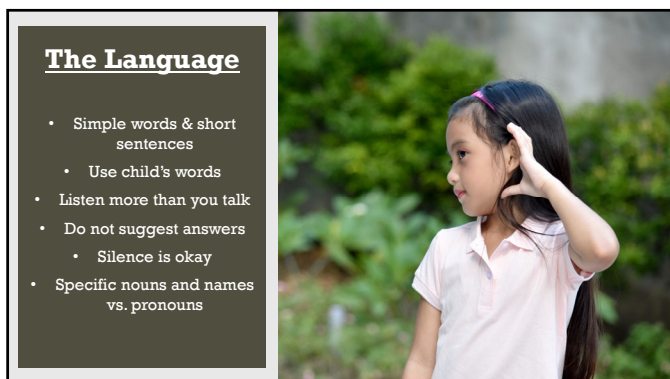
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118



119



120

Guidelines for Age-Appropriate Interview Questions


Age	C-O-N-C-R-E-T-E					A-B-S-T-R-A-C-T		
	Who	What	Where	1x / >1x	How	Sequencing	When	# Times
3								
4								
5-6								
7-9								
10-12								
13+								

Dark shading indicates that a developmentally “typical” child may be able to answer these types of questions. Light shading indicates that some children at that age may have the capacity to answer these question types.

Remember: age and ability are enhancers; trauma affects how events are stored and recalled.

Allison M. Foster, Ph.D., Assessment & Resource Center, Columbia, SC, 2015

121



FSS: How many times did your dad hit you with a belt?

Child: About one hundred times. Or a Million.

Defense attorney:
“The child is not credible! He is making things up! He doesn't know what he is talking about!”

122



FSS: Did your dad hit you with the belt one time or more than one time?

Child: More than one time. It was like boom, boom, boom! And then boom!

BETTER

123



FSS: What day did your dad hit your with a belt?

Child: Yesterday.

Defense attorney:
 "The father was out of town on the day before the interview! The child is clearly lying! Don't believe anything he says!"

124

QUESTION TYPES TO AVOID:

- Avoid Why
- Avoid Yes/No
- Avoid Multi-part
- Limit Multiple choice
- Avoid "Do you know?" or "Can you tell me?"

125

The BEST Question Types:

- Open-ended questions
- You said _____
- Tell me all about _____
- Tell me more about _____
- Tell me everything about _____
- What happened next?
- Active listening cues

126




127



- Can't speak
- Need to be observed
- Observe interaction
- Interview caretakers about temperament, activity level, and abilities

INFANTS

128



- Do not have mastery of time
- Confuse sequencing
- Mix magical thinking and fact
- Cannot perceive an event beyond their own experience
- Understand happy and sad but not much in between
- Reveal anxieties and perceptions through games and play
- Cannot provide organized, consistent descriptions

TODDLER/ PRE-K

129



- Thinking is generally logical
- Understand time and sequence
- Can provide full descriptions of experiences
- Can compare experiences and perceptions
- More responsive to specific and simple questions
- More wary of unfamiliar adults
- Suspicious of adults who act like kids to engage them
- Easily overwhelmed by many open-ended questions

MIDDLE CHILDHOOD

130

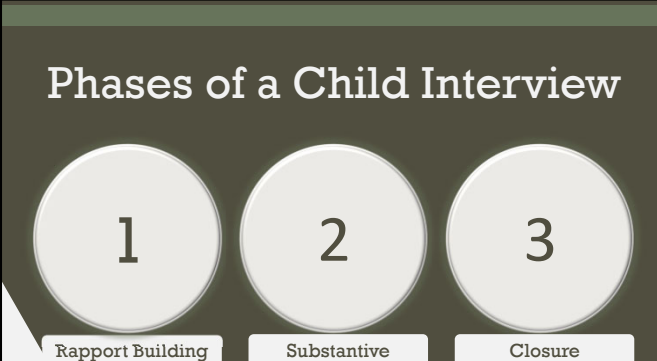


- Preoccupied with themselves
- Easily embarrassed
- Want to feel respected
- Suspicious of unfamiliar adults and authority figures
- Need to feel a sense of control
- May not admit they don't know

ADOLESCENTS & TEENS

131

Phases of a Child Interview



1 2 3

Rapport Building Substantive Closure

132

Phases of a Child Interview

1

♦ Introduction and recording
 ♦ Interview Instructions
 ♦ Narrative practice

Rapport Building

133

Phases of a Child Interview

1

Rapport-Building Phase
 ♦ Keep introduction short, simple, honest
 ♦ e.g. "My name is Ash. My job is to talk to kids about being safe."
 ♦ Introduce recorder
 ♦ "Your words are very important to me. I don't want to forget them, so I will use this recorder while we talk."

134

Phases of a Child Interview

1

Rapport-Building Phase
 ♦ Interview Instructions
 ♦ "I want to tell you a few things about our talking today."
 ♦ Don't Know
 ♦ Don't Understand
 ♦ You're Wrong
 ♦ Ignorant Interviewer
 ♦ Promise to Tell the Truth

135

Phases of a Child Interview

1

Rapport-Building Phase

- ❖ Interview Instructions
 - ❖ "I want to tell you a few things about our talking today."
 - ❖ **Don't Know**
"If I ask you a question and you don't know the answer, just say, 'I don't know.' I don't want you to guess or make up anything. Let's practice that..."

136

Phases of a Child Interview

1

Rapport-Building Phase

- ❖ Interview Instructions
 - ❖ "I want to tell you a few things about our talking today."
 - ❖ **Don't Understand**
"If I ask you a question and you don't know what I mean, you can say, 'I don't know what you mean.' I'll ask it in a different way. Let's practice that..."

137

Phases of a Child Interview

1

Rapport-Building Phase

- ❖ Interview Instructions
 - ❖ "I want to tell you a few things about our talking today."
 - ❖ **You're Wrong**
"Sometimes I make mistakes. If I do, you can tell me that I'm wrong and help me fix it. Let's practice that..."

138

Phases of a Child Interview

1

Rapport-Building Phase

- ❖ Interview Instructions
 - ❖ "I want to tell you a few things about our talking today."
- ❖ **Ignorant Interviewer**

"I don't know what happened to you. I wasn't there. I don't know the answers to my questions."

139

Phases of a Child Interview

1

Rapport-Building Phase

- ❖ Interview Instructions
 - ❖ "I want to tell you a few things about our talking today."
- ❖ **Promise to Tell the Truth** ✨

"I only want us to talk about things that are true, things that really happened. So, while we're talking today, do you promise that you will tell me the truth?"

140

Phases of a Child Interview

1

Rapport Building

- ❖ Introduction and recording
- ❖ Interview Instructions
- ❖ Narrative practice

141

Phases of a Child Interview

1

Rapport Building

NARRATIVE PRACTICE

"Tell me everything you did today, from the time you woke up until now. Don't leave anything out."

"Tell me something you like to do. You said you like swimming. Tell me everything about the last time you went swimming."

142

COMPREHENSIVE SCREENING

SAFETY

PERMANENCY

WELLBEING



143

Phases of a Child Interview

1

2

3

Rapport Building

Substantive

Closure

144

Phases of a Child Interview

2 **Substantive Phase**

- ❖ Spontaneous Report
 - ❖ Tell me why I came to talk to you today?
 - ❖ I heard you saw....
 - ❖ It's my job to talk to kids about things that may have happened to them.
- ❖ Free Narrative
 - ❖ You said "x"...Tell me everything that happened when "x"...
 - ❖ Do Not Interrupt
 - ❖ Silence is Okay
 - ❖ "What Happened Next?"

145



Questioning & Clarification

"I want to make sure I got it right."

"You said _____."


"What did you see when _____?"

"How did you feel when _____?"

"Tell me more about _____."

"How were his hands when _____?"

146



Photographing Children

147

Phases of a Child Interview

2 **Substantive Phase**

- ❖ Technology Use
- ❖ Siblings / Other Victims
- ❖ Topic Changes
- ❖ Timelines
- ❖ Making Mistakes
 - ❖ Do not be afraid to stop the interview momentarily
 - ❖ Rephrase
 - ❖ Avoid Leading Questions

148

Phases of a Child Interview

1

Rapport Building

2

Substantive

3

Closure

149

Phases of a Child Interview

3 **Closure**

- ❖ Answer Questions Honestly
- ❖ Next Steps
- ❖ "Is there anything else you think I should know?"
- ❖ Identify safe adults

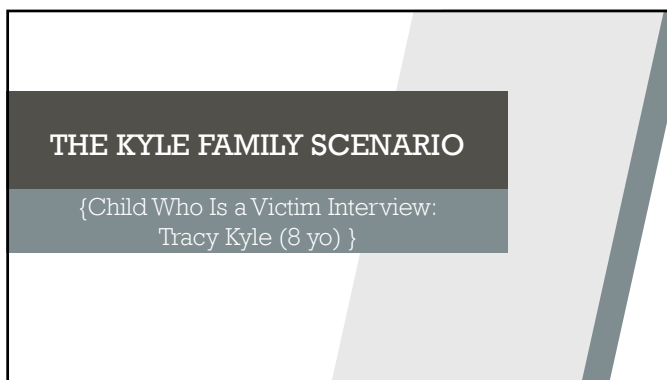
✎

- ❖ Regain composure: return to neutral subject

150



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152



153



154




Non-Offending Caretaker

GOAL: Information

- Avoid placing blame
- Don't make assumptions
- Engagement is Critical
- Gather info about:
 - The allegations
 - Safety Factors
 - Risk Factors
 - Protective Capacities

155

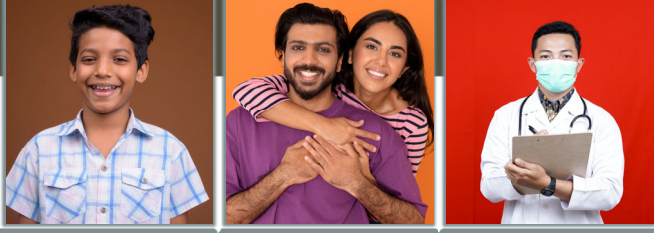


Gaining Access

- Remain Calm and Well-Regulated
- Demonstrate Respect, Genuineness, and Empathy
- Validate Feelings
- Be Transparent, Clear, and Concise
- Be Confident
- Remain Neutral and Unbiased
- Use Active Listening Skills
- Allow Time to Effectively Intervene

156


Determine the Sequence of Interviews



The images show a young boy (Child), a man and woman embracing (Caretakers), and a doctor in a white coat with a stethoscope (Collaterals).

Child Caretakers Collaterals

157

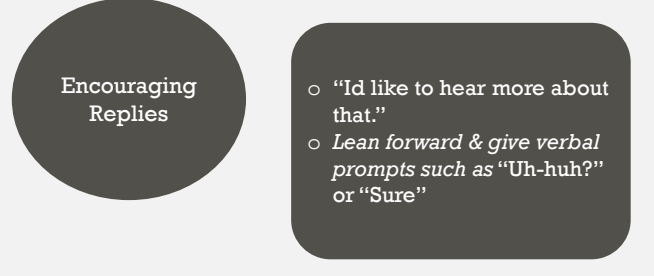


The techniques are arranged in two rows of five circles each:

- Encouraging Replies
- Elaboration
- Handling Anxiety
- Structuring Statements
- Summary Statements
- Widening the Circle of Inquiry
- Strength Based Interviewing
- Handling Crying
- Clarifying

Interviewing Techniques

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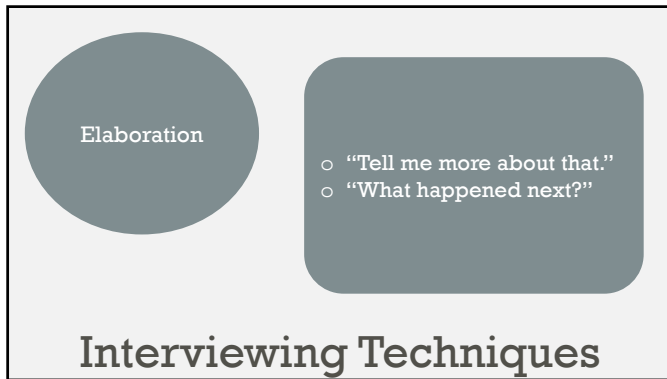


Encouraging Replies

- "Id like to hear more about that."
- *Lean forward & give verbal prompts such as "Uh-huh?" or "Sure"*

Interviewing Techniques

159



Elaboration

- "Tell me more about that."
- "What happened next?"

Interviewing Techniques

160



Handling Anxiety

- Encourage them to talk about it
- "I know it's hard to talk about personal things. Is there anything I can do to make it easier?"
- "It's alright if you don't feel like talking about that right now. We can come back to it."

Interviewing Techniques

161

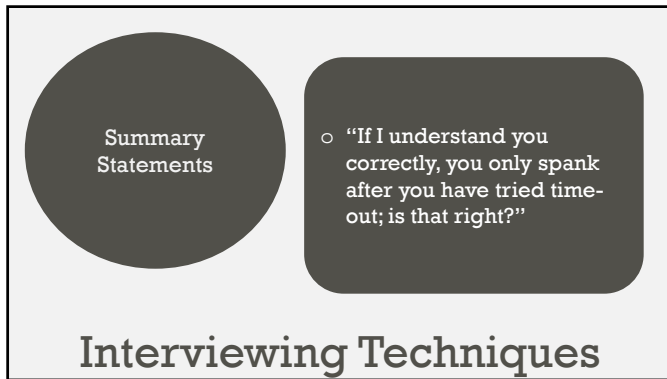


Structuring Statements

- "The reason we are talking today is because I need to know how Tracy was bruised."

Interviewing Techniques

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Summary Statements

- o “If I understand you correctly, you only spank after you have tried time-out; is that right?”

Interviewing Techniques

163

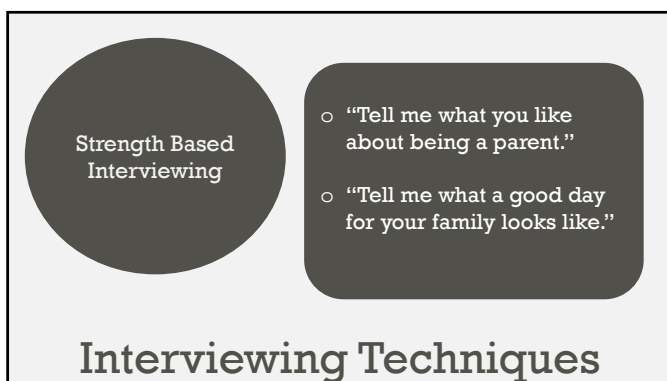


Widening the Circle of Inquiry

- o “You said that your child is an average teenager; tell me what you mean by average.”

Interviewing Techniques

164

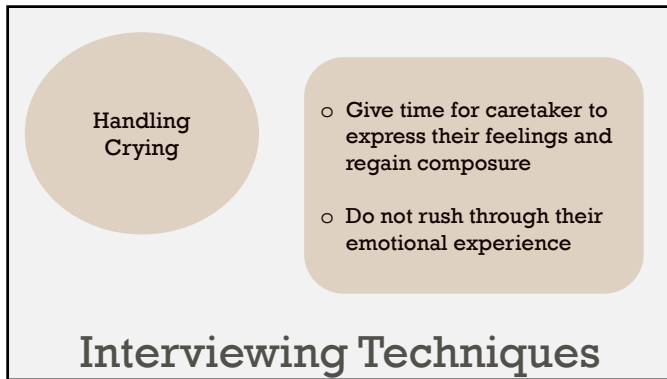


Strength Based Interviewing

- o “Tell me what you like about being a parent.”
- o “Tell me what a good day for your family looks like.”

Interviewing Techniques

165



Handling Crying

- Give time for caretaker to express their feelings and regain composure
- Do not rush through their emotional experience

Interviewing Techniques

166



Clarifying

- "I'm not clear about the children's after-school routine. Tell me that part again, please."

Interviewing Techniques

167



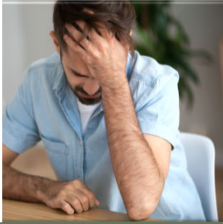
Encouraging Replies Elaboration Handling Anxiety Structuring Statements Summary Statements

Widening the Circle of Inquiry Strength Based Interviewing Handling Crying Clarifying

Interviewing Techniques

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- Nature of complaint and CPS process
- Give space for emotions
- Explanation for A/N
- Do not blame
- Do not discuss with child alleged to be a victim/treat child the same
- Offer support and resources
- Assess their willingness/ability to keep child safe
- Find out who else may know



NON-OFFENDING CARETAKER INTERVIEW

169

THE KYLE FAMILY SCENARIO


{Non-Offending Caretaker: Richard Kyle}

170

Transfer Of Learning

01

1. Open the folder "Transfer of Learning" in your Learner Materials.
2. Go to "Day Two" Folder
3. Open the Document: Day Two TOL
4. Change the Yes/No questions into better, open-ended questions.




171

Transfer Of Learning

02

1. Complete the SDM Safety Assessment on the Kyle Family.
2. List which Safety Factors you identified.
3. Utilize the Risk, Safety Factors and Protective Capacities handout, and identify the protective capacities for Richard Kyle.

Email the Completed Day 2 TOL document to Trainers.




172

THANK YOU



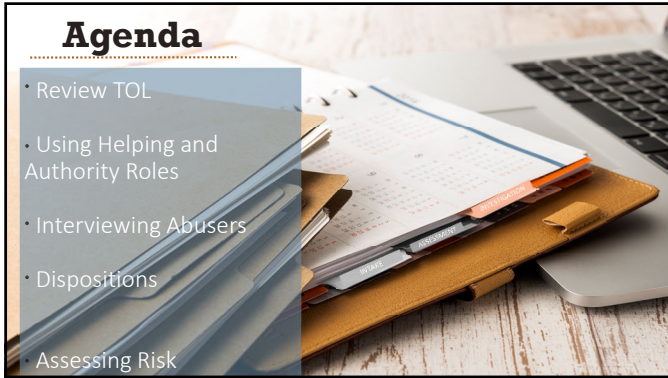
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CWS2011W:

Intake, Assessment,
and Investigation in
Child Welfare

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Agenda

- Review TOL
- Using Helping and Authority Roles
- Interviewing Abusers
- Dispositions
- Assessing Risk

175



Using Helping and Authority Roles

176




Authority Types

- ★ Authoritarian
Strict Obedience at the Expense of Personal Freedom
- ★ Authoritative
Limits and Boundaries; Focus on Connection and Trust

177



178



Helping Too Much

- Results in families becoming dependent on workers, rather than managing on their own
- Compassion can blur worker's perception

179



Positive Helping Dynamics

- Empowering caretakers to make changes in their relationships with their children
- Modeling trusting relationships
- Building on the strengths of the family/community

180

Helping versus authority is a "perception" that is often a source of stress for CPS workers.

The challenge is not in the dichotomy of the roles, but rather in the struggle to use the positive aspects of each role and to balance the roles.

If the positive aspects of each role are used, they can compliment each other.

Just remember, authority does not mean power.

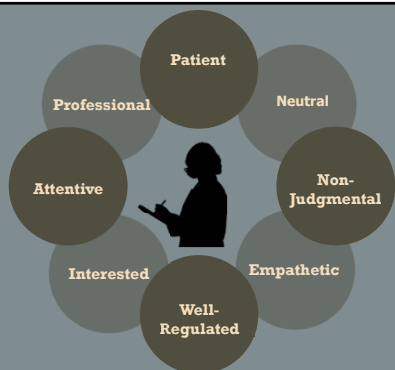
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INTERVIEWING THE ALLEGED ABUSER/ NEGLECTOR



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The Interviewer



183

Non-Verbal Communication

Maintain a neutral “poker face”

Remain aware of body language

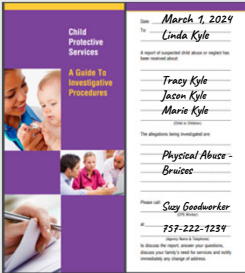


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INTERVIEWING ALLEGED ABUSERS

Getting Started

- Start with a purpose
- Advise if child was interviewed
- Brochure
- Recording
- Use of statements as evidence
- Engagement



185

What Information Do You Need?

Demographics

Background information

Child/Others

Discipline

Supervision

Allegations

Risk Factors

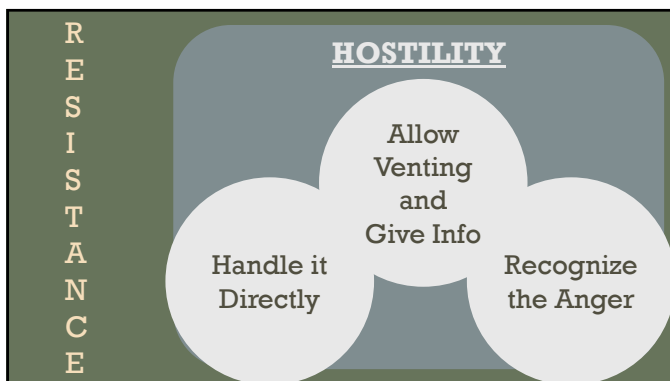
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189



Avoid
Inflammatory
Language

190



Avoid
Inflammatory
Language

Instead of: "Tracy was abused."
Try: Tracy has bruises or Tracy got hurt

Instead of: "We received a report."
Try: Someone is concerned

Instead of: "The allegation is..."
Try: What we want to discuss with you is...

Instead of: "Hit" or "Abuse"
Try: Punish or Discipline

Instead of: "I know how you feel..."
Try: I imagine that you might feel...

191

PHASE

1

- Start with the easy stuff
- Listen
- Be open to all possibilities

192

PHASE

1

TECHNIQUES

- Do not interrupt, correct, or argue
- Do not suggest answers
- Gather specific details, timelines, and baselines
- Use Indirect Questions
- Use Scaling Questions

193

PHASE

2

- Confront Discrepancies
- Seek Explanation and Clarification

194

PHASE

2

TECHNIQUES

- Invite the caretaker to help "sort this out"
 - Transition or bridging statements
 - Confront discrepancies
 - "Tell me more about..."
- Explore corroborating evidence
 - Conduct reenactments
 - Funneling
 - Repetition
 - Allow Silence

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PHASE

3

- Wrap Up
- Assess Protectiveness
- Explore Next Steps

196

PHASE

3

TECHNIQUES

- Summarize
- Reframe
- Reflect
- Support system
- Next steps
- Safety Planning

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RISK

Instead of ...	Try something like this...
<ul style="list-style-type: none"> • Do you have substance use issues? • Do you have mental health issues? • Were you abused as a child? 	<ul style="list-style-type: none"> • How has your drinking affected your relationships? • Have you ever thought about talking to a counselor? • Tell me something that your mom did that you want to do with your own children. • Tell me something that you want to do differently than your parents did.

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TECHNIQUES FOR SEVERE ABUSE INVESTIGATIONS	❖ Tell me what you know
	❖ Make them WANT to tell
	❖ Don't give up until they lawyer up
	❖ Why would someone do it?
	❖ Why wouldn't you do it?
	❖ What should happen to someone who...
	❖ Someone may have seen it?
	❖ Do you think someone who does this deserves a second chance?

200

TECHNIQUES FOR SEVERE ABUSE INVESTIGATIONS	❖ How do you think this investigation will come out?
	❖ Emphasize love for each other
	❖ Explore abuser's abuse/neglect as a child
	❖ Offer support for the abuser
	❖ Give the abuser an out
	❖ Give them a choice of being THIS or THAT
	❖ Nobody is perfect – we all make mistakes
	❖ “Real Man”
	❖ Polygraphs/phone stings

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THE KYLE FAMILY SCENARIO

{Alleged Abuser Interview: Linda Kyle}

202

SAFETY ASSESSMENTS

203

SAFETY ASSESSMENTS



What are some things workers might initially see or hear that would make them really concerned about the child's immediate safety?

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SAFETY FACTORS	
<input type="checkbox"/> Caretaker caused or threatened serious physical harm <input type="checkbox"/> Caretaker has previously abused child AND the severity of the maltreatment or the caretaker response to the previous incident AND current circumstances suggest immediate concern <input type="checkbox"/> Caretaker fails to protect child from serious physical harm or threatened harm by others <input type="checkbox"/> Caretaker's explanation for the injury is questionable or inconsistent with the type of injury, and the nature of injury suggests child safety may be immediate concern <input type="checkbox"/> The family is refusing access to the child, there is reason to believe that the family is about to flee, or child's whereabouts cannot be ascertained <input type="checkbox"/> Child is fearful of caretaker, other family members, or people living in or having access to the home <input type="checkbox"/> Caretaker fails to provide supervision necessary to protect child from potentially serious harm	<input type="checkbox"/> Caretaker fails to meet the child's immediate needs for food, clothing, shelter and/or medical and/or mental health care <input type="checkbox"/> Child's physical living conditions are hazardous and immediately threatening <input type="checkbox"/> Caretaker's substance abuse is currently and seriously affecting ability to supervise, protect or care for child <input type="checkbox"/> Caretaker's behavior towards the child is violent and out of control <input type="checkbox"/> Caretaker describes or acts towards the child in predominantly negative terms or has unrealistic expectations and this has a major impact on the child <input type="checkbox"/> Child sexual abuse is suspected and circumstances suggest child safety is an immediate concern <input type="checkbox"/> Caretaker's physical, intellectual, or mental health seriously affects his/her current ability to supervise, protect, or care for the child

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SAFETY ASSESSMENTS

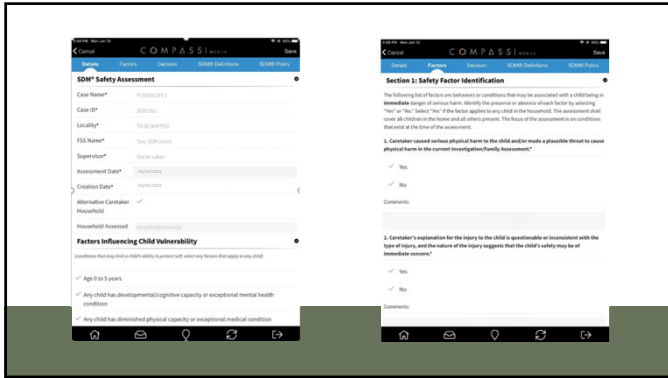


What are some things the worker might initially hear or observe that might keep the child safe?

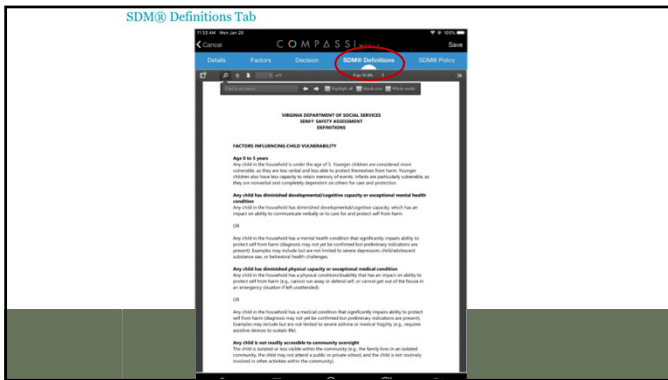
206

PROTECTIVE CAPACITIES		
Cognitive Protective Capacities <ul style="list-style-type: none"> <input type="checkbox"/> Plans and articulates a plan to protect child <input type="checkbox"/> Aligned with the child <input type="checkbox"/> Adequate knowledge to fulfill care giving responsibilities and tasks. <input type="checkbox"/> Reality orientated; perceives reality accurately <input type="checkbox"/> Has accurate perceptions of the child <input type="checkbox"/> Understands their protective role <input type="checkbox"/> Self-aware 	Behavioral Protective Capacities <ul style="list-style-type: none"> <input type="checkbox"/> History of protecting others <input type="checkbox"/> Takes action to correct problems or challenges <input type="checkbox"/> Demonstrates impulse control <input type="checkbox"/> Physically able <input type="checkbox"/> Demonstrates adequate skill to fulfill care giving responsibilities <input type="checkbox"/> Possesses adequate energy. <input type="checkbox"/> Sets aside their needs in favor of a child <input type="checkbox"/> Adaptive <input type="checkbox"/> Assertive <input type="checkbox"/> Uses resources necessary to meet the child's basic needs <input type="checkbox"/> Emotionally supports the child 	Emotional Protective Capacities <ul style="list-style-type: none"> <input type="checkbox"/> Able to meet own emotional needs <input type="checkbox"/> Emotionally able to intervene to protect child <input type="checkbox"/> Resilient <input type="checkbox"/> Tolerant <input type="checkbox"/> Displays concern for the child and the child's experience and is intent on emotionally protecting the child <input type="checkbox"/> Strong bond with child and is clear that the number one priority is the well-being of the child <input type="checkbox"/> Expresses love, empathy and sensitivity toward the child; experiences empathy with the child's perspective and feelings

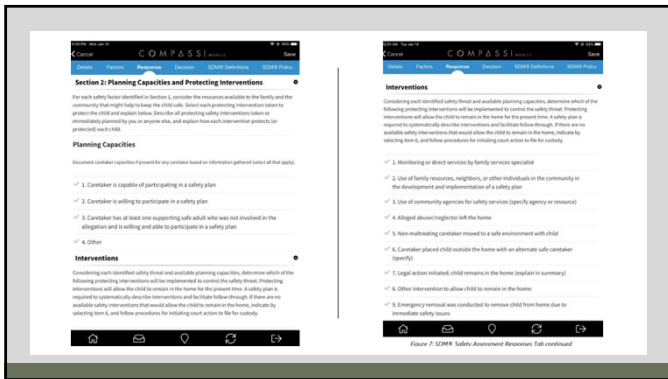
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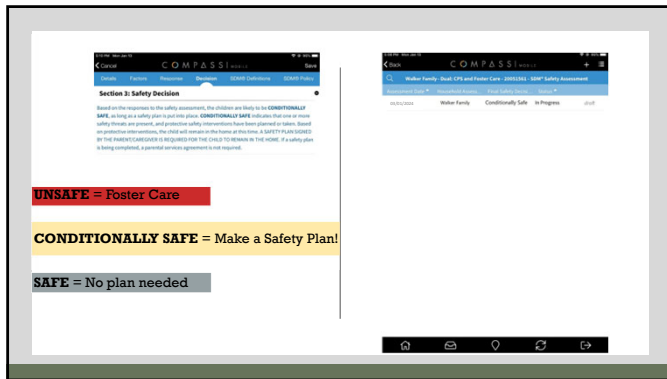
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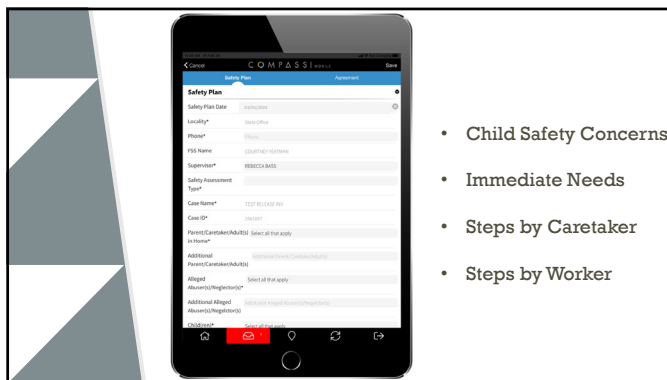
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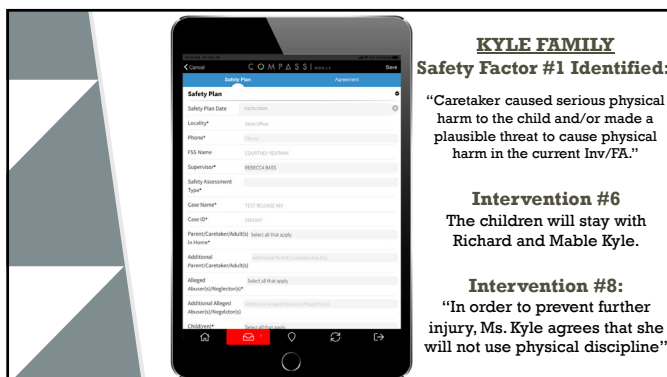
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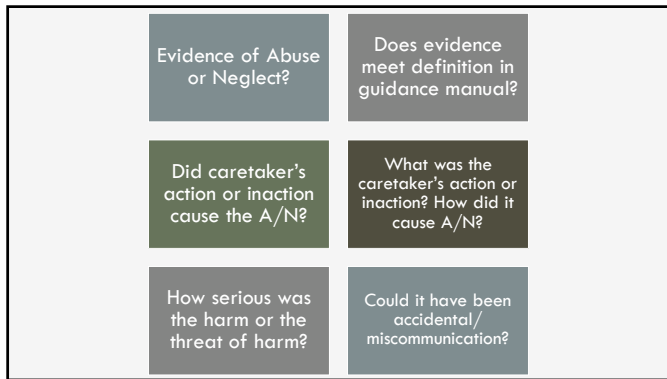
214

Factors Influencing Decision Making	<ul style="list-style-type: none"> • Individual values and biases • Caseload size • Cooperation of the client • Recent tragedies • Inconsistencies in the evidence • Complexity of the evidence • Experience • Supervision
--	--

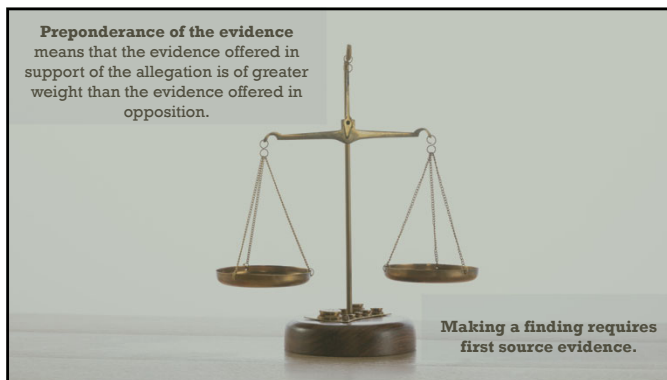
215

<ul style="list-style-type: none"> • What is the nature of the injury or the neglect? • How do the caretakers explain the injuries or neglect? • How does the child explain injuries or neglect? • Could it have happened or is it likely to have happened in the way they explained? • Based on the nature of the act and result, how serious was the harm? 	General Reflections on Making a Disposition
---	--

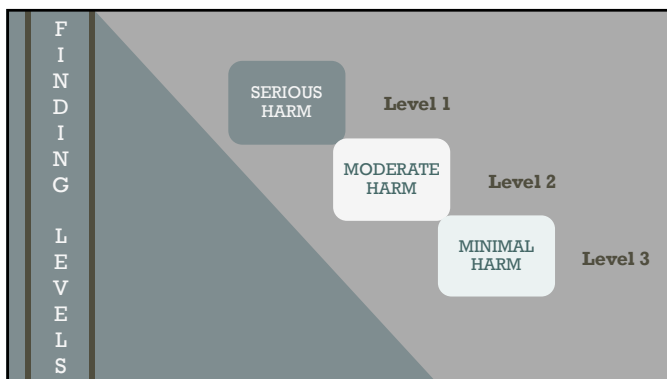
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Record Retention

Level 1 = 18 years

Level 2 = 7 years

Level 3 = 3 years
• Section 4.9.5

Family Assessment = 3 years
• Section 4.9.3

Unfounded = 3 years
• Section 4.9.3

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THE KYLE FAMILY SCENARIO

Making a Disposition

Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions...

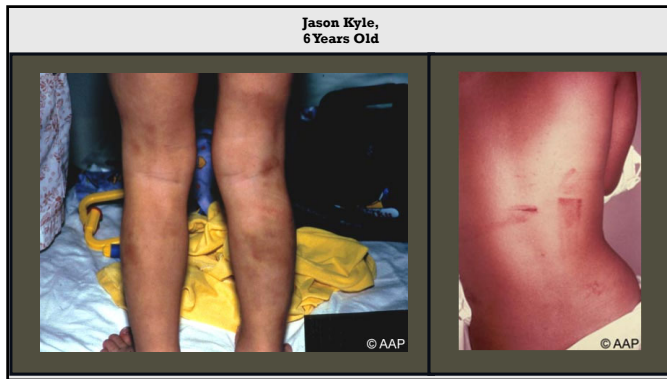
221

Tracy Kyle,
8 Years Old



© AAP

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THE KYLE FAMILY SCENARIO

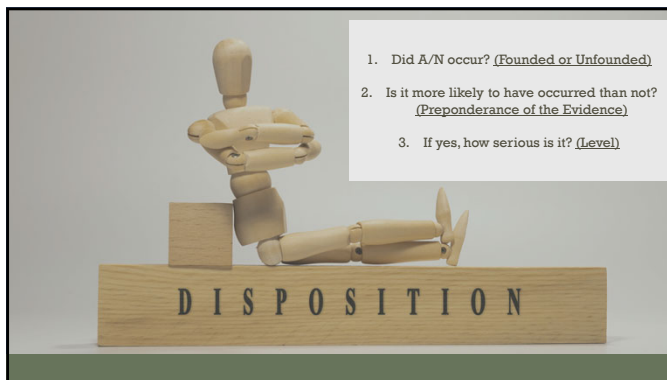
Making a Disposition

Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions...

225

4.6.34 Determine Level of Founded Disposition: Physical Abuse		
Level 3	Level 2	Level 1
<ul style="list-style-type: none"> The injury requires no medical attention 	<ul style="list-style-type: none"> The injury requires some form of minor medical attention Injury on torso, arms, or hidden place (such as arm pits) Use of tool that is associated with discipline such as a switch or paddle 	<ul style="list-style-type: none"> Requires medical attention Injury to the head, face, genitals, or is internal and located near a vital organ Injuries located in more than one place Injuries were caused by the use of an instrument such as a tool or weapon

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227



228

[illegible]

[illegible]

Decision Tab

COMPASS

Scored Risk Level

Assign the family's scored risk level based on the highest score on either the register or abuse instrument, using the following table:

High level of abuse register score (3-5) or abuse score (3-5)	High level of abuse register score (3-5) or abuse score (3-5)
High level of abuse register score (3-5) or abuse score (3-5)	High level of abuse register score (3-5) or abuse score (3-5)
High level of abuse register score (3-5) or abuse score (3-5)	High level of abuse register score (3-5) or abuse score (3-5)
High level of abuse register score (3-5) or abuse score (3-5)	High level of abuse register score (3-5) or abuse score (3-5)

Scored Highest Risk Score

Highest Scored Risk Level

Scored Abuse Risk Score

Abuse Scored Risk Level

Scored Risk Level

Decision

Please select the appropriate override code. If no override applies, select "No Override" and the risk level will remain the same. If there is a policy override, select the appropriate policy override for the scenario. Please note that the risk level will automatically set to very high if there is a Disciplinary Override. The risk level will increase by one level, and a reason must be entered in the provided field.

Select Override Type*

232

COMPASS

Abuse

A1. Current complaint is for abuse?

☐ a. No (0)

☐ b. Yes (1)

A2. Number of prior abuse investigations/assessments?

☐ a. None (0)

☐ b. One (1)

☐ c. Two or more (2)

A3. Number of prior register investigations/assessments?

☐ a. None (0)

☐ b. One or more (1)

A4. Household has previously received ongoing services or foster care as a result of DVAN (disciplinary) assessment?

☐ a. No (0)

☐ b. Yes (1)

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THE KYLE FAMILY SCENARIO

Risk Assessment

COMPASS

Highest

A1. Current complaint is for abuse?

☐ a. No (0)

☐ b. Yes (1)

A2. Number of prior abuse investigations/assessments?

☐ a. None (0)

☐ b. One or more (1)

☐ c. Two or more (2)

A3. Number of prior register investigations/assessments?

☐ a. None (0)

☐ b. One or more (1)

☐ c. Two or more (2)

A4. Household has previously received ongoing services or foster care as a result of DVAN (disciplinary) assessment?

☐ a. No (0)

☐ b. Yes (1)

Abuse

A1. Current complaint is for abuse?

☐ a. No (0)

☐ b. Yes (1)

A2. Number of prior abuse investigations/assessments?

☐ a. None (0)

☐ b. One (1)

☐ c. Two or more (2)

A3. Number of prior register investigations/assessments?

☐ a. None (0)

☐ b. One or more (1)

☐ c. Two or more (2)

A4. Household has previously received ongoing services or foster care as a result of DVAN (disciplinary) assessment?

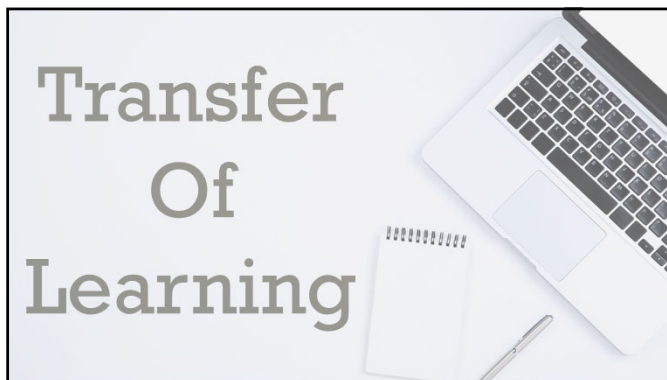
☐ a. No (0)

☐ b. Yes (1)

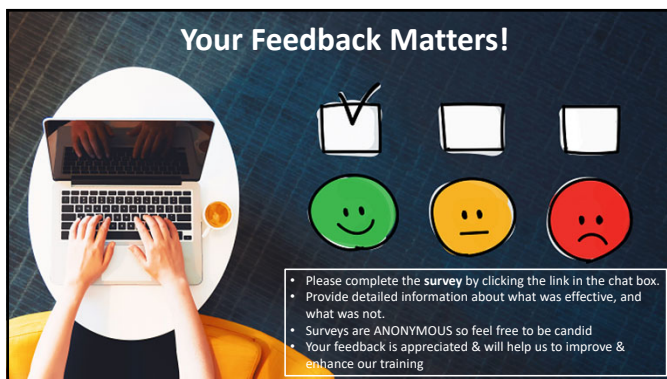
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