

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		<h1>68</h1>
Chapter:	Child Safety Interventions	
Subject:	Serious Physical Injury – Investigation and Case Planning	Page 1 of 8
Approved:	Karen Shea, Deputy Commissioner	Effective: 6/8/2017
Supersedes:	Family Services Policy 68	Dated: 4/12/2016

Purpose

To provide specific policy guidelines for: (1) social workers investigating allegations of serious physical injury to a child caused by abuse and (2) ongoing social workers engaging in case planning for victims of serious physical injury.

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Related Policies

Family Services [Policy 52](#): Child Safety Interventions – Investigations and Assessments

Definitions

Serious Physical Injury: By other than accidental means:

(A) Physical injury that creates any of the following:

- i. a substantial risk of death;
- ii. a substantial loss or impairment of the function of any bodily member or organ;
- iii. a substantial impairment of health; or
- iv. substantial disfigurement; or

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(B) Strangulation by intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person (33 VSA § 4912(17)).

Serious physical injury may occur as a result of physical abuse, risk of harm, or neglect. Examples of serious physical injury include, **but are not limited to**, actual or substantial risk of serious physical injury or death caused by or presenting with:

- Abusive head trauma (previously referred to as Shaken Baby Syndrome);
- Unexplained or inadequately explained fractures;
- Unexplained or inadequately explained injuries requiring medical treatment;
- Inflicted burn;
- Internal injury;
- Poisoning resulting in any type of injury requiring medical treatment;
- Central nervous system (CNS) injury;
- Injuries consistent with strangling;
- Retinal hemorrhages;
- Head or brain injury with or without fracture (brain bleeding, brain bruising, subdural hematoma, etc.);
- Medical child abuse (previously referred to as Munchausen by Proxy Syndrome and Factitious Disorder by Proxy);
- Nonorganic failure to thrive;
- Malnutrition; or
- Designation as serious physical injury by pediatric consultant or pediatric intensive care specialist.

Serious Physical Injury Intervention: A child safety intervention involving a serious physical injury occurring as a result of physical abuse, risk of harm, or neglect.

Policy

All investigative requirements set forth in [Policy 52](#) shall be followed. The district director or staff designated by the district director will inform the assigned policy and operations manager and the director of operations of all investigations involving serious physical injury.

Additionally, injuries diagnosed in a medical office or clinics that are suspicious for serious physical injury should be investigated per the guidelines set forth in this policy. Upon receipt of an intake report suggesting serious physical injury, the supervisor conducting screening should strongly encourage the health care provider to refer the

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child to a hospital for further testing immediately.

Investigating Allegations of Serious Physical Injury

All reports of serious physical injury to a child will be assigned immediately. Thoughtful consideration should be given to the assignment of these cases. The assigned social worker should have at least:

- one year of experience conducting investigations and assessments OR
- six months of experience conducting investigations and assessments and experience shadowing an experienced social worker in serious physical injury investigations; OR
- a team of two social workers could be assigned.

Less experienced social workers will team/shadow experienced social workers in addressing serious physical injury investigations. A supervisor and/or district director shall always work closely with social workers in these cases.

Allegations of serious physical injury to children shall be investigated jointly by the Family Services Division and the appropriate law enforcement agency, under Vermont statute and as referenced in [Policy 52](#). Law enforcement jurisdiction is determined by where the incident occurred, not the residence of the child. Courtesy interviews by a different law enforcement agency may need to be requested in cases where a child is transported to a hospital outside their area of residence at a significant distance from the location of the injury. In these situations, the law enforcement agency with jurisdiction must make the request for assistance.

Interviews

All witness interviews should be done separately, without the presence of other witnesses. Caretaker interviews should be done separately and in a timely manner to avoid possible coordination of statements.

Physician Interview

In all cases of serious physical injury to a child, the physician or other medical professional handling the medical examination of the child should be interviewed as soon as possible, prior to all other interviews. Questions to be asked should include:

- What injuries does the child have currently?
- When and how could the injuries have occurred or been inflicted?
- Does the child have any historical injuries that are suspicious for child abuse? If so, what are the injuries? Is the physician able to provide timeframes for when the injuries occurred?

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- How did the child arrive at the hospital?
- How was the child transported to medical treatment?
- What did the parent(s)/caretaker(s) tell you about how the child received the injuries? Did they describe the child's symptoms or any change in behavior, and when those symptoms or changes first occurred?
- Did they say who was caring for the child when he/she was injured, or indicate a timeframe during which the child was likely injured?
- Did the parent(s)/caretaker(s) speak with anyone else at the hospital about the child's injuries?
- What medical tests have been done, and are other tests going to be done? If so, what tests, and what do these tests look for?
- More specifically, has a full skeletal survey been considered by the treating physician? Has one been done or will it be done? What were the results? (Typically this happens with when a child under the age of 2 presents with a suspicious, serious physical injury)
- Is the parent(s)/caretaker(s) account of how the child received the injury consistent with the medical findings? If not, what might have caused the injury?
- Do the child's injuries, need for treatment, or monitoring require hospitalization?

It is critical to rule out unlikely mechanisms of accidental injury in cases of suspected serious physical injury. Each mechanism provided through interviews and site observation should be posed to the physician. The physician should then be asked to advise whether the injury could have been caused by the mechanism provided. It may be necessary to ask the physician about the totality of the injuries and if the injuries could have all been caused by the mechanisms suggested through interviews, when the injuries likely occurred at the same time. (For example, it may be possible one of the child's injuries, such as a fracture, could have been caused by a fall from the couch, but the retinal hemorrhages could not have been caused by the same fall.)

Consultation with a pediatric consultant may be appropriate.

Child Interview and Photography

It is unlikely an interview of the child will be possible or appropriate immediately however should take place as soon as possible. The child should be viewed and any visible injuries photographed. The social worker should request that qualified hospital staff take the photographs in consultation with law enforcement. If that is not possible, the social worker may take the photographs.

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In situations where there are other children in the family than the child who has been physically abused, those children will be interviewed as soon as possible to determine (1) the extent of their knowledge about alleged abuse and (2) other information necessary to assess their safety.

Witness Interviews

Witness interviews should be conducted in an effort to rule in/out possible perpetrators. These interviews must be conducted in a timely fashion in order to prevent witness contamination and ensure a speedy investigation to determine child safety. The focus of these interviews should be on establishing a timeline leading up to the child’s arrival at the hospital, as well as gathering any information about how the child received the injury.

Possible witnesses may include:

- Other medical personnel with whom the parents spoke about the child’s injuries, such as nurses, admission staff, and ambulance staff.
- Other family members who may have knowledge of the situation.
- Neighbors who may have knowledge of the situation.
- Childcare or school providers, if the child attends either, who may be able to help establish a timeline.
- Anyone else who had contact with the child during the time period when the injury was likely to have occurred.

Child death investigations must include identification and interview of the following person(s) in addition to the caretaker (if this person(s) is/are not the caretaker(s):

- The person who last saw the child alive
- The person who found the child dead

A determination of who will conduct each interview will be made on a case by case basis in the context of the joint investigation.

Caretaker(s) Interviews

All caretaker(s) to the child within 72 hours prior to the injury occurring should be interviewed. The interview(s) should be non-accusatory. It is important to establish a timeline from the time when the injury was suspected to have occurred to the present. Special attention should be paid to the time around which the child’s behavior changed, possibly as a result of injury, if such a change took place. Additionally, the interviewee should be asked who had access to the child during the time the physician suspects the injury may have occurred.

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The initial interview with the suspected or alleged perpetrator should be done jointly with law enforcement. As indicated in Policy 52, the Keeping Children and Families Safe Act of 2003 (Public Law 108-36) requires that the investigating social worker inform the alleged perpetrator, at the time of the initial contact, of the complaint or allegation made against the individual. Whenever possible, the interview should be recorded, with the alleged perpetrator's agreement, and barring recording, detailed notes should be taken.

It is likely that law enforcement will need to interrogate the alleged perpetrator at a later time, unless the alleged perpetrator admits to causing the child's injuries during this interview and interrogation are not done by the social worker. The interview should allow the alleged perpetrator an opportunity to share his/her timeline of events from beginning to end. Following this, clarifying questions may be asked. **It is imperative that the alleged perpetrator be allowed to share his or her recollections uninterrupted prior to further questioning.**

The alleged perpetrator should be encouraged to help the social worker understand what might have happened and to provide information that would help the child's medical care. **Any details related to causes or mechanisms for injury should be discussed with the physician, both to provide potentially critical treatment information and to rule in or out possible mechanisms of injury.**

Site Observation

Whenever possible, the social worker should, with law enforcement, visit the site where the injury allegedly occurred. The site should be photographed thoroughly, as should any furniture, toys, or other objects that may have been involved in the injury itself. If multiple possible mechanisms of injury are suggested during interviews, all of the objects related to those suggested mechanisms (for example, a child's mechanical swing, a toy, a couch, stairs, etc.) should be photographed and measuring devices should be employed in the photo whenever possible.

Family Court

In most cases where serious physical injury by a caretaker is suspected, the social worker and law enforcement will seek to have the court find the child and other children residing with the caretaker in need of care and supervision. At the Temporary Care Hearing, DCF will recommend that custody be transferred to DCF to allow thorough and careful assessment of extended family members and their ability to protect the child(ren).

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It is important to consider the timing of this request for the child(ren) to be found in need of care and supervision, within the scope of overall child safety. If possible, interviews of the caretaker(s) should be done prior to seeking custody. However, child safety is paramount for both the injured child and any other child in the home. DCF will alert law enforcement of our plan to pursue a CHINS petition prior to doing so.

At times, children are admitted to the hospital for treatment of their injuries. The child’s hospitalization does not substitute for the CHINS process and their placement in the hospital does not ensure safety given the parents on-going access to the child in the hospital without supervision and their role in decision making around medical care for the child.

Division staff will not agree to stipulated findings of merits without consultation and approval from the assigned policy and operations manager. See Family Services [Policy 82](#) for additional information on CHINS proceedings.

Case Determination, Case Planning, and Planning for Permanency

During the child safety intervention and before making a case determination, district offices shall consult with the assigned policy and operations manager about the case plan goal and the timing of any planned reunification with either parent.

Reunification efforts are not required by state or federal statute. When children have experienced serious physical injury, reunification with the parent or caretaker may be contrary to the child's best interest.

In serious physical injury cases, consultation and review of case determinations will occur with the assigned policy and operations manager prior to finalization of the case determination. In instances where a child has experienced serious injury or death and the perpetrator of the abuse is unknown, the case determination will include consideration of the parent(s) role in any harm as well as other categories of maltreatment including any neglect or risk caused by the parent.

In cases where reports of serious physical injury were investigated but not substantiated, the assigned policy and operations manager will decide if further consultation is needed after reviewing the initial investigation(s). The policy and operations manager will inform district staff when consultation related to this policy is no longer needed.

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Additional Resources

The National Center on Shaken Baby Syndrome: www.dontshake.org

American Academy of Pediatrics: www.aap.org

National District Attorneys Association: www.ndaa.org