

## Excerpts from Public Children Services Association of Ohio (Standards for Effective Practice)

### A. Conducting the Assessment and Interview

The process of assessment and conducting interviews with individuals involved in allegations of child abuse or neglect are highly sensitive Activities. For an interview to be conducted effectively, staff must be well prepared. To conduct effective interviews, the public CFSA is responsible for providing staff with all necessary tools, administrative and management supports (e.g., policies, protocols, etc.), and training.

- 1) Daily supervision should be provided to new staff conducting interviews for the duration of the public CFSA sanctioned probationary and training period.
- 2) Staff should develop an assessment plan prior to initiating and conducting the assessment process with the family. This plan should include, but not be limited to, the following elements:
  - a. A review of historical information;
  - b. A determination of who will be interviewed and in what order;
  - c. Who should be present at interviews (i.e., law enforcement, non-offending parent, teach, etc.); and
  - d. The location of the interviews
- 3) Staff should, at minimum, conduct one face-to-face interview with the alleged child victim during the assessment process. The process should include a face-to-face interview with the primary caregiver, the alleged perpetrator, and all adults and children who reside in the home. Families should be provided with a written document outlining their rights and the agency's grievance process.
- 4) Staff should conduct a home visit as part of the assessment process.
- 5) Staff should make contact with professionals involved with the family.
- 6) Staff should make contact with persons who have been identified to have first hand knowledge of the incident to aid in determining the level of risk to the child and the level of family functioning.

- 7) The Public CFSA should use an assessment tool as the foundation for collection child and family information.
- 8) In cases where a mandated reporter has made the referral, the assessment process should not be considered complete until the assigned staff notifies the mandated reporter that the assessment process has been completed, and that an incident disposition and case resolution have been made.
- 9) Staff should complete the assessment process within thirty days of the screening determination. The ability to do so is based on receipt of requested information, and reports, within the specified time frames.
- 10) Within three calendar days, the staff should advise the family of the incident disposition and case resolution and the next steps.
- 11) Within three calendar days, the alleged perpetrator shall be notified of the disposition in writing and the agency's grievance procedure.
- 12) Staff should explain the court process to families in cases that involve juvenile court proceedings and for cases that involve criminal prosecution, and link or refer the family to the county's victim/witness program and victim advocacy services.

## **B. Interviewing Alleged Child Victims, Siblings, and Other Children**

- 1) Staff should assess and determine whether or not the child is safe, based on available information, prior to notifying the caregiver of the intent to interview the child.
- 2) As part of the rapport building process prior to conducting the formal interview, staff should ask the child questions to assess the child's developmental stage and level of understanding. The staff should adjust the interview questions to meet the developmental stage of the child.
- 3) When the determination is made that informing the caregiver of the intent to interview the child will place the child at further risk, the caregiver should not be informed of the child interview prior to it being conducted. Staff should attempt to notify the non-offending caregiver upon conclusion of the interview.

- 4) In most cases, the child should be interviewed without the caregiver present, especially when the alleged perpetrator is unknown. The decision to include other individuals in the interview process should be driven by the needs of the child in balance with preserving the integrity of the assessment.
- 5) Throughout the assessment process, the staff should ensure the child is kept informed (as is developmentally appropriate), and provided with emotional support. Discussions with the child regarding the assessment/investigative process should be documented in the case notes.
- 6) In closing the interview, the staff, as appropriate to the child's level of understanding, should:
  - a. Help the child identify a healthy support system available to provide support;
  - b. Describe available counseling and support groups in the community;
  - c. Validate the child's feelings;
  - d. Educate the child on prevention and protection techniques and safety planning.
- 7) For the effective collection of information in assessing the level of child risk, the public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.

### **C. Interviewing the Non-Offending Caregiver**

- 1) Staff should explain the purpose, and role of the public CFSA to the caregivers.
- 2) For effective collection of information in assessing the level of child risk, the public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.
- 3) In Closing the interview, staff should:
  - a. Ask the caregivers about their network of support and obtain a release of information;

- b. Describe available counseling and support groups in the community;
- c. Describe possible behavioral indicators of the abuse the child experienced, and prepare them for potential behavioral changes in the days to come;
- d. Develop a safety plan to protect the child as appropriate (see Standard 2.9, Safety Plans);
- e. Begin to gather information for a genogram (see Standard 2.13, Genograms); and
- f. Begin to gather information for an ecomap (see Standard 2.14, Ecomaps).

#### **D. Interviewing the Alleged Perpetrator**

- 1) When a criminal investigation is involved, the public CFSA should coordinate the interview schedule with law enforcement.
- 2) Staff should explain the purpose and role of the public CFSA to the alleged perpetrator.
- 3) The alleged offender should be informed of the allegations in the report in a non-confrontive, no-accusatory manner.
- 4) For the effective collection of information in assessing the level of child risk, the Public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.
- 5) In closing the interview, staff should:
  - a. As appropriate, develop a safety plan to protect the child;
  - b. Describe available counseling and supportive services in the community;
  - c. Describe next steps in the process and what the alleged perpetrator can expect to happen following the conclusion of the interview;
  - d. Begin to gather information for the genogram (if appropriate); and
  - e. Begin to gather information for the ecomap (if appropriate).

## E. Gathering Information from Collateral Sources and Witnesses

- 1) Staff will gather information by telephone, in person, through written documentation, etc, to obtain the following information:
  - a. Knowledge and observations concerning the allegation, including any current safety threat or risk of future harm to the child;
  - b. Any additional information concerning their perceptions of the family strength's or concerns; and
  - c. Knowledge and observation concerning the alleged perpetrator including access to other children.

## F. Conducting a Physical Assessment of Children in Cases of Physical Abuse

Assessing children for physical abuse requires knowledge of procedure, physical abuse indicators, and a high level of sensitivity. All agencies should develop abuse assessment procedure.

- 1) When conducting a physical assessment of the alleged child victim for physical abuse, the staff should be accompanied by another adult (e.g., non-offending caregiver, co-worker, nurse etc.
- 2) When a caregiver is not present, and disrobing is necessary, at least one of the adults should be the same gender as the alleged child victim.
- 3) When the child persists in refusing to participate in the physical assessment process, staff should discontinue the process and make arrangements for a medical professional to continue the physical assessment.
- 4) In cases where the alleged child victim is unable to disrobe without assistance, staff or the accompanying adult should assist the child in disrobing in the following manner.
  - a. Expose one area of the body at a time, beginning with clothing above the waist; and

- b. Observe the area, take photos when in accordance with the Evidence Gathering section, and replace clothing prior to exposing the next area of the body.
- 5) When there is a concern that the child requires medical attention, assigned staff should arrange for immediate medical care. At this point, the physical assessment process should be discontinued. Staff should request the medical professional conduct a physical exam upon arrival.

## **G. Conducting Sexual Abuse Interviews**

- 1) The public CFSA should provide sanctioned training to staff responsible for conducting sexual abuse interviews. Training should be provided on the job and in a formal classroom setting. On an annual basis, staff should be trained on new sexual abuse assessment techniques, language, strategies, etc. This training should include:
  - a. Stages of physical and cognitive development;
  - b. Human physiology, anatomy, sexuality;
  - c. Dynamics of sexual abuse;
  - d. Knowledge of family dynamics related to sexual abuse;
  - e. Behavioral indicators of sexually abused individuals as described in current research/literature; and
  - f. Observing experienced staff or videos on sexual abuse interviews (the number of observations and/or videos should be identified by the public CFSA).
- 2) Protocols should be established and training should be identified by the public CFSA) prior to staff using investigative assessment techniques (e.g., anatomical dolls, anatomical drawings, etc.) in conducting sexual abuse interviews.
- 3) Authorized medical professionals should conduct genital exams only. Public CFSA staff should not conduct physical assessments of children in the context of sexual abuse investigations.

## H. Evidence Collection for Intake Assessments

The process of collecting physical evidence is sensitive and should be done in collaboration with law enforcement.

### 1) Chain of Physical Evidence Collection

- a. The public CFSA should have established policies and protocols, which address collection of the evidence. These should also be address in the Memorandum of Understanding.
- b. Physical evidence collection as a result of the assessment process should be documented and submitted to the authority as recognized by the Memorandum of Understanding.
- c. The type of evidence collected should be documented in the case record.
- d. Staff should not take physical evidence with the consent of the owner, and or consultation with law enforcement or the prosecutor's office.

### 2) Photography

- a. When conducting a physical assessment of the alleged child victim for signs of physical abuse, the public CFSA should assure photographs are taken of discovered bruises, lacerations, etc. In cases of sexual abuse, only qualified medical staff should be utilized. In cases of neglect, photographs may be taken of the child and/or living environment with the resident's permission.
- b. The public CFSA should assure that at lease one photograph includes the adult witness (other than the staff conducting the intake assessment) with the child victim.
- c. When photographs are taken by the public CFSA, each photograph should have an identifier present (piece of child's clothing, etc.). At least one photograph should include the child's face and clothing to assure that the evidence collected demonstrates the series of photographs are of the same child.
- d. When an object is identified to have caused a child's injury (accidental or not), the object should be photographed.
- e. All photographs should be identified with the following information:

- i. The individual who took the photo;
- ii. The date it was taken;
- iii. Name and D.O.B. of the alleged child victim; and
- iv. Address of the living environment if applicable (i.e., neglect case – dirty house).

## **I. Interviewing Children with Special Needs**

- 1) The Staff should assess and determine whether or not the child is safe, based on available information, prior to notifying the caregiver of the intent to interview the child.
- 2) When an individual not involved in the allegation (e.g., non-offending caregiver, teacher, sibling) is available for consultation, staff should contact and hold a pre-interview consultation with the individual to determine:
  - a. The child's primary and secondary strengths, disabilities;
  - b. The best approach to take with the child based on the child's level of understanding, needs and abilities.
- 3) Based on information gathered as a result of the pre-interview, staff should obtain further information on the child's disability to help him/her prepare for the interview. As a result of this process, staff, when deemed necessary, should contact the appropriate service provider who can provide support when interviewing the alleged child victim.
- 4) The staff should follow the section: Interviewing alleged Child Victims, Siblings and Other Children, herein.

## **J. Incident Disposition/Case Resolution**

All information collected as a result of intake assessment activities should be used to support the incident disposition and case resolution processes (see Standard 2.11, Incident Disposition/Case Resolution.).