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|  VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual | | <h1>68</h1> |
| Chapter: | Child Safety Interventions | |
| Subject: | Serious Physical Injury – Investigation and Case Consultation | Page 1 of 11 |
| Approved: | Aryka Radke, Deputy Commissioner | Effective: 9/30/2021 |
| Supersedes: | Family Services Policy 68 | Dated: 6/8/2017 |

Purpose

To provide policy guidelines for:


- (1) CIES identifying allegations of a serious physical injury to a child caused by abuse and/or neglect;
- (2) CSI workers and supervisors investigating these allegations; and
- (3) establishing case consultation expectations around critical decision points for a case involving the serious physical injury of a child.

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Related Policies

- Family Services [Policy 50](#): Child Abuse and Neglect Definitions
Family Services [Policy 51](#): Screening Reports of Abuse and Neglect
Family Services [Policy 52](#): Child Safety Interventions – Investigations and Assessments
Family Services [Policy 56](#): Substantiating Child Abuse and Neglect
Family Services [Policy 77](#): Medical Care for Children and Youth in DCF Custody
Family Services [Policy 158](#): Case Consultations with Central Office

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Introduction

Cases involving the serious physical injury of a child are often complex, high-risk, and potentially stressful. This policy is intended to promote shared responsibility, shared decision-making, and mutual accountability to promote the best outcomes for the impacted children and families and to support the psychological safety of division staff.

Grounded in the principles of safety science and safety culture, this policy provides:

- detailed investigative recommendations, and
- establishes intentional “hard stops” in the form of consultation to ensure that support and team decision making are offered at specific points in time where individuals are vulnerable to making high-risk, high-consequence decisions while they are impacted by stress, fatigue, overwhelm, or other factors.

Even in instances where these factors may not be present, serious physical injury case decisions are almost always “high stakes” and warrant planning around the potential consequences. The division values a team process and group decision-making in these difficult cases.

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

(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)).

* For the purposes of this policy and definition, “substantial” means that the child would die or suffer life-long impairment or injury without intervention and/or medical treatment. *

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);
 - Head or brain injury with or without fracture (brain bleeding, brain bruising, subdural hematoma, etc.);
 - Retinal hemorrhages;

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- 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;
- 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 (CSI) involving a serious physical injury occurring as a result of physical abuse, risk of harm, or neglect.

Policy


Identification and Notification

When a report contains information that a child has suffered a serious physical injury as defined above and it is determined that the report meets acceptance criteria outlined in [Policy 51](#), CIES staff will inform the CSI supervisor, the district director, and the AHS.DCFSDSeriousInjuryNotification@vermont.gov alias (which includes the operations team and the child safety manager) of the intake acceptance and any steps taken by CIES to gather more information, commence the investigation, or coordinate with medical providers and/or law enforcement. The child safety manager is notified of all serious physical injury cases for tracking purposes, as the division tracks serious physical injuries, fatalities, and near fatalities. The child safety manager may be included in consultations as needed.

Additionally, injuries diagnosed in a medical office or clinic 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 child to a hospital for further testing immediately.

Investigating Allegations of Serious Physical Injury

In addition to the expectations outlined in this policy, all investigative requirements set

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forth in [Policy 52](#) will be followed.

During standard business hours, all reports of serious physical injury to a child will be assigned immediately. After-hours, CIES will determine if the investigation will commence right away based on the safety of the child and/or other children in the home and based on the investigative needs.

Thoughtful consideration should be given to the assignment of these cases. During standard business hours, the assigned 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 worker in serious physical injury investigations; OR
- a team of two workers with one meeting the above qualifications.

Less experienced workers will team/shadow experienced workers in addressing serious physical injury investigations. A supervisor and/or district director shall always work closely with workers in these cases. In situations where an ongoing worker is assigned, teaming between the investigative worker and ongoing worker should begin as soon as possible.


Allegations of serious physical injury to children shall be investigated jointly by the Family Services Division and the appropriate law enforcement agency per 33 V.S.A. § 4915(g) as referenced in [Policy 52](#). Law enforcement jurisdiction is determined by where the incident occurred, not the residence of the child. Division staff will document outreach to law enforcement and the response received. If the law enforcement agency declines to move forward with a joint investigation, a plan should be discussed regarding:

- Steps to take if the division acquires new information; and
- The point at which the law enforcement agency would become involved.

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.

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:

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- 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?
- How did the child arrive at the hospital?
- Was there a delay in seeking treatment?
- 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 the injury occurred, 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) story of the injury consistent with the child’s developmental capabilities?
- 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. If there are multiple injuries, it is necessary to establish the mechanism and timeline for each one. 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.

District staff shall consult with a board-certified child abuse pediatrician. The state’s pediatric child abuse expert can be reached through the [Child Safe Program](mailto:childprotectionteam@vmhealth.org) at childprotectionteam@vmhealth.org or 802-847-2700.

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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 worker should request that qualified hospital staff take the photographs in consultation with law enforcement. If that is not possible, the worker may take the photographs.

When taking photographs, division staff should be in an appropriate setting with appropriate partners and follow these guidelines:


- If possible, take photographs against a neutral-colored background (such as a bare wall) and avoid cluttered, busy backgrounds;
- Take a picture of the child’s information (name, date, location);
- Take a picture of the whole child in their natural state (a head-to-toe photo showing the child face for identification, assuming the child is conscious and cooperative); and
- Take a picture of each injury:
 - From three feet away (to clarify the location of the injury on the body);
 - From one foot away; and
 - Close up photos that provide the most detail and resolution – one without a scale and one that includes some type of measurement device (a ruler next to the injury or if no ruler is available, a business card, coin, or another universally sized object can be shown to indicate size).

The goal of taking photographs is to provide a true and accurate representation of the visible injuries. There is no set number of photographs that must be taken to fully document injuries on the human body.

In situations where there are other children in the family than the child who has been physically harmed, 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 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.

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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; or
- 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; and
- The person who found the child deceased.

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

Caretaker interviews should be done separately and in a timely manner to avoid possible coordination of statements. All caretaker(s) to the child during the time at which the injury occurred should be interviewed. Interviews should:

- Be non-accusatory;
- Establish a timeline from injury occurrence to the present;
- Include inquiry of any behavioral changes that could be due to the injury; and
- Consider the role of the caretaker(s) in any harm as well as other categories of maltreatment including neglect or risk.

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 the investigating worker to 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.

The interview should allow the alleged perpetrator an opportunity to share their timeline of events from beginning to end. Following this, clarifying questions may be

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asked. It is imperative that the alleged perpetrator be allowed to share their recollections uninterrupted prior to further questioning.

The alleged perpetrator should be encouraged to help the 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.**

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. Interrogation are not done by the family services worker.

Site Observation


Whenever possible, the 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 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).

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 ongoing access to the child in the hospital without supervision and their role in decision making around medical care for the child.

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Division staff will not agree to stipulated findings of merits without consultation and approval from the assigned policy and operations manager. It may be prudent to alert the state’s attorney or other attorneys to this prior to court to allow for a thoughtful process. See Family Services [Policy 82](#) for additional information on CHINS proceedings.

See Family Services [Policy 77](#) for information about medical decision-making, treatment for serious physical injuries, and end of life decisions.

Case Staffing and Transfer

The ongoing worker should be identified and involved in the case as soon as possible to allow for teaming with the investigating worker. Case transfers (CSI to ongoing, worker-to-worker, district-to-district) should include a thorough process with both workers, both supervisors, and the district director at their discretion.

The case transfer process should highlight the details and concerns around the serious physical injury. Any pictures of injuries and/or the home environment should be viewed to gain an understanding of the severity of the case. Safety plans should be reviewed, with a plan made for any needed follow-up with the family. When possible and appropriate, both workers should visit the home together to:


- Introduce the new assigned worker to the family;
- Discuss the risks together;
- Review the status of the investigation; and
- Discuss the ongoing plan for reviewing safety plans, writing the case plan, and establishing family time (parent/child contact).

The concerns regarding the serious physical injury should be acknowledged and planned around in all transfers throughout the life of the case.

Case Determination, Case Planning, and Planning for Permanency

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.

When children have experienced serious physical injury by the parent or caretaker, reunification with the parent may be contrary to the child's best interest. An adoption case plan goal and termination of parental rights may be considered and discussed by

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the team (including the family services worker, supervisor, policy and operations manager, assistant attorney general, and others as appropriate) if:

- There is evidence, an admission, or reason to believe the parent caused the injury or is unwilling or unable to protect the child from the abuser; or
- The injury has not been adequately explained or addressed in such a way that ensures the child will not be a victim of serious abuse if reunified.

Case Consultation

CIES or the district director will inform the assigned policy and operations manager of all cases involving serious physical injury. The initial consultation will include a discussion around the frequency of updates, notifications, and consultation required based on the specifics of the case. There is flexibility in the frequency and intensity of consultation depending on the dynamics of the situation and needs of everyone involved. The purpose of consultation on serious physical injury cases is to allow for shared understanding and decision-making between district office and central office staff around the dangers, risks, and goals. The family services worker can expect that the consultant will identify bottom lines and contact them about decision-making moving forward. Case consultation will occur as long as the case continues to meet the criteria of a serious physical injury case.


During child safety interventions, critical case decisions include:

- Commencement plan, including law enforcement’s response;
- CHINS filing (if necessary);
- Safety planning (unsupported child contact, placement, etc.);
- Merits stipulation; and
- Case determination.

There will be instances where a case is first identified as meeting the criteria for serious physical injury, and then upon commencement, during the investigation, or at time of determination, the case may no longer meet criteria. In these situations, the assigned policy and operations manager may decide to no longer have the case identified as a serious physical injury case and will determine if further consultation is needed if the case remains open.

When serious physical injury cases continue as ongoing cases, critical case decisions include:

- Case planning;
- Subsequent accepted reports;
- Change to unsupported family time;

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- Reunification planning; and
- Case closure.

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