



## INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

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| <b>Chapter 3:</b> Hotline   | <b>Effective Date:</b> March 1, 2016 |
| <b>Section 2:</b> Creating a Child Abuse and/or Neglect Intake Report | <b>Version:</b> 6                    |

### STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will create a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) using the case management system.

**Note:** A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with injury or suspected injury to the head or neck and all children less than three (3) years of age with fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week (see [Practice Guidance](#)).

The Hotline will utilize the domestic violence screening questions during each intake report of alleged Child Abuse and/or Neglect (CA/N) to assess for the presence of domestic violence. Screening of all calls allows the intake worker to assess for:

1. Any pattern of domestic violence;
2. The presence and role of the child in domestic violence incidents; and
3. The presence of any factors which suggest a heightened risk of the potential for life threatening injury to the child and non-offending parent.

**Note:** The early identification of domestic violence is the first step in achieving positive and safe outcomes for adult and child victims.

DCS will hold confidential the identity of persons who report allegations of CA/N unless a court requires the reporter's identity to be disclosed.

The Hotline will accept CA/N allegations from persons who wish to remain anonymous; however, DCS will strongly encourage all reporters to provide contact information so that follow-up can occur if more information is needed.

Audio recordings of CA/N reports are confidential and can only be released by a court order. A prosecutor can request the recordings to investigate charges of false reporting.

#### Code References

1. [IC 31-33-7-4: Written Reports](#)
2. [IC 31-33-18: Disclosure of Reports; Confidentiality Requirements](#)
3. [IC 20-50: Homeless Children and Foster Care Children](#)

4. [IC 34-6-2-34.5: Domestic or Family Violence](#)
5. [IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined](#)

## **PROCEDURE**

The Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible by thoroughly interviewing the reporter about:
  - a) The alleged incident,
  - b) The alleged child victim,
  - c) The alleged perpetrator, and
  - d) The alleged child victim's family, etc.
2. Utilize the domestic violence screening questions for all CA/N reports. See below for screening questions.
  - a. Has anyone else in the family/household been hurt or assaulted?
  - b. Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? If yes, please describe what happened.
  - c. Do you know if the police have ever been called to the home to stop fighting? If yes, how many times? Do you know if anyone was arrested? If yes, who was arrested?
  - d. Most people think of weapons as guns or knives, but other objects can be used to hurt someone (e.g., lamps, ashtrays, lighters, etc.). Do you know if weapons have been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
  - e. Are the children safe now? Are the parents safe now?

**Note:** If domestic violence is suspected based on the answers to the screening questions above, see Practice Guidance for additional questions.

3. Review the information gathered and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that his or her identity will not be disclosed by DCS to the alleged perpetrator unless the court orders the reporter's identity to be disclosed;
5. Follow all confidentiality policies and procedures should the reporter ask if his or her report will be assigned for assessment. See policy, [2.6 Sharing Confidential Information](#);
6. Create a [310](#) in the case management system. Ideally, this will occur during the initial call from the reporter. The [310](#) must be completed by the end of the shift following the conclusion of the initial call from the reporter. Information received by e-mail, US mail or fax should be triaged and reports meeting legal sufficiency completed within 24 hours;
7. Evaluate the report to determine if a PEDS referral is necessary; and
8. Evaluate the report to determine the appropriate DCS response. See policy, [3.4 Initial Evaluation of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

## **PRACTICE GUIDANCE**

### **Pediatric Evaluation and Diagnostic Service (PEDS) Referrals**

It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial

bruising, scratches and red “marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns.** All intake reports with suspected injury to the head or neck of a child, as well as, fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”.

Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: [https://ota.medicine.iu.edu/ChildProtection\\_V2](https://ota.medicine.iu.edu/ChildProtection_V2).

### **The Quality of the CA/N Intake Report Impacts Child Safety**

Receipt of a call made to the child abuse hotline is the critical first step in the State's process of assuring the alleged victim's safety. The importance of this step cannot be overemphasized. How the call is handled and documented can have a significant impact on the next steps in the process. The quality of the information gathered impacts the ability of DCS to make a decision about whether or not the report will be assigned for assessment. The quality of the information gathered will also impact the ability of DCS to conduct an effective assessment.

### **Excellent Customer Service is Imperative**

Calls placed to the Hotline are often the only contact the community has with DCS. To the community, the IS provides the first impression of the level of public service available through DCS. A bad customer service experience may cause a caller to hesitate to make future CA/N reports. Therefore, the IS should always communicate with callers in a courteous and helpful manner.

### **Domestic Violence Questions:**

1. Do you know where the child was during the incident?
2. Do you know if the child saw or heard the incident?
3. Did the child try to stop or intervene in the violence?
4. Was the child injured during the incident? What was the impact of the incident on the child and/or adult victim?
5. How long has the fighting been going on? Does the violence seem to be getting more serious?
6. Are any of the family/household members using drugs or alcohol?
7. Has anyone threatened to take the child? Who was it? What happened?
8. Do you know if the victim has contact with other family or community members?
9. Have any of the family/household members left home to escape the fighting and violence? Where did they go? How long were they gone?
10. How have you seen the violence affect the child (The purpose of this question is to establish a pattern of violence and/or long term effects on the child)?
11. Do you know who is protecting the child right now?

### **Clarifying Confusing or Incomplete Statements**

It may be necessary for the IS to ask the reporter to clarify confusing or incomplete statements. Example: The reporter says, “The man molested the little girl.” In this example, the intake DCS CW Manual/Chapter 3 Section 2: Creating a Child Abuse and/or Neglect Intake Report

worker should ask for more information, such as "Please give me the details of what exactly the man did to the little girl." This is necessary because people may have different ideas about what the term "molest" means.

## FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
2. PEDS Program Referral- Available at [https://ota.medicine.iu.edu/ChildProtection\\_V2](https://ota.medicine.iu.edu/ChildProtection_V2)

## RELATED INFORMATION

### **Domestic Violence**

Domestic violence typically involves a pattern of assaultive and coercive behaviors that an individual uses against his or her intimate partner with the intent to degrade, humiliate, or instill fear in him or her. These behaviors typically fall into five (5) general categories:

1. Physical assaults;
2. Sexual assaults;
3. Psychological assaults;
4. Economic coercion; and/or
5. The use of a child to control the adult victim.

Domestic violence is a serious issue with potentially fatal implications for all family members. Exposure to domestic violence can have long lasting effects on a child. A child who is exposed to domestic violence in his or her home is more likely to experience:

1. Childhood behavioral, emotional, and social problems;
2. Cognitive and attitude problems; and
3. Long-term problems such as higher levels of adult depression and trauma and a greater likelihood to be involved in a violent adult relationship than their peers.

In recognition of the negative impact exposure to domestic violence may have on a child and the prevalence of child abuse in families experiencing domestic violence, DCS will assure that every CA/N report is screened for the presence of domestic violence.