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|  | <b>INDIANA DEPARTMENT OF CHILD SERVICES<br/>CHILD WELFARE POLICY</b> |   |
|   | <b>Chapter 4: Assessment</b>   | <b>Effective Date:</b> February 1, 2014 |
|   | <b>Section 14: Examining and Photographing a Child and/or Trauma</b> | <b>Version:</b> 2                       |

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| <b>STATEMENTS OF PURPOSE</b> |
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The Indiana Department of Child Services (DCS) will, as necessary to confirm alleged or suspected bodily injuries caused by Child Abuse and/or Neglect (CA/N), observe and/or examine and photograph a child’s body for evidence of the alleged injuries. Photographs should be taken even if CA/N is alleged and no visible injuries are located on the child. The photographs will be documented as evidence in the Family Case Manager’s (FCM)’s assessment finding. Please see policy, [4.22 Making an Assessment \(Investigation\) Finding](#).

The observation/examination and documentation of the examination will be completed in the least intrusive manner that is sensitive to the child’s age, gender, and emotional well-being in accordance with the following guidelines:

1. If the child has injuries that need immediate medical attention, notify the non-offending parent, guardian, or custodian and assess their willingness to transport the child for an immediate examination by a medical professional.
2. If the non-offending parent is unable to be reached DCS can request LEA assistance or place an emergency call to 911 if the child needs immediate medical attention.
3. If the child does not need immediate medical attention and the injury can be readily seen on the child without repositioning clothing, move forward with the examination and documentation of the injuries. See [Practice Guidance](#) for further information on observations and examinations.

DCS will obtain consent from the parent, guardian, or custodian prior to examining a child unless there are exigent circumstances. See policy, [4.6 Exigent Circumstances](#).

DCS will not examine or photograph children who are alleged to be sexually abused, regardless of the age of the child. This includes examination or photographs of the child’s anus, genitalia and breasts. All sexual abuse allegations requiring an examination or photographs will be evaluated by a medical professional. See policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for additional information.

**Note:** Photographs of the child’s face should be taken along with any photographs of injuries.

DCS is permitted to accept and/or use Law Enforcement Agency (LEA) and medical professional’s photographs of all visible trauma or injury as documentation and evidence.

When photographing trauma on children that are age 10 and older, a witness must be in the room with the FCM. The FCM will only remove children’s clothing when necessary. If appropriate, and in the presence of a medical professional, the FCM may photograph the child’s anus, genitalia, or breasts if injuries are unexplained and there is a concern for the child’s safety.

**Note:** It should be communicated to witnesses they could be required to attend and testify in a court proceeding regarding what they witnessed.

#### Code References

1. [IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations](#)
2. [IC 31-33-8-3: Photographs and x-rays](#)
3. [IC 31-33-10-3: Delivery of Photos to Local CPS Agency](#)
4. [IC 31-33-10-1 Duty to photograph, x-ray, and physically examine trauma visible on child](#)

### **PROCEDURE**

The FCM will:

1. Get consent from the parent, guardian, or custodian to examine and photograph the child if the CA/N allegations warrant such action, unless exigent circumstances exist;
2. Seek a court order if consent is not given and no exigent circumstances exist;

**Note:** It is important that the FCM engage the parent, guardian or custodian and explain the necessity of an interview with the child before seeking a court order.

3. Establish a rapport with the child by spending time talking with the child before initiating the examination or photographing;
4. Discontinue efforts to examine or photograph the child if the child's discomfort level is too high to complete an examination, and make alternate arrangements for the child to be examined and photographed by a medical professional;
5. Observe the child's body to determine if there are external marks (e.g., cuts, bruises, welts, burns, scratches, sores, etc.) that may have been caused by CA/N;
6. Take photographs of any trauma, injury, or area where trauma or injury was alleged to have been on the child's body, including an identifying picture of the child's face and upload into the case management system and label all hardcopy photographs;
7. Make detailed notes about each injury (e.g., location, color, shape, size (using a ruler to measure or a coin to compare size) and whether open, raised, etc.); and
8. Refer the child as needed for further examination by medical, dental, and mental health professionals. See policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for additional information.

### **PRACTICE GUIDANCE**

#### **Parental Consent to Take Photographs**

While it is good practice to request permission from parent, guardian, or custodian to photograph the child, such consent is not required if exigent circumstances exist.

[IC 31-33-10-1](#) requires that a health care provider take photographs of trauma visible on the child who is the subject of a report.

#### **Deciding to Examine a Child**

FCMs will utilize critical thinking and best practice when deciding to check a child for injuries when physical abuse is alleged. If a child denies allegations of physical abuse, it may still be appropriate to check the child for injuries despite the denial of being physically abused. A child

may be afraid to disclose the injury based on threats from the alleged perpetrator to further injure the child if they tell. FCMs should seek supervisory support if they are unable to examine the child and need to send the child for further medical examination.

### **Examining/Observing & Photographing a Child**

In situations where the injury is on a non-private area of the child's body that can be accessed with minimal repositioning of the child's clothing:

1. If the child is under the age of three (3) and/or is non-verbal, ask the parent or caregiver to reveal the place of alleged abuse on the child's body for documentation; or
2. If the child is verbal and/or over the age of three (3), ask the child if they are comfortable displaying the injury, and if the child agrees, photograph and/or document the injury.

In situations where the injury has occurred on the buttock or stomach area of the child's body and the child has disclosed that the abuse occurred and/or the child or another person has viewed the injury have another adult present (i.e. another professional or caregiver) when possible; and ask the child if they are comfortable showing the area or a partial area of the injury to be photographed and/or documented, and document if the child agrees.

In situations where the injury occurred in a private area on the child's body and the child has disclosed that the abuse and possible injury is indicated, refer the non-offending parent to obtain a medical examination for the child. If the parent refuses, staff the case with an FCM Supervisor to determine whether the allegations require an examination and if court intervention is required.

All sexual abuse allegations requiring an examination will be completed by a medical professional.

FCMs should always take an identifying photo of the child's face to show what child is being photographed for the purpose of documenting evidence in the assessment. For additional information see policy, [4.F Tool Tips for Photographing a Child and or Trauma](#).

### **General Information about examinations**

When a stranger observes a child's body, it can be frightening for the child. While observing the child, it is important to be clear with the child, speaking calmly and confidently about the process. As the FCM observes the child's body, he or she should tell the child what is happening and what is seen in a logical and descriptive manner. Always ask the child to explain how the injury occurred. The FCM should be sensitive to the child's needs. Some children may want to engage in conversation during the exam as others may want to be quiet. Some children may need to be reassured by the FCM; etc. Despite the FCMs best efforts, some children's discomfort level may preclude examination by the FCM, in which case alternate arrangements should be made to have the child examined by a medical professional.

Parents may be reluctant to have their children examined. Their fear and reluctance may be picked up by the child and exacerbate an already anxious situation. Parents need to be told what is happening, why it is happening, and how they can help their children. The FCM should enlist the parents' assistance when removing the child's clothing. If the parents are not cooperative with an examination, FCMs should address child safety and take appropriate action.

### **Standard Precautions When Not in Presence of Medical Personnel**

To maintain the dignity of a child aged three (3) and older, the FCM should ask a child to leave his or her underwear on during an examination. The front waistline of the underwear can be

lowered to allow observation of the lower abdomen and upper pelvic area. The rear of the underwear can also be lowered completely to expose the buttocks to allow observation.

FCMs should not ask females to remove their bra. The bra should be left on and the child can shift from side to side, the straps of the bra to observe the areas of the chest and back directly under the straps.

**Witnesses**

It is always good practice to have an adult witness present when examining a child, when possible and practical. Depending upon the circumstances, an appropriate witness may be another FCM, a Law Enforcement Officer, the child’s parent, guardian, or custodian, etc. The FCM should document thoroughly name and title of witness (e.g., FCM, Law Enforcement Officer, Social Worker, parent, guardian, or custodian, etc.). It should be communicated to witnesses that they could be required to attend and testify in a court proceeding regarding what they witnessed.

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

N/A