

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 4:</b> Assessment	<b>Effective Date:</b> December 1, 2009
	<b>Section 22:</b> Making an Assessment Finding	<b>Version:</b> 5

**POLICY**

The Indiana Department of Child Services (DCS) will make all findings on an assessment no later than **30 days** from the date the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (CA/N intake report) was received.

DCS will make a finding of **“substantiated”** when facts obtained during the assessment provide a **preponderance** of evidence that is sufficient to lead a reasonable person to believe that CA/N has occurred and/or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim.

**Note:** When domestic violence is the only risk factor in a family, DCS will not substantiate CA/N on the non-offending parent for the findings of the allegations. A decision to substantiate should be made based on the actions of the alleged domestic violence offender and the capacity and willingness of the non-offending parent to take sufficient actions to ensure the safety of the child(ren).

A substantiation for neglect against the non-offending parent may be sufficient if he or she is acting contrary to available help and support needed to keep the child(ren) safe. See Practice Guidance for a list of questions to assist in making a finding for assessments involving domestic violence.

DCS will make a finding of **“unsubstantiated”** when facts obtained during an assessment provide credible evidence that CA/N has **not** occurred.

Code References

1. [IC 31-33-8-12: Classification of reports](#)
2. [IC 31-9-2-123: “Substantiated”](#)
3. [IC 31-9-2-132: “Unsubstantiated”](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

**PROCEDURE**

For **each allegation** the Family Case Manager (FCM) will:

1. Carefully review and weigh all evidence collected during the assessment;
2. Consider the credibility of each piece of evidence collected and place greater weight on those pieces of evidence that have greater credibility;
3. Consult with his or her Supervisor as needed to arrive at an assessment finding;
4. Document the finding and rationale in the assessment records; and
5. Follow all procedures to complete the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#). See separate policy, [4.25 Completing the Assessment Report](#).

If an allegation is determined to be “**unsubstantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **untrue**. Also include a statement that there is a “lack of a preponderance of evidence to support that the allegation is true”; and
2. Recommend that the assessment be closed.

If an allegation is determined to be “**substantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **true** and that outweighs any contrary evidence; and
2. Complete a [Risk Assessment](#) and a [Strengths and Needs Assessment](#) to assist in determining the level of services intervention appropriate for the family. See separate policies, [4.23 Risk Assessment](#) and [4.24 Strengths and Needs Assessment](#).

The Supervisor will:

1. Provide input as needed to assist the FCM in arriving at a finding for each allegation;
2. If he or she deems it appropriate, convene the staffing team to discuss the evidence and collaborate to arrive at a finding for each allegation; and
3. Follow all procedures contained in the separate policy, [4.25 Completing the Assessment Report](#).

## PRACTICE GUIDANCE

### **Suggested Questions to Assist in Making a Finding When Domestic Violence has Been Identified**

The following questions should be used to assist in making an assessment finding:

1. Has the domestic violence occurred with frequency and/or is the domestic violence severe?
2. Are there current safety issues?
3. Would the child(ren) be unsafe in the home where the abuse or neglect occurred?
4. Is the child at risk of future harm?
5. Is the child in need of protection?

The following questions may be helpful in making an assessment finding:

1. Have the child(ren) intervened in the domestic violence? (whether the child(ren) was injured or not, their direct involvement presents extreme risk)
2. Is there an established pattern of domestic violence that is chronic or severe?
3. Have the child(ren) exhibited extreme emotional or behavioral changes, or been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with domestic violence?
4. Has there been a coexistence of domestic violence and substance abuse that impedes the non-offending parent’s ability to assess the level of danger in the home? (substance abuse may exacerbate the violence, increasing risk to the child(ren) and non-offending parent)
5. Is the non-offending parent’s ability to assess danger impaired?
6. Does the non-offending parent believe the offender can change with counseling or that the non-offending parent has caused the abuse?
7. Has the non-offending parent been threatened or injured in the presence of the child(ren)?

8. Has the non-offending parent been hospitalized for injuries resulting from domestic violence?
9. Does the non-offending parent have the capacity to take protective action? What resources and assistance can be provided to help the non-offending parent succeed?
10. Is the non-offending parent willing and capable of providing a safe environment for the child(ren)?

The following criteria should be used in making a decision to hold the non-offending parent responsible for neglect (substantiate) in domestic violence related DCS cases:

1. The non-offending parent's history of using domestic violence shelters or programs;
2. The non-offending parent's history of calling law enforcement or utilizing court services for domestic violence protection orders;
3. The non-offending parent's history of making or attempting to make other arrangements to protect the child such as taking him or her to a relative or friend's house;
4. The non-offending parent's history and level of cooperation with past DCS services;
5. The non-offending parent's past efforts to protect the child; and
6. The level of risk and safety factors for the child(ren) at the present time.

**Consider Opening a Case When:**

1. Violence is increasing in either frequency or severity. (This is especially important when a child is too young or unable to tell what happened);
2. Individual(s) thinking about, planning, or made past attempts of suicide or homicide exist;
3. The alleged domestic violence offender is not allowing adults and child(ren) access to basic needs;
4. Child(ren) are exhibiting observable effects of the domestic violence, causing substantial impairment;
5. The family requests assistance; and
6. Other risk factors impact the safety of the child.

**Consider Closing Assessment When:**

1. The alleged domestic violence offender has supervised or no access to the child(ren) (i.e., in jail, no legal relationship to the child(ren), etc.);
2. Adequate [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) is in place for the safety of the child(ren);
3. Support services in place for the non-offending parent and child(ren) which help the non-offending parent provide safety for himself or herself and the child(ren); and/or
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place.

**Note:** If an assessment is closed without opening a case, the FCM should offer to refer the non-offending parent to local domestic violence service providers and other community resources for services.

If risks posed by domestic violence are no longer present (e.g., the mom and child(ren) are living in a shelter, the alleged domestic violence offender is in jail, etc.), consider substantiating on the alleged domestic violence offender and informing the non-offending parent and/or child(ren) of services available in the community.

## FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) Available in ICWIS
2. [Risk Assessment](#) – Available in ICWIS
3. [Strengths and Needs Assessment](#) – Available in ICWIS
4. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) – Available in ICWIS
5. [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) – Available in ICWIS

## RELATED INFORMATION

### **Substantiating on an Unknown/Undetermined Perpetrator**

When there is sufficient evidence that CA/N occurred, but insufficient evidence to identify the alleged perpetrator (Example: A toddler has injuries and mom and dad each blame the other), the choice of “Unknown” is available but the Indiana Child Welfare Information System (ICWIS) can only build a history which includes this incident if there is an indication or substantiation on the involved parties. The choice between indication or substantiation would depend on the seriousness of the injury, the level of risk of future CA/N, and the service needs of the child and the parents. Document this decision clearly.

### **Credibility of Evidence**

There are two (2) types of evidence:

1. Direct evidence, such as a statement taken from an eyewitness; and
2. Indirect or circumstantial evidence, such as the following circumstances: A baby is suffering from shaken baby syndrome. The baby has not been out of the care and custody of her mother. Together, these two pieces of information would seem to support a conclusion that the mother is the perpetrator.

Many factors affect the credibility of evidence. When making assessment findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to, the following:

1. **Corroborating evidence** supports someone’s prior statements or other evidence. Corroborating evidence makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources;
2. **Source of information:** The more direct the source of information the more credible the opinion. For example, a physician rendering an opinion based on a review of medical records is more credible than one rendering an opinion based on an FCM’s description of an injury;
3. **Direct interest:** Information from a source who has something to lose or gain from a particular assessment outcome is less credible than information from one who has no direct interest;
4. **Professional sources** may be more or less credible depending upon the amount of training and experience they have. The professional source’s area of specialization may also have an impact on how credible his or her opinions are;
5. **Nonprofessional, adult sources** may be more or less credible depending upon how consistent and/or plausible the statements are. For example, a statement that a hand-shaped bruise on a child’s face was caused by a fall is implausible; and
6. **Children:** When evaluating the credibility of a child’s statement, the FCM must take into consideration several factors, such as the influence (e.g., pressure or coercion) of

adults. A parent, guardian, or custodian or other adult may “coach” the child on what to say and what not to say during an interview. Typically, a detailed description of a complex chain of events is beyond the capabilities of a three (3) year old. However, young children are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g., sexual acts) and such statements should be taken seriously.

### **Homeless Unaccompanied Minor in a Shelter**

Homeless unaccompanied minors receiving shelter without the presence or consent of a parent, guardian, or custodian present **should not be considered an automatic Child in Need of Services (CHINS)**. All of the information gathered during the assessment should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian in each situation.

### **The Presumption of CA/N**

Some allegations, by their very definition, presume CA/N. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction is presumed to have been abused and/or neglected. Other allegations do not, by their very definition, presume child abuse or neglect. For example, bruises or welts as the result of parental action or inaction may or may not be serious enough to constitute child abuse or neglect.

Whether the incident constitutes abuse or neglect depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to, the child’s age; maturity; ability to make sound judgments; and ability to care for or protect him or herself. Weighing these factors helps distinguish true allegations of CA/N from poor parenting. Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education, and a sanitary environment continues until the child attains age 18 or is a legally emancipated minor, the need for the parent, guardian, or custodian to provide these things decreases as the child’s own ability to protect himself or herself or to obtain and/or provide these necessities increases.