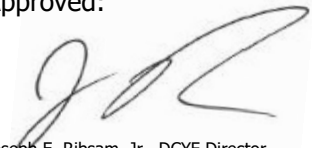
 <p>NH Department of Health & Human Services Division for Children, Youth & Families</p>	DCYF Standard Operating Procedure 1150.3 ABUSE ALLEGATION TYPES	
	Policy Directive: 22-43	Approved:
	Effective Date: July 2022	
	Implements Policy: 1150	Joseph E. Ribsam, Jr., DCYF Director

This SOP defines abuse allegation types.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. **Physical Abuse.** Credible reports including the following allegations should be considered physical abuse:
 - A. **Non-accidental physical injury.** A caregiver:
 1. Intentionally carried out disciplinary action that resulted in physical injury that was more than superficial, even if the intent was not to harm;
 2. Caused a physical injury with intent to harm, AND the injury was more than superficial;
 3. Caused superficial injuries to a child age 2 or under (have not reached third birthday) or their developmental equivalent; or
 4. Recklessly acted resulting in an injury that was more than superficial;
 - (a) A pattern of superficial injuries (i.e., multiple parts of child's body or multiple incidents over time) should be discussed with an Intake Supervisor to decide whether to classify the harm as superficial;
 - B. **Suspicious physical injury.** A report includes allegations a child has an injury:
 1. That is more than superficial;
 - (a) A pattern of superficial injuries (i.e., multiple parts of child's body or multiple incidents over time) should be discussed with an Intake Supervisor to decide whether to classify the harm as superficial;
 2. The reporter does not know how it was caused;
 3. The nature of the injury suggests it is non-accidental;

4. The child reports inconsistent or multiple explanations for the injury; or
 5. A medical professional describes the injury as consistent with abuse;
- C. **Poisoning.** A report includes one of the following:
1. A child is purposely (forcefully or otherwise) caused to ingest life-threatening substances by a caregiver or other adult household member; or
 2. A child age 12 or younger is provided with illegal drugs, alcohol, nicotine products, or medication not according to prescription or directions, which has caused or was likely to have caused bodily harm;
 - (a) Harm includes burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness);
 3. For a child age 13 or older, refer to "Neglect: Inadequate supervision" in SOP 1150.4.
- D. **Excessive physical force:**
1. **Threatening/Menacing.** A caregiver's action toward the child was likely to cause physical injury even if an injury is not reported at this time; or
 2. **Confinement or restraint.** A caregiver uses confinement or restraint that causes physical injury or was likely to cause physical injury even if an injury is not reported at this time. Includes:
 - (a) Child's restraint or confinement created conditions that likely injured child, but reporter does not know; or
 - (b) The known or possible injury is more than superficial;
- E. **Exposure to Domestic Violence (DV);**
1. A report alleges caregiver action or inaction when:
 - (a) A caregiver or other adult household member is physically or sexually violent toward another caregiver or other adult household member; and
 - (a) A child is present and physically harmed; or
 - (b) A child is present and injury is unknown but possible;

2. If children are present but not physically harmed (or likely physically harmed), assume psychological harm and identify the report under psychological abuse;
3. This allegation can only be accepted as a report for physical or psychological abuse, and not neglect;
4. The person committing the DV is identified as the alleged perpetrator (the victim of the DV will not be entered as a perpetrator);

F. **Fictitious Disorder Imposed on Another (Munchausen by Proxy);**

1. A report includes a caregiver causing or fabricating illness in a child to obtain medical tests, procedures, or treatment. As a result:
 - (a) A child experiences pain or adverse side effects, becomes ill, or exhibits physical symptoms; or
 - (b) Unnecessary medical procedures likely injured child, but reporter does not know;
2. If the report includes a caregiver causing or fabricating mental, emotional or behavioral health symptoms in a child to obtain tests, procedures, or treatment, refer to psychological abuse;

G. **Female Genital Mutilation.** A report includes:

1. The person knowingly circumcises, excises, or infibulates the whole or any part of the labia majora, labia minora, or clitoris of a female minor;
2. The parent, guardian, or other person legally responsible or charged with the care or custody of a female minor allows the circumcision, excision, or infibulation, in whole or in part, of such minor's labia majora, labia minora, or clitoris; or
3. The person knowingly removes or causes or permits the removal of a female minor from this state for the purpose of circumcising, excising, or infibulating, in whole or in part, the labia majora, labia minora, or clitoris of such female; and

H. **Human Labor Trafficking.** Reports including allegations of a person intentionally recruiting, harboring, transporting, providing, or obtaining a child for the purpose of labor should be considered trafficking.

1. Coercive acts that could indicate trafficking include, but are not limited to:

- (a) Causing or threatening to cause physical injury to any person if child does not comply;
 - (b) Physically restraining or threatening to physically restrain child;
 - (c) Abusing or threatening to abuse the law or legal process to gain child's cooperation;
 - (d) Threatening to withhold food, lodging, or clothing if child does not comply; or
 - (e) Taking away a passport or other legal papers for identification to prevent child from leaving.
2. Credible reports of a child engaging in the following may be indicators:
- (a) Exchanges labor for food, a place to stay, clothing, or anything the child needs or wants;
 - (b) Makes money or is required to earn a quota for a "controller" or "manager";
 - (c) Is forced to work to have basic needs met, work before legally allowed or for excessive hours; or
 - (d) Is held in servitude in satisfaction of a debt owed to the person who is holding the child.

II. **Sexual Abuse.** Credible reports including the following allegations should be considered sexual abuse:

A. **Sexual Abuse** defined by [RSA 169-C:3 XXVII-b](#) and **Sexual Penetration** defined by [RSA 632-A:1](#). This includes when:

- 1. A child's behavior has been described and/or observed to go beyond normal psycho-sexual development and may include:
 - (a) Excessive masturbation accompanied by other behavioral indicators of sexual abuse, simulated sexual activity through play; or
 - (b) A child age 12 years or younger is sexually acting out toward other children;
- 2. A suspicion of sexual abuse is based upon a medical professional's physical findings, even if the child does not disclose an incident;

3. A child is disclosing an incident of sexual abuse by a caregiver or other person who may have continuing access to the child;
4. A child is disclosing an incident of sexual abuse but is not identifying a specific perpetrator;
5. Sexual abuse or penetration is alleged between household members even if the caregiver has reportedly taken actions to stop this abuse;
6. Sexual abuse is alleged to have been committed against a child by someone other than the caregiver and the caregiver fails to protect the child from the perpetrator;
7. A caregiver is creating visual depiction of child sexual abuse images including photographs, videos, computer generated images of children;
8. A caregiver is confessing to having sexually abused a child in their care;
9. A child has contracted a sexually transmitted disease through sexual contact with a caregiver or other person who may have continuing access to the child;
10. A caregiver is causing a child to perform sexual acts on others including animals or is causing a child to engage in acts of trafficking or child sexual abuse images;
11. A caregiver is engaging in behavior or communication (written/verbal) that is causing a child to believe that they are sexually intimidated, propositioned, targeted, threatened, or stalked; or
12. A caregiver is allowing an individual to have unsupervised access to children who are under the age of 18 and that individual is a founded perpetrator of sexual abuse on the DCYF Central Registry or has been convicted of sexual abuse to a child (unsubstantiated allegations from family or other individuals will not be used to initiate a CPS Assessment);
 - (a) If the parent/guardian is aware of the person's sex offender status and fails to protect the child from further sexual abuse, consider Neglect – Failure To Protect;

B. Children Sexually Abusing Children - A report includes a child 12 years old or younger allegedly sexually abused by another child 12 years old or younger;

1. One referral/Assessment is completed per family and reflects all of the names of the participants in the incident;

2. When a child lives in 2 households, a report will be taken regarding the household in which the child primarily resides;
3. The child is identified in the DCYF electronic information system as a victim with an unknown perpetrator;
 - (a) Screen-in if the unknown perpetrator could be in the home;
 - (b) Also consider *Neglect – Failure To Protect* if the parent/guardian fails to protect the child from further sexual abuse;
4. DCYF does not consider behavior to be sexual abuse and does not initiate an Assessment when the activity is determined to be expected, healthy, and normative (see chart below);
5. The Central Intake Office may screen out acts involving sexual contact between children ages 12 and under, unless:
 - (a) There is disclosure of an adult perpetrator engaging in activities considered to be sexually abusive;
 - (b) The incident appears to have occurred as a result of parental abuse or neglect;
 - (c) The nature of the sexual activity is determined to be unexpected, abusive, and exploitative, even if there is no indication of parental abuse or neglect, based on consideration of the following factors:
 - (1) Coercion-based;
 - (2) Bullying and lack of parity;
 - (3) Three year age difference;
 - (4) One child is identified as physically or mentally disabled;
 - (5) Explicit reenactment of adult sexual activity;
 - (6) Fear, shame, discomfort, or secrecy; or
 - (7) One child's physical or mental health or welfare is harmed or threatened with harm as a result of the abuse;
 - (d) If the problematic sexualized behavior by a child 12 years old or younger continues to sexually harm other children due to lack of appropriate caregiver supervision or failure to seek medical/mental health treatment, consider a new credible report; and

C. **Human Sex Trafficking.** Reports including allegations of a person intentionally recruiting, harboring, transporting, providing, or obtaining a child for the purpose of sex should be considered trafficking.

1. Coercive acts that could indicate trafficking include, but are not limited to:

- (a) Causing or threatening to cause physical injury to any person if child does not comply;
- (b) Physically restraining or threatening to physically restrain child;
- (c) Abusing or threatening to abuse the law or legal process to gain child's cooperation;
- (d) Threatening to withhold food, lodging, or clothing if child does not comply; or
- (e) Taking away a passport or other legal papers for identification to prevent child from leaving.

2. The following may be included in credible reports of sex trafficking:

- (a) A child exchanges sex for food, a place to stay, clothing, or anything the child needs or wants;
- (b) A person exchanges anything for a child to engage in a sex act;
- (c) A child makes money or is required to earn a quota for a "boyfriend," "pimp," "controller," "manager," or "daddy;"
- (d) A person posts sexually explicit pictures of the child on the Internet (e.g., Backpage, Craigslist) for the purpose of making money; or
- (e) A person appears to engage a child with an intent to sex traffic the child.

III. **Psychological Abuse.** Reports where a child suffers or is likely to suffer psychological (emotional) harm as a result of parental behaviors. This considers both the caregiver actions and inactions as well as the impact to the child. This includes:

A. **Caregiver actions or inactions:** Behaviors that are reasonably expected to produce significant adverse impact on any child's emotional well-being. Examples include:

1. Persistent and severe ridiculing, terrorizing, bullying, and isolating of child;

2. Threatening specific physical harm to self, family member, or pets;
3. Persistent nonspecific threats to harm self, family member, or pets;
4. Blaming the child for being a victim of physical or sexual abuse; or
5. Caregiver overdose in front of child; **and**
6. **Impact or possible impact to the child.** Meaning significant, observable, ongoing effects in child's behavior, emotional response, and cognition (or the likelihood of such), that:
 - (a) Child has a diagnosed mental health condition, such as anxiety, depression, or post-traumatic stress disorder; or
 - (b) Child has observable behaviors that signify psychological harm;
 - (c) Examples include:
 - (1) Ongoing sleep/appetite disturbance;
 - (2) Bedwetting (if regression);
 - (3) Severe withdrawal, depression, anxiety;
 - (4) Extreme and persistent aggressive behavior;
 - (5) Suicidal or self-harming actions; or
 - (6) Running away;

B. Confinement or restraint;

1. A caregiver use of confinement or restraint causes psychological harm, exceeds a child's emotional capacity to cope, or interferes with the child's emotional, social, or cognitive development. This includes:
 - (a) A child is routinely restrained or confined in ways child likely experiences as frightening, painful, or humiliating, or with another adverse psychological response; or
 - (b) A child who has been repeatedly or egregiously restrained or confined such that it is reasonable to believe they would have experienced negative impact to their emotional, social, or cognitive development;
2. If the confinement or restraint has caused the child physical harm, screen for physical abuse;

C. **Exposure to DV;**

1. A report alleges caregiver action or inaction resulting in psychological harm, or physical or sexual assault of another household member and psychological impact or likely psychological harm to a child. Even if the reporter did not have information about a diagnosis or child behavior, one of the following is known:
 - (a) **Physical or sexual assault.** A caregiver or other adult household member is physically or sexually violent toward another caregiver or other adult household member – *screen in as Physical Abuse*; **or**
 - (b) **Power and control.** A caregiver or other adult household member uses power against and exerts control over another caregiver or other adult household member; **and**
 - (c) A child has witnessed or is otherwise aware of the DV **and** the severity or chronic nature of the incidents is such that most children would experience psychological harm in similar situations;
 - (1) If a child was present but not physically harmed or likely physically harmed, assume psychological harm;
2. This allegation can only be accepted as a report for physical or psychological abuse, and not neglect;
3. If the child was physically harmed or likely to have been physically harmed, screen for DV – physical abuse;
4. The person committing the DV is identified as the alleged perpetrator (the victim of the DV will not be entered as a perpetrator);

D. **Fictitious Disorder Imposed on Another (Munchausen by Proxy).** A caregiver causes or fabricates mental, emotional or behavioral health symptoms in a child to obtain tests, procedures or treatment. As a result:

1. A child is made to undergo unnecessary medical or mental health procedures which:
 - (a) May be frightening or traumatic, child needlessly limits activity, or child views self as defective; or
 - (b) Causes a child to experience emotional pain or exhibit emotional symptoms; or

2. Unnecessary mental health treatment likely caused psychological harm or led the child to exhibit emotional symptoms, but reporter does not know.
3. See Physical Abuse for caregiver causing or fabricating illness to obtain medical tests, procedures or treatment that leads to physical harm or the likelihood of physical harm; and

E. **Threatening or menacing behavior.** A caregiver is threatening to kill or seriously injure child and the following is included in the allegation:

1. Threatened harm is to the extent if carried out, could require medical treatment; **and**
2. It is a plausible threat and the child or others believe the threat of harm will be carried out.

Frequently Asked Questions

Q1. What are some examples of 'typical' and 'abusive' sexual behaviors?

A The answer can depend on the age group. This chart might help clarify-

ABUSIVE SEXUAL BEHAVIOR VS AGE-TYPICAL SEXUAL BEHAVIORS	
TYPICAL SEXUAL BEHAVIORS	ABUSIVE SEXUAL BEHAVIORS
Ages 0-5	
<ul style="list-style-type: none"> • Masturbation as self-soothing behavior • Touching self or others in exploration or as a result of curiosity • Sexual behaviors without inhibition • Intense interest in bathroom activities 	<ul style="list-style-type: none"> • Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes reenactment of specific adult sexual activity • Behavior involves injury to self or others • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 6-10	
<ul style="list-style-type: none"> • Fondling/touching own genitals and masturbation • More secrecy regarding self-touching • Interest in others' bodies becomes more game-playing than exploratory curiosity (e.g., "I'll show you mine if you show me yours.") • Boys may begin comparing penis size • Extreme interest in sex, sex words, and dirty jokes may develop • Begin to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing 	<ul style="list-style-type: none"> • Sexual penetration • Genital kissing • Oral sex • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 11-12	

<ul style="list-style-type: none"> • Continuation of masturbation • Focus on establishing relationships with peers • Sexual behavior with peers such as kissing and fondling • An interest in others' bodies that may take the form of looking at photos or other published materials 	<ul style="list-style-type: none"> • Sexual play with younger child (e.g. inappropriate touching of private areas or exposure of private areas to others) • Any sexual activity between youth of any age that involves coercion, bribery, aggression, secrecy or involves a substantial peer or age difference
Ages 13-17	
<ul style="list-style-type: none"> • Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity between peers • Behavior promoting positive relationships 	<ul style="list-style-type: none"> • Masturbation causing physical abuse or distress to self or others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism • Non-consensual groping or touching of others • Coercive sexual activity including oral sex • Behavior that isolates youth and is destructive of relationships with peers and family

Glossary and Document Specific Definitions

A - B C - D E - F G - I J - L M - N O - Q R - S T - V W - Z

For the Purpose of this Document:

“Plausible Threat” means a threat in which the context suggests that the caregiver intends to carry out the threat and has the capacity to do so.

“Superficial Injury” means transient minor pain or redness, minimal scratch, or slight bruise.

Document Change Log			
PD	Modification Made	Approved	Date