

**Children’s Medical Resource Network  
 Procedure: Check List for DCFS for a Child Abuse/ Neglect Case Review  
 Regarding: Consulting with CMRN during an investigation**

The following is a list of items that Dr. Swafford needs from CPS/CWS in order to review a child abuse/neglect case.

❖ Demographic data on the child and family	
❖ DCFS contact information or other office involved	
❖ CWS/CPS name and phone number	
❖ Allegation number(s)	
❖ Type of reporter: mandated, family, anonymous, other	
❖ Status of case now: child in hospital, child in protective custody, child safety plan, child deceased	
Children’s Advocacy Center involved?	
Name of Children’s Advocacy Center	
Name of child advocate	
<b>Records:</b>	
❖ DCFS case notes	
❖ Police investigation notes	
❖ Medical records- past	
❖ Birth Records (depends on age)	
Primary care records	
❖ ER records (if any)	
❖ Current hospital records	
❖ Current attending physician and phone number	
❖ X-Rays	
WIC clinic notes	
Records related to a sibling death or serious injury	
❖ Autopsy	

❖ Indicates essential item (if applicable to the case)

This list is just a guideline to follow. If there is a question on a case that does not require extra information, feel free to call Dr. Kathy Swafford and ask. She may ask for additional information, especially if there is a formal medical opinion on the case.



**CONSENTS THAT HAVE TO BE  
SIGNED BEFORE CHILDREN'S  
MEDICAL RESOURCE NETWORK  
WILL BE ABLE TO SEE THE  
CHILDREN**

**MUST BE SIGNED BY THE  
CUSTODIAL PARENT, LEGAL  
GUARDIAN, OR DCFS IF THE CHILD  
IS A WARD**

## Behaviors Related to Sex and Sexuality in K-Fourth Grade Children

Toni Cavanagh Johnson, Ph.D.

South Pasadena, CA

Natural and Expected	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, & babies.	Shows fear or anxiety about sexual topics	Endless questions about sex. Sexual knowledge too great for age
Interested in watching/peeking at people doing bathroom functions	Keeps getting caught watching/peeking at others doing bathroom functions	Refuses to leave people alone in bathroom
Uses “dirty” words for bathroom functions, genitals, and sex.	Continues to use “dirty” words with adults after parent says “no” and punishes.	Continues use of “dirty” words even after exclusion from school and activities.
Plays doctor, inspecting others’ bodies.	Frequently plays doctor and gets caught after being told “no”	Forces child to play doctor, to take off clothes.
Boys and girls are interested in having/birthing a baby.	Boy keeps making believe he is having a baby after months.	Displays fear or anger about babies or intercourse.
Show others his/her genitals.	Wants to be nude in public after the parent says “no” and punishes the child	Refuses to put on clothes. Exposes self in public after many scoldings.
Interest in urination and defecation	Plays with feces. Purposely urinates outside of the toilet bowl.	Repeatedly plays with or smears feces. Purposely urinates on furniture.
Touches/rubs own genitals when going to sleep when tense, excited or afraid.	Continues to touch/rub genitals in public after being told “no”. Masturbates on furniture or with objects.	Touches/rub self in public or in private to the exclusion of normal childhood activities. Masturbates on people.
Plays house, may simulate all roles of mommy and daddy.	Humping other children with clothes on. Imitates sexual behavior with dolls/stuffed toy.	Humping naked. Intercourse with another child. Forcing sex on other child.
Thinks other sex children are “gross” or have “cooties” Chase them.	Uses “dirty” language when other children really complain.	Uses bad language against other child’s family. Hurts other sex children.
Talks about sex with friends. Talks about having a girl/boy friend.	Sex talk gets child in trouble. Romanticizes all relationships.	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behavior.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when observed changing clothes.	Aggressive or tearful in demand for privacy.
Likes to hear and tell “dirty” jokes.	Keeps getting caught telling “dirty” jokes. Makes sexual sounds, e.g. moans.	Still tells “dirty” jokes even after exclusion from school and activities.
Looks at nude pictures.	Continuous fascination with nude pictures.	Wants to masturbate to nude pictures or display them.
Plays games with same-aged children related to sex and sexuality.	Wants to play games with much younger/older children related to sex and sexuality.	Forces others to play sexual games. Group of children forces child/ren to play.
Draws genitals on human figures	Draws genitals on one figure and not another. Genitals in disproportionate size to body.	Genitals stand out as most prominent feature. Drawings of intercourse, group sex.
Explores differences between males and females, boys and girls	Confused about male/female differences after all questions have been answered.	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex.
Takes advantage of opportunity to look at nude child or adult	Stares/sneaks to stare at nude persons even after having seen many persons nude	Asks people to take off their clothes. Tries to forcibly undress people.
Pretends to be opposite sex.	Wants to be opposite sex.	Hates being own sex. Hates own genitals.

Wants to compare genitals with peer-aged friends	Wants to compare genitals with much older or much younger children or adults.	Demands to see the genitals, breasts, buttocks of children or adults.
Wants to touch genitals, breasts, buttocks of other same-age child or have child touch him/her.	Continuously wants to touch genitals, breasts. Buttocks of other child/ren. Tries to engage in oral, anal, vaginal sex.	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal, or vaginal sex.
Kisses familiar adults and children. Allows kisses by familiar adults and children.	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection.	Overly familiar with strangers. Talks/acts in a sexualized manner with unknown adults. Physical contact with adult causes extreme agitation.
Looks at the genitals, buttocks, breasts of adults.	Touches/stares at the genitals, breasts, buttocks of adults. Asks adult to touch him/her on genitals.	Sneakily or forcibly touches genitals, breast, buttocks of adults. Tries to manipulate adult into touching him/her.
Erections	Continuous erections	Painful erections
Puts something in own genitals/rectum <b>due to curiosity and exploration.</b>	Puts something in own genitals/rectum frequently or when it feels uncomfortable. Puts something in the genitals/rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own/others genitals/rectum.
Interest in breeding behavior of animals.	Touching genitals of animals.	Sexual behavior with animals.

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## Behaviors Related to Sex and Sexuality in Preschool Children

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Natural and Expected	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in the family. Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow touching, demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, babies.	Keeps asking people even after parent has answered questions at age appropriate level.	Asks strangers after parent has answered. Sexual knowledge too great for age.
Erections	Continuous erections	Painful erections
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent says "no".	Refuses to put on clothes. Secretly shows self in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane in days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent says "no".	Uses "dirty" words in public and at home after many scoldings.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Plays doctor inspecting others bodies.	Frequently plays doctor after being told "no".	Forces child to play doctor, to take off clothes.
Puts something in the genitals or rectum of self or others for curiosity or exploration.	Puts something in genitals or rectum of self or other frequently or after being told "no".	Any coercion, force, pain in putting something in genitals or rectum of self or other child.
Plays house, act out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

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**Children's Medical Resource Network  
Procedure: Outside Referrals  
Regarding: Referring a Child for a Medical Evaluation**

Children's Medical Resource Network will accept referrals from DCFS, Courts, Law Enforcement, Children's Advocacy Center, or a Medical Provider. All other referrals are done on a case-by-case basis.

To make a referral for a child abuse medical evaluation call the Children's Medical Resource Network at (618) 833-6488.

Be prepared to answer the following questions about the child and family:

- Name of the child
- Address, telephone number, and county where the child lives
- Date of Birth (child)
- Sex (child)
- Race (child)
- Parent or legal guardian's name
- Address, telephone number (if different for the child)
- Will they be accompanying the child to the exam? If not, the proper must be consents signed and in place prior to the exam date. The consents can be mailed to the parent or legal guardian, signed, and brought to the evaluation by the social service representative.
- Nature of referral (physical abuse, sexual abuse, or neglect)
- Narrative (summary of case)
- Has a hotline report been made
- Allegation number

After the initial intake process, Children's Medical Resource Network staff will give the caller the name of the Medical Provider that conducts the type of medical evaluation in that area. The caller will then call and make the appointment with the medical provider directly.

The Children's Medical Resource Network will fax the intake information to the medical provider so that the paperwork process can begin.

The child **MUST** be accompanied to the medical evaluation with a social service representative who has knowledge about the case. This includes details about the nature of the report and demographics. A health history must also be available, if the parent is not going to be present.

## **Children's Medical Resource Network**

### **Procedure: Consultation**

#### **Regarding: Obtaining after hours and outside consultations**

After hours consultations may be obtained by calling Dr. Kathy Swafford via Memorial Hospital of Carbondale (618) 549 0721 ext 67243 and the operator will contact her. She can also be reached by cell phone (618) 521-7536 or her home phone (618) 833-4762.

DCFS investigators/follow-up workers, CAC's, Law Enforcement, and other medical professionals may call Dr. Swafford to obtain information after hours. If needed, she will contact the geographically appropriate medical professional after hours.

## **Signs and Symptoms of Sexual Abuse**

Differ for various ages and developmental levels

### **Babies and Toddlers**

Genital or urinary irritation, injury and/or infection  
Presence of a sexually transmitted disease  
Frequent, unexplained sore throats or other physical symptoms  
Intense fear reaction to an individual or people in general  
Nightmares, sleep disturbances  
Phobic behavior  
Extreme upset at diapering or bathing

### **Pre-school children**- all signs listed above, in addition

Sexualized behaviors-excessive masturbation, attempts to involve others in sexual activity, excessive sexual curiosity and/or knowledge  
Bed-wetting, pants wetting/soiling  
Other regressive behaviors  
Unusual relationship between an adult and a child  
Hyperactivity  
Biting or other aggressive behaviors  
Child's direct or coded statement indicating sexual hurt

### **Latency-aged children**- all signs listed above, in addition

Disturbed peer interactions  
Inability to perform up to ability in school  
Depression or blunted affect  
Mistrust of adults in general  
Poor self-esteem  
Gender confusion

### **Adolescents**- all signs above, in addition

Self-destructive activity or suicidal ideation  
Delinquent behavior and/or running away  
Prostitution, early pregnancy or other unusual sexual behavior

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