

A Coordinated Community Response to Child Maltreatment

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Objectives

- Define child maltreatment
- Review the scope of the problem and the consequences
- Identify who should be involved in child protection at the community level
- Describe how organizations can work together to protect children



Defining Child Maltreatment

- Definition varies among the different stakeholders
- The Child Abuse Prevention and Treatment Act (CAPTA) outlines minimum standards for States
 - “Any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse or exploitations”
 - “An act or failure to act that presents an imminent risk of serious harm”
- The definition applies specifically to parents and caregivers

U.S. Department of Health and Human Services, 2011



Sources of Definitions in State Law

- Mandatory child maltreatment reporting statutes
 - Civil laws that provide definitions of child maltreatment to guide mandated reporters
- Criminal statutes
 - Define the forms of child maltreatment that can be punished criminally
 - homicide, assault, battery, physical/sexual/emotional abuse, child endangerment, etc.
- Juvenile court jurisdiction statutes
 - Define the circumstances necessary for the court to have jurisdiction over a child



Forms of Child Maltreatment

- Physical abuse
- Sexual abuse
- Neglect
- Psychological abuse



Child Physical Abuse

- Physical injury resulting from
 - Punching
 - Beating
 - Kicking
 - Biting
 - Shaking
 - Throwing
 - Stabbing
 - Choking
 - Burning
 - Hitting with a fist, stick, strap or other object



Child Sexual Abuse

- Sexual acts
- Sexually motivated behaviors
- Sexual exploitation
- Touching vs. non-touching offenses



Child Neglect

- Physical neglect
 - Refusal/delay of healthcare, abandonment, inadequate supervision, etc.
- Emotional neglect
 - Refusal/delay of psychological care, inadequate affection
- Education neglect
 - Failure to enroll child in school, permitted chronic truancy, inattention to special education needs



Psychological Maltreatment

- Spurning- belittling, ridiculing a child
- Terrorizing- threatening violence against a child
- Isolating- confining, restricting the child from social interactions
- Exploiting/corrupting- permitting substance abuse
- Denying emotional responsiveness- ignoring the child's attempts to interact



The Scope of the Problem

- In 2011, 3.4 million reports were made in the US to CPS
 - 6.2 million children
 - 61% of the reports were screened in for investigation
- 57.6% of the reports came from professionals
- 18.5% of reports are substantiated/ founded

U.S. Department of Health and Human Services, 2012



Onondaga County

- Approximately 500,000 million residents
- 26% of the population is < 18 years old
 - 125,000 children
- In 2011, 5,000 reports were made to CPS on behalf of children living in Onondaga County
 - 9,000 children
- 1 out of every 12 children in Onondaga County was named as a suspected victim of child maltreatment to CPS in 2011

New York State Office of Children and Family Services, 2011



Estimated Annual Direct Costs of Child Maltreatment in the US

- Acute medical treatment- \$2.9 billion
- Mental health care system- \$1.1 billion
- Child Welfare System- \$29.2 billion
- Law enforcement- \$34 million
- **Total annual direct costs = \$33.3 billion**

Prevent Child Abuse America, 2012



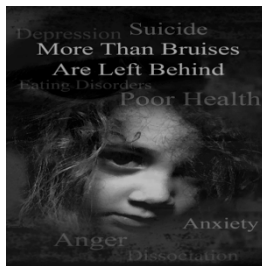
Estimated Annual Indirect Costs of Child Maltreatment in the US

- Special education- \$223 million
- Mental health and health care- \$4.6 billion
- Juvenile delinquency- \$8.8 billion
- Adult criminality- \$55 billion
- Lost productivity- \$656 million
- **Total annual indirect costs = \$69 billion**

Prevent Child Abuse America, 2012



The Overall “Cost” of Child Maltreatment



The Consequences of Child Maltreatment

- Health and physical effects
- Intellectual and cognitive development
- Behavioral, emotional and psychological effects



Adverse Childhood Experiences (ACE) Study

- 17,000 participants enrolled between 1995-1997
- Confidential survey about child maltreatment and family dysfunction
- Baseline health status obtained by report and the results of the health maintenance visit
- Investigators are currently assessing the relationship between adverse childhood experiences, health care utilization and causes of death

Centers for Disease Control and Prevention, 2013



ACE Study Pyramid



Centers for Disease Control and Prevention, 2013



ACE Study Findings

As the number of ACE increase, the risk for the following health problems increase

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted infections
- Smoking
- Suicide attempts
- Unintended pregnancies

Centers for Disease Control and Prevention, 2013



Child Protection at the Community Level

- Child Protective Services (CPS)
- Law enforcement
- Legal and judicial system professionals
- Mental health professionals
- Community organizations and service providers
- Educators and early childcare providers
- **Healthcare professionals**



Child Protective Services

- Receive reports of child maltreatment
- Conduct initial assessments and investigations
- Assess families' strengths and resources
- Develop individualized case plans
- Provide services to families



Onondaga County Department of Social Services

- Preventive services
- Intake
- CPS
- Foster care
- Adoption

Onondaga County Department of Social Services, 2012



Law Enforcement

- Identify and report suspected child maltreatment
- Receive reports
- Conduct investigations when a crime may have been committed
- Gather physical evidence
- Determine if sufficient evidence exists to prosecute alleged offenders
- Protection of CPS staff when there is a confrontation



Legal and Judicial System

- Attorneys representing CPS = County Attorney
- Family court judges
- Criminal prosecutors = District Attorney
- Law guardians



Mental Health Professionals

- Identify and report suspected cases of child maltreatment
- Provide treatment for victims and families
- Provide expert testimony in court cases
- Coordinate and lead self-help/support groups



Community Organizations and Service Providers

- Domestic violence shelters
 - Vera House- provides shelter, advocacy, counseling services and education and prevention programs
- Family support
 - Healthy Families- provides visiting public health nurses, assists with finding childcare, etc.
- Youth services workers
- Housing and job assistance



Healthcare Professionals

- Identify and report suspected cases of maltreatment
- Perform comprehensive physical exams
- Order diagnostic tests
- Refer for treatment
- Communicate with CPS and other agencies
- Testify in court as fact and/or expert witnesses



Healthcare professionals who take care of children are KEY

- Pediatrics/Family practice
- Emergency medicine
- Ophthalmology
- Radiology
- Orthopedics
- Neurosurgery
- Surgery
- Hematology
- ENT
- GI
- Genetics



Child Abuse Pediatrics *Pediatric Annals* December 2012

- Guest Editorial by Dr. Sege, Medical Director of The Child Protection Team at Boston Medical Center
- Child Neglect: A Review for the Primary Care Pediatrician
- Child Physical Abuse: The Need for an Objective Assessment
- Children's Disclosures of Child Sexual Abuse
- The Pediatrician's Role in Patient and Family Recovery after Child Abuse



Trauma Informed Care

- Substance Abuse and Mental Health Services Administration created The National Center for Trauma Informed Care
- Professionals must
 - Understand the impact of trauma on child development
 - Learn how to minimize its effects with causing additional trauma

U.S. Department of Health and Human Services, 2013



The Child Abuse Referral and Evaluation (CARE) Program at Upstate Golisano Children's Hospital

- Implementing a trauma informed care approach with the help of Syracuse University's Department of Child and Family Studies
- Composed of 2 child abuse pediatricians, 1 NP, 1 RN (also a Sexual Assault Nurse Examiner) and 1 LMSW
- Offer comprehensive psychosocial assessments, medical exams (including use of a colposcope), STI testing/treatment, forensic evidence collection
- Assistance with referrals to community agencies that provide victim advocacy services



Organizations Working Together to Protect Children

- Collaborative Models
 - Child Fatality Review Teams (CFRTs)
 - Onondaga County CFRT
 - Child Advocacy Centers
 - McMahon/Ryan Child Advocacy Center
 - Child Abuse Medical Provider (CHAMP) Program
 - Partnership to Prosecute Child Maltreatment Program



Child Fatality Review Teams (CFRTs)

- Comprehensive, multidisciplinary reviews of unexpected childhood deaths
 - Better understand how and why children die
 - Analyze the patterns of child deaths
 - Use findings to take action to prevent other deaths, illnesses and injuries



Core Members of CFRTs

- Medical examiner/coroner
- Law enforcement
- Child Protective Services
- Prosecutor/District Attorney
- Pediatrician or Family health provider
- Public health
- Emergency Medical Services

National Center for Child Death Review, 2012



Onondaga County CFRT Members

- Core disciplines plus professionals from
 - Individuals responsible for the scene investigation
 - Mental health agencies
 - Obstetrics
 - The 4 local hospitals
 - McMahon/Ryan Child Advocacy Center
 - New York State Center for SIDS
 - Public health nursing



Identifying Significant Risk Factors for Child Deaths in Onondaga County

- In 2008, 42 child deaths were reviewed by the CFRT
 - 16 infant deaths
 - 8 bed sharing and/or unsafe sleep environments
 - 2 meningitis
 - 1 bacterial pneumonia
 - 1 late onset GBS sepsis
 - 2 SIDS
 - 1 congenital heart disease
 - 1 blunt force to fetus in utero

Onondaga County CFRT, 2012



Onondaga County CFRT



The Response to Child Maltreatment Prior to Children's Advocacy Centers

- Child victims were interviewed multiple times
- Professionals often had no knowledge of child development or experience working with children
- Interviews often took place in settings that were not child-friendly

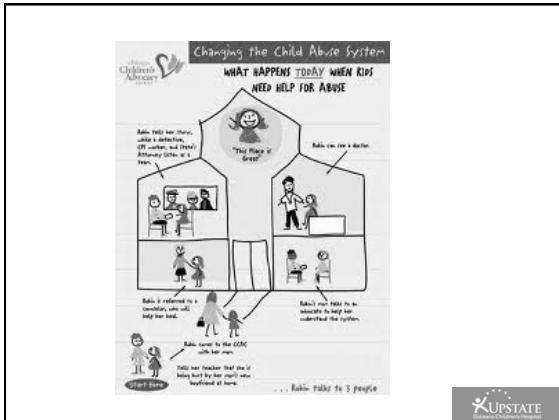


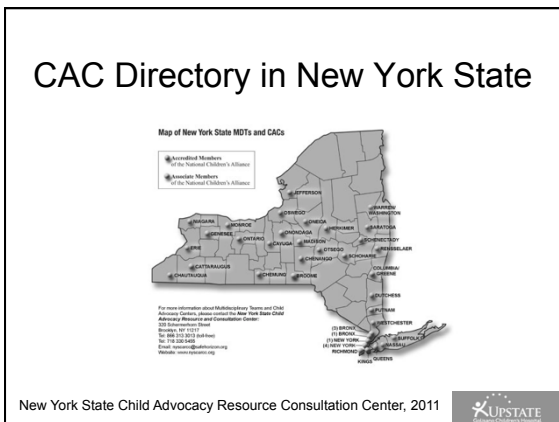


Children's Advocacy Centers (CACs)

- Designed with the intent to:
 - Reduce stress on child abuse victims/families
 - Improve the effectiveness of the response
- All essential services in one location
 - CPS, law enforcement, prosecutors, medical professionals, mental health professionals and child advocates
- Maximizes communication and coordination
 - Child/family advocate
 - Case review







The Multi-Site Evaluation of Children's Advocacy Centers

- Funded by U.S. Department of Justice
- Four long-standing CACs were compared to four non-CAC communities in the same state
- Child Sexual Abuse Outcomes
 - Investigations and Interviews
 - Disclosure
 - Services
 - Case outcomes
 - Family satisfaction

U.S. Department of Justice, 2008

Investigations and Interviews

	CACs	Comparison Communities
Joint investigations	81%	52%
Team interviews	28%	6%
Case review	56%	7%

U.S. Department of Justice, 2008



Services

	CACs	Comparison Communities
Medical exams	48%	21%
Referral to mental health services	72%	31%

U.S. Department of Justice, 2008



Case Outcomes

	CACs	Comparison Communities
CPS removal of child(ren)	17%	4%
Criminal justice conviction	75%	80%

U.S. Department of Justice, 2008



Family Satisfaction With Investigations

	CACs	Comparison Communities
Caregiver satisfaction	70%	44%
Child satisfaction	80%	75%

U.S. Department of Justice, 2008



Cost Effectiveness of CACs

- Traditional child maltreatment investigations are 36% more expensive than CAC investigations
 - Average per case traditional evaluation = \$3900
 - Average per case CAC evaluation = \$2900
- Total annual budget for CAC investigations is 45% higher than in non-CAC communities
 - But CAC communities process 2x as many cases as non-CAC communities

National Children's Advocacy Center, 2006



Looking Back at McMahon/Ryan

- 1998: child abuse needs assessment completed and McMahon/Ryan Child Advocacy Site was incorporated
- 2002: began assisting child maltreatment victims and their families
- 2003: began serving as coordinator of the Onondaga County Child Abuse Response Team (CART) and hosted the Child Abuse Referral and Evaluation Program from Upstate as well as representatives from law enforcement and CPS
 - Provided services to 300 child victims/families per year



From Child Advocacy Site (CAS) to Child Advocacy Center (CAC)

- Initial space lacked the space to host all of the members of the team
- Services for child victims were still scattered
- Co-location of agencies is essential
 - Access to necessary services
 - Accreditation as a CAC



McMahon/Ryan CAC Today

- Moved to the former Reid Hall in 2011
- 60 child abuse professionals from member agencies
- Served 1,600 victims of suspected child maltreatment in the first year (**433% increase**)



McMahon/Ryan CAC, 2012



Child Abuse Medical Provider Program

- Founded in 1997 by Dr. Ann Botash
- Supported by New York State statute since 2006
- Goal is to improve the medical response to child abuse in New York State
- Mentorship for pediatric practitioners to learn how to perform child sexual abuse evaluations
- Provides Internet-based education
 - Courses, webcasts and web-based resources
 - www.champprogram.com

Child Abuse Medical Provider Program, 2013



CHAMP Throughout New York State

- 30 Providers
– 25 counties
- 15 Mentors/Faculty
– 9 counties



Child Abuse Medical Provider Program, 2013



Partnership to Prosecute Child Maltreatment

- Joint venture between Upstate Golisano Children's Hospital and the Office of the Onondaga County District Attorney
- Train ADAs to utilize medical providers more effectively in the courtroom



Partnership to Prosecute Child Maltreatment

- Help ADAs navigate the medical system
 - The role of various health care professionals, obtaining medical records, photographs, etc.
- Delineate what ADAs can do to prepare medical providers for court and vice versa
 - Review the case prior to court, questions that the ADA plans to ask, etc.



Lessons Learned

- Collaboration
 - Builds shared value systems
 - Improves communication
 - Provides a support system

Green, Rockhill and Burris, 2008



Communication is Key

- Effective communication must occur between
 - various healthcare professionals
 - healthcare professionals and other agencies
- Types of communication
 - Verbal
 - Written
 - “impact statements”



Child Maltreatment

- Is a **hidden epidemic** and therefore, is a problem that requires a coordinated response from our community
- Each individual who is involved in the evaluation of a suspected victim of child maltreatment is important



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