Maryland CHAMP

The Maryland Child Abuse Medical Professionals' Network

Recognizing and Responding to Child Maltreatment in Maryland

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Objectives

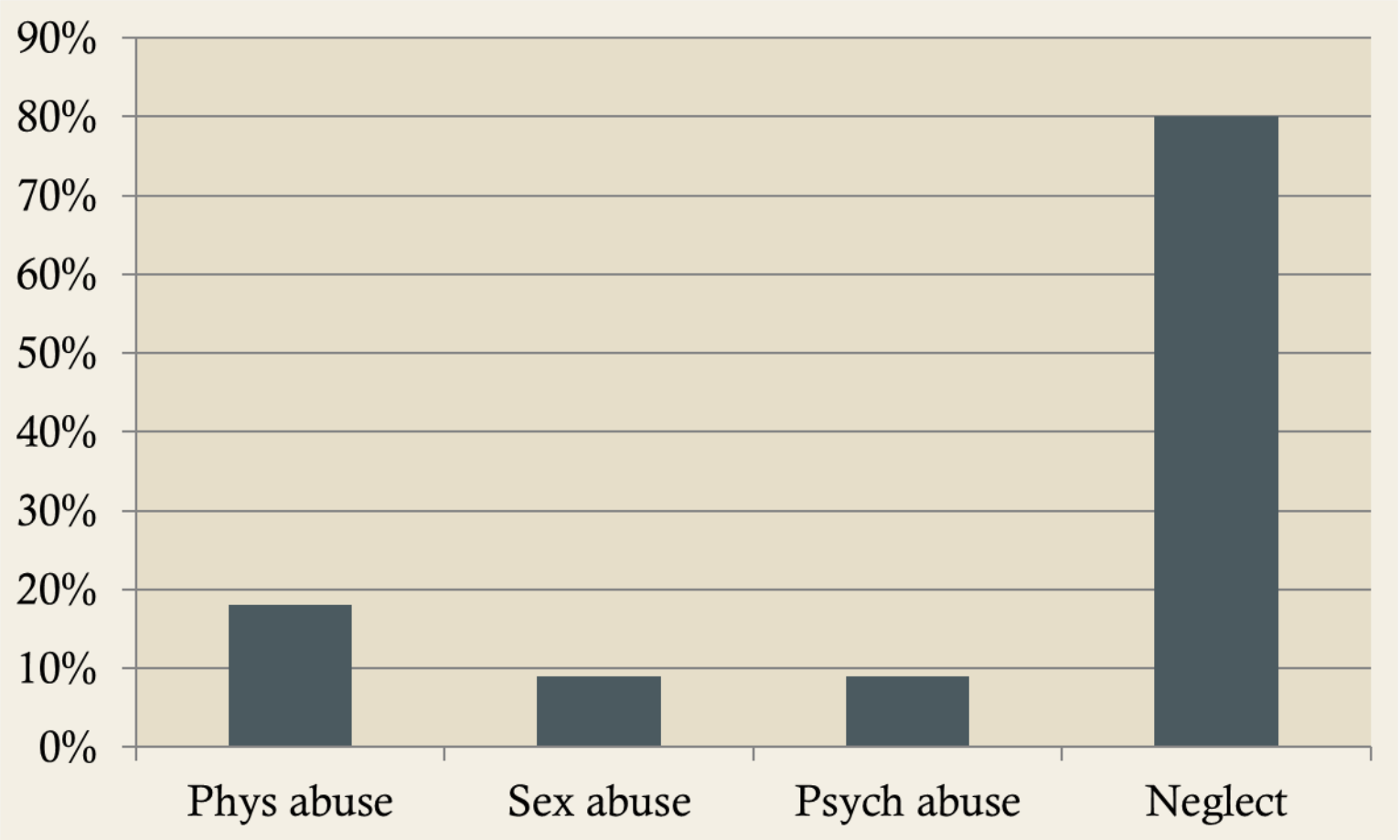
- Learn about the prevalence and consequences of child maltreatment
- Recognize common presentation of child abuse and neglect
- Know how to report child abuse and neglect
- Understand what resources are available in Maryland to provide medical evaluation of child abuse and neglect

The Incidence and Prevalence of Child Abuse and Neglect

Child abuse and neglect are common

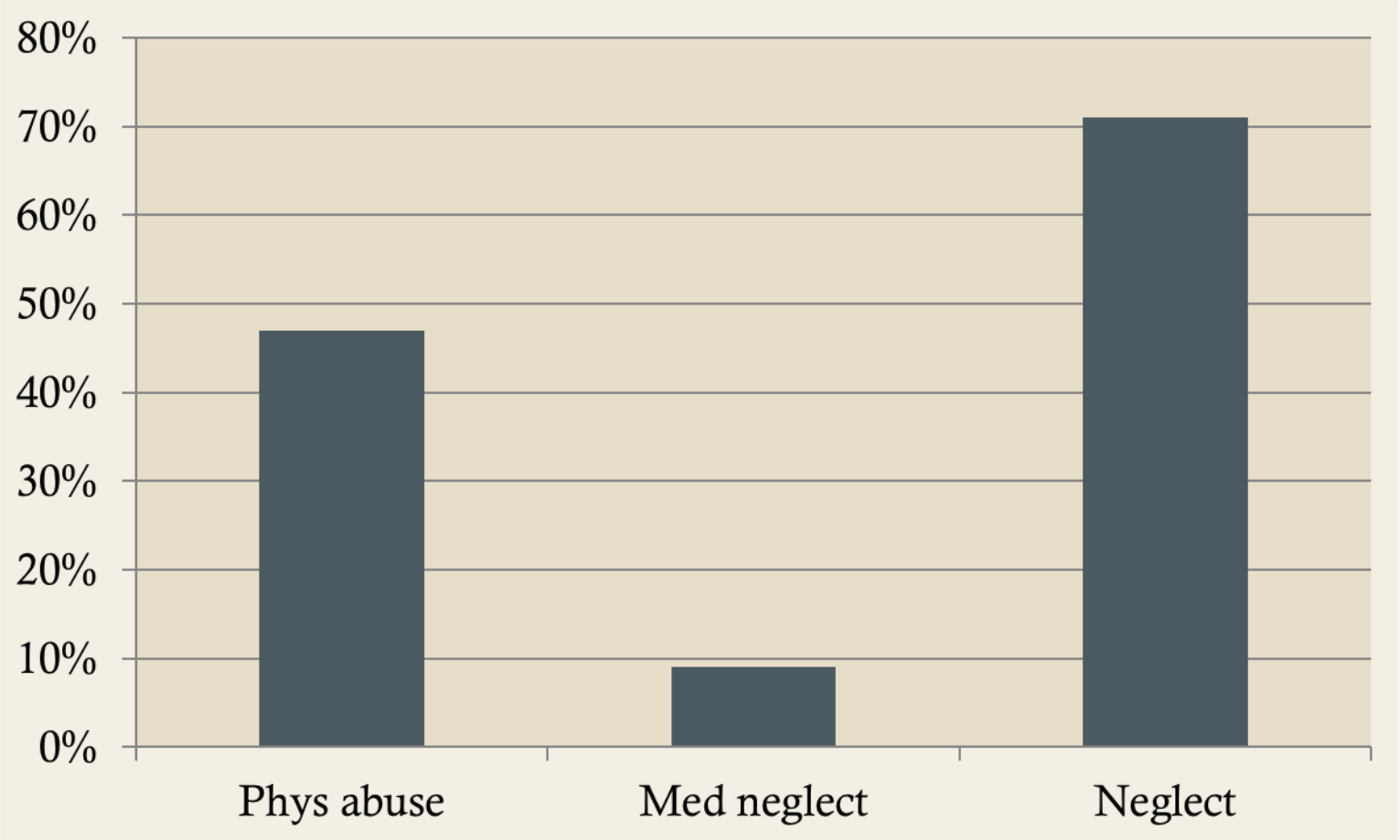
- Reports are made involving over 6 million children each year in the US
- ~1 in 5 girls,1 in 10 boys - sexually abused during childhood

Substantiated Maltreatment in USA - 2013



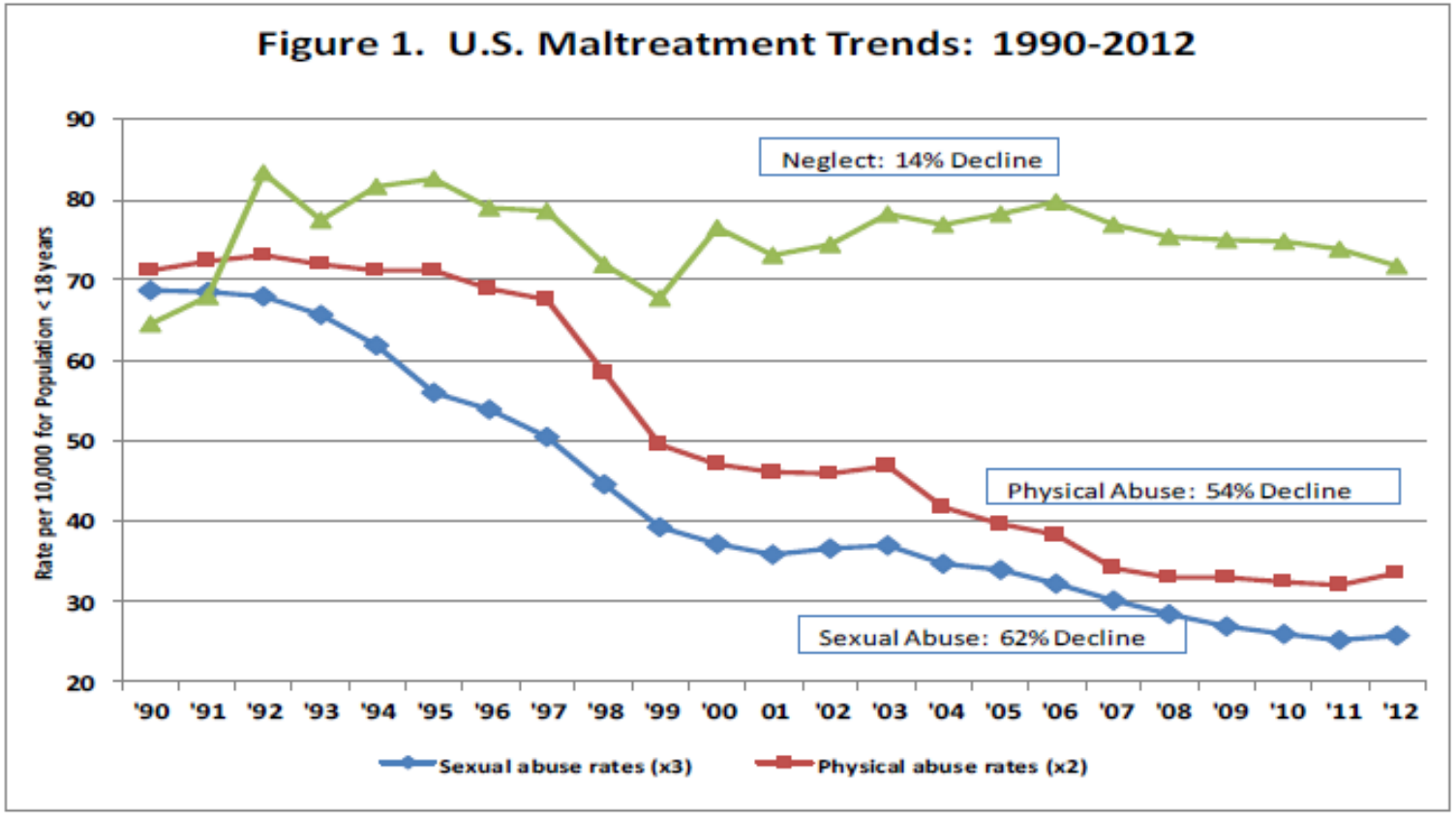
679,000 children

Deaths Related to Child Maltreatment in US - 2013



1,500 children

Child maltreatment trends 1990-2012



Note: Trend estimates represent total change from 1992 to 2012. Annual rates for physical abuse and sexual abuse have been multiplied by 2 and 3 respectively in Figure 1 so that trend comparisons can be highlighted.

Finkelhor, D., Jones, L., Shattuck, A., & Saito, K. (2013). Updated trends in Child Maltreatment, 2012. Durham, NH: Crimes against Children Research Center. (CV203)

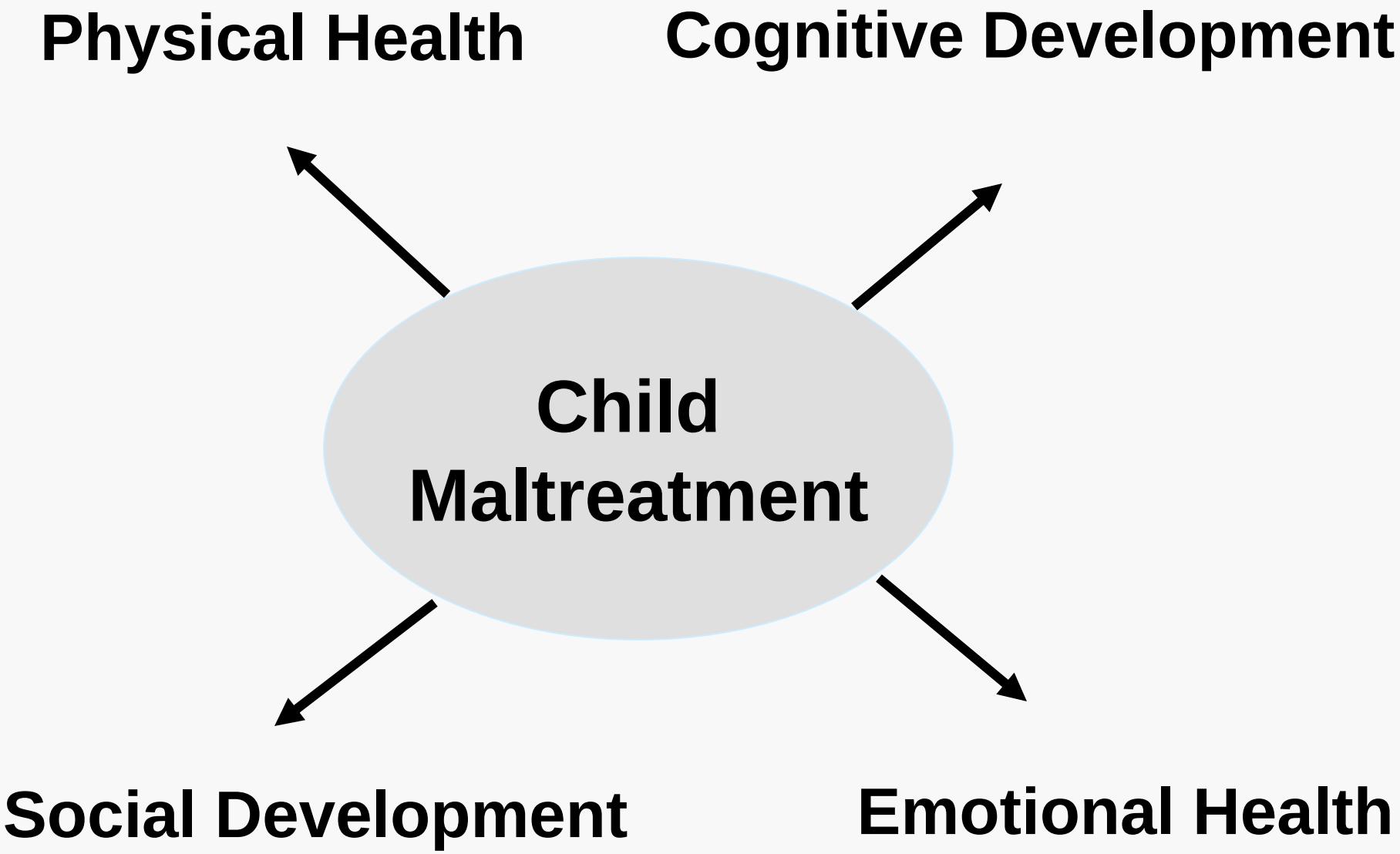
Cost

Child maltreatment – costs

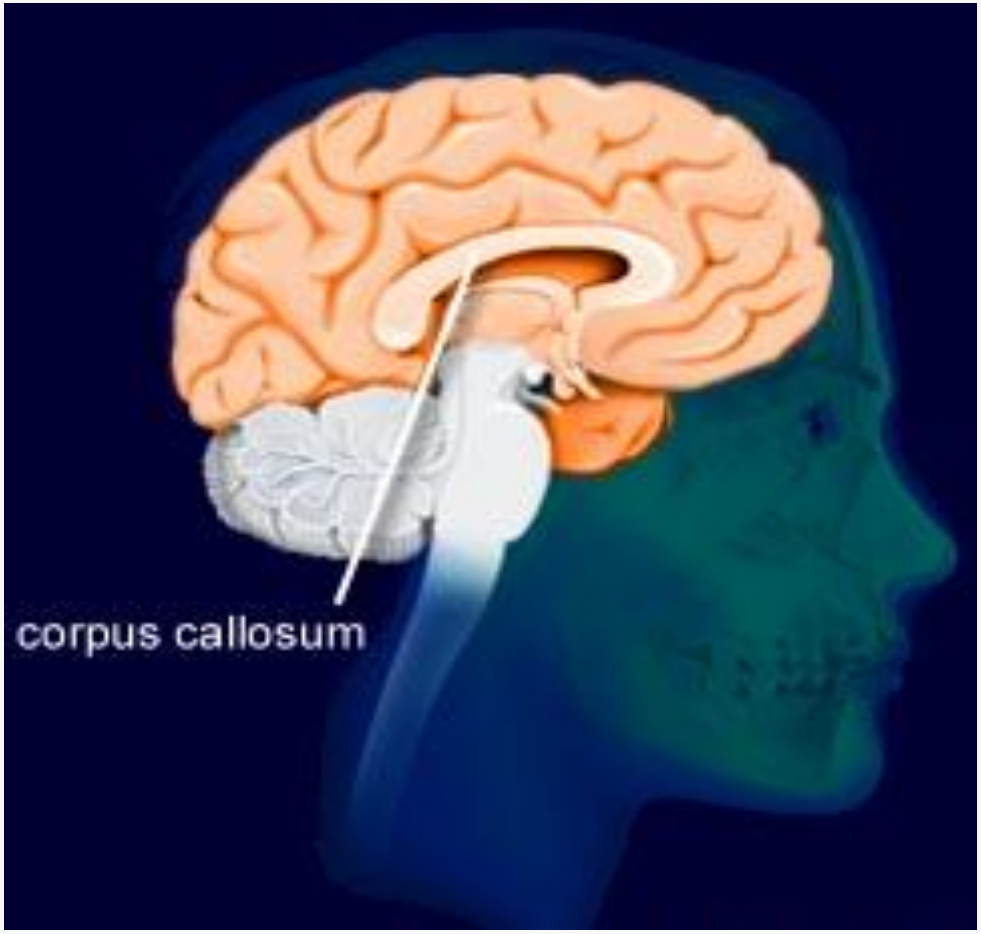
The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately **$124 billion**. In sensitivity analysis, the total burden is estimated to be as large as **$585 billion**

Fang et. al., Child Abuse and Neglect, Feb 2012

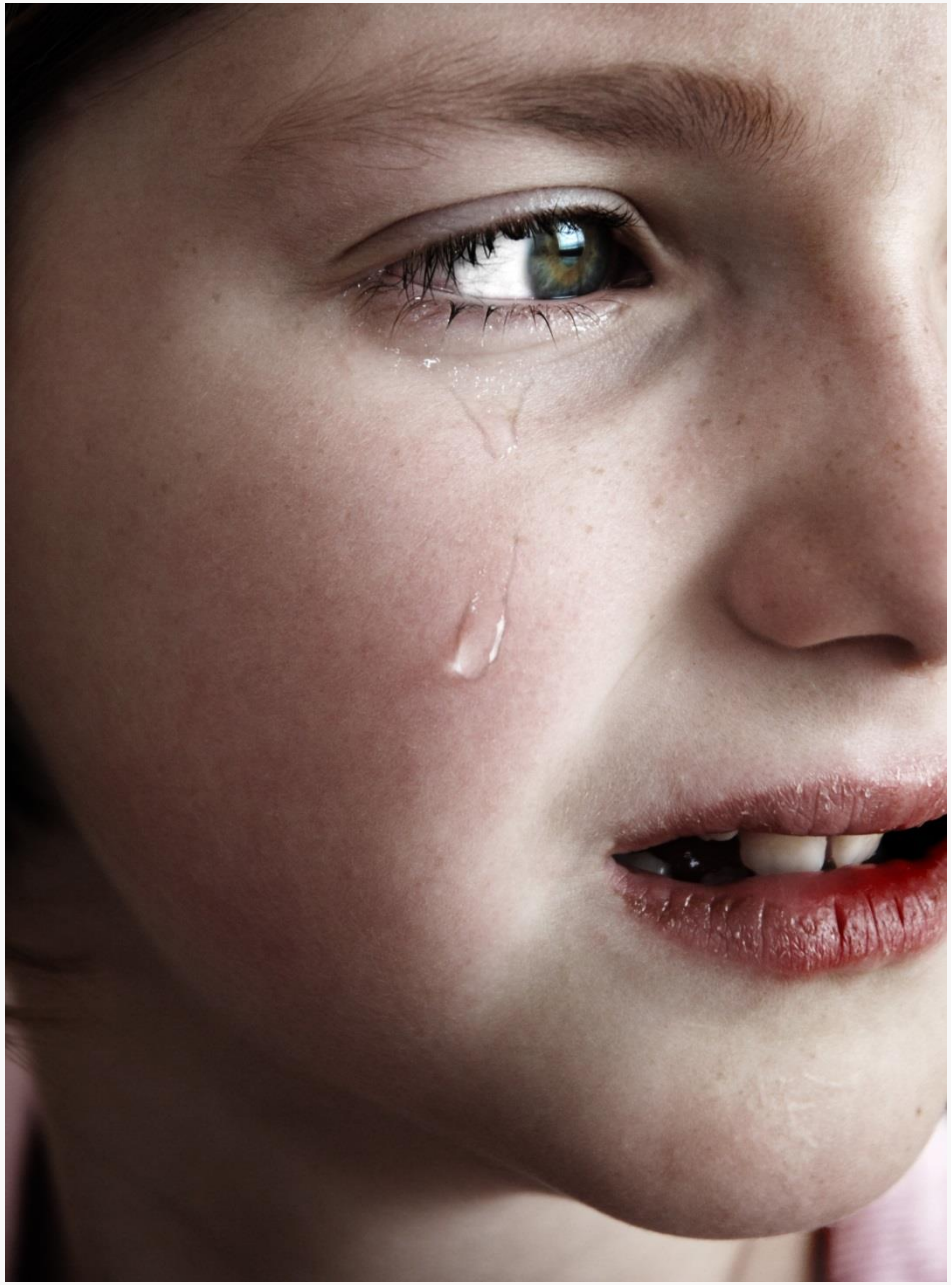
What's known about the impact of abuse and neglect on children, and adults?


Physical Health
Cognitive Development
Child Maltreatment
Social Development
Emotional Health

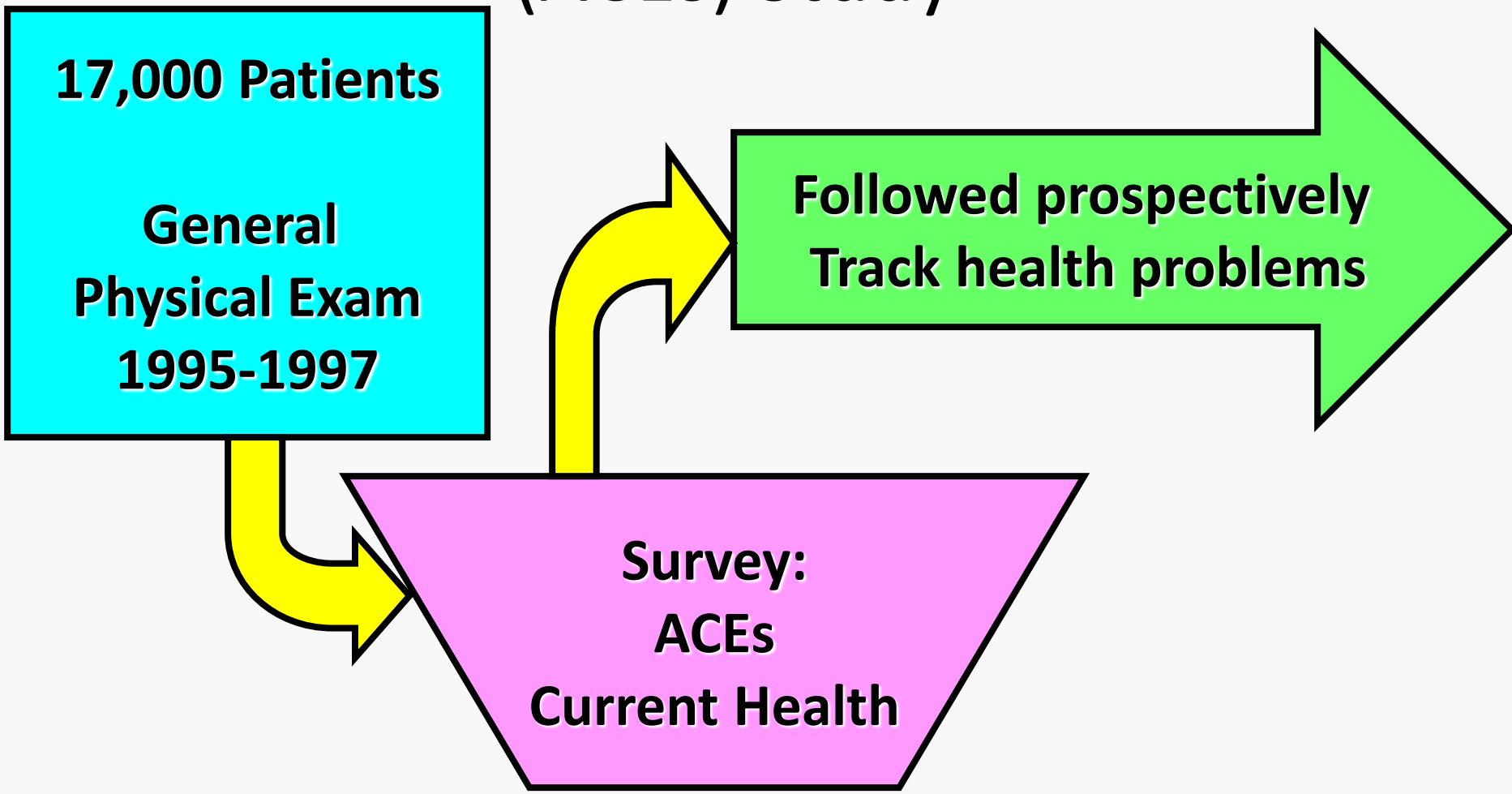
Child Neglect Associated with Smaller Corpus Callosum



Mental Health



The Adverse Childhood Experiences (ACEs) Study



Felitti et al. The relationship of adult health status to childhood abuse and household dysfunction. *Am J Prev Med*. 1998;14:245-58.

ACEs

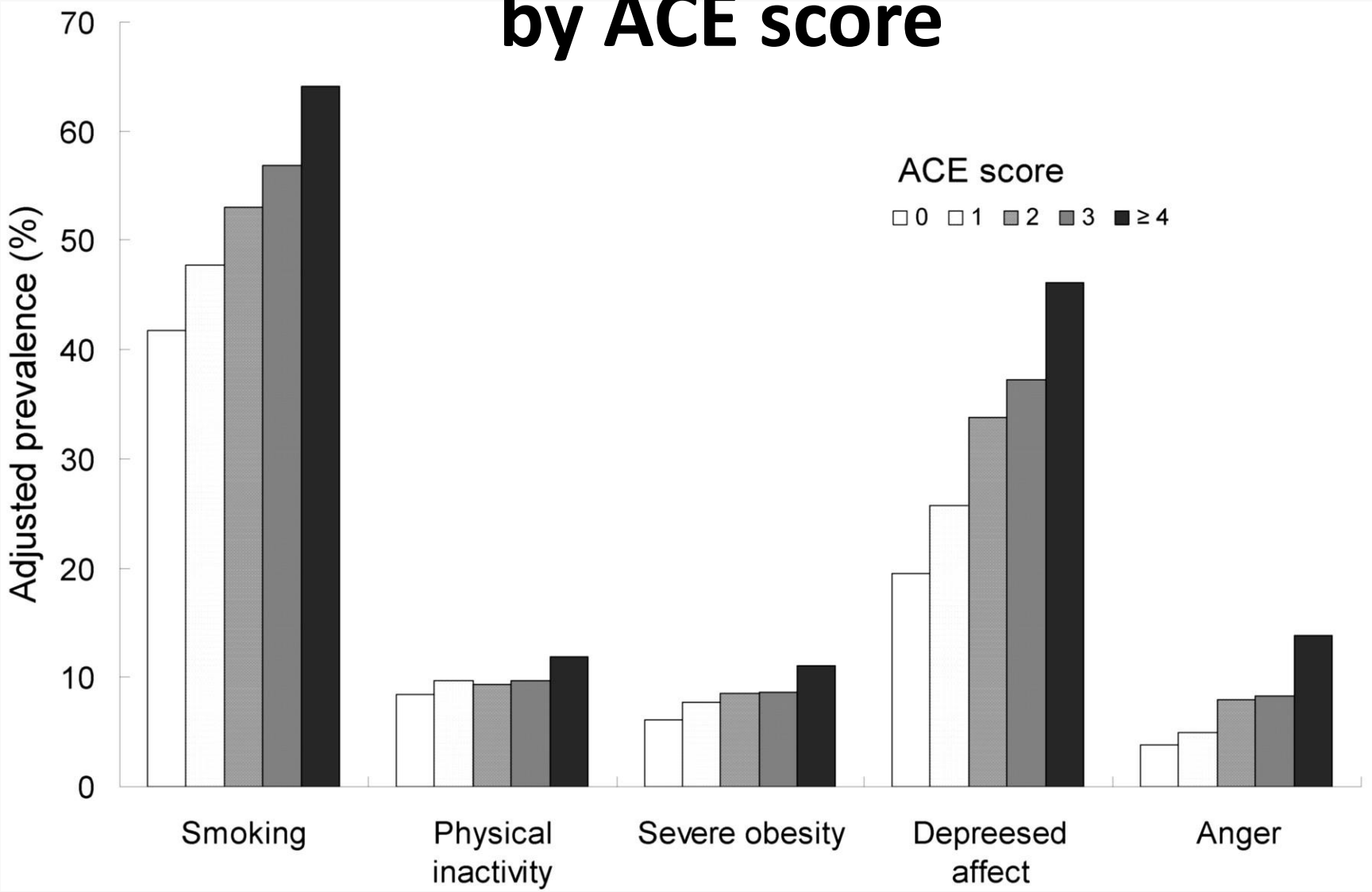
- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

- Intimate partner violence (IPV)
- Mental illness
- Substance abuse
- Household criminal

Prevalence of Some ACEs (%)

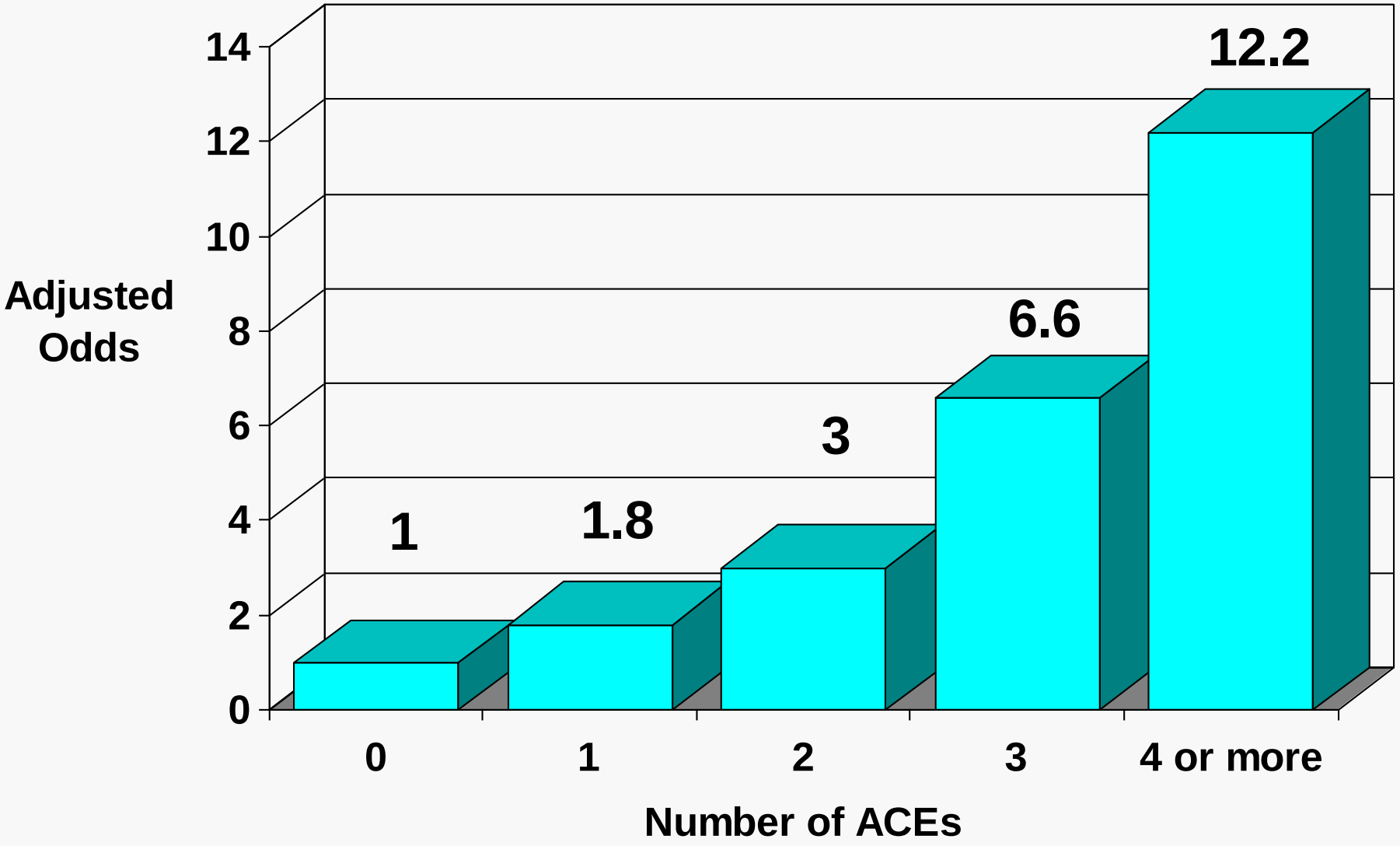
ACE Category	Women (N=9,367)	Men (N=7,970)	Total (N=17,337)
Physical Abuse	13.1	7.6	10.6
Sexual Abuse	24.7	16.0	20.7
IPV	13.7	11.5	12.7

Adjusted prevalence of problems by ACE score



Dong, M. et al. *Circulation* 2004;110:1761-1766

Suicide Risk by ACE Score



Adverse Childhood Experiences (ACEs) Study
Increased heart disease*

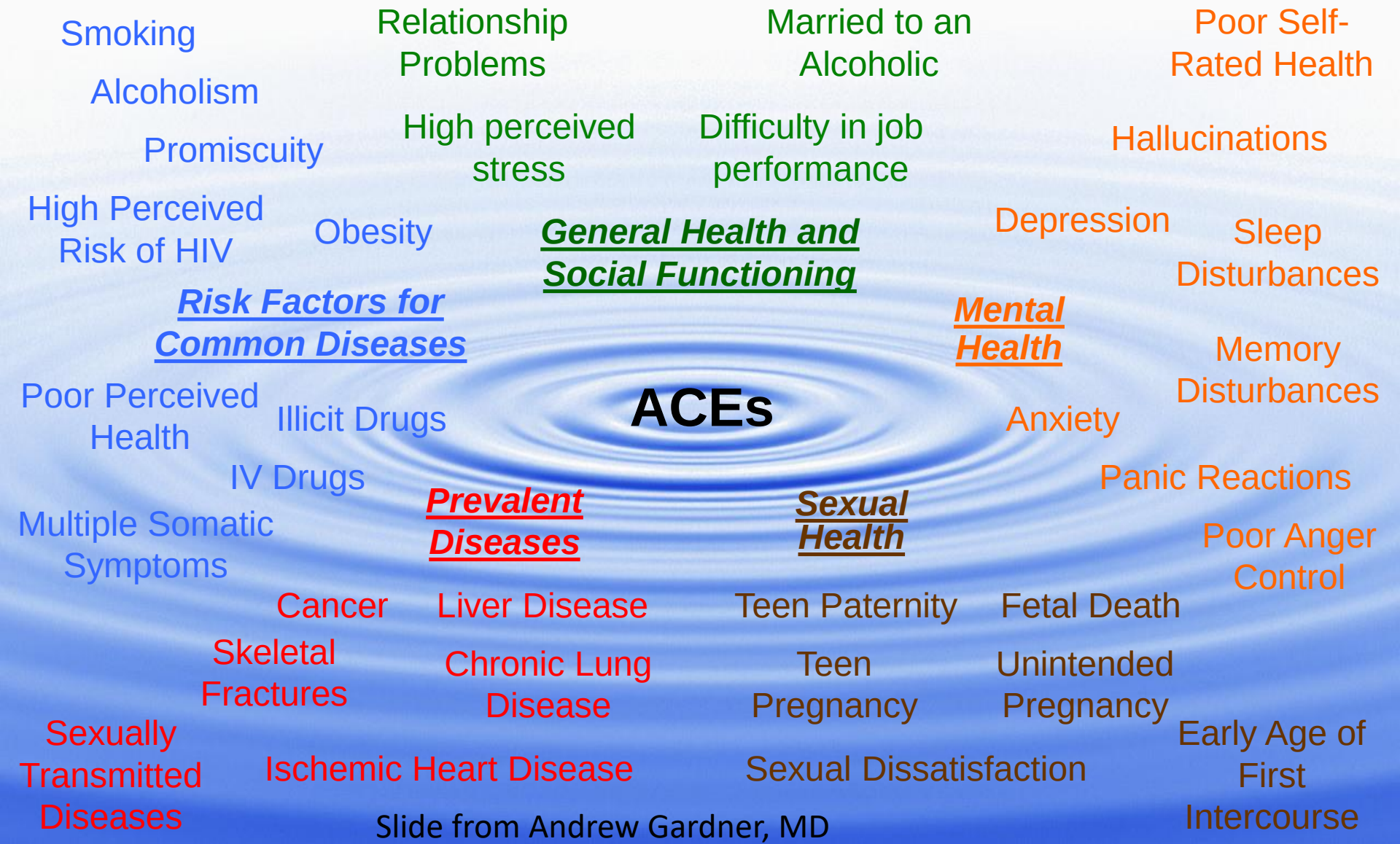
- Emotional abuse 1.7 x
- Physical abuse 1.5 x
- Sexual abuse 1.4 x
- Emotional neglect 1.3 x
- Physical neglect 1.4 x

- Domestic violence 1.4 x
- Mental illness 1.4 x
- Substance abuse 1.3 x
- Household criminal 1.7 x

- After correcting for age, race, education, smoking & diabetes

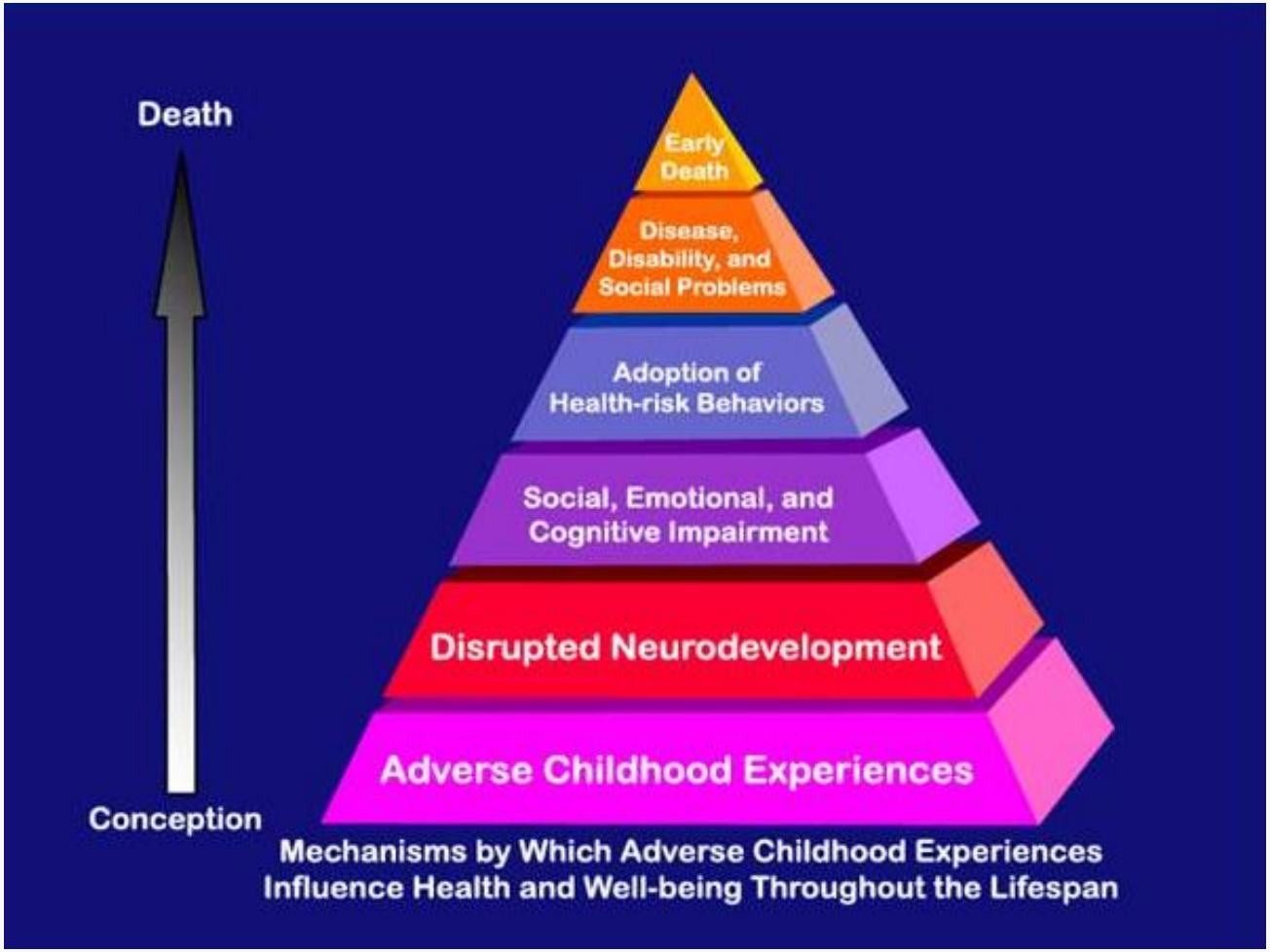
Dong et al, *Circulation*, 2004;110:1761

ACEs Impact Multiple Outcomes



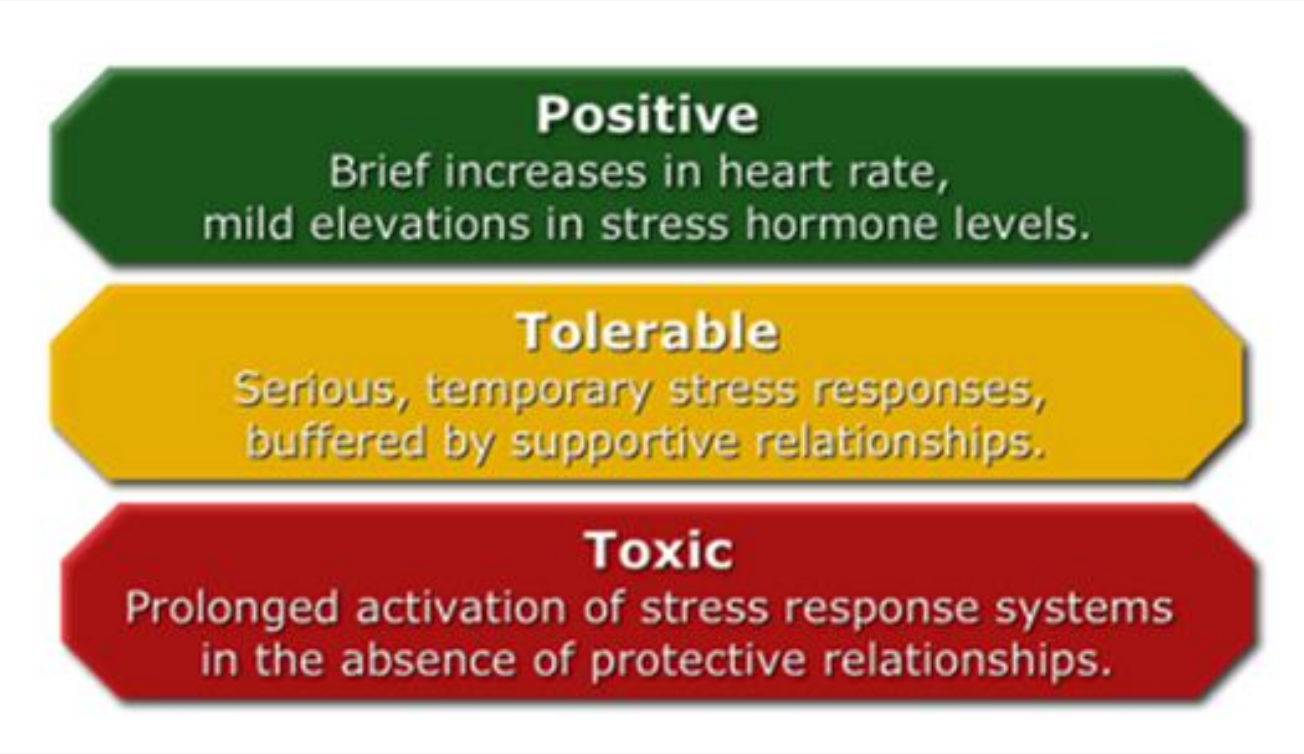
Slide from Andrew Gardner, MD

Child Maltreatment & Stress



Adverse Childhood Experiences (ACE) Study. Centers for Disease Control and Prevention. http://www.cdc.gov/ace/. Accessed 2/20/14.

What is Toxic Stress?



Toxic Stress: The Facts. Center on the Developing Child, Harvard University. http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response

Bottom Line

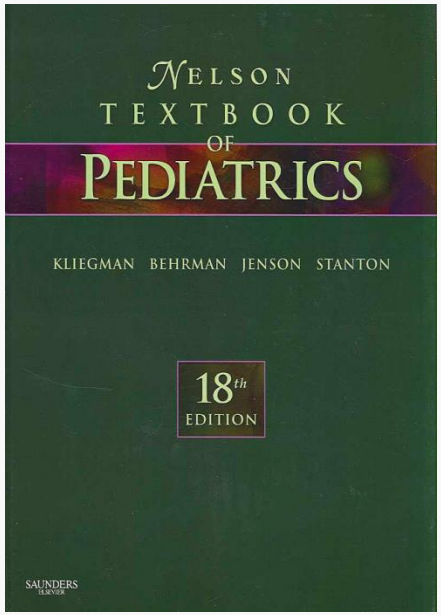
Child abuse is common, costly, and has long term consequences that last a lifetime

The Roles Physicians Can Play

- Screening
- Prevention
- **Diagnosis**
- **Referring/Reporting**
- Treatment
- Advocacy

The Field of Child Health Care

"As physicians who assume a responsibility for children's physical, mental & emotional progress, pediatricians (and family physicians…) must be concerned with social and environmental influences which have a major impact on the health & well-being of children & their families."



Kayla

- Chief complaint from mother: "My ex-husband is molesting Kayla!"

- History: 5 year-old came home from weekend with her father and told her mother "My tutu hurts." Mother immediately asked "Who's been touching your tutu?" and child answered "Daddy."

Medical History

- Healthy 5 year old
- No hospitalizations, major illnesses
- Picky eater, “because her father only feeds her junk food, so she won’t eat healthy stuff”
- No allergies
- Development: normal
- Behavior: “no problems”

Social History

- Kayla lives with her mom and 3 year old brother. Dad recently left. The kids visit him alternate weekends.

- Father filed for custody of Kayla and her brother. “He’s accusing me of being a bad mother, but he’s the bad parent. He drinks all the time when the kids visit him.”

How would you approach getting a history from Kayla?

Talking with Kayla

- Try to talk to Kayla briefly alone
- Establish rapport
- Open ended questions
  - Please tell me what happened
  - Then, what did you do?
- Avoid leading questions
  - Did your dad hurt you?
- Praise Kayla for talking with you
- If Kayla reports abuse, thank her for telling
- Say you'll help try to keep her safe

Physical Exam

- Shy 5 year old. Answers most questions, but sometimes hides behind mother
- General exam - normal
- Weight: 60th percentile
- Height: 75th percentile
- Anogenital exam: no signs of old or new trauma or of infection

Other Possible Scenarios

- If Kayla says little, does not disclose abuse to you, would you report to CPS?

- What if instead of this history, mom only described Kayla being “red down there!” And your exam the next day appears normal?

What is Child Sexual Abuse?

- Involvement of children in sexual activities that …
  - They cannot understand
  - They are not developmentally prepared for
  - They cannot “reasonably” give consent for
  - Violate societal taboos

Responsibilities of Mandated Reporters

Reaching a Threshold for Reporting

- You don’t have to be 100% certain to report

- If you *suspect* abuse or neglect, make the call

Maryland Law

- Report if "…. reason to believe that the child has been subject to abuse.."
- Report based on suspicion…not proof
- Immunity from liability, if report made in good faith

Mark

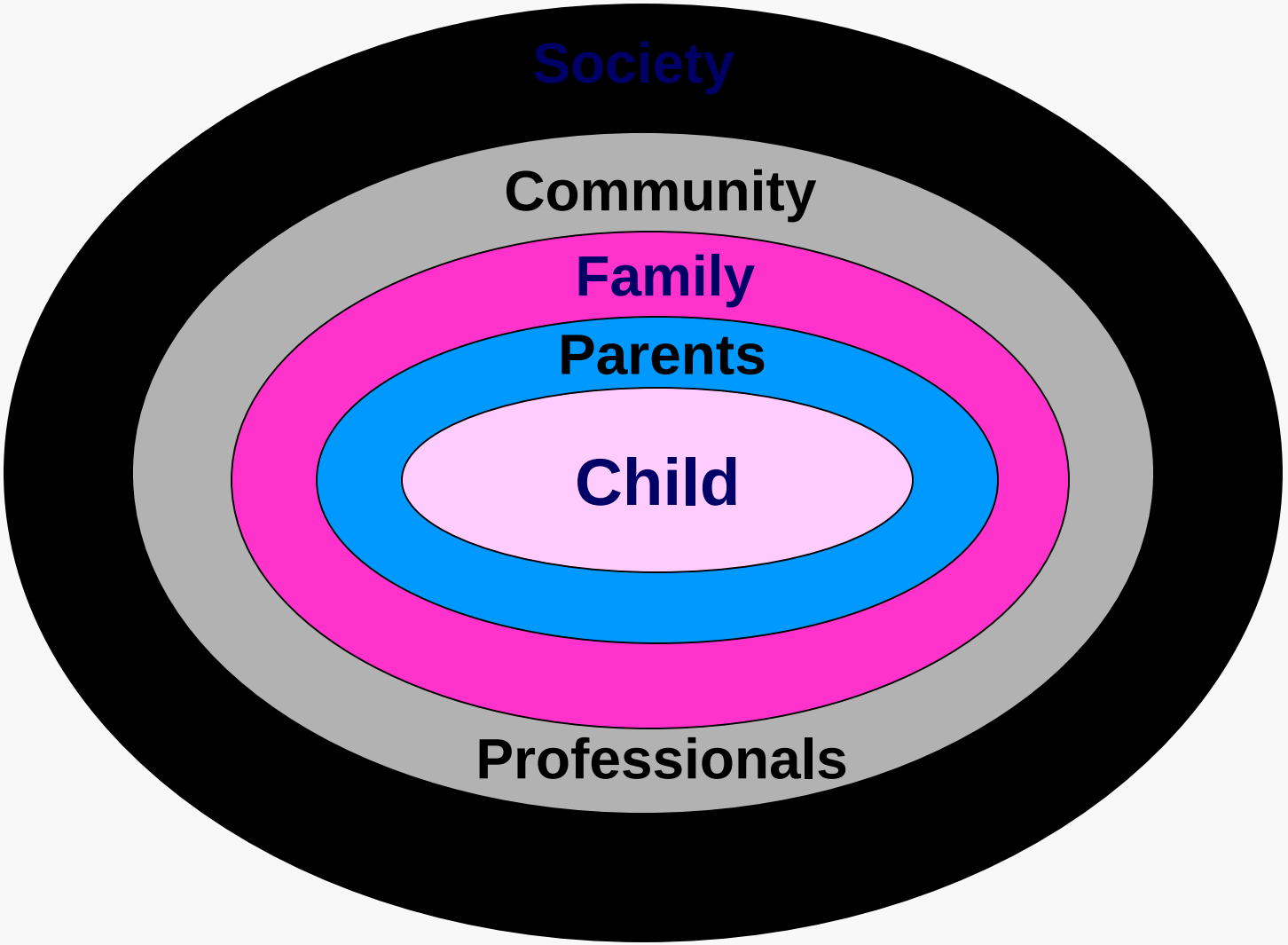
- Mr. and Mrs. Jones live with their children aged 9, 7 and 1
- You are seeing 9 yr old, Mark, for f/u after a PICU admission for asthma– 3rd time in 2 yrs.
- The family has not filled the Rx for the new meds; he's on the same single medicine they still had at home
- He has scattered wheezing, but feels "fine"

Social History

- Family has few supports
- Father works long hours
- Prior CPS involvement – in medical chart
  - For 7 yr old when she was a baby for missed appointments after long NICU course
  - The 1 yr old at 5 mos. for FTT

What more info. would you like?

Contributors to Child Neglect



Belsky, *Psychological Bulletin.* 1993;114:413

What do you think?

- How serious is this situation?
- Has Mark been neglected?
- Should Mark's family be reported to CPS?
- What if they had not understood the discharge instructions?
- What if they hadn't filled the prescription because of waiting for a paycheck?
- What else can you do?

Maryland's Definition of Neglect

"Neglect" means the leaving of a child unattended or other failure to give proper care and attention to a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child … that the child's health or welfare is harmed or placed at substantial risk of harm.

A Child-focused Definition of Neglect

- Child neglect occurs when a child's basic needs are not adequately met, resulting in actual or potential harm

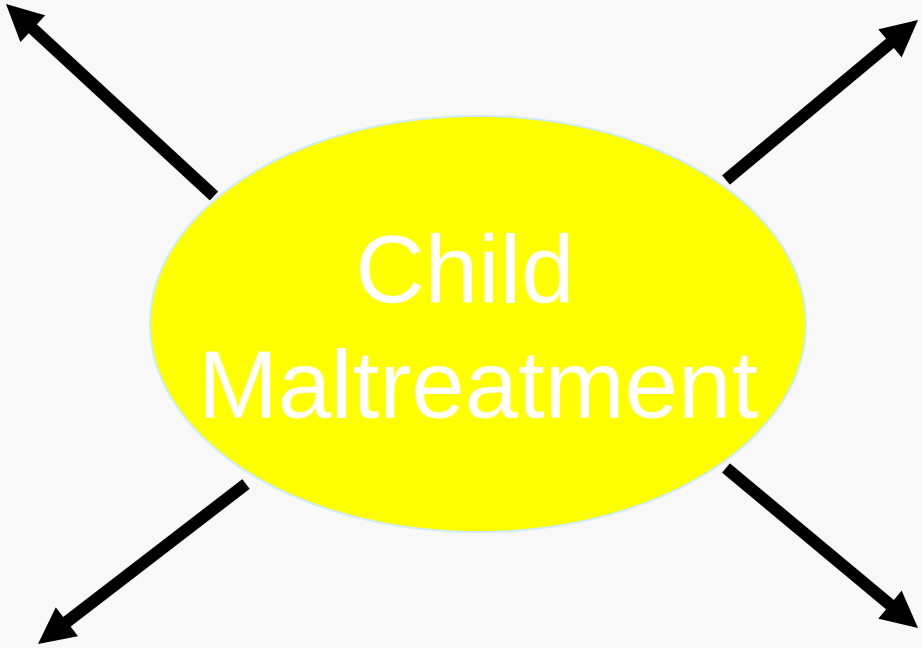
- Basic needs include: adequate food, clothing, health care, supervision, protection, education, nurturance, love, & a safe home

Manifestations of Possible Neglect

- Non-adherence with health-care recommendations
- Drug-exposed newborn or child
- Ingestions
- Injuries
- Unmet educational needs
- Abandoned child
- Delay or failure in getting health care
- Hunger, failure to thrive, unmanaged morbid obesity
- Inadequate hygiene
- Inadequate clothing
- Homelessness

Physical Health

Cognitive Development



Social Development

Emotional Health

Tia

- 3 mo. old Tia presents with fussiness, crying, coughing & increased spitting up
- Mom is an experienced mother who insists “something’s just not right with Tia”

- PE
  - Subconjunctival hemorrhage in one eye
  - Small bruise on her back – no clear source

More Information

- Newly married to father of Tia
- No history or any injuries, except “maybe she got stuck when I took her out of the swing”
- Tia has been a “colicky” baby

What do you think?

- What further workup would you do?
- What else is in the differential diagnosis?
- Is the history plausible?
- Does the history make sense given the child’s age & developmental status?

Further evaluation

- Skeletal survey: 7th posterior rib fracture
- Head CT: No acute bleed
- CBC, PT/PTT all normal

What do you want to do?

Should this be reported to CPS?

What if there was no rib fracture?

Maryland’s Definition of Physical Abuse

- A current or prior physical injury to a child, caused by a parent, caretaker, or household or family member

- The nature, extent, and location of the injury indicate that the child's health or welfare was harmed or was at substantial risk of harm

Red Flags – Suspect Abuse

- Unexplained injury
- Hx. inconsistent with injury
- Hx. inconsistent with child's development
- Varying histories
- Delay in seeking treatment
- Highly specific injuries

Sentinel Injuries

- **“Those who don’t cruise, rarely bruise”**
- **TEN-4 rule:**
  - Bruises to **T**orso, **E**ar, and/or **N**eck in children <4 years old
  - ANY bruise in an infant <**4** months old
  - Highly suspicious for abusive injury
    - 97% specificity and 84% sensitivity for child physical abuse

Informing the Family

- Common ground = concern for the child
- Ensure safety of child, yourself, and staff
- Be honest, non-judgmental, forthright
- Review findings
- Avoid confrontation
- Explain what to expect

Goal of Making a CPS Report

- To protect the child/children
- To provide services in the best interest of the child, as well as other children in the home
- To fulfill your legal obligation to report

Making a Report

- Report to CPS or police
- Call in report
  - Baltimore City (410) 361-2235
  - Baltimore County (410) 853-3000
- Complete and fax 180 form

What happens when I report?

- CPS obtains referral information
- Police notified
- Investigation initiated
  - Immediately, if imminent danger
  - Otherwise, within 24 hours
- State's Attorney notified, if severe

What happens after I report?

- Report screened out (~40%)
- Report accepted for investigation:
  - Interviews with reporter, child, caregiver
  - Safety assessment
  - Assessment of service needs
- Findings from investigation:
  - Maltx. substantiated (~30%) – case opened
  - Maltx. unsubstantiated
  - Maltx. ruled out

Form 180

Please Fill This Out!

State of Maryland-Child Protective Services

REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

(see instructions on reverse side)

ME OF LOCAL DEPARTMENT BEING NOTIFIED	ADDRESS	ZIP

RSON MAKING REPORT *(Name)*	3. POSITION/TITLE

ME OF DEPARTMENT/ORGANIZATION	ADDRESS	ZIP	5. TELEPHONE

PE OF REFERRAL

☐ PHYSICAL ABUSE ☐ SEXUAL ABUSE ☐ NEGLECT ☐ MENTAL INJURY-ABUSE ☐ MENTAL INJURY-NEGLECT

ME OF CHILD	8. SEX	9. BIRTH DATE	10. RACE	
DDRESS *(Where Child Can Be Seen)* CITY	STATE	ZIP	12. GRADE	13. SCHOOL

NAME OF PERSON RESPONSIBLE FOR CHILDS CARE	14A. AGE/D.O.B.	14B. ADDRESS	14C. TELEPHONE

PARENTS/GUARDIAN	AGE/D.O.B	ADDRESS	TELEPHONE
HER:			
HER:			
RDIAN *(Specify Relation)*:			

AME OF SUSPECTED ABUSER/NEGLECTOR	16. RELATION	17. AGE/D.O.B.	18. ADDRESS	19. TELEPHONE

STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.

LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?

DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?

STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.

ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER? ☐ Yes ☐ No ☐ Unknown	25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY? ☐ Yes ☐ No ☐ Unknown	26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER

SIGNATURE OF PERSON REPORTING	DATE	28. DATE / HOUR ORAL CONTACT IN LDSS

REPORT TAKEN ☐ Yes ☐ No	30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE

USSA 180 (5/98) Previous editions are obsolete

White-LDSS Copy Yellow-LDSS Copy Pink-States Attorney Copy (Child abuse only) Reporter Copy

Penalties for Physicians and Nurses for Failing to Report

- You risk:
  - Malpractice suit
  - Criminal offense
  - Licensing penalties

Family Law Article § 5-711
CPS Access to Medical Records

- Any provider of medical care must provide copies of a child's medical records to the Legal Division of DSS, upon request, as part of its CPS investigation

Maryland CHAMP History

Medical expertise in the evaluation of child abuse and neglect is crucial

Many children are evaluated for suspected maltreatment by medical professionals with little or no training in child abuse and neglect

Parts of the state without medical expertise in child maltreatment

Maryland CHAMP History

- Our state AAP Committee on Child Maltreatment "lobbied" the Maryland Health Department to fund the development of a statewide network of physicians to fill this gap
- Health Dept. brought it before the legislature
- Our "champion" in the legislature
- 3 years later, the law establishing CHAMP – 2005, mandating the Health Dept. to fund the program
- A contract with the Univ. of Md. School of Medicine

CHAMP's Goal

- To ensure that children who may have been abused or neglected receive optimal medical evaluations and care
- To improve the overall response to these children and families
- To develop a statewide network of medical professionals, expert in child maltreatment

CHAMP's Development

- Establish core faculty to lead the program
- Develop governance agreement, curriculum
- Recruit, train and pay pediatricians and family medicine MDs in private practice in underserved counties, who commit 5 - 10% time
- Include other MDs already working in the field
- Include forensic nurse examiners – pediatrics (FNE-Ps), already working in several counties

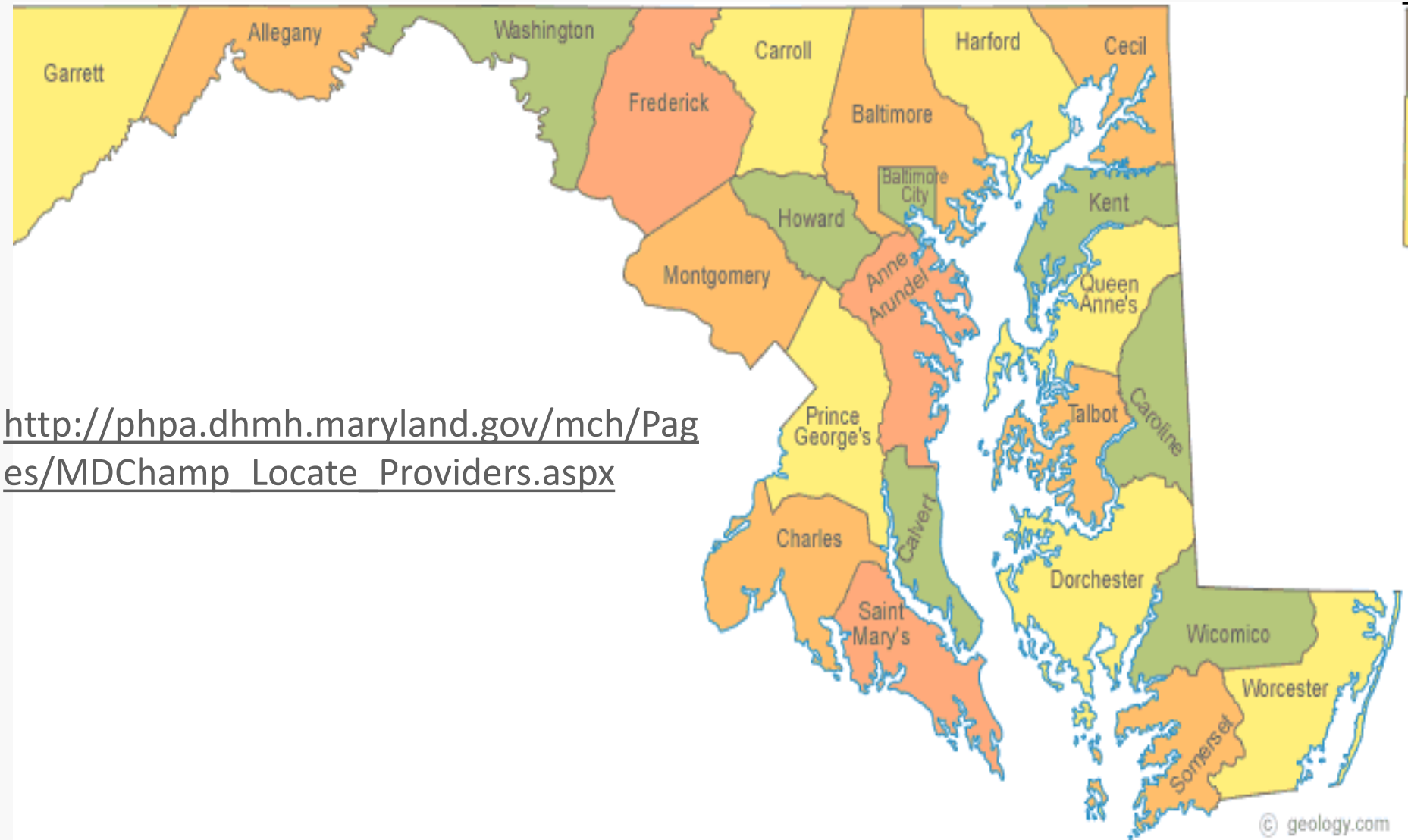
CHAMP's Development

- Implement ongoing training program
- Develop a web-based system for reviewing cases
- Add a program coordinator
- Develop a CHAMP website
- Continue adding MDs and FNE-Ps
- Currently
  - 18 MDs
  - 50 FNE-Ps

The CHAMP Network

- CHAMP is led by a medical director & core faculty
  - 6 pediatricians
  - 1 FNE-P
- A program coordinator
- CHAMP statewide network
  - CHAMP Practitioners
  - CHAMP Associates
  - CHAMP Affiliates

Maryland Counties



http://phpa.dhmh.maryland.gov/mch/Pages/MDChamp_Locate_Providers.aspx

CHAMP Faculty Roles

- Help lead and develop the program
- Help recruit new MDs
- Provide training, support, consultation
- Develop practice and policy guidelines
- Direct the web-based case review system

CHAMP Professionals' Roles

- Collaborate with child advocacy centers
- Provide medical evaluations for children suspected of having been maltreated (mostly sexual abuse)
- Review medical records
- Consult to professionals (CPS, police, prosecutors)
- Testify
- Provide training
- Participate in local committees

CHAMP Training

- Initial 6-day training - for MDs
  - Core seminars (eg, child neglect, photo documentation)
- Ongoing training, support – for MDs, FNE-Ps
  - 24/7 faculty on call
  - Web-based consultation
  - Trainings every 4 months

Where CHAMP Evaluations Occur

- Varying arrangements in different counties
  - Child advocacy centers (CACs)
  - Hospitals
  - Health departments
  - Sexual abuse/assault centers
  - Physicians' private practices

CHAMP Consultation / CQI

CHAMP faculty provide 24/7 consultation and review to network participants through a secure web-based system, *TeleCAM.*

- Participants all over the state can upload case information on a structured form and photographs
- Faculty quickly provide consultation, NOT in real time
- Discussion thread
- Program generates a case report

Challenges

- Funding
- Lack of standardized approach
- Lack of ability to enforce guidelines for accessing consultation when maltreatment is suspected
- Understanding of need for medical consultation
- Areas of state without local expert
- Working with large state government agency

Conclusions

- Child maltreatment creates a lifetime of costs and challenges for society
- Pediatricians and Family Physicians are in a unique role to help address the issue on an individual, community, statewide level
- Recognizing and getting support from local experts can help prevent future adverse effects on abused children