

what is a child protection team?

Cook Children's Medical Center is committed to providing quality medical assessment, referral, and diagnostic services for all forms of child maltreatment.

These services are best provided by a dedicated, centralized, multidisciplinary team trained in the field of child abuse.

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functions of the team

- Identify those children who are victims of maltreatment or neglect, and assure timely reporting to proper authorities
- Patients are followed throughout their hospital stay
- Review the management of these "at risk" children for completeness of work-up
- Recommend changes re: processes, programs, policies to meet the needs of "at risk" children

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functions of the team cont.

- Cases are reviewed with law enforcement, CPS, and the District Attorney at regularly scheduled multidisciplinary staff meetings
- Serve as a resource for explaining the medical record and medical findings
- Participate in monthly Tarrant County Child Fatality Review Team
- Advocate for these children within the community

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who is the team?

- Medical Director of Emergency Services
- Medical Director of CARE Team
- In-house pediatricians
- Director of Emergency Services
- CPS Liaison
- Child Protection Team Coordinator
- Social Services
- Legal Services

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responsibility

- Serve as a resource and consultant in suspected child abuse cases.
- Educate staff and assist in raising the index of suspicion in identifying child abuse and neglect
- To provide internal oversight of at risk children who are treated in the hospital and assure appropriate follow/up and coordination of community services

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- In 2004, 71,356 patients were seen in CCMC Emergency Department
- 3095 children were abused or neglected in Tarrant County in 2004
- 13 children in Tarrant county died from child abuse or neglect in 2004

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case review

- 2yo male sent in for x-rays of right arm and shoulder.
- X-ray staff concerned about the appearance of arm during films
- Exam reveals more injuries

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- Review records
- Put the puzzle together
- Stay current with changes
- Serve as a resource for staff

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obligation to report

- Report must be made within 48 hours
- CPS Statewide intake:1-800-252-5400
- Website – <https://reportabuse.ws>
Users will then be prompted for a user name & password
- Police Department in city where the abuse occurred

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*c.a.r.e
team*

- Child Advocacy Resource & Evaluation Team

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*introduction to
c.a.r.e. team*

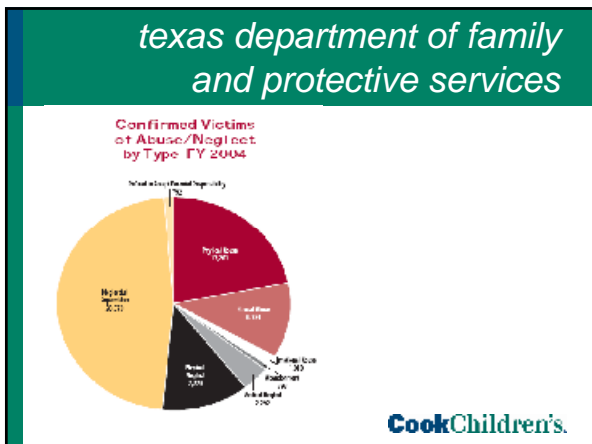
- Established at Cook Children's Medical Center in 1994
- Serves as a resource for parents, primary care physicians, law enforcement agencies and Child Protective Services in cases where abuse is suspected.
- Primarily sexual abuse clinic
- Have seen 10,319 children as of December 31, 2005

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*c.a.r.e. team
members*

- Medical Director
- 3 Nurse Practitioners/Sexual Assault Nurse Examiners
- 1 Social Worker/LCSW
- Care Partner
- Office Manager
- CPT Coordinator/RN

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sexual abuse

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sexual abuse: definition

- Sexual conduct harmful to a child's mental, emotional, or physical welfare
- Compelling or encouraging the child to engage in sexual conduct
- Causing, permitting, encouraging, engaging in or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film or depiction of the child is obscene or pornographic

Texas Family Code, 2006 Ed. **CookChildren's.**

goals of medical provider in sexual abuse cases:

- Is the history consistent with the medical exam?
- Identify injuries that require treatment
- Screen for or diagnose STDs
- Evaluate or reduce the risk of pregnancy
- Document findings of potential forensic value

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misconceptions and myths

- Perpetrators are strangers
 - 80% of offenders are known by the child
- Perpetrators are male
 - Most reported cases have male offenders, but when it is a female it is more likely to go unreported
- Perpetrators are adults
 - Adolescents are perpetrators in at least 20% of cases & preadolescents are perpetrators in 5-15%

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misconceptions cont.

- Victims are always female
 - Sexual abuse of males is underreported. Interviews with incarcerated perpetrators report 80% of their victims are male
- Children fantasize about sexual abuse
 - Can only fantasize about what is in their realm of experience
- Children usually tell about abuse
 - Children often delay and/or recant outcries of abuse.

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*misconceptions
cont.*

- Sexual abuse is painful
 - Abuse is often not painful and feels pleasurable. The child may also be getting “special attention” from the perpetrator which makes them feel special.
- There will be physical evidence if a child has been sexually abused
 - Most exams are normal (90%)

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*common behaviors exhibited
by sexually abused children*

- Regression
- Sleep disturbances
- Eating disorders
- School problems
- Social problems
- Anger/acting out
- Depression
- Sexualized behavior inappropriate for developmental level

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behaviors cont.

- Poor self-esteem
- Suicidal gestures
- Self harming behaviors
- Delinquency: running away, shoplifting
- Substance abuse

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Remember... Sexual abuse cannot be "diagnosed" through behaviors alone.

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sexual abuse screening questions

- Open-ended, nonleading questions
- Use child's terminology
- Not a forensic interview
- For diagnosis and treatment
- Questions without caregiver in the room

- American Academy of Pediatrics, 1999.

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physical examination

- Head to toe exam
- Detailed genital exam with otoscope or colposcope (We do NOT use a speculum in prepubertal girls!)
- Labs as needed
- Forensics as needed - disclosure of abuse within the last 96 hrs.

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colposcope

Helpful adjunct but not obligatory

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"96 Hour Rule"

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acute vs. chronic

- Acute cases: traditionally if occurred <96 hrs. Requires 'immediate' forensic exam.
- Chronic cases: Most cases present days to months to years after the event(s) thereby decreasing chance of finding evidence on exam.

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“acutes”

- STD prophylaxis - depends on type of contact
- Emergency contraception
- Documentation of injuries

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point to remember

- It is normal to be normal!
- 90% of exams are normal even with perpetrator confession

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obligation to report

- Must report suspected abuse or neglect of a child or elderly person.
- Report must be made within 48 hours
- CPS Statewide intake:1-800-252-5400
- Website – <https://reportabuse.ws>
Users will then be prompted for a user name & password
- Police Department in city where the abuse occurred

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*referrals to
care team*

- Acute cases - triaged by CARE Team
- Provider on call 24/7
- Chronic cases scheduled - must first be notified by caseworker/investigator, physician/NP, or District Attorney
- No self-referrals by family

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