Who are we?

- The Center for Child Protection is a medical consultation team providing inpatient and outpatient medical evaluations of suspected child abuse and neglect:
  - Tracy Cyrus, LMSW – Program Manager
  - Deb Simms, MD – Section Chief
  - Angela May, MD – General Pediatrician
  - Danielle Caliendo, MPA and Becky Wiersma, LLMSW – Triage Coordinators
  - Cara Pott, RMA and Amarah Mukatren, RMA – Clinical Support Associates
  - MSW Intern(s)

The CCP Team ALSO includes...

- Medical Students and Residents
- Advanced Practice Providers/NPs/PAs
- Attending Physicians
- Medical Assistants/Techs
- Medical Social Workers
- Nurses
- Child Life
- Lab and Radiology
- And anyone else who interacts with a family and cares for a child!
CCP works with other Pediatric Medical Teams:
- Emergency Department
- Trauma
- Hospitalists
- Burn Unit
- Orthopedics
- Neurology
- Neurosurgery
- Ophthalmology
- Radiology
- Other medical providers

The Center for Child Protection:
- Referrals are accepted from other physicians, CPS and Law Enforcement from 62 counties.
- Inpatient consultations occur within HDVCH.
- Outpatient consultations occur in our clinic at 545 Michigan St., Suite 203.
- Available for telephone consultation 24/7/365:
  - Office hours: 391-1242
  - After hours: 479-5858 (pager)

The Center for Child Protection:
SPECIALIZES IN MEDICAL EVALUATIONS OF SUSPECTED:
- Physical Abuse (PA)
- Sexual Abuse (SA)
- Failure To Thrive (FTT)
- Medical Child Abuse (MCA)
- Neglect (N)
- Medical Neglect (MN)
- Drug Exposed Infants/Children (DEI/C)

What does CCP do?
HDVCH – In Patient Consultations
Out Patients are seen at our clinic and at Ottawa and Allegan CACs (Children’s Advocacy Centers)
Contract with State of Michigan Department of Health and Human Services (CPS: Children’s Protective Services) – Medical Resource Services (MRS) for 62 counties: 24/7/365 telephone availability and Case Reviews
Child Death Review Teams: Kent, Ottawa, Allegan, State
Other: MSU, GVSU, PAC (DHHS), MiPSAC, PAAM, Expert Witness in Court, Child Pornography reviews, other CACs, etc

What does CCP do?
Provide comprehensive forensic pediatric child maltreatment evaluations.

Forensic = Relating to the use of scientific knowledge or methods in solving crimes; relating to, used in, or suitable to a court of law.
CCP serves as the liaison between the medical system and Investigators from Children’s Protective Services (CPS) and Law Enforcement.

“Alphabet Soup”
CCP – Center for Child Protection – US!!!
CPT – Child Protection Team – what we used to be called
CPS – Children’s Protective Services (State agency that investigates reported concerns of abuse or neglect)
CAC – Children’s Advocacy Center
- CPS is based on the child’s county of residence.
- Law Enforcement is based on where the crime was committed.

Anyone, anywhere can be abused:

Abuse occurs
...at every socioeconomic level
...across ethnic and cultural lines
...within all religions
...at all levels of education.

What goes on behind closed doors????

Social Risk Factors

1. Domestic/Intimate Partner Violence
2. Substance use/abuse
3. Animal cruelty
4. Unrelated residents in the home (e.g. LTPs)
5. Mental health issues
6. Disrupted family situations
7. Poverty/lack of resources

Physical Abuse

Harm or threatened harm to a child’s health or welfare which results from the actions of a parent, adult member of the household or other person responsible for the welfare of the child.

It is the result of a caretaker’s action (i.e. injury to the child) that identifies the action as abusive, not the caretaker’s intent.

Types of physical injuries

- Slap Marks
- Inflicted Head Trauma
- Burns
- Fractures - broken bones
- Bruises
- Bite Marks
- Cuts/Open Wounds

Accidental vs. Inflicted Injuries

“Those that don’t cruise rarely bruise”

Children do get injured accidentally; bruises, broken bones, burns, black eyes, etc.

Some injuries more suspicious for abuse then accidental – explanation of injury important

When to Suspect Abuse:

1. Inconsistent or changing history.
2. Delay in seeking care.
3. Unlikely that child would act in manner described, such as actions beyond developmental capacity of the child.
4. Severity of injuries not consistent with explanation.
5. Timing of injuries not consistent with physical findings
Child Sexual Abuse
- Multiple types
- Includes touching and non-touching offenses
- Sexual exploitation-prostitution, trafficking, pornography, sexting
- Girls and boys are victims
- Perpetrators are usually known by the victims
- Grooming behaviors

How to talk to a child suspected of being abused:
- YOU CAN talk with children – it will NOT interfere with the investigation!
- STAY WITHIN THE BOUNDS OF YOUR ROLE!
- DO NOT share your personal experiences

Helpful Hints:
- HOW TO ASK QUESTIONS:
  - Be comfortable talking with children
  - Ask open ended questions:
    - “How come you came here today?”
    - “Has something happened to your body?”
    - “Tell me about that…”
    - “Tell me more about that…”
    - “And then what happened?”
    - “Did something else happen?”

Helpful Hints continued:
Some vs Any
How come vs Why
Preschoolers have short attention span so hit the high points, offer/allow distractions and re-focus/re-direct as needed.
School age and teens – assess for suicidality, their perception of safety, consensual sexual activity, use of tobacco, alcohol or drugs, pictures, sexting.
DOCUMENT using exact quotes – what you said and what the child said.

If a child talks to YOU…
1. Avoid communicating shock, horror, panic or fear.
2. Be calm, confident and supportive.
3. Listen, don’t talk. Don’t make it personal.
4. Don’t suggest any changes to their language, story or definitions. Don’t teach or advise!
5. Make no promises.
6. Don’t talk negatively about abuser.
7. Document exact quotes!

Document, Document, Document
Remember:
- Every record may go to court.
- If it isn’t written, it didn’t happen.
Consider:
- Quotes: patient, caregiver, etc.
- Behavior descriptions
- Interactions with patient, medical team
- Who is present in room
If a child talks to YOU...

**DO** tell the child what you are going to do, what is going to happen next, and who else they will need to talk to.

Afterwards...

Be prepared to feel:
- sadness, stress, rage, anger, disbelief, hatred, heartache, alone/isolated

Based on your own experiences, children’s disclosures can trigger old or buried emotions.

True incidence of sexual abuse, physical abuse and neglect are not known.
- Sexual abuse- 1/4 Girls, 1/6 Boys are reported in National Statistics
- Physical abuse- where do you draw the line?

How this may affect you...

- Vicarious Trauma or Compassion Fatigue.
- Emotional residue of exposure to the child's pain, terror, fear and ongoing jeopardy.
- Exposure can result in avoidance, decreased communication, becoming desensitized or numb.
- Persistent arousal state with labile emotions.
- This is not the same as "BURNOUT".

What TO do...

Process with co-workers.

**DO NOT** take it home with you (confidentiality issues).

Professional help is available:
- Encompass
- PAUSE – through Pastoral Care
- Private therapist

YOU ARE a Mandated Reporter:

The child protection law requires doctors, dentists, nurses, social workers, teachers, police officers, fire fighters, day care providers, clergy to report suspected child abuse and neglect to the Michigan Department of Health and Human Services(DHHS)/CPS.

Mandated reporters are an essential part of the child protection system since they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect.

You ARE a Mandated Reporter:

You **MUST** file a 3200/report if you **suspect** a child is being abused; it is the law.

You don't need proof, just a suspicion!

Talk to the Physician, Resident, Social Worker, co-worker, CCP about your concerns.

Fill out the form as completely as you can.

Call Centralized Intake: (855)444-3911.

Record the Log#.

Fax report to Centralized Intake and a copy to CCP at (616)391-3206.
When does a child need a "special" exam re: suspected Sexual Abuse?

When a child discloses there was:

- Pain with sexual contact
- Genital to genital, oral or anal contact
- Any bleeding or discharge following reported sexual contact
- If the child is pre-verbal, DD, or from a "concerning" environment and there are concerns about sexual contact

Types of Exams – Physical Abuse

1. EMERGENT: Depending on age and types of injuries and location of injuries
2. "PARES": Same day or next day medical evaluation of suspected physical abuse
3. PHOTODOCUMENTATION: Capture how injuries look today with full medical evaluation at another time
4. ROUTINE: old or well healed injuries

Types of Exams – Sexual Abuse

1. EMERGENT: genital-genital, oral or anal contact (body fluid transmission) within 5 days and the patient has not bathed, if any current bleeding, report of pain with sexual contact, or if State of Michigan Evidence Kit is requested by Law Enforcement.
2. URGENT: as above, just outside the 5 days. NO evidence kit necessary.
3. ROUTINE: digital contact, or as above – over 1 week since contact.

CCP Triage Coordinators:

- Obtain demographic information about patient and concerns for abuse.
- Determine what services are needed:
  - Case Review
  - Photodocumentation
  - Medical Evaluation
    - Out-Patient: When, where, by whom + proper consent
    - In-Patient: When + need for parent/caregiver to be present
- Obtain information from CPS (past and current concerns)
  - Pictures of injuries
  - Scene photos
  - Obtain Forensic Interview completed by CPS/LE
  - Obtain past or related medical records
  - Review all documents
  - Schedule/arrange OP medical or IP consultation
Components of CCP OP Medical Evaluations

1. Welcome
2. Tour
3. Talking Parts – with child / with parent
4. Body Part (Exam)
5. Wrap up
6. 2 hour appointment times

Components of IP Consultation

1. Review available medical record documentation
2. Contact/discussion with CPS/LE and review their information
3. Go to Radiology to review studies with Peds Radiologist
4. Obtain comprehensive medical history from parent/caregiver
5. Physical Exam of patient
6. Documentation

IP Consultations Continued…

Follow-up discussions with CPS/ LE
Review of additional medical records
Review of follow-up Radiology studies
Continued discussions with CPS/LE
Subpoenas received for:
- District Court Prelim
- Circuit Court Trial
- Family Court Trial

As a team, we can be there for a child by:
- Pick up on behavioral signs they show us
- LISTEN to what they tell us
- Handle disclosures professionally
- Thorough and accurate medical record

Center for Child Protection

We are always available!

616.391.1242 (office hours)
On call pager (after hours) 616.479.5858
ccptriage@spectrumhealth.org

Thank you for helping kids!

HDVCH Center for Child Protection
Office Hours 616-391-1242
After Hours 616-479-5858 (pager)
or via PERFECT SERVE

QUESTIONS?????