HEALTH CARE OF ARKANSAS'

ABUSED CHILDREN AND THEIR FAMILIES

Arkansas Legislative Taskforce on Abused and Neglected Children

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TO BE PRESENTED

I. **Center for Children at Risk**

II. **Problems in the Health Ca re of Abused Children in Arkansas**

III. **Some Possible Solutions**

I.

CENTER FOR CHILDREN AT RISK

OF THE UNIVERSITY OF ARKANSAS

COLLEGE OF MEDICINE

In collaboration with Arkansas Children's Hospital

ARKANSAS CHILDREN'S HOUSE

Typical Patient

- Nine year old girl
- Referred by ASP
- Sexually abused for 2 years by her uncle
- Threatened
- Child and family emotionally devastated

Referrals

- Law Enforcement
- Arkansas DHHS
- Victim Assistance Coordinators
- Prosecutors
- Attorneys ad litem
- Physicians
- Hospital Emergency Rooms
- Courts

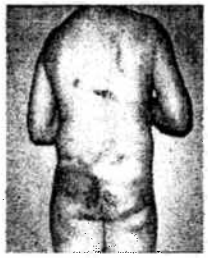
- Warm, child friendly atmosphere
- Fewer exam refusals, rare need for sedation
- Coordinated exam process

- Colposcopic assisted exams
- 5,000 exams since 1992

Sexual Abuse Evaluations

- Exam and photodocumentation
- Sexual Assault Kit
- Tests for STDs
- Medications for prevention or treatment of STDs
- Referrals
- Court testimony

Physical Abuse Evaluations



- Exam and photodocumentation
- X-rays, head CT or MRI
- Blood and other tests
- Treatment
- Referrals
- Court testimony

Post-Examination Conference

FAMILY TREATMENT PROGRAM

- Individual and group therapy for all family members
- Specialization in treatment of in-home sexual abuse

- Evaluation and treatment of juvenile sex offenders
- 35,000 visits since 1990

Referrals

- Law Enforcement
- Arkansas DHHS
- Victim Assistant Coordinator
- Prosecutors
- Attorneys ad litem
- Schools
- Physicians
- Juvenile Courts
- Probation Officers
- Mental Health Agencies
- Families themselves

INPATIENT SERVICE

TYPICAL PATIENT

- One year old
- Stopped breathing
- Bruises
- Bleeding around brain
- Bleeding in back of eyes
- 8 broken ribs ~ 6 weeks old
- Terrorized by someone who should have loved her
- Critical

Other Activities of Center

- Education
  - Within UAMS/ACH
  - Statewide
- Clinical Outreach
- MDT case review
- Review of all cases seen at ACH
- Research and Publication

II.

PROBLEMS IN THE HEALTH CARE

OF ABUSED CHILDREN IN ARKANSAS

"Health Care" Problems?

- All problems affect everyone in the field of child abuse.
- No discipline or agency should be singled out as the problem or the solution.
- Most problems are systems ones.
- No single agency can solve systems problems.

1. Arkansas lacks <u>sites</u> throughout the state for medical and mental health evaluations and treatment that have <u>adequate numbers of qualified, trained staff</u>.

Emergency Department Evaluations of Sexually Abused Children

- ERs can be frightening
- Evaluations are time consuming (space, professional)

- State of the art expertise, equipment and space are needed
- Peer review and ongoing education are essential

Qualifications of Child Sexual Abuse Examiners

Level I

Examinations are usually performed by level I examiners because of necessity, when an examination is needed without delay for availability of a more experienced examiner.

Level II

Their expertise is in recognition of acute injuries and clearly normal examinations.

Level III

These examiners have the highest level of training and experience.

Sites of Level III Examiners or Level II Examiners with Level III Peer Review

2. Counties commonly have a disjointed professional response to child abuse, due to lack of community and state protocols.

Effects of a Coordinated Response

- Better medical evaluations
- Children/families referred for needed services
- Increased mental health treatment

ALSO

- More effective investigations with less duplication of efforts
- Cases better prepared for adjudication/prosecution
- Increased protection of children
- Improved support and less unwarranted disruption of families
- Increased success of prosecution

3. Agencies and the public lack assurance that providers are qualified to perform the work they do.

Crime Victim Reimbursement

- Current system does not promote child receiving care for most qualified provider
- No current standards or qualifications for levels of providers
  - This effects level of care of children, as well as quality of information being provided to investigators and courts

Effects of Erroneous Interpretations of Sexual Abuse Exam Findings

- Failure to protect children
- Unwarranted removal of children
- Repeated examinations of children
- False accusation of adult
- Disruption of family
- Psychological distress

III.

SOME POSSIBLE SOLUTIONS

1. Lack of sites with adequate numbers of trained providers

- Regional Advocacy Centers (nine) for evaluations medical evaluations and crisis intervention

ALSO

Joint interviews
Coordinated evaluations by law enforcement agencies, DHHS, medical, and mental health
Coordinated with existing county MDT's

- Statewide training/continuing education of all professionals

Medical and mental health providers

ALSO

Law enforcement
DHHS
Prosecutors
Judges
Mandated reporters

- Reimbursement of medical and mental health professionals for time in court
  - Allows for more avalability for expert testimony
- Explore possibility of equipment for video testimony for rural sites

2. Disjointed community response by medical and mental health, as well as law enforcement, DHHS and prosecutors

- Mandated state protocols
- Financial incentives for a coordinated community response

3. Lack of assurance that providers are qualified

- Standards and/or certification of medical and mental health professionals, child forensic interviewers, and perhaps others
- Peer review of the medical evaluations of level I and II sexual abuse examiners
- Peer review for forensic interviews

Summary of Possible Solutions

1. Regional Children's Advocacy Centers (nine)
2. Statewide training and continuing education for all professionals
3. Medical and mental health reimbursement for time in court
4. Mandated state protocols
5. Financial incentives for coordination by community agencies
6. Standards and/or certification for medical and mental health professionals and forensic interviewers
7. Peer review of medical evaluations and forensic interviews