

The Effects of Abuse and Neglect/Role of the Child Protection Teams/CAPTA



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OBJECTIVES



Participants will be able to:

- Identify the long term effects of abuse and neglect
- Understand the roles of the Child Protection Teams
- Understand the role the Child Protection Teams in implementing CAPTA requirements



During the past two year period the Child Protection Teams have served 9,703 children under the age of 36 months

Developmental Screening Requirements

CAPTA:

Child Abuse Prevention & Training Act

IDEA – Part C

Individuals with Disabilities Education Act
Infants & Toddlers with Disabilities

CAPTA



Enacted in Public Law in 1974.

Provides federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities related to child maltreatment.



The Child Abuse Prevention and Treatment Act (CAPTA) in conjunction with Part C of the IDEA 2004 amendment requires that children under the age of three be referred for early intervention services under Part C if the child:

- (1) is involved in a substantiated case of child abuse or neglect; or
- (2) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.



Impact of Trauma on child development



KEY CONCEPTS OF CHILD DEVELOPMENT



- During pregnancy, the basic architecture of the brain is formed.
- Biology wires the brain for learning
 - ❖ The groundwork is laid in the first years
- The brain is not fixed, but flexible
 - ❖ Plasticity – The brain’s ability to change as a result of experience.
- Early environments matter - *positive early experiences are essential to healthy development in children*
- Human relationships are the building blocks of development- the **give and take** between infant and adult caregiver
- **The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection**

CONTRIBUTORS TO DEVELOPMENT



Child functioning is shaped by the interplay of risk and protective factors:

GENETICS

Chromosomal Disorders

PHYSICAL/MEDICAL

Neurological Disorders

Chronic Illness

Birth Defects

TEMPERAMENT

BEHAVIORAL DISORDERS

ENVIRONMENTAL FACTORS

Family

Poverty

Lack of Family
Supports/Isolation

Violence

Child Abuse & Neglect

Community

Poor Access to Health
Care

Limited Community
Support

Systems/Isolation

Neighborhood Safety

Brain Development



- When babies' cries bring food or comfort, they are strengthening the neuronal pathways that help them learn how to get their needs met, both physically and emotionally.
- Babies who do not get responses to their cries, and babies whose cries are met with abuse, learn different lessons.

Levels Of Stress (Trauma)



- **Positive Stress:** moderate, short-lived, important aspect of healthy development, occurs in context of safe, warm, supportive relationships
- **Tolerable Stress:** could potentially disrupt brain architecture but typically buffered by supportive adults/environment facilitating adaptive coping

Toxic Stress/Trauma



- **Toxic Stress:** strong, frequent, and /or prolonged in absence of supportive adults such as circumstances of abuse/neglect
- leads to stress management systems that respond to lower thresholds and increases risk of stress-related physical and mental illness
- its persistent effects on the nervous system and stress hormone systems can damage developing brain architecture and lead to lifelong problems in learning, behavior, and physical and mental health.

Trauma & the Young Child



- **Myth:** the younger the child who is the subject of or witness to violence the less the impact the event will have on the child.
- **Reality:** clinical evidence suggests that young children do not forget what they have witnessed and that they have an extraordinary capacity to recall traumatic events.

Children can be exposed to violence **directly** as victims of child maltreatment and **indirectly** as witnesses to domestic violence, school violence, community violence, and child maltreatment.

Impact of Stress



Studies have shown that "... the overwhelming stress of maltreatment experiences in childhood is associated with alterations of biological stress systems and with adverse influences on brain development"

(DeBellis, et al., 1999).

Adverse Childhood Experiences



- **Kaiser Permanente-CDC Study**
 - **Over 17,000 participants**
 - **Retrospective study of adverse childhood experiences**
- **What are ACEs?**
 - **Child Abuse: physical, sexual, emotional; neglect**
 - **Mental Illness/Substance Abuse in household member**
 - **Witness to family violence**
 - **Loss of parent either via death or abandonment (includes divorce or incarceration)**
 - **Incarceration of any family member**
 - **Household/Community safety**

Consequences of Child Maltreatment



Child Maltreatment

Health-risk behaviors

- * Sexual promiscuity
- * Sexual perpetration
- * Alcohol abuse
- * Illicit/injected drug use
- * Smoking
- * Behavior problems

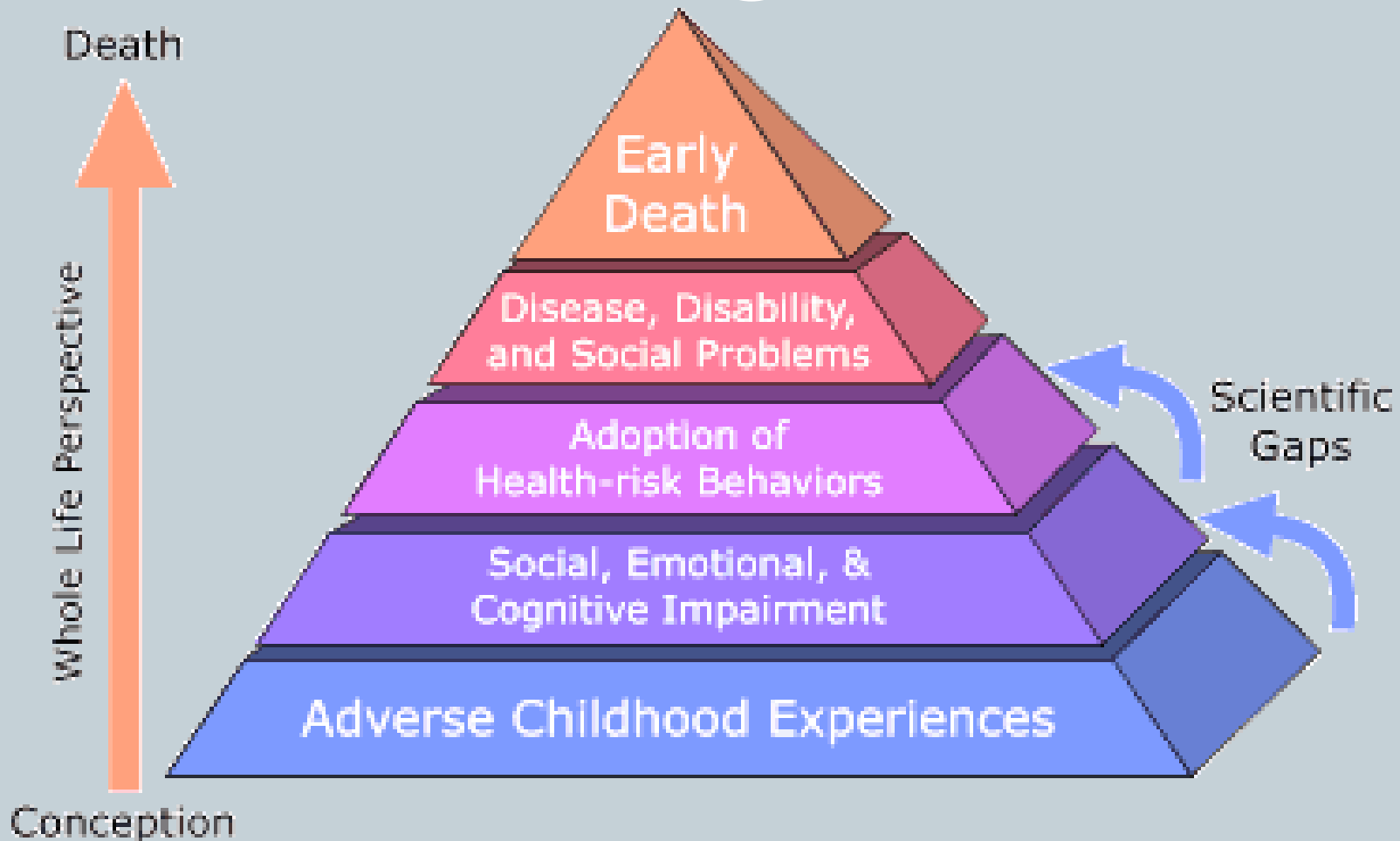
Mental/Social Problems

- * PTSD
- * Depression
- * Anxiety
- * Eating disorders
- * Neurobiological
- * Academic achievement
- * Unwanted pregnancy
- * Obesity

Disease and Injury conditions

- * Ischemic heart disease
- * Diabetes
- * Stroke
- * Cancer
- * Suicide
- * Skeletal fractures
- * Chronic bronchitis/
emphysema
- * STDs (e.g., HIV)
- * Hepatitis

Adverse Childhood Experiences





- National studies indicate that children who have been reported as abused or neglected are more likely to have a development delay or other learning problems than their non-abused peers.

Intersection of maltreatment and identified health conditions for infants and toddlers:

- ❖ identified health conditions such as developmental delays and established health concerns are both **risk** factors and **outcomes** of child maltreatment.
- ❖ children with disabilities are at higher risks of being maltreated
- ❖ developmental outcomes of maltreated infants and toddlers include physical, cognitive and neurological consequences

Reciprocal Relationship
Between
Developmental Delay and Child Maltreatment



MANY OF THE PHYSIOLOGICAL AND
DEMOGRAPHIC FACTORS THAT
INCREASE THE RISK FOR A CHILD
TO HAVE DEVELOPMENTAL DELAYS
ARE THE SAME FACTORS THAT
INCREASE A CHILD'S RISK FOR
BEING MALTREATED.

Child Protection Team Program

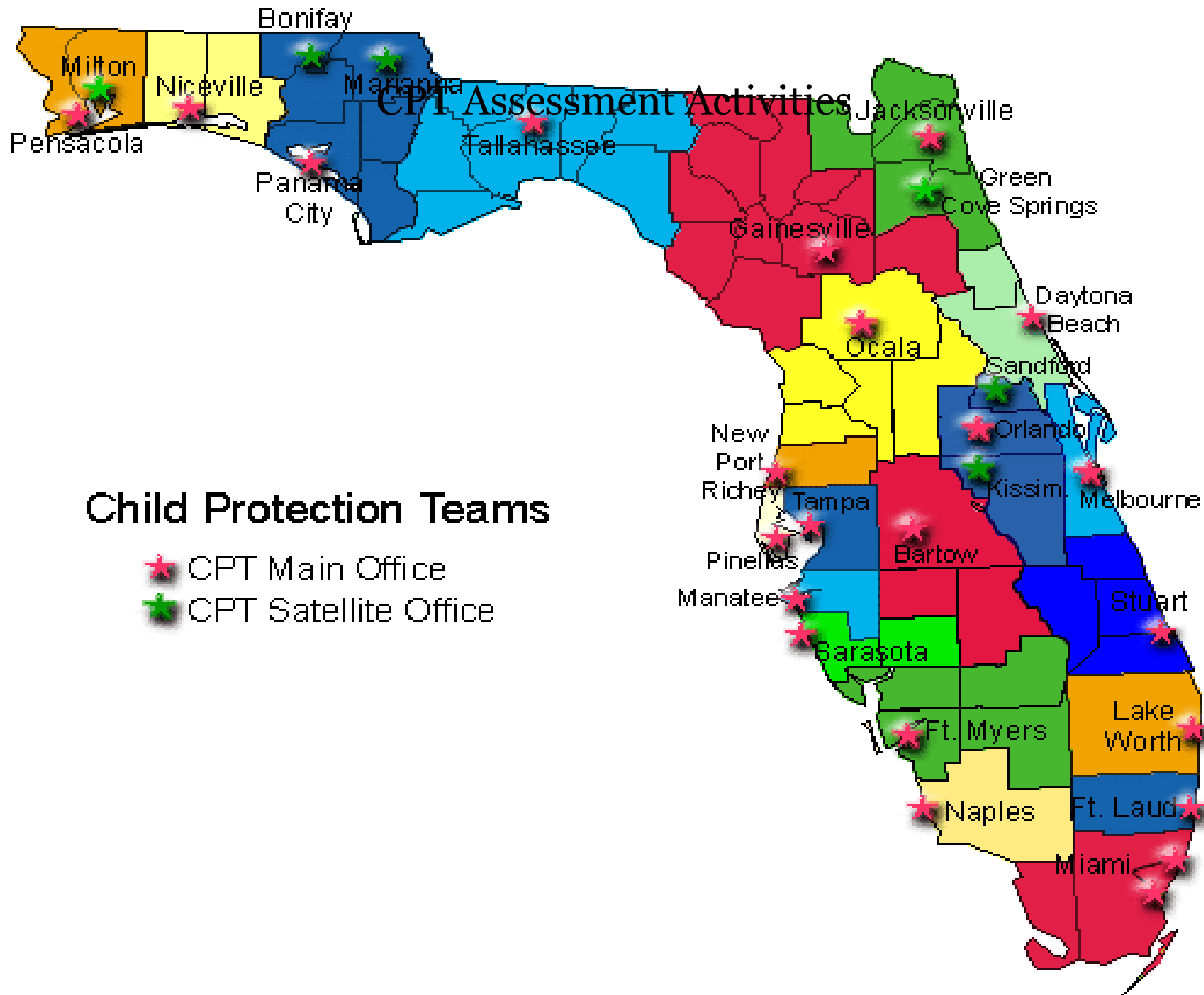


A MEDICALLY DIRECTED,
MULTIDISCIPLINARY PROGRAM
BASED ON THE IDEA THAT CHILD
ABUSE AND NEGLECT INVOLVE
COMPLEX ISSUES AND REQUIRE
THE EXPERTISE OF MANY
PROFESSIONALS TO PROTECT
CHILDREN.

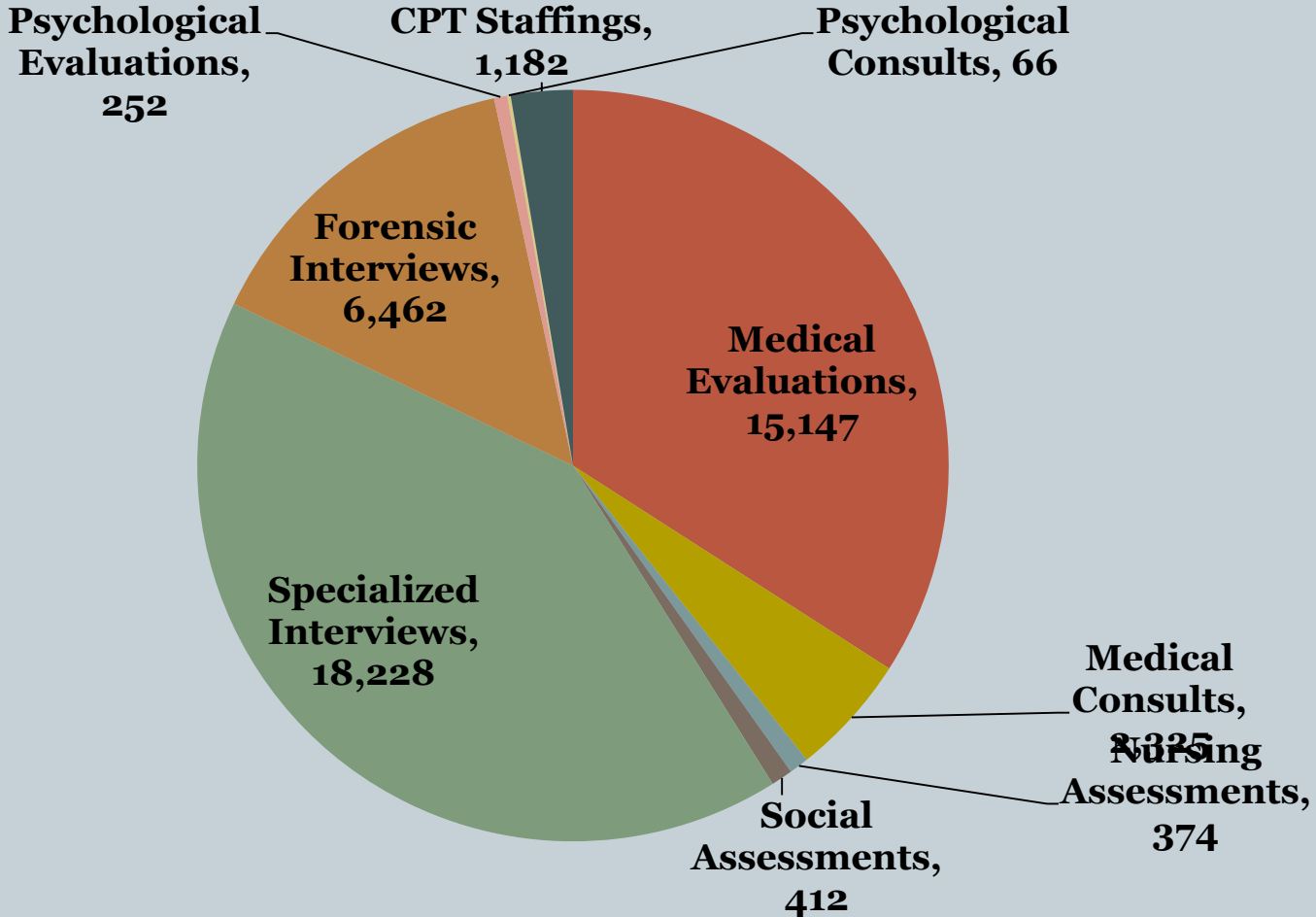
Child Protection Team Services



- ❖ Medical Evaluations
- ❖ Forensic & Specialized Clinical Interviews
- ❖ Family Psychosocial Assessments
- ❖ Psychological Evaluations
- ❖ Multidisciplinary Staffings
- ❖ Case Service Coordination
- ❖ Expert Court Testimony
- ❖ Consultation and Training



CPT Assessment Activities (FY 11-12)



Kayla McKean

Child Protection Act (1999)



- ❖ Resulted in major changes to the reporting and investigation process of alleged child abuse
- ❖ Mandated that child protective investigators refer certain cases to CPTs for medical evaluations and other assessment services
- ❖ Established mandatory referral criteria (law was modified in 2000 to include certain exceptions)
- ❖ Required that Child Protection Team Medical Directors and Team Coordinators review all abuse reports to determine if they met the mandatory referral criteria.

Mandatory Referral Criteria



Abuse reports that must be referred to CPTs include cases involving allegations of:

- ❖ Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age
- ❖ Bruises anywhere on a child five years of age or younger
- ❖ Sexual abuse of a child
- ❖ Reported malnutrition or failure of a child to thrive

Mandatory Referral Criteria (continued)



- ❖ Any sexually transmitted disease in a prepubescent child
- ❖ Reported medical neglect of a child
- ❖ Symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected
- ❖ Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home

CPT Telemedicine & Telehealth Network



Goals:

- ❖ Increase local medical expertise in evaluating child abuse
- ❖ Provide hospital emergency room and other local health care facility staff access to experts in child abuse
- ❖ Reduce the number of children needing transportation for evaluation



❖ **PHYSICIAN**

BOARD CERTIFIED PEDIATRICIAN WHO SPECIALIZES
IN CHILD ABUSE

or

❖ **ADVANCED REGISTERED NURSE
PRACTITIONER
(ARNP)**

WHO WORKS UNDER THE DIRECTION OF THE
PEDIATRICIAN

How is Florida Complying with Federal Referral Requirements?



- Interagency Agreements
- Staff training (child development, developmental screening tools, and referral process)
- Agreements between DCF/CBC, local ES office, and Child Protection Teams

Interagency Agreement



**THE FLORIDA DEPARTMENTS OF
CHILDREN AND FAMILIES
and
HEALTH, CHILDREN'S MEDICAL SERVICES,
EARLY STEPS**

PURPOSE:

- Ensure that children under the age of three involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred to the local Early Steps
- Include Child Protective Investigators, Sheriff's Protective Investigators, Community Based Care Lead Agencies and Local Early Steps.
- Describes referral procedures for early intervention services provided through the Part C system under the Individuals with Disabilities Education Act (IDEA).

Local Inter-Agency Agreements



Between:

Early Steps

DCF (Circuits)

Community-based Care Providers

Child Protection Teams

Purpose: Defines details of the referral process

Clarifies information loop

Defines responsibilities of the local CPT,
DCF/CBC and ES offices



Child Protection Teams

- All infants and toddlers seen by a CPT will receive a developmental screening
- All infants and toddlers with screening indicators will be referred to Early Steps

**Required: Modified Early Steps Developmental
Screening Checklist**

DEVELOPMENTAL SCREENING
EARLY STEPS (ES) CHECKLIST

This checklist is used to determine if an infant or toddler, birth to 36 months of age, has a condition or concern that may make the child eligible for early intervention. If you are concerned that a child has one or more of the conditions listed, you should consider referring the child to Early Steps. A copy of the ES Checklist and Referral Form must be included in the CPT case file.

Child's Name _____ Date of Birth _____ Age _____
 Parent/Caregiver Name _____ Telephone _____
 Address _____
 City _____ State _____ Zip Code _____

C o e r t I f I e d C o n d I t i o n s	SECTION 1
	<input type="checkbox"/> Hearing Impairment
	<input type="checkbox"/> Visual Impairment/blind
	<input type="checkbox"/> Chromosome anomaly
	<input type="checkbox"/> Neurological condition
	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Physical abnormality/abnormal movement	
<input type="checkbox"/> Other _____	

SECTION 3
<input type="checkbox"/> Feeding/Eating difficulty
<input type="checkbox"/> Shaken Baby/Traumatic Brain Injury
<input type="checkbox"/> Chronic illness
<input type="checkbox"/> Child in hospital or recent hospitalization
<input type="checkbox"/> Child extremely underweight or appears malnourished
<input type="checkbox"/> Lack of eye contact or lack of interest in interaction with parent/caregiver

D e v e l o p m e n t a l D e l a y s	SECTION 2
	<input type="checkbox"/> 3 months and child does not watch moving objects or respond to sounds
	<input type="checkbox"/> 6 months and unable to roll over
	<input type="checkbox"/> 9 months and unable to sit alone
	<input type="checkbox"/> 12 months and unable to crawl
	<input type="checkbox"/> 15 months unable to stand alone
	<input type="checkbox"/> 15 months and unable to hold a cup
	<input type="checkbox"/> 18 months and has no speech or only babbles
	<input type="checkbox"/> 18 months and unable to walk
	<input type="checkbox"/> 24 months and unable to use objects like crayons or spoons
	<input type="checkbox"/> 24 months and does not engage in play or social interaction
<input type="checkbox"/> _____	

EARLY STEP REFERRAL FORM

**WHEN MAKING A REFERRAL TO LOCAL ES
PROGRAM PROVIDE A COPY OF THE
ES CHECKLIST AND THE REFERRAL FORM**

Referring Agency: _____

Reason for referral:

Date of referral: _____

CPT Staff/Phone Number _____

CPT DEVELOPMENTAL SCREENING 7/1/2010 – 6/30/2012

During the two year period the Child Protection Teams (CPTs) have completed Developmental Screening:

- A total of 11,859 children under 36 months of age were served by the teams.
- 9,703 children met the criteria for screening.
- 5,425 children were screened
- 957 children met the referral criteria and were referred to the local ES office.