TWO THOUSAND AND NINETEEN

South Carolina Children's Advocacy Medical Response System

ANNUAL PROGRAM SERVICES REPORT


"If we don't stand for children, then we don't stand for much."
- Marian Wright Edelman

Our Vision

A framework for best practices in pediatric forensic medical care across South Carolina

Our Mission

To provide and administer a comprehensive resource system to assist the state's children's hospitals and the South Carolina Network of Children's Advocacy Centers with the development and sustainability of a consistent quality standard of care and practice, in the delivery of medical services to children with concerns for maltreatment

Our Team

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Medical Leadership Team

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From the desk of the SCCAMRS Medical Director

Fifteen years, and counting… 2004-2019

As I prepared this annual report, I looked back at the 15-year history since the founding of our program. The South Carolina Children's Advocacy Medical Response System was created to address the shortage and training of medical providers specializing in the medical evaluation of child abuse and neglect (CAN), and the disparity in the quality and delivery of these services. With these goals in mind, the program started with the establishment of educational and training guidelines for primary care providers willing to participate in the medical evaluations of children with CAN concerns. Simultaneously, clinical practice guidelines based on evidence informed research, as well as a standardized medical assessment tool, were developed to medically assess these children. This tool facilitated the creation of a HIPAA[1] compliant database, where the statewide collection of demographic, medical and social history of the children evaluated by the participating providers is centralized. The database also provides key indicators of standards and best practices in the delivery of medical services, and tracks the strengths and areas of medical need within each state region. The development of the database dovetailed with the implementation of a medical forum for child abuse morbidity and mortality case conference and a continuous quality improvement program.

With the advent of the accredited medical sub-specialty of Child Abuse Pediatrics in 2009, the program added physicians who have completed an additional 3 years of training, beyond their 3-year Pediatrics residency, to master the clinical skills and experience to evaluate children who may be victims of maltreatment, and receive board certification in this sub-specialty. Ten (10) years later, we have twenty-four (24) highly trained child abuse medical providers in the state. Eight (8) of these providers are board certified / eligible child abuse pediatricians. The state's children's hospitals now have access to board certified child abuse pediatricians for consultation where child abuse is suspected. We have doubled the number of trained clinicians as well as the medical evaluations provided. Two-thirds of these trained clinicians are dedicated full time providers in child abuse. All have extensive training in child abuse medicine, proper collection of evidence, child abuse law and related judicial processes. They work closely with Children's Advocacy Centers, The South Carolina Department of Social Services (SC DSS), law enforcement agencies, solicitors and defense attorneys in the assessment, investigation and prosecution of child abuse. They also provide medical expert testimony for family and criminal court proceedings.

[1] Health Insurance Portability and Accountability Act

The system has a solid educational and training component. Through the years, we have provided training to SC DSS new intake workers, caseworkers and supervisors. Similarly, numerous state trainings have been offered to law enforcement agencies, coroners, the South Carolina Commission on Prosecution and community physicians and nurses in child sexual abuse, physical abuse, abusive head trauma, child abuse fatalities, and drug endangered children. An online educational offering was also developed on Mandated Reporting for the Healthcare System. The presence of our medical providers at multidisciplinary team meetings conducted in children's advocacy centers has allowed, as well, for ongoing education on the medical aspects of maltreatment for all the different disciplines in attendance.

We have a strong collaboration with The University of South Carolina Children's Law Center to meet training needs of state agencies, as well as member participation in the South Carolina Children's Justice Act Task Force (SC CJA) for the development and implementation of practice protocols to improve the investigation, prosecution and judicial handling of CAN cases. A recent result of this SC CJA membership was our collaboration in the development of the South Carolina Child Abuse Response Protocol to address the multidisciplinary team investigation and prosecution of child abuse, neglect and sexual exploitation.

The program has a legislative advocacy footprint with the objective of addressing barriers to the delivery and sustainability of medical services. By educating state lawmakers and agencies, the goal is to effect system-wide change, and, ultimately, enhance the well-being and quality of life for children with allegations of maltreatment. One highlight of such advocacy was the passing of legislation allowing SC DSS to share case information directly with the SCCAMRS medical providers. When a child is receiving a medical evaluation for abuse or neglect, this law removes a substantial barrier to overall care and enhances collaboration with the agency. Another significant legislative amendment was the addition of a child abuse pediatrician as a member and medical representative to the State Child Fatality Advisory Committee and the county coroners' local child fatality review teams. Similarly, the National Conference of State Legislatures highlighted South Carolina for enacting law – SC § 63-7-400 – establishing SCCAMRS as the statewide program for the coordination of statewide medical service resources in response to child abuse investigations.

Looking ahead…

During the last quarter of 2019, the Program began to explore the development of a Child Abuse Pediatrics telehealth network – TeleCAP, to further increase access to child abuse medical services for program-identified areas of need, particularly rural districts. A pilot project to deploy telehealth services to Orangeburg and York County is currently being implemented to serve these counties. This initiative will provide services to the Calhoun, Fairfield, Chester and Lancaster counties as well.

Olga C. Rosa, MD FAAP

June 2020

Common Terms

Pediatric Forensic Medical Evaluation

Consists of a complete and thorough medical history from the child (if verbal) and caregivers and a head to toe physical examination, including the anogenital area. The evaluation may also include diagnostic laboratory tests, radiology studies and photo-documentation of findings, if applicable.

Purpose:

- To assess the physical, developmental, behavioral and mental health of the child and identify unmet needs
- To evaluate the child's clinical findings or injuries and determine if such findings are physical evidence of abuse or from a non-abuse related medical condition
- To screen for sexually transmitted infections (STI), when appropriate, to diagnose and treat if an infection is identified and then to interpret the significance of such infections for investigatory agencies
- To answer questions about the child's physical wellbeing, and possible prognosis or outcome and provide recommendations for treatment
- To provide accurate documentation for legal purposes and explain to investigatory agencies, a lay jury and judge the results of the evaluation and medical opinion as to the likelihood of abuse. Also, in the absence of physical findings, provide expert opinion or testimony to explain this lack of medical evidence.

Acute Sexual Assault and Forensic Evidentiary Exam

A child 11 years of age or younger presenting within 72 hours or an adolescent presenting within 96 hours from an incident of sexual assault require an emergent exam for evidence collection[2] and to identify, document and assess anogenital injuries. This evidentiary exam is usually conducted in hospital emergency rooms by trained hospital staff or a Sexual Assault Nurse Examiner[3] (SANE).

[2] Formerly known as a rape kit

[3] A SANE with a pediatric designation/certification (SANE-P) is a registered nurse who has received education and clinical training in the collection of forensic evidence, and treatment of the immediate needs of the sexually assaulted pediatric and adolescent victim (17 years of age and younger)

More Common Terms

Foster Care Entrance Evaluations

At the request of the SC Department of Social Services (DSS), upon entering the Foster Care System, a child receives a comprehensive medical evaluation to assess his/her physical and mental health as well as developmental and behavioral needs.

Child Abuse Pediatrician (CAP)

A physician with training, experience and skills in evaluating children who may be victims of abuse or neglect after completing the 3-year Child Abuse Pediatrics subspecialty.

SCCAMRS Qualified Medical Provider

A physician, nurse practitioner or physician assistant who has completed the training standards set forth by the program to participate in the delivery of CAN medical evaluations. These providers come from specialties such as General Pediatrics, Family Medicine, Emergency Medicine or Acute Primary Care. Properly training these providers to perform forensic medical evaluations for non-complex physical and sexual abuse cases and participate in court proceedings takes an average of six (6) to twelve (12) months.

Children's Advocacy Center (CAC)

A multidisciplinary, child-centered approach to the investigation, assessment and treatment of suspected victims of abuse through the coordinated provision of forensic interviews, medical evaluations, mental health assessments/counseling, victim advocacy services and case review.

Multidisciplinary Team (MDT)

The cornerstone of the Children's Advocacy Center. A group of professionals from specific disciplines - Law Enforcement Agencies, CPS case workers, medical providers, mental health providers, victim advocates and prosecutors who collaborate from the point of report and throughout a child and family's involvement with the judicial system.

Services Provided in 2019

24 Healthcare Providers

8 Child Abuse Pediatricians

16 SCCAMRS Qualified Medical Providers

4,400 Evaluations

4,156 Forensic Medical Evaluations

139 Acute Sexual Assault Evaluations

105 Foster Care Entrance Evaluations

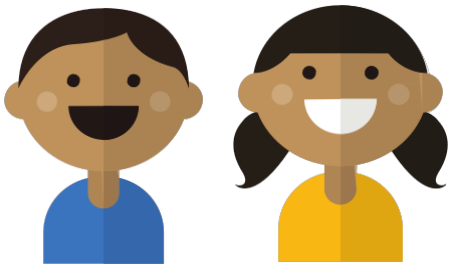
Evaluations were performed at

3,560 Children's Advocacy Centers

840 Children's Hospitals & Affiliated Clinics

4,287 children seen

Demographics

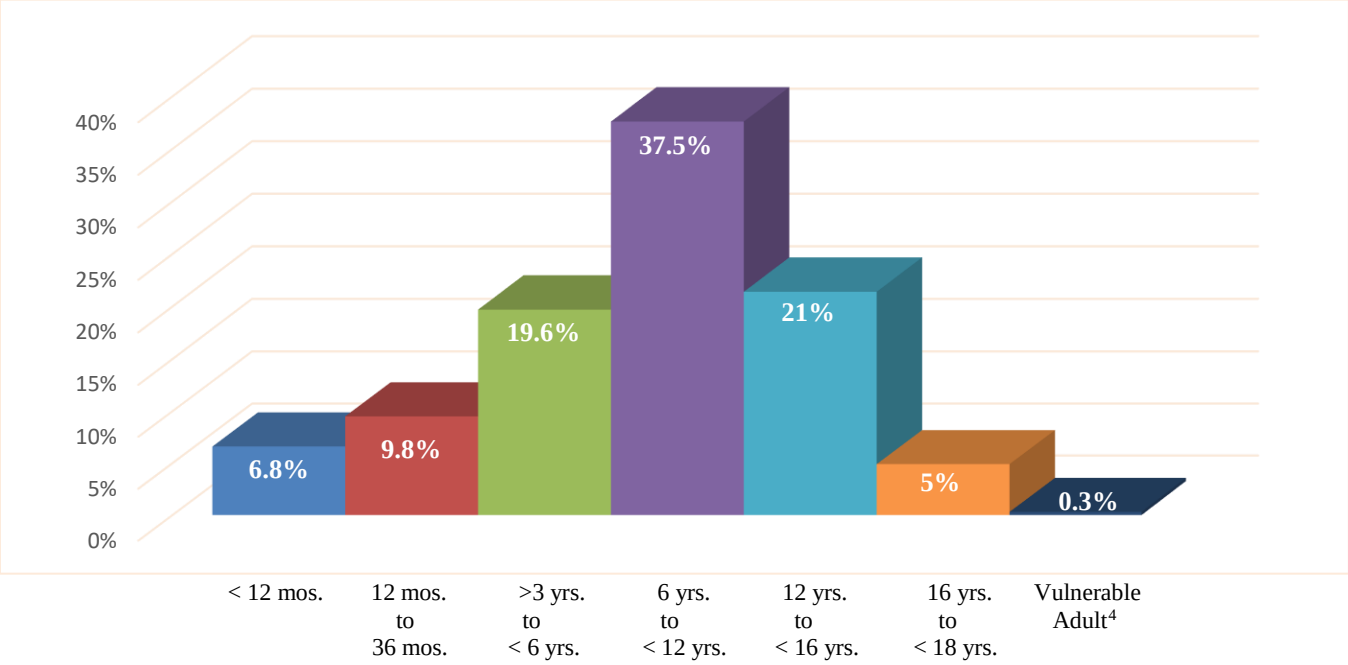


During the 2019 calendar year, 4,287 children were seen for pediatric forensic medical evaluations. These children span the 46 counties of the state and include 19 children whose primary residence is out of state. *Forty percent* of these children have a *prior history* with the *SC Department of Social Services*; while ten percent of the children seen in our state medical system have at least one additional evaluation for a different incident of maltreatment.

Age & Gender

- *Children aged 0-12 years* make up *74%* of the population seen, with approximately *2 out of every 5 children being five years of age and younger*.

- Sixty-one percent or 2,597 of the children were females.

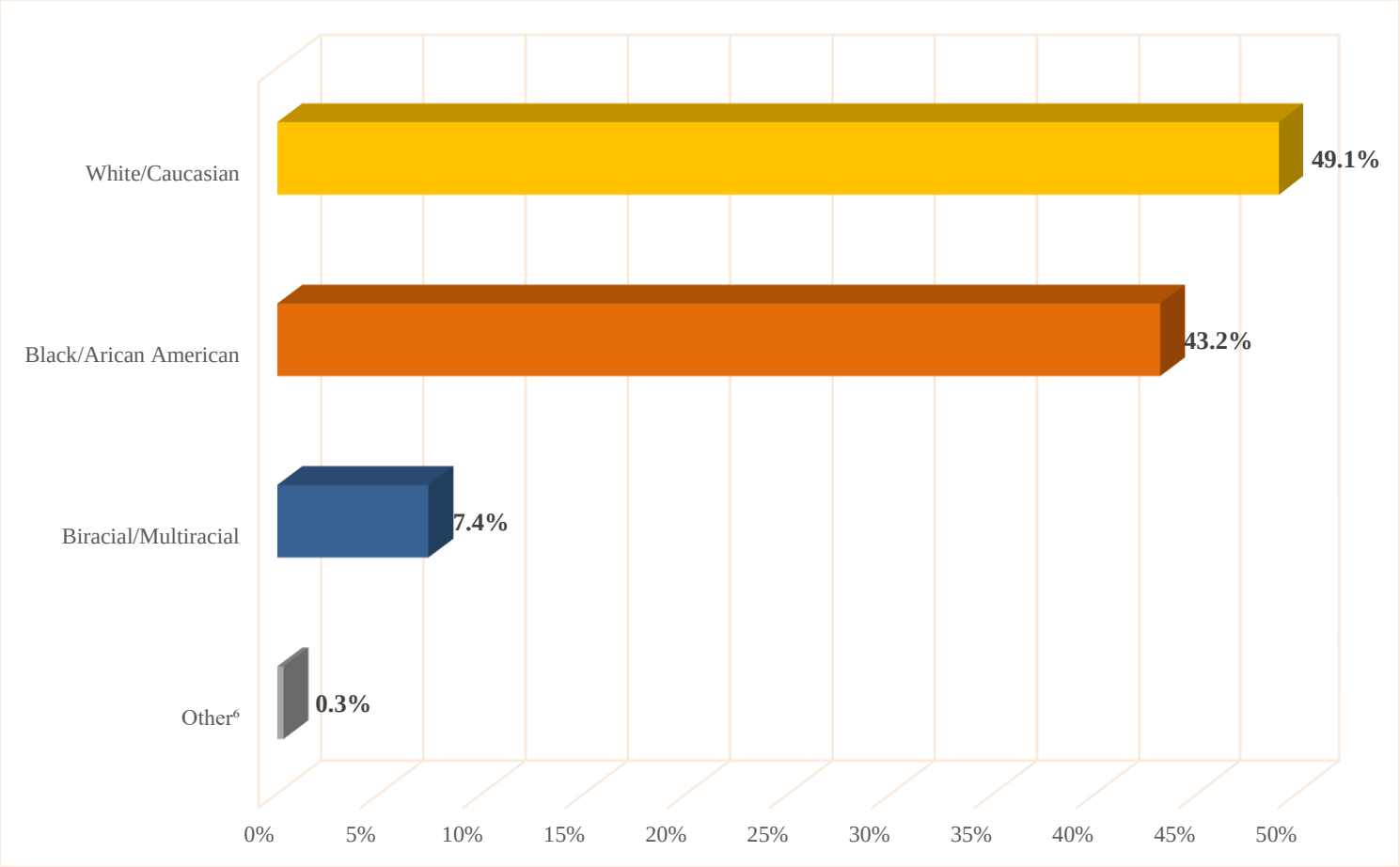


[4] A vulnerable adult is a person 18 years of age or older with an intellectual or physical disability that impairs him/her from adequately providing for his/her own care or protection. (SC Code §43-35-25)

Race

Approximately *2 out of every 5 children* seen are *Black/African American*, while in the general population of children ages 0-17 this racial group is approximately 1 out of 3 children[5], indicating that this population group is over represented in the state agencies' referrals for forensic medical evaluations.

- Approximately 10% of children evaluated were reported of Hispanic ethnicity.



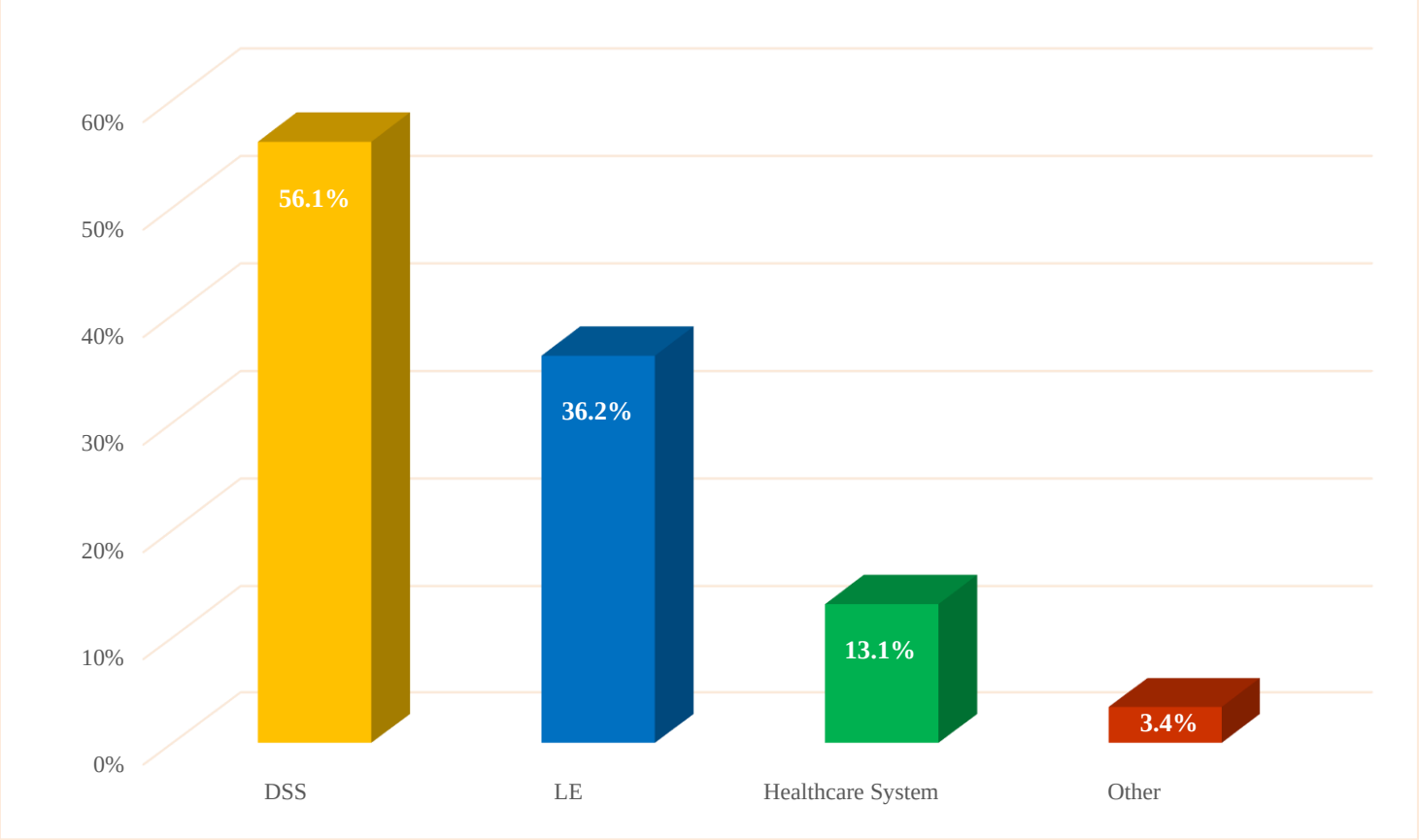
[5] The Annie E. Casey Foundation. (2018) Retrieved from Kids Count Data Center: https://datacenter.kidscount.org/

[6] Other – American Indian / Alaska Native, Asian, or Native Hawaiian / Pacific Islander

Referral Sources

A request for a forensic medical evaluation most typically comes from a state agency statutorily mandated to investigate child abuse and neglect, i.e. SC DSS or Law Enforcement (LE) agencies. In other instances, the concern for abuse is identified first through contact with the healthcare system – emergency rooms, urgent care centers and pediatricians' offices, prompting a report for suspected abuse or neglect to these same agencies. The agencies request or refer the child with the concern for abuse or neglect to the local Children's Advocacy Center or Children's Hospital, where they are then evaluated by a SCCAMRS Child Abuse Pediatrician or program–qualified medical provider.

Eighty-five percent of all referrals for forensic medical evaluations were *requested by a LE Agency and/or DSS.*[7]



[7] A case may have more than one agency or source referring for services; e.g., DSS and LE simultaneously referring a child for a forensic medical evaluation.

Referral Reasons

When a request for a forensic medical evaluation is made, the referral reason is documented as the maltreatment concern. A child may be referred for more than one concern.

Sexual Abuse

52%

Physical Abuse

43%

Neglect

19%

Other[8]

5%

15% of evaluations were referred for more than one maltreatment concern.

[8] Other referral reasons include Abduction/kidnapping, Brief Resolved Unexplained Event (BRUE), Death of a sibling or another child in household due to abuse/neglect, Emotional Abuse, Medical Child Abuse (formerly known as Munchausen Syndrome by Proxy), or Witness to Abuse/ Violence

Medical Evaluation Outcomes

Child maltreatment is a medical diagnosis arrived at after completing a comprehensive forensic medical evaluation. Based on this evaluation, the healthcare provider renders a determination on the likelihood of abuse. This expert medical determination is documented in the evaluation report. State law allows for the report to be released to the investigatory agency who requested the evaluation.

SCCAMRS medical providers use three terms to convey the likelihood to which abuse or neglect may have occurred. The first term is **Indicated,** meaning the events and/or injuries outlined are specific to abuse or the child has made a clear statement of abuse. *Sixty-five percent* of evaluations completed were indicated as likely for abuse. As mentioned in the Demographics section, Black/ African American children are over represented in the referrals for medical evaluations; however, these children are found to be maltreated at a similar rate to White/Caucasian children (43% vs. 49%, respectively).

The second term is **Not Indicated**, meaning the injury or events outlined could be explained by a medical condition or by accidental means. During 2019, *twelve percent* of the evaluations were not indicated for abuse.

The third term is **Undetermined**, which means that the information gathered from the medical evaluation neither supports or rules out the possibility of abuse. *Twenty-three percent* of evaluations were reported as undetermined.

In cases where abuse has been "Indicated", a provider then determines the type of maltreatment to which the child has been exposed. Ninety-two percent of the time a child is indicated for the same type of maltreatment for which they were referred, leaving 8% indicated for a reason different than their referral reason. This most often means they were indicated for an additional maltreatment along with the original referral reason.

Types of Maltreatment

Once a SCCAMRS medical provider determines a child is a victim of abuse and / or neglect, the provider must then report the type of maltreatment identified. A child may also be found to have experienced more than one type of maltreatment, or have safety concerns that may place them at risk for additional maltreatment. There are three (3) major categories of maltreatment; Physical Abuse, Sexual Abuse (including child sex trafficking), and Neglect.

Sexual Abuse

44%

Physical Abuse

43%

Neglect

39%

Other[9]

9%

26% of evaluations were indicated for more than one type of maltreatment, with Neglect and Physical Abuse as the most common types occurring simultaneously.

22% of evaluations have safety concerns for additional potential maltreatment.

[9] Other types of maltreatment include Emotional abuse, Medical Child Abuse, and Contributing to the delinquency of a Minor

Working in the midst of a pandemic…

The advent of the Novel Coronavirus – COVID-19– in early 2020 has had a significant impact on all aspects of daily life, and the provision of healthcare services is no exception. Nonetheless, the SCCAMRS medical providers rose to the challenge; and together, we developed new guidelines which enabled us to continue providing CAN medical evaluations during the South Carolina state of emergency. Also, the child abuse pediatricians at each children's hospital maintained their 24/7 availability to assist the state agencies. A pilot project was rolled out in Richland, Lexington and York counties to provide real-time consultations to SC DSS case workers – a telehealth application, used during home visits for active investigations, designed to determine the urgency of medical evaluations while streamlining the referral process.

As I close this annual report, I want to note that SC DSS has experienced an average 44% decline[10] in CAN reports to their intake line for the months of March through May 2020, when compared to the previous year. Children are not in school or daycare or playing outside or seen by other family members or relatives. They are less visible to our frontline mandated reporters. The effects of this pandemic have certainly been far reaching, and more challenges may indeed be on the horizon. The SCCAMRS Program Office and its medical providers will be ready to recognize these challenges, and will dynamically adapt, and be creative and innovative in developing and implementing relevant strategies that will enable us to continue to maintain access to medical services in a safe, and child-friendly environment for the children of South Carolina.

[10] South Carolina Department of Social Services, Data and Resources. COVID-19 Stats. https://dss.sc.gov/about/data-and-resources/

"AS A MEDICAL PROVIDER, YOU WILL ENCOUNTER CHILD ABUSE IN YOUR PRACTICE, WHETHER THAT PRACTICE IS PEDIATRICS, FAMILY MEDICINE, OBSTETRICS & GYNECOLOGY, OR EMERGENCY MEDICINE.

GET COMFORTABLE ASKING QUESTIONS. YOU ARE THE FRONTLINE. AS SUCH, YOU MAY NOT ONLY IMPROVE A LIFE BEYOND THE PHYSICAL NEEDS OF THE CHILD, BUT YOU MAY ALSO SAVE A LIFE."

~ DR. OLGA C. ROSA

SOUTH CAROLINA

Children's Advocacy Medical Response System

Annual Report is created with data gathered by The South Carolina Children's Advocacy Medical Response System (SCCAMRS) from comprehensive forensic medical evaluations performed by Child Abuse Pediatrics medical providers across the state.

South Carolina Children's Advocacy Medical Response System (2020). *Annual Program Services Report 2019*. Available from www.sccamrs.org

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