


TWO THOUSAND AND TWENTY-ONE



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*



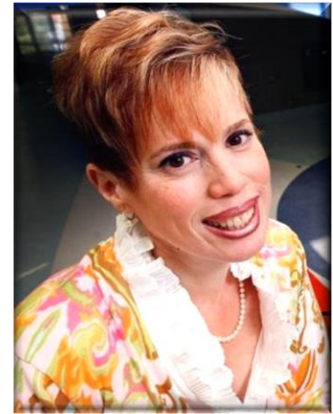
# Our Mission

*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*

## *From the desk of the State Medical Director*

### *Working in the New Normal...*

*April 2022*



March 2021 marked a year since the arrival of the Novel Coronavirus – COVID-19 – and the declaration of a public health emergency in our state. In that short period, we saw South Carolina and the world change in unexpected ways affecting the most basic aspects of daily life as well as the complex social structures that support children and families. Nonetheless, people, social support institutions and healthcare organizations rose to the challenge, transformed and adapted through creativity and innovation; emphasizing the ingenuity and breadth of the human mind. The South Carolina Children’s Advocacy Medical Response System (SCCAMRS) responded to challenges as well by developing and implementing relevant strategies to maintain access to medical services in a safe, and child-friendly environment. Our medical providers were still able to deliver a similar number of pediatric forensic medical evaluations as in 2020, with numbers approaching 2019 pre-pandemic levels by the last quarter of 2021.

The referral trends observed during 2020, such as the increase in requests for medical evaluations for child sexual exploitation/ trafficking, internet-associated crimes and children witnessing abuse or violence still persisted through 2021. While the referrals for evaluations for children exposed to parental substance use, or with injuries from excessive corporal punishment raised beyond the levels experienced during the COVID-19 pandemic in 2020. Similarly, the original rate increase noticed for supervisory neglect, as a diagnosed maltreatment type during the pandemic, did continue in 2021. However, the diagnosing rate for emotional abuse and/ or neglect increased further when compared to 2020.

This rate increase in emotional abuse or neglect parallels the state and nationwide call for action underlining the mental health crisis currently being experienced by children and adolescents. The far-reaching effects of the COVID-19 pandemic further exacerbated the shortage of wraparound mental health services for children and families. A multi-layered collaborative effort involving the healthcare system, local and state mental health organizations, advocacy groups, public and governmental sectors is needed, if we are to address this shortage and secure the wellbeing of our future generations. The SCCAMRS Program Office and its medical providers are willing and ready to be part of such efforts to enhance our state’s mental health response.

*Olga C. Rosa, MD FAAP*

*Associate Professor of Clinical Pediatrics*

*University of South Carolina School of Medicine*



# 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<sup>1</sup> 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<sup>2</sup> (SANE).

<sup>1</sup> Formerly known as a rape kit

<sup>2</sup> 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 the completion of a 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 medical evaluations for child abuse and neglect. 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 child 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 2021



**26 Healthcare Providers**

**8** Child Abuse Pediatricians

**18** SCCAMRS Qualified Medical Providers

*Plus...*

**10** Pediatric Sexual Assault Nurse Examiners (P-SANE)

**3,797 Evaluations**

**3,637** Forensic Medical Evaluations

**148** Acute Sexual Assault Evaluations

**12** Foster Care Entrance Evaluations

*Evaluations were performed at*

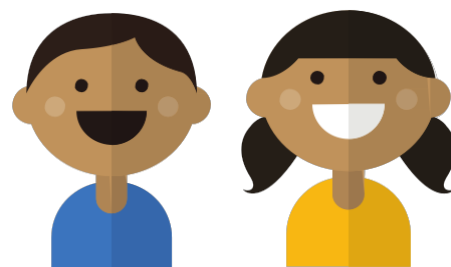
**2,733** Children's Advocacy Centers

**1,064** Children's Hospitals & Affiliated Clinics

**3,679 children seen**



# Demographics

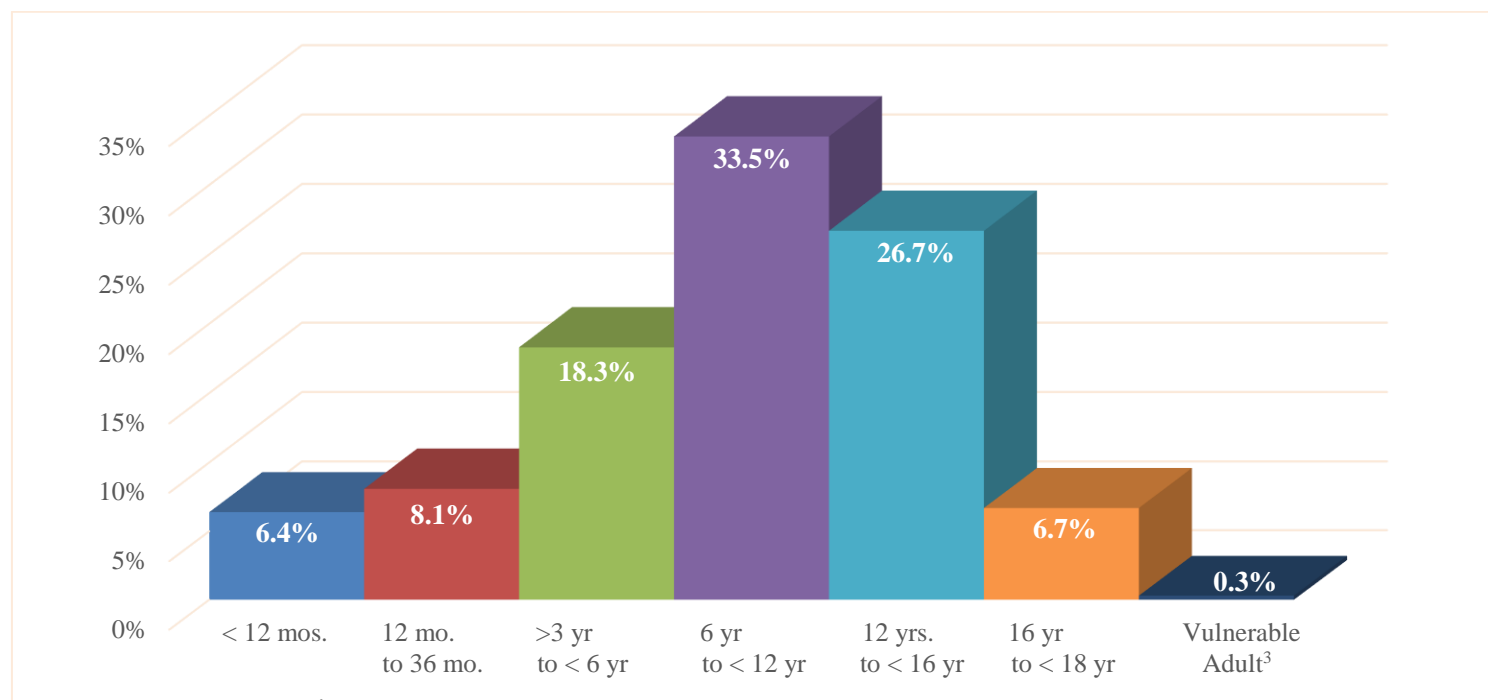


During the 2021 calendar year, 3,667 children were seen for pediatric forensic medical evaluations. These children span the 46 counties of the state and include 26 children whose primary residence is out of state. *Forty-four percent* of these children have a *prior history* with the *SC Department of Social Services*; while twelve percent of the children seen in our state medical system receive at least one additional evaluation for a different incident of maltreatment.

## Age & Gender

+ *Children aged 0-12 years* make up *two-thirds* of the population seen, with approximately *1 out of every 3 children* being five years of age and younger.

+ Sixty-four percent or 2,356 of the children were females.




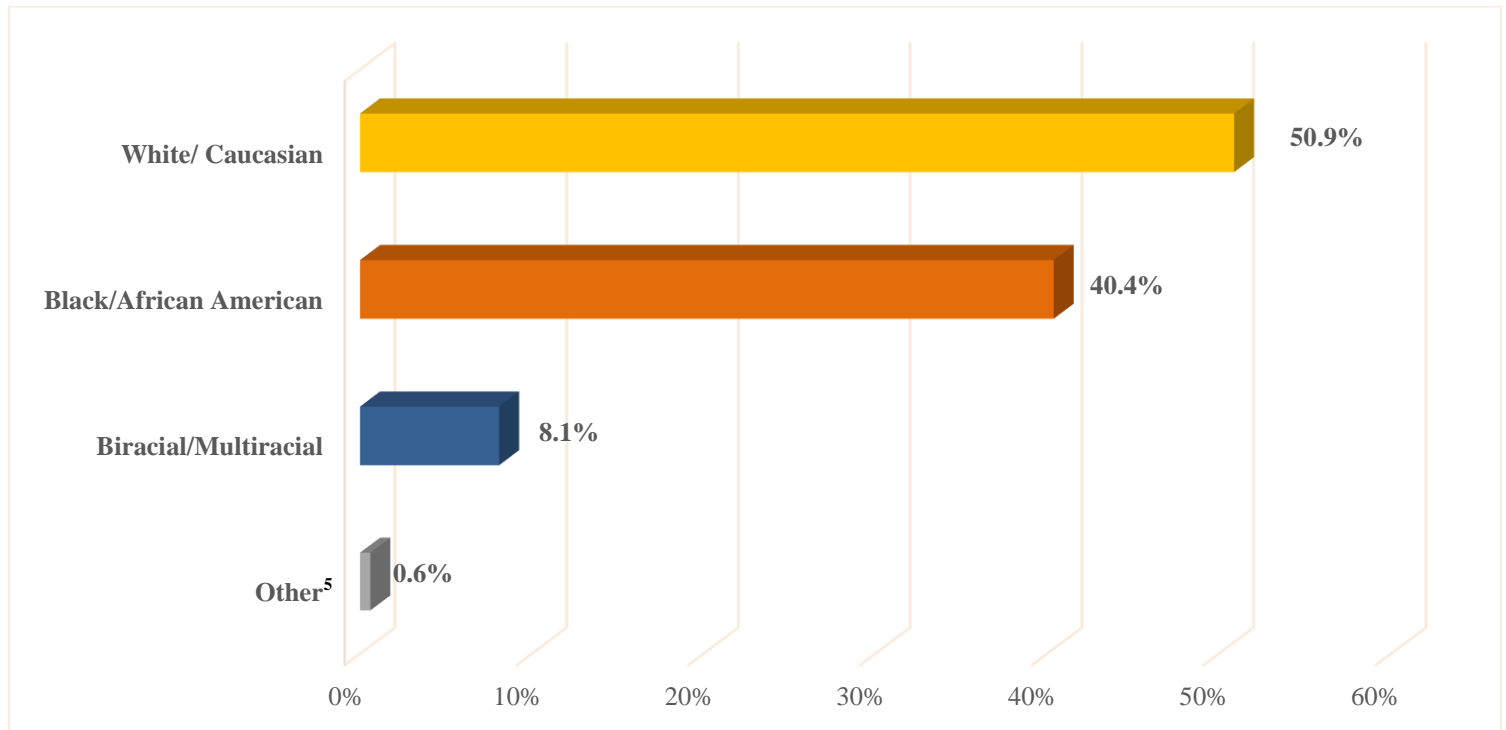
<sup>3</sup> A vulnerable adult is a person 18 years of age or older with an intellectual or physical disability that impairs him/her from adequately providing for his/her own care or protection. (SC Code §43-35-25)



# 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<sup>4</sup>, indicating that this population group is over represented in the state agencies' referrals for forensic medical evaluations.

 Approximately 9% of children evaluated were reported of Hispanic ethnicity.



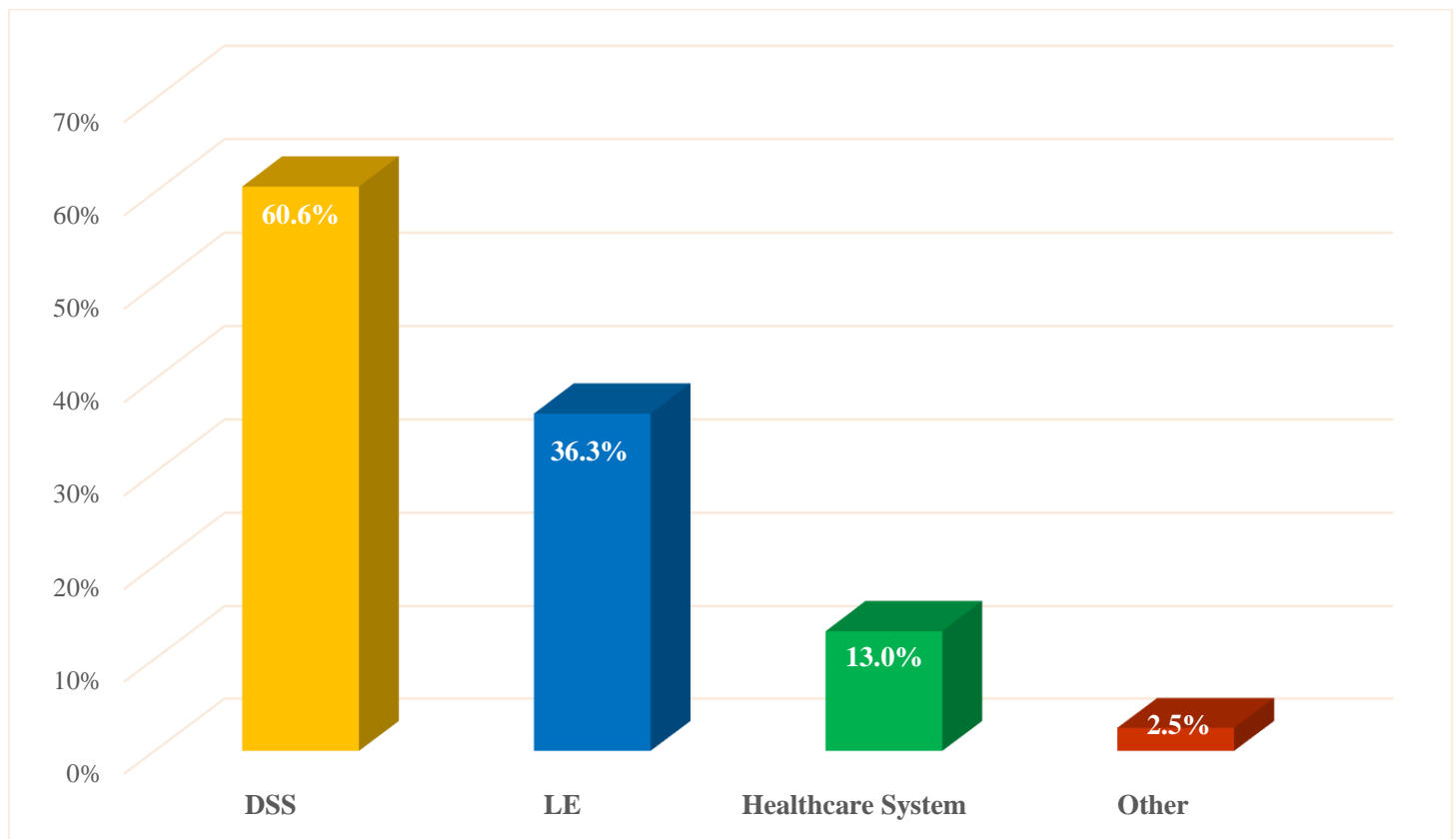
<sup>4</sup> The Annie E. Casey Foundation. (2019) Retrieved from Kids Count Data Center: <https://datacenter.kidscount.org/>

<sup>5</sup> 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.

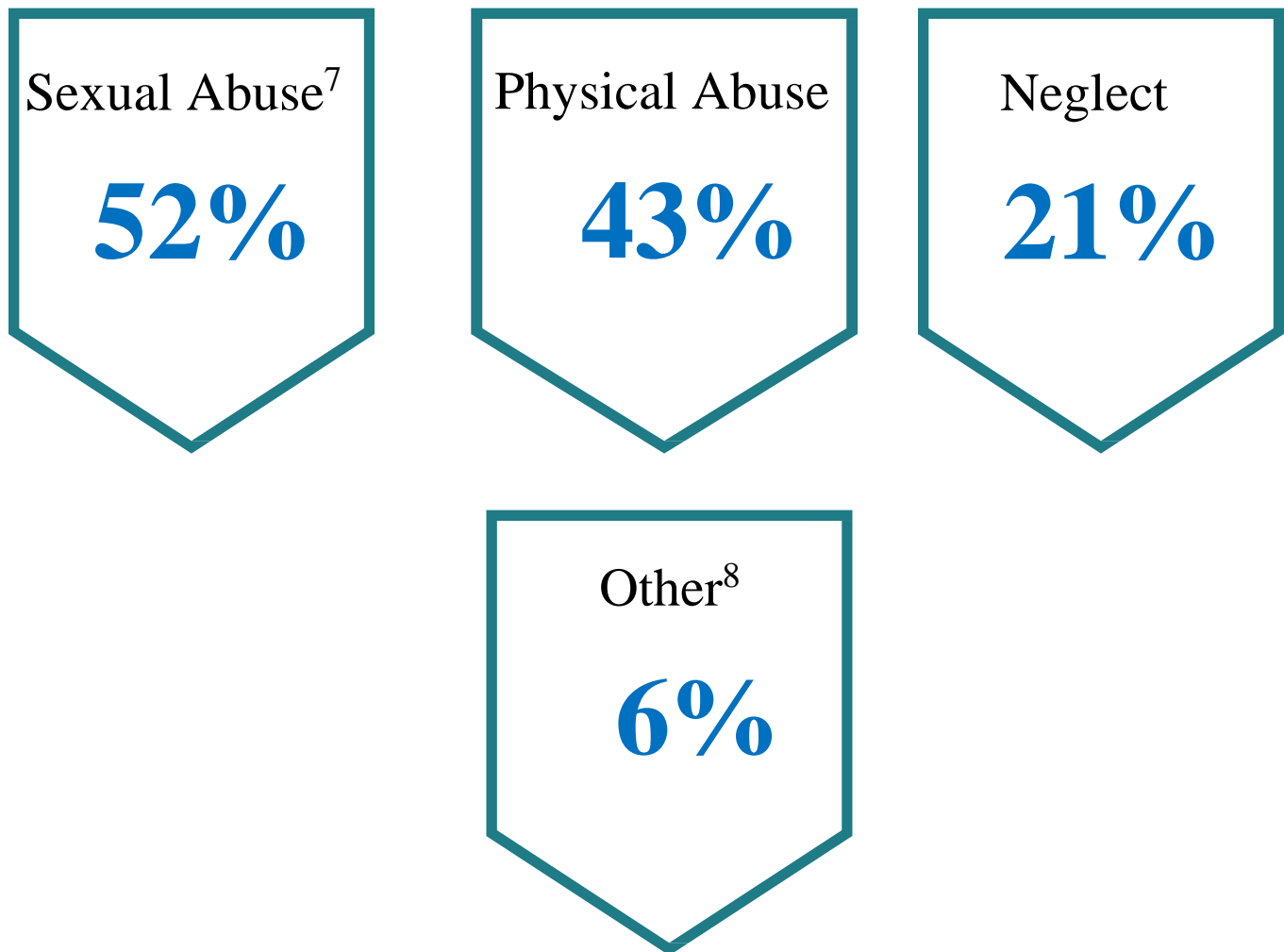
*Eighty-seven percent of all referrals for forensic medical evaluations were requested by DSS and/or a LE Agency<sup>6</sup>.*



<sup>6</sup> 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.



**19%** of evaluations were referred for more than one maltreatment concern.

<sup>7</sup> Includes child sex trafficking/exploitation (4% of sexual abuse referrals in 2021)

<sup>8</sup> 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), Witness to Abuse/ Violence or Exploitation into Pornography

# 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-eight 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 (72% vs. 67%, 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 2021, *fourteen percent* of the evaluations were not indicated for abuse.

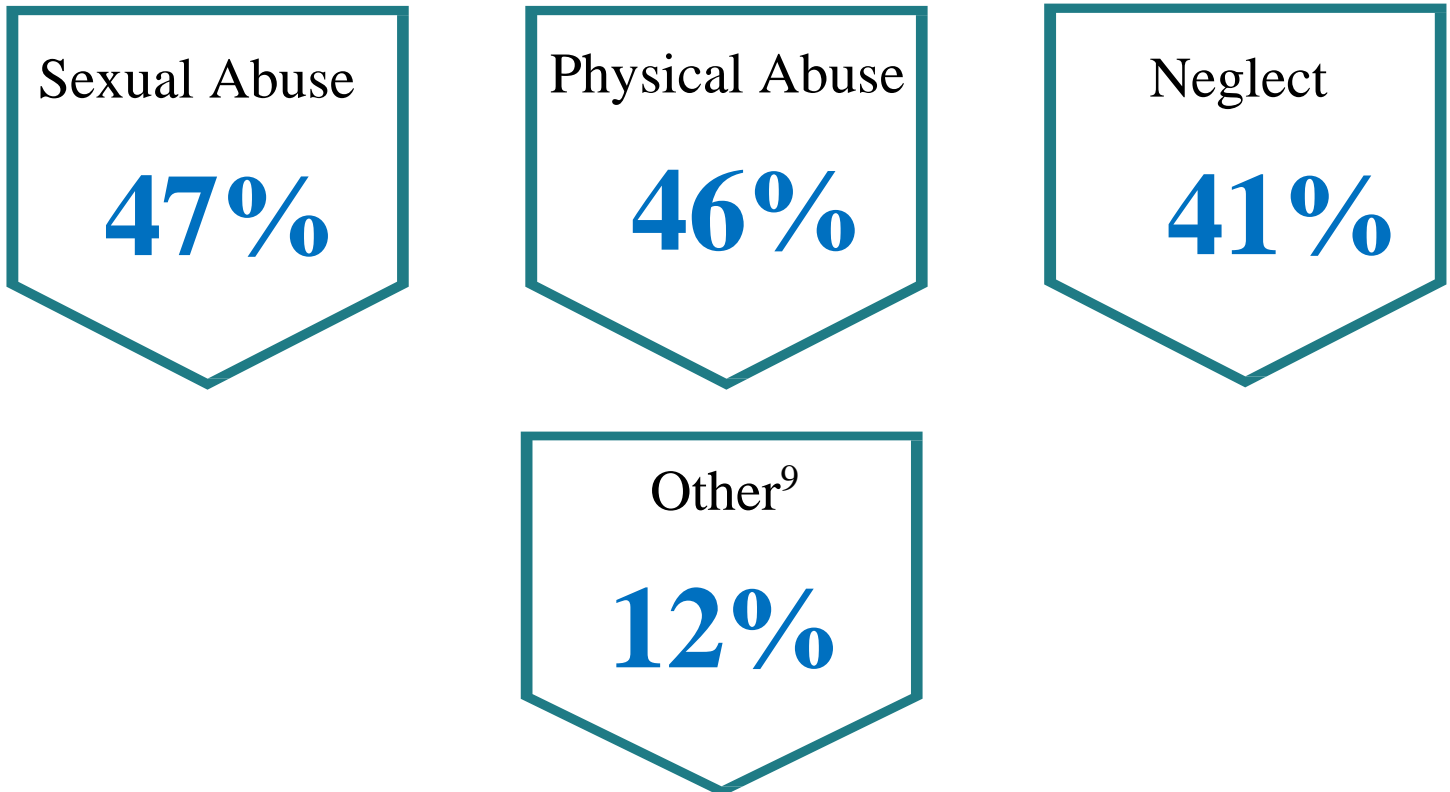
The third term is **Undetermined**, which means that the information gathered from the medical evaluation neither supports or rules out the possibility of abuse. *Nineteen percent* of evaluations were reported as undetermined.

In cases where abuse has been "Indicated", a provider then determines the type of maltreatment to which the child has been exposed. Ninety-three percent of the time a child is indicated for the same type of maltreatment for which they were referred, leaving 7% 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

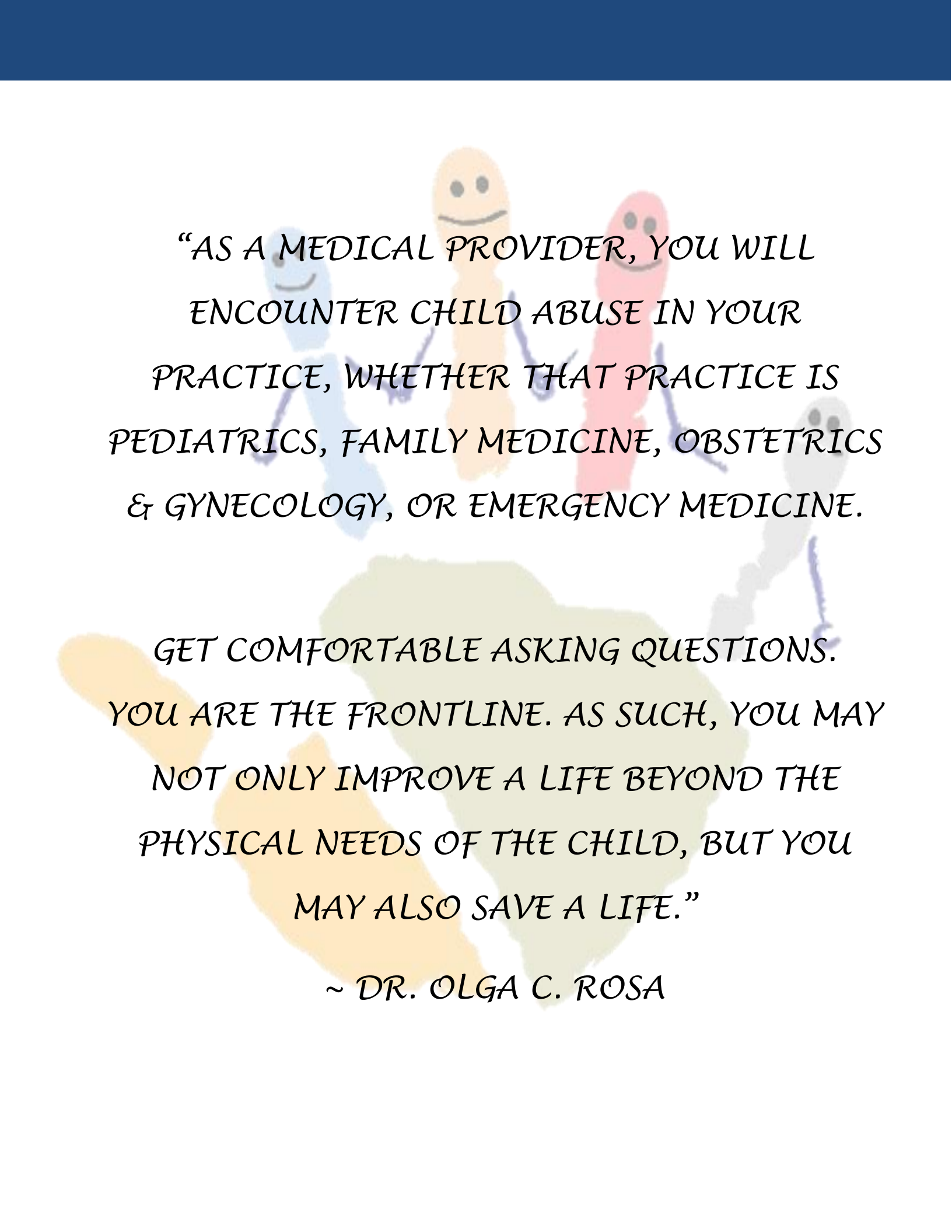
Once a SCCAMRS medical provider determines a child is a victim of abuse and / or neglect, the provider must then report the type of maltreatment identified. A child may also be found to have experienced more than one type of maltreatment, or have safety concerns that may place them at risk for maltreatment.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



**34%** of evaluations were indicated for more than one type of maltreatment, with Neglect and Physical Abuse as the most common types occurring simultaneously.

**21%** of evaluations have safety concerns for potential maltreatment.

<sup>9</sup>Other types of maltreatment include Emotional/Psychological Abuse, Emotional Neglect, Educational Neglect, Dental Neglect, Medical Child Abuse, Contributing to the Delinquency of a Minor, Witness to Abuse/Violence, Exposure to Pornography, and Child Torture



*“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.


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