



Child Medical Evaluations

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Objectives

- Introduce the Child Medical Evaluation Program (CMEP)
 - Describe the program
 - Discuss components of program
 - Child Medical Evaluation (CME)
- Provide case Examples
- What's available if you don't need a CME
- Who are Medical Experts in Child Abuse?

History: CMEP

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History: NC CMEP



- Child Medical Evaluation Program (CMEP)
 - Established in 1976 through a multidisciplinary partnership
 - NC Division of Social Services
 - NC Legislature
 - UNC-Chapel Hill Department of Pediatrics
 - Local DSS agencies
 - Local medical and mental health providers



History: NC CMEP

- Program office located at UNC-Chapel Hill
 - 2 physicians with expertise in child maltreatment, 2 mental health experts, nurse program manager, and office staff
- Functions
 - Provide local medical and mental health experts to all 100 counties of NC
 - Ensure ongoing education for providers
 - Perform quality reviews of the reports generated by providers

CMEP: Types of Evaluations

- Child Medical Evaluations (CMEs)
- Child and Family Evaluations (CFEs)
 - Previous evaluation referred to as Child Mental Health (CMHEs) has been discontinued



CMEP: Basic Information

■ Who is eligible

- All children referred by the department must be the subject of a current CPS assessment of alleged child abuse or neglect
- Non-DSS cases do not qualify for CMEP funds

■ How evaluations are authorized

- Medical exams are authorized by DSS
- Child and Family Evaluations are requested by DSS and authorized by CMEP

Child Medical Evaluations (CME)

- Objectives of medical evaluations include the following
 - Enabling county Departments of Social Services to obtain an assessment of medical evidence of abuse and neglect
 - Assisting county Departments of Social Services and the courts in determining the most appropriate case decision
 - Providing the county Departments of Social Services with guidelines that help in determining appropriate services for the child or children

<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1422.pdf>

CME: Basic Information



■ Payment

- Either Medicaid or CMEP funds

- Only CMEP rostered providers will be reimbursed

■ Reports

- There is a standard report template to ensure uniformity of reports; this is not mandatory for examiners to use

Child/Patient Name:
Date of Birth:
Date of Exam:

Part F: Impressions and Recommendations *(Completed by medical team/examiner)*

1. General Impressions

Briefly describe any general medical, mental health, developmental, or psychosocial concerns:

2. Impressions Related to Maltreatment, Assault and/or Risk

a. Based upon the information available at the time of this evaluation, we have the following concerns:

Sexual Abuse/Assault Yes No Unknown/Not Assessed

Including:

Physical contact Yes No Unknown/Not Assessed

Use of force/threats Yes No Unknown/Not Assessed

Inappropriate Sexual Exposure Yes No Unknown/Not Assessed

Pornography exposure/particip. Yes No Unknown/Not Assessed

Sexual exploitation/prostitution Yes No Unknown/Not Assessed

Enticement Yes No Unknown/Not Assessed

Physical Abuse/Assault Yes No Unknown/Not Assessed

Emotional Abuse Yes No Unknown/Not Assessed

Neglect Yes No Unknown/Not Assessed

Domestic Violence Exposure Yes No Unknown/Not Assessed

Dependency Yes No Unknown/Not Assessed

Significant Psychosocial Risk Yes No Unknown/Not Assessed

Other Concerns

Child/Patient Name: _____
 Date of Birth: _____
 Date of Exam: _____

3. Recommendations (CMEP Examiners: Please provide specific recommendations on lines provided)

- Yes STD/HIV testing/treatment _____
(Especially if there has been body fluid contact)
- Yes Medical/follow-up _____
(Including pregnancy prophylaxis, STD prophylaxis, etc)
- Yes "Second opinion" physical exam _____
- Yes Further interview and/or CFE _____
- Yes Routine/well-child medical care _____
- Yes Routine reproductive healthcare _____
- Yes Mental health follow-up _____
- Yes Developmental evaluation _____
- Yes Educational evaluation/testing _____
- Yes Continued DSS/LE investigation _____
- Yes Safety recommendations _____
- Yes Sibling evaluation *(Specify)* _____
- Yes Offender evaluation _____
- Yes Domestic violence evaluation _____
- Yes Substance abuse evaluation (child) _____
- Yes Substance abuse evaluation (caregiver) _____

4. Contact Information: Examining Clinician

Signature *(Do not type)* _____
 Name and Title (Please print or type) _____
 Practice Name _____
 Address _____
 Phone: incl. area code _____
 Fax: incl. area code _____

***CMEP Examiner: Please retain all original evaluation materials.
 please send a copy of this report to the referring DSS office; send a copy to the CMEP office
 only if you intend to bill CMEP for evaluation services.***

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CMEs: What to Expect



- 3 Different Types of Providers in NC
 - Community Provider
 - Regional Expert without Expert Interviewer
 - Regional Expert + Expert Interviewer

- Location
 - Child Advocacy Center, Hospital based Clinic, Emergency Room, Community Health Center

CMEs: What to Expect



- Appointment includes the following
 - Interview with DSS representative
 - Interview with non-offending caregiver
 - Child Interview
 - Child Physical Exam

- Other things to consider
 - Viewing of interviews, videotaping of interviews

CMEs: Access to Information

- CMEs are limited by the information available to the examiners at the time of the clinic appointment
 - Additional record reviews should be addressed with the provider
 - Interviews with offending caregivers is not part of the requirement
 - Collateral information is included in Child and Family Evaluations (CFEs)

CMEs: It's not all sexual abuse

- Majority of CMEs include children referred with a concern of sexual abuse
 - Disclosure confirmation
 - Physical exam findings
 - Evaluation of suspected sexually transmitted infections (STDs/STIs)
- CMEs are also appropriate for physical abuse and neglect
 - Interpretation of bruising, burns, and fractures



CMEs: Physical Abuse

- Mimics of physical abuse
 - Fractures
 - Burns
 - Bruises
 - Intracranial findings
 - What to consider when labeling a child as a victim of abusive head trauma









CMEs:

Get to Know Your Local Provider

- Timeliness of reports
 - Need for additional interviews
 - Reporting of sexually transmitted infections
 - Work-up of additional concerns
 - Applies to physical abuse cases more frequently
- Improving reports
 - Feedback on report writing
- Understanding limitations and what to expect



CMEs:

Physical exam findings

- The ability to precisely time/date many injuries is limited
 - Supporting information from the DSS social worker or non-offending caregiver will be used to help with a diagnosis or interpretation of an injury
- In cases of chronic or non-acute sexual abuse, many children may lack physical findings



Case Examples

Case 1: Sexual Abuse

- 10 year old girl referred for concerns of sexual abuse
 - Disclosure to teacher that her step-father had been “messing” with her for the past year
 - School made report to DSS
 - DSS social worker did initial interview where child disclosure
 - Child was referred to local CME provider

Case 1: Sexual Abuse

- DSS social worker provided examiner with information regarding interview of child
 - Child provided a detailed account of the sexual abuse to the examiner
 - Examiner did not find any signs of trauma on physical exam of the child
 - Screening for sexually transmitted infections was completed and negative



Case 1: Sexual Abuse

- CME provider was informed of information at start of the evaluation
- Information from the child was consistent with her prior statements to other professionals regarding the abuse
- Child's medical exam was unremarkable
- Child was re-assured of a normal exam

Case 2: Sexual Abuse

- 4 year old girl tells her mother that her grandfather has been “messing” with her “lucy”
- Mother calls law enforcement upon hearing the disclosure
- Law enforcement shares information with DSS as the grandfather lives in the home

Case 2: Sexual Abuse

- DSS social worker interviews the child at home
 - Mother is in a different room
- When asked if anyone “messes with her lacy”, child denies any events
- DSS social worker authorizes a CME



Case 2: Sexual Abuse

- When considering where to send child, the social worker should consider the following
 - Examiner resources for interviewing young children
 - The ability to complete follow-up interviews with the child

Case 2: Sexual Abuse

- Child is brought to a regional training center with an experienced interviewer
 - DSS social worker can watch interview and provide feedback to the interviewer
 - Interview is videotaped
 - Child reports one event of being inappropriately touched by her grandfather when mother was out shopping
 - Physical exam is unremarkable



CFEs and Child Sexual Abuse

- Complicated cases may require a child and family evaluation (CFE) as well as a comprehensive medical evaluation
 - Young children
 - Non-English speaking children
 - Children with disabilities
 - Children with prior unsubstantiated reports of abuse/neglect
 - Families with custody issues

Case 2: Sexual Abuse

- Limitations of CME
 - Examiner is unlikely to contact school teacher to understand information disclosed by student
 - Examiner is not going to pursue a conversation with the grandfather
- CME augments additional information gained during the investigation

Case 3: Sexual Abuse

- 18 month old girl brought to clinic for concerns of sexual abuse
 - CME was requested by DSS social worker
 - Mother was living in a shelter
 - Many prior concerns for family in past: neglect (inadequate supervision) and sexual abuse of older male siblings
 - Mother concerned child was sexually abused by the child's father

Case 3: Sexual Abuse

- ❑ Concerns from mother based on sexualized behavior (masturbation) and statements of child “daddy been hunching me”
- ❑ History of DV between mother and father
- ❑ Child not interviewed due to age
- ❑ Physical exam was unremarkable
- ❑ No testing for sexually transmitted infections based on disclosure



Case 3: Sexual Abuse

- History obtained by mother was chaotic and difficult to interpret
- Recommendations from CME included a consideration for a mental health evaluation of the mother in addition to concerns about her ability to parent all 4 children living in a shelter



Case 3: Sexual Abuse

- Additional interpretation of mother's statements led evaluator to conclude the child had normal behaviors for age

Case 4: Physical Abuse

- 3 month old baby with facial bruising and no explanation
 - Seen by local physician and no work-up for physical abuse was completed at 2 months of age
 - One month later investigation initiated for neglect
 - Child removed from biological parents care, placed in foster care
 - DSS social worker requested a CME

Case 4: Physical Abuse

- CME provider with concerns of physical abuse based on history
 - Head CT, skeletal survey and eye exam were completed
 - Head CT demonstrated concerns for subdural hemorrhage
 - Skeletal survey with 3 rib fractures

Case 4: Physical Abuse

- CME provider able to assist with interpretation of radiologic findings and whether consistent with abuse
- Limitations
 - Caregivers not available to obtain other medical information such as developmental history, history of trauma, family history of medical problems, etc

CMEP: Other Resources

■ Case reviews

- Second opinion of reports received
 - Perception of disagreement among medical experts
- Cases which DSS agency does not feel meets requirements for a CME but needs medical input
 - “old” incidents of physical abuse or neglect

CMEP: Other Resources



- Medical record review when concerns for abuse/neglect
 - “Munchausen by Proxy” type cases
 - Medical neglect
- Radiology second opinions

Child Abuse Experts

- NC CMEP provides training and education to all CME providers so that they are considered experts in child maltreatment
- American Board of Pediatrics will be providing the first sub-specialty exam for *child abuse pediatrics* this fall, 2009
 - All CME providers are not eligible

Child Abuse Experts



- Court and testifying
 - Talk to your experts prior to court
 - Additional medical information should be available to them if important in the case
 - If child is in foster care, medical expert should be aware of admissions or ER visits since CME

Trainings



- North Carolina

- Lake Junaluska

- September 29-October 1, 2009

- <http://www.cacnc.org/training>

- NC APSAC

- <http://ncpsac.org/>

- Check with your local providers

Trainings



■ National

- San Diego International Conference on Child Maltreatment

<http://www.chadwickcenter.org/conference.htm>

- American Society for the Abuse of Children

<http://www.apsac.org/>

- National Children's Advocacy Center

<http://www.nationalcac.org>

Conclusions

■ Child Medical Evaluations

- Available to assist with interpretation of medical information in active DSS/CPS cases
- Frequently used during investigations for child sexual abuse but also can be used in cases of physical abuse and/or neglect
- More complicated cases may also require a CFE in addition to a comprehensive medical exam

Conclusions



- Know your local experts and provide feedback
 - A medical opinion is based on a combination of factors – history, physical exam and if needed, laboratory and radiology findings
- CMEP can be of assistance for case review of medical issues in an active DSS/CPS investigation

CMEP



■ Contact Information

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Questions?