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

Rebecca Socolar, MD MPH
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
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:

<table>
<thead>
<tr>
<th>Sexual Abuse/Assault</th>
<th>Yes</th>
<th>No</th>
<th>Unknown/Not Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of force/threats</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Inappropriate Sexual Exposure</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Pornography exposure/particip.</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Sexual exploitation/prostitution</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Enticement</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Physical Abuse/Assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Neglect</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Domestic Violence Exposure</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Dependency</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
<tr>
<td>Significant Psychosocial Risk</td>
<td>Yes</td>
<td>No</td>
<td>Unknown/Not Assessed</td>
</tr>
</tbody>
</table>

Other Concerns
### 3. Recommendations

**CMEP Examiners: Please provide specific recommendations on lines provided**

- [ ] Yes STD/HIV testing/treatment
- [ ] Yes Medical/follow-up
- [ ] 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

<table>
<thead>
<tr>
<th>Signature (Do not type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title (Please print or type)</td>
</tr>
<tr>
<td>Practice Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone: incl. area code</td>
</tr>
<tr>
<td>Fax: incl. area code</td>
</tr>
</tbody>
</table>

*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.*

**NC Child Medical Evaluation Program**

CB #3415  
Chapel Hill, NC  
27514-9864  
phone: 919-843-9365  fax: 919-843-9368
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 lucy”, 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
  - NC APSAC
    - [http://ncpsac.org/](http://ncpsac.org/)

- Check with your local providers
Trainings

- National
  - San Diego International Conference on Child Maltreatment
    - [http://www.chadwickcenter.org/conference.htm](http://www.chadwickcenter.org/conference.htm)
  - American Society for the Abuse of Children
    - [http://www.apsac.org/](http://www.apsac.org/)
  - National Children’s Advocacy Center
    - [http://www.nationalcac.org](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

Child Medical Evaluation Program
Department of Pediatrics, CB #3415
University of North Carolina
Chapel Hill, NC 27599-3415
(919) 843-9365
FAX: (919) 843-9368
Questions?