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Child Maltreat 2002; 7; 166
DOI: 10.1177/1077559502007002009

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Article

Report of the 1997 Child Abuse Physician Leadership Conference

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On September 11-13, 1997, in Philadelphia, a group of 100 physicians specializing in child abuse from throughout the United States and Canada gathered to discuss issues of common interest. The program included workshops charged with developing resolutions to address child abuse as a health care issue and to explore child abuse as a new pediatric subspecialty. The following report summarizes the conference findings.

WORKSHOP: BOARD CERTIFICATION AND FELLOWSHIPS

1. Whereas child abuse has been defined by the 1991 United States Advisory Board as a national emergency, that there now exists an extensive, clearly defined body of knowledge, that state-of-the-art expert practice is beyond the purview of the general health care provider, and that there exists a clear demand for specialized expertise in diagnosis and treatment of abused children, we resolve to petition the American Board of Pediatrics to develop an examination leading to subspecialty certification in child abuse and forensic pediatrics. The purpose of such certification is to define, create, and ensure competence in the clinical assessment of child maltreatment, ensure the advancement of knowledge regarding child maltreatment and its prevention through research and teaching, and provide for the recognition and identification of properly qualified forensic pediatricians by anyone requiring such consultations.
2. Whereas we recognize the need to support the delivery of medical services to abused and neglected children by primary care providers, we resolve that subspecialists in child abuse and forensic pediatrics should support primary care providers with specialized knowledge, skills, education, and research.
3. Whereas formal fellowship training is crucial to the future of forensic pediatric practice, we resolve to identify and support existing fellowships and encourage the development of new fellowships. It is our goal to move in the long term to a 3-year fully certified academic fellowship. We recommend the convening of a work group to develop a child abuse fellowship curriculum. We support the United States Advisory Board on Child Abuse report that National Institutes of Health funding should be provided for child abuse fellowships.

WORKSHOP: GENERAL MEDICAL EDUCATION

1. We recommend the establishment of educational and training standards and guidelines for all physicians to identify and respond effectively to maltreated children and their families. Training programs should recognize the importance of the involvement of child abuse physicians at every level of curriculum development.

CHILD MALTREATMENT, Vol. 7, No. 2, May 2002 166-169
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2. We recommend that residency review committees develop specific training requirements in child maltreatment identification and treatment for all specialties likely to encounter cases of child maltreatment.
3. We recommend that the development of specific child abuse education guidelines begin in medical school.
4. We recommend that pediatric residents be required to spend a significant period of time in a specialized child abuse clinical setting.
5. We recommend the development of periodic reeducation programs and that state licensing boards for all health care providers (e.g., physicians, nurses, physician assistants, dentists) require basic child abuse education for licensing and relicensing.

WORKSHOP: SETTING GUIDELINES FOR CLINICAL PRACTICE

1. Whereas abused and neglected children have unique medical, psychological, social, and legal needs, we resolve that each child deserves to have access to providers with appropriate training and knowledge for competent diagnosis and management and that this level of care should prevail regardless of demographic setting or discipline of the practitioner providing the care. However, initial assessments and management may be conducted with basic but not advanced competency in the area of child maltreatment. For example, regarding the interviewing of children, we distinguish between the screening medical interview and a more in-depth forensic interview. All primary care providers must have minimal skills in screening and interviewing of children whereas specialists may be skilled at formal forensic interviewing. Appropriate judgment is required in obtaining consultation from physicians and other professionals expert in child maltreatment.
2. We resolve that all children suspected of having been abused or neglected deserve optimal evaluation and management. Practice guidelines are needed in all areas of maltreatment including history taking; examination methods; laboratory tests and special investigations; consultation; interpretation of findings; formulation of diagnosis; documentation including photo, video, and audio documentation; medical, social, and legal management; expert testimony; and prevention. Practice guidelines should be developed for physicians who provide assessment, treatment, and prevention. The guidelines should clarify the roles of the primary care provider in screening, reporting, documentation, and treatment of child abuse, as well as those of specialists in this field.
3. We resolve that these guidelines should be based on the best available scientific evidence. They should be developed by physicians expert in forensic pediatrics, with input from pediatric subspecialists and colleagues in related disciplines. This process will require collaboration with existing professional organizations with similar goals such as the American Academy of Pediatrics, the American Professional Society on the Abuse of Children, the American Medical Association, and the American Academy of Family Practice. We recognize the value of a collaborative process to foster broad-based endorsement of the clinical standards. All guidelines should be empirically derived (where possible), clinically useful, and attainable. We recognize the need to periodically update these guidelines as new information becomes available.
4. We resolve that good clinical practice will reduce the likelihood of missed diagnoses; incomplete or unnecessary evaluations; inappropriate medical, social service, and law enforcement referrals; and erroneous misrepresentation of medical data in legal proceedings.
5. We resolve that the guidelines should be broadly disseminated to professionals working in the areas of medicine, social service, mental health, and law enforcement.
6. We call on all pediatric health care institutions to adequately support interdisciplinary teams to assist in the dissemination and implementation of the guidelines, establish policies and procedures concerning child maltreatment, help evaluate and manage possible maltreatment, educate and support staff members, and ensure continuous improvement in quality of care.

WORKSHOP: PRIORITIZING RESEARCH AGENDA

1. We believe that research agenda in child abuse should be prioritized according to frequency, severity, impact, legal implications, potential for intervention, relevance to clinical practice, and cost/benefit analysis.
2. We endorse research training such as through continuing medical education and fellowship training.
3. We encourage the development of networks of child abuse researchers.
4. We believe that important basic research areas needing to be explored include definitions of terms, timing of injuries, significance of anogenital findings, relationship of domestic violence and child abuse, prevention strategies, mechanisms of head injury and retinal hemorrhage, sexually transmitted diseases, and identifying those needing specialized child sexual abuse examination and/or mental health intervention.
5. We encourage the development of evidence-based research and practice.

WORKSHOP: COLLABORATIVE RESEARCH

1. Whereas regional and national collaborative research is needed to overcome impediments to qual-

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ity research such as small sample sizes, idiosyncratic local population characteristics, and limited normative data, we resolve that steps be taken to build collaborative research networks including the development of an infrastructure for collaboration, standardized and centralized databases, and common clinical language descriptors.
2. We endorse the development of training in research methods through fellowships and continuing professional education. Research mentors should be identified and supported.
3. We recognize the need to increase funding for research through federal and nonfederal sources. Current impediments to National Institutes of Health funding for child abuse include lack of a study section focused on child abuse, lack of utilization of medical expertise in child abuse in existing study sections or in the federal research establishment, and the paucity of dedicated dollars.

WORKSHOP: ETHICAL ISSUES

1. Whereas child abuse expertise and patient care activities require testimony in adversarial legal proceedings and recognizing testimony in these proceedings must reflect objectivity, we resolve that testimony should focus on education and be scientifically based.
2. Whereas we are frequently asked by the media for statements, we resolve that patient confidentiality must be maintained and that we should utilize the media to help educate and inform the public about issues of abuse.
3. Whereas we may differ with our colleagues when consulting on alleged child abuse cases, we resolve to utilize peer review and other mechanisms to improve the identification and reporting of suspected child abuse.

WORKSHOP: REIMBURSEMENT

1. Whereas specialized child abuse diagnostic and therapeutic services are valuable and deserve adequate reimbursement to sustain service delivery, and whereas the ability to provide the best service to children suspected of child abuse depends on fiscal solvency, we resolve that child abuse program directors must be educated in understanding the fiscal underpinnings of their programs and recommend the development of educational forums on funding issues.
2. We recommend a survey of how programs manage their operations, optimize revenue sources, develop reimbursement rates, structure contracts with local agencies and managed care organizations, and develop creative funding solutions, recognizing that a great deal of variability exists in how these services are organized and reimbursed.
3. We acknowledge the need for ongoing education and dialogue concerning managed care. Issues requiring discussion include prescreening examinations prior to specialized diagnostic evaluations, laboratory utilization, quality assurance, and the applicability of standards and guidelines to the evaluation process.

Workshop leaders: Randall Alexander, Robert Block, David Chadwick, Cindy Christian, David Corwin, Alan DeJong, Howard Dubowitz, Martin Finkel, Angelo Giardino, Carole Jenny, John Leventhal, Steven Ludwig, Vincent Palusci, Robert Reece, Lawrence Ricci, Robert Shapiro, and Rebecca Socolar.

Since this initial meeting in Philadelphia, the group had continued to convene to advance the recommendations outlined above and work toward board certification and promote clinical practice based on the best available scientific evidence. The group has also formed the Ray Helfer Society, an honorary society of physicians, founded in 1999 and incorporated in 2001, seeking to provide leadership to enhance the prevention, diagnosis, and treatment of child abuse and neglect. Further information is available on the society's Web site at http://helfersociety.org.

Lawrence R. Ricci, M.D., is dual-residency trained and successfully completed his boards in both pediatrics and emergency medicine. He is a full-time forensic pediatrician specializing in the evaluation and treatment of abused children as director of the Spurwink Child Abuse Program in Portland, Maine. Over the past 15 years, Dr. Ricci has evaluated and treated several thousand children for abuse concerns. He is vice president of the Ray Helfer Society, an honorary society of physicians specializing in the care of abused children. Dr. Ricci is a clinical assistant professor of pediatrics at both the University of Vermont College of Medicine and the University of New England College of Osteopathic Medicine. He is director of the Annual Colby College Child Abuse Conference and the Annual Spurwink Northern New England Conference on Child Maltreatment and has developed and presented numerous child abuse workshops throughout Maine and around the country. He testifies frequently in both civil and criminal court and has published approximately 25 articles and book chapters in the field of child abuse evaluation and treatment.

Cindy W. Christian, M.D., is the chair of The Children's Hospital of Philadelphia in the Prevention of Child Abuse and Neglect. She is the director of the Child Abuse Program at the Children's Hospital of Philadelphia and assistant professor of pediatrics at the University of Pennsylvania School of Medicine. She directs the hospital's CARE clinic and provides care to children admitted to the hospital with abusive injuries. She is a codirector of the Center for Children's Policy, Practice and Research at the University of Pennsylvania. In addition, she is the pediatric clerkship director for the University of Pennsylvania School of Medicine. She is a member of the American Academy of Pediatrics' section on Child Abuse and Neglect, Pennsylvania Governor's Community Partnership for Safe

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Children, the Pennsylvania Attorney General's Medical/Legal Advisory Board on Child Abuse, and a number of other local and national organizations devoted to the care of abused and neglected children. Dr. Christian presently serves as the president of the Helfer Society. Dr. Christian's research is related to the medical evaluation and care of abused children.

Robert M. Reece is a clinical professor of pediatrics at Tufts University School of Medicine and director of the MSPCC Institute for Professional Education at the Massachusetts Society for the Prevention of Cruelty to Children. The MSPCC Institute provides current medical information about all forms of child abuse to professionals working with children. Individuals using this training have included physicians, nurses, mental health professionals, social workers in private agencies and in public child protection systems, attorneys, judges, teachers, and treating clinicians.

Howard Dubowitz, M.D., M.S., is a professor of pediatrics and codirector of the Center for Families at the University of Maryland, Baltimore. Dr. Dubowitz is chair of the Child Maltreatment Committee of the American Academy of Pediatrics, Maryland Chapter, and he is on the State Council of Child Abuse and Neglect. He recently completed two terms on the American Professional Society on the Abuse of Children (APSAC) board. Dr. Dubowitz is the editor of Neglected Children: Research, Practice and Policy *(Sage, 1999) and coeditor of* The Handbook on Child Protection Practice *(Sage, 2000). He is a clinician, researcher, and educator and is active in the policy arena at the state and national levels, representing APSAC on the National Coalition on Child Abuse and Neglect.*

Steven Ludwig, M.D., is a professor and associate chair for medical education in the Department of Pediatrics of the School of Medicine. He has worked in the areas of pediatric emergency medicine, general pediatrics, and child abuse, and throughout his career has been a strong advocate and teacher of students and house staff. Dr. Ludwig is coeditor of Textbook of Pediatric Emergency Medicine*, as well as several other books including* Child Abuse and Neglect: A Medical Reference*,* Pediatric Primary Care*, and* Pediatrics at a Glance*. He is the coeditor of the journal* Pediatric Emergency Care *and contributes to the efforts of several other journals. In 1998, he was elected to the Institute of Medicine for his efforts in developing the specialty of pediatric emergency medicine. He is the recipient of numerous national awards for teaching excellence. He is currently the co-chair of the Student Standard Committee.*

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