National Association of Attorneys General Conference
October 28, 2016
Newport, Rhode Island

Amy Goldberg, MD
The Lawrence A. Aubin Sr. Child Protection Center
Hasbro Children’s Hospital
Associate Professor Warren Alpert Medical School at Brown University
THE BATTERED-CHILD SYNDROME

C. Henry Kempe, M.D., Denver, Frederic N. Silverman, M.D.,
Cincinnati, Brandt F. Steele, M.D., William Droegemueller, M.D.,
and Henry K. Silver, M.D., Denver

Professor and Chairman (Dr. Kempe) and Professor of Pediatrics (Dr. Silver), Department of Pediatrics;
Associate Professor of Psychiatry (Dr. Steele), and Assistant Resident in Obstetrics and Gynecology (Dr. Droegemueller), University of Colorado School of Medicine; and Director, Division of Roentgenology, Children's
Hospital (Dr. Silverman).

Abstract—The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematomas, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or whose degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur.

THE BATTERED-CHILD SYNDROME is a term used by us to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or a Step-parent. The condition has also been described as “unrecognized trauma” by radiologists, orthopedists, pediatricians, and social service workers. It is a significant cause of childhood disability and death. Unfortunately, it is frequently not recognized or, if diagnosed, is inadequately handled by the physician because of hesitation to bring the case to the attention of the proper authorities.

INCIDENCE

In an attempt to collect data from the incidence of this problem, we undertook a nationwide survey of hospitals which were asked to indicate the incidence of this syndrome in a one-year period. Among 71 hospitals replying, 302 such cases were reported to have occurred; 33 of the children died; and 85 suffered permanent brain injury. In one-third of the cases proper medical diagnosis was followed by some type of legal action. We also surveyed 77 District Attorneys who reported that they had knowledge of 447 cases in a similar one-year period. Of these, 45 died, and 29 suffered permanent brain damage; court action was initiated in 46% of this group. This condition has been a particularly common problem in our hospitals; on a single day, in November, 1961, the Pediatric Service of the Colorado General Hospital was caring for 4 infants suffering from the parent-inflicted battered-child syndrome. Two of the 4 died of their central nervous system trauma; 1 subsequently died in an unexplained manner 4 weeks after discharge from the hospital while under the care of its parents, while the fourth is still enjoying good health.

“Children’s hospitals are uniquely positioned to combat (child maltreatment).”

“Beyond diagnosing and treating victims of abuse, hospital physicians and staff take on expanded community roles through public education, advocacy and research”

- Multidisciplinary Team
History of Child Abuse Pediatrics at Hasbro Children’s Hospital

Development of the multidisciplinary Team

- 1994—A tragic case of child abuse in Rhode Island was missed by multiple health care providers

- Grandparents told pediatrician that they thought Dad was abusing their grandson.
  - Physician said, “I’ll watch out for any suspicious injuries.”
- Infant went to hospital two weeks later with respiratory difficulty. Chest X-ray was read as “normal”. The radiologist missed 18 acute rib fractures. The child was sent home.

- The next week the baby came to an emergency department with small spot of blood in his scrotum. Diagnosis made was “torsion of the appendix testis”, a benign condition
• Two days later baby presented to hospital with massive head injury, and is now in a permanent vegetative state.

• When hospitalized, he was found to have a lacerated liver and an inguinal hernia—hence, blood tracked down the inguinal canal into the scrotum. (This was mistaken for “torsion of the appendix testis” causing the blood in the scrotum.)
- The governor formed a task force to find out why this child’s abuse was missed.

- The task force decided there were no physician experts in child abuse in the state of Rhode Island.
• Dr. Carole Jenny recruited to start a child protection program at the hospital/university in 1996.
• We now have 3 full time physicians, a nurse, a social worker and a child life specialist.
• 1,500 children a year for suspected abuse/neglect. We host the state’s MDT.
The Lawrence A. Aubin Sr. Child Protection Center

Established in 1996
Child Abuse Pediatrician hired
Multidisciplinary team established
Consulted on 1,500/patients/year
Medical education
Interdisciplinary education with state and community agencies
The Goals of the MDT

- To share information about children in need of protection.

- To learn from experts in many different fields to enhance the quality of care delivered to children.

- To work with others in the community to assure the safety of children and to promote the health of families.

- Effective prosecution of child abuse cases
How did we get there?...

• Attend trainings together- learn together
  • Sexual abuse of child
  • Abusive Head Trauma
• Continue to educate team members- broaden the knowledge
• Respect each other’s expertise
• Know when “the case” must wait
• Support specialized prosecution teams
• December 2011 RIAG established the Child Abuse Unit
A disputed diagnosis imprisons parents

The New York Times

Shaken Baby Syndrome: A Diagnosis That Divides the Medical World

Retro Report
By CLYDE HABERMAN
SEPT. 13, 2015

Shaken-Baby Syndrome Faces New Questions in Court
By EMILY BAZELON
FEB. 2, 2011

RELATED COVERAGE

Health Guide
Shaken Baby Syndrome

Letters
Letters: Shaken
FEB. 29, 2011

Letters: Shaken
FEB. 18, 2011
Police continue investigation into underage dancers, prostitution at Cheaters

August 08, 2013 11:15 PM
Rhode Island Human Task Force- December 2013

- R.I. Attorney General’s Office
- R.I. State Police
- Local City Police Departments
- DCYF
- Department of Homeland Security Investigations
- U.S. Marshal Service
- U.S. Attorney’s Office
- R.I. Public Defender’s Office
- Children’s Advocacy Center
- Aubin Center at Hasbro
1. Education
2. Creating a Response Protocol

- Defining Victims
- Risk factors
- Screening
- Initial engagement with child
- Reports and notification of cases
- Initial responses (law enforcement and non-law-enforcement)
- Initial treatment and placement
- The MDT process
Commercial Sexual Exploitation Of Children
Rhode Island First Responder Protocol

SCREEN FOR POTENTIAL VICTIM:
- Age (Under 18)
- Signs Of Violence, Fear, Coerced

Suspicion of CSEC but insufficient evidence:
Refer to DCYF and Day One for additional screening

VICTIM IDENTIFIED:
- Admits being trafficked, and/or
- Independent evidence of prostitution

IMMEDIATE RESPONSE:
1. On Scene Assessment
2. Call police dept’s POC for human trafficking
3. Report to DCYF Hotline
4. Call Hasbro Aubin Center: 401-444-4800
5. Call parent if appropriate
6. Call Day One: 1-800-904-8100

ON SCENE ASSESSMENT:
- Assess victim’s safety
- There should be no arrest of victim for prostitution offenses
- Collect evidence (borders, phones, money)
- Limited interview if possible
- Consult with AAG and AUSA whenever possible
- Transport to Hasbro after consultation with Aubin Center

POLICE DEPARTMENT’S CSEC POC
- POC should email and call DCYF, RI HITEF and Day One MDT Coordinator ASAP
- Email should include: names of victims, names of targets, time, date and location of encounter, any other pertinent information
- RI HITEF Coordinator should add to database and other task force assistance
- RAG and USAG will coordinate assistance and discuss possible charges ASAP

HASBRO AUBIN CENTER
- Aubin Center will always need for immediate hospital admission
- If no admission, Aubin Center will schedule outpatient visit
- Aubin Center Representative should participate in MDT process

DAY ONE
- MDT Coordinator will convene MDT conference call within 48 hours of encounter
- MDT may consist of Aubin Center, DCYF, service provider, Day One, investigating agency, HITEF representative, RAG and USAG
- Additional team members may be added as necessary
- Future meetings will be scheduled as necessary by MDT coordinator

Disclaimer: Nothing in this Protocol is intended to create any substantive or procedural rights, privileges or benefits enforceable in any administrative, civil or criminal action by any person, or social service, witness, or party.
**Victim Centered Approach**

- Focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.
- A victim-centered approach seeks to minimize retraumatization associated with the criminal justice process by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their traffickers brought to justice.
SAFE HARBOR LEGISLATION

Allows Rhode Island to comply with the provisions of the federal “Preventing Sex Trafficking and Strengthening Families Act PL 113-183” and the provisions of the federal “Justice for Victims Act of 2015, PL 114-22”
Creates a new statute, § 14-1.1-1 The Rhode Island Safe Harbor for Sexually Exploited Children Act which ensures that minors who are victims of sex trafficking are treated as victims and not criminals. The child is redirected away from the criminal or juvenile justice systems and referred to supportive services and programs; preserves the unity of the family whenever possible; provides for the care, protection, treatment; provides access to the Criminal Injuries Compensation Fund
'Devil incarnate' gets 100 years for rape, sex trafficking of minor