Multidisciplinary Team Response and Coordination

The multidisciplinary team approach to child abuse is a child-centered approach. The MDT approach provides a coordinated, joint response facilitating cooperation across disciplines, preventing unintentional working at cross purposes and allowing for consistency from case to case. It also improves the system's efficiency by eliminating duplicative efforts. Multidisciplinary teams in Texas provide coordination at the beginning stages of a child abuse investigation and improve both Child Protective Services' and Law Enforcement's response.

Investigations involving serious child abuse and neglect require both law enforcement and child welfare because their responsibilities and their areas of expertise differ. While the laws mandating joint investigations of Priority 1 cases of child abuse, joint training of law enforcement and CPS investigators, mandating cross-reporting, and encouraging co-location have been in place since 2005, the actual implementation of these laws has been varied. Recent high profile child death cases in Texas as well as other states have shown that the failure of CPS and law enforcement to effectively collaborate can endanger children's lives. In spite of mandates for joint investigations and existing memoranda of understanding between law enforcement agencies and CPS, collaboration and communication between law enforcement and CPS is not occurring on a consistent basis throughout the state. In addition to the importance of collaboration between law enforcement and CPS, it's also important that qualified medical professionals be included early in the investigation stages of serious cases. Children under age two who suffer head or abdominal trauma or who have rib fractures might display no external signs of injury. Many injuries in young children will only be discovered via imaging screening. Medical experts consider skeletal surveys to be mandatory in infants with reported bruising as these so-called "sentinel injuries" can be highly indicative of abuse. To improve the accurate investigation of these cases, CPS professionals should communicate with medical providers early in serious cases so that both sides can effectively collaborate and share information to get a clearer, more accurate picture of the families under investigation in order to fully evaluate elements of safety and risk.

Recommendations

The CJA Task Force recommends supporting policies and programs that will promote a consistent, coordinated multidisciplinary response to serious cases of child abuse and neglect as well as improve the coordination between the criminal justice system and the civil child protection system.

Examples of strategies supported by CJA may include:

- Promote the continued use of local child advocacy centers for multi-disciplinary team coordination to improve the cooperation and collaboration between agencies involved in the investigation, assessment and disposition of serious cases of child abuse/neglect. Encourage co-location of CPS and law enforcement at local CACs whenever possible. Continue to work with Children's Advocacy Centers of Texas to provide training, technical assistance and facilitation of MDTs statewide.
- Support the launch of the MDT Enhancement Program with CACTX, particularly focusing on evaluation of the program's implementation and impact at local centers.
- Encourage ongoing, joint training for law enforcement and CPS to achieve a level of competency, consistency, and quality in child abuse investigations across the state. Training should focus on protocols, investigative processes, roles/responsibilities, and improving communication.

- Support training for attorneys to enhance the effectiveness and quality of the prosecution of child abuse cases.
- Encourage medical assessments of children, particularly children under age two with allegations of physical abuse by supporting and enhancing interagency collaboration between child abuse pediatricians and CPS investigators. The Task Force understands that CPS Transformation is changing worker training as well as the way that safety and risk are assessed. We will monitor this process to ensure that we do not work at cross purposes.
- Support training to ensure that medical professionals have the necessary knowledge and resources to accurately recognize abuse and understand proper medical evaluations for suspected abuse.

Victim Advocacy

Children who have suffered abuse or neglect should not be further traumatized by the systems intended to protect them. There has been an increased awareness that systems should be child-centered and many positive changes have been occurring. The state has increased funding for mental health, continued to support trauma-informed care for children and families impacted by abuse and neglect, encouraged collaboration between domestic violence service providers and child protective services, and authorized DFPS to conduct an alternative response for certain less severe cases. Children's Advocacy Centers throughout the state have also worked to strengthen their family advocacy component which facilitates services and support for non-offending family members. The Task Force recognizes that this important work is still in its nascent stage and will continue to support its growth.

Research suggests that, nationwide, youth commit one-quarter of all sex offenses and more than one-third of sex offenses against juvenile victims. According to reported incidents of sexual assaults, this is true in Texas. Children and youth with sexual behavior problems do not constitute a homogenous group and are different than adult offenders. Most youth with sexual behavior problems have a history of traumatic experiences, though not necessarily sexual abuse. Youth are more likely to respond positively to treatment, particularly immediately following their detection by the criminal justice system, and are much less likely to reoffend over time. The ideal solution for these children and youth is community-based and family-centered with active multidisciplinary team involvement at case and systems level. Unfortunately, there are not enough of these programs throughout the state. A report from November 2011 issued by Texas Juvenile Probation Commission entitled *Identifying the Shortage of Licensed Professionals Available to Serve Juvenile Offenders* found that a total of 177 (70%) of Texas' 254 counties had no licensed sex offender treatment provider as of September 2010 and only 37 counties (15%) had three or more of these professionals. The absence of providers is particularly prevalent along the Texas-Mexico border, West Texas, and the Panhandle. This shortage of providers means that many youth are not getting the ideal community-based, family-centered treatment. In some cases, it may mean that youth are not getting any treatment. Multiple systems are involved in these cases but not all together and not consistently. CPS, law enforcement, juvenile probation, and the courts need to be educated on the importance of effective identification, investigation, and intervention in cases of children and youth with sexual behavior problems to so that these cases are consistently managed across the state to both ensure treatment for offenders and safety for victims.

Recommendations:

The CJA Task Force recommends supporting programs and policies to ensure consistent,

high quality resources and services to child victims and their non-offending caregivers.

Examples of strategies supported by CJA may include:

- Training for MDT members on family engagement, respect for caregivers, alternatives to removal, support of non-offending caregivers, etc.;
- Resources and training for courts, DFPS, and juvenile probation on the importance of appropriately assessing and treating children and youth with sexual behavior problems; and
- Support for children's advocacy centers to assist in handling cases involving children and youth with sexual behavior problems.

Child Maltreatment Victims with Disabilities or Special Healthcare Needs

Studies examining patterns of child maltreatment have found that children with disabilities experience higher rates of maltreatment than children without disabilities. Studies (Jonson-Reid, Drake, Kim, Porterfield & Han, 2004; Lightfoot, Hill, & LaLiberte, 2011; Sullivan & Knutsen, 2000) have found that, while children with all types of disabilities experience abuse at a greater rate, children with emotional or behavioral disorders are particularly susceptible to abuse. Some studies have shown that children with disabilities are more likely to experience neglect as well as unique forms of disability-related maltreatment such as withholding medication or not providing personal care. Prevalence studies as well as reports that are more anecdotal point to neglect as the most common type of maltreatment experienced by children with disabilities. One study (Sullivan and Knutson, 2000) found that children with disabilities were 3.76 times more likely to be victims of neglect than children without disabilities.

In order to be in compliance with CAPTA, Texas is reporting the number of children investigated by CPS each year who have a disability, however, it is unlikely that that number accurately reflects reality. In fact, it's difficult to understand the NCANDS disability numbers for any of the states. For example, in 2013 eight states reported that less than 5% of their investigations involved children with disabilities (Texas reported 1.9%) while eight states reported that more than 25% of their investigations involved children with disabilities. Lack of child welfare training in identifying children with disabilities coupled with a lack of standardized definitions of disabilities used across states make the accuracy of federally reported data suspect. The lack of empirical knowledge about the prevalence of children with disabilities or special health care needs involved the child welfare system is a significant barrier to addressing risk and how to best serve clients. Reviews of child fatalities in Texas as well as in other states and countries have found that children born premature, with low birth weight or with early medical issues die because of abuse, accident, co-sleeping, or SUIDs at a substantially higher rate than other children. It's vital the CPS workers accurately gauge child safety and risk. They are unable to do this unless they are also prepared to recognize disabilities/medical needs, appropriately assess for safety based on individual needs associated with disability, and provide families with relevant, necessary services. Failure to fully appreciate the importance of the interplay of multiple risk factors in a family and how to best serve the family in order to keep the child safe means that the child/family will keep coming to the attention of the various systems as the untreated problems get increasingly worse.

Recommendations:

The CJA Task Force recommends supporting policies and programs to improve awareness of the increased risk of abuse for children with disabilities and children with primary medical

needs as well as promote interagency collaboration to improve system response to these cases.

Examples of strategies supported by CJA may include:

- Encourage improved data collection on the prevalence of children with disabilities and primary medical needs with child maltreatment allegations in Texas;
- Training for caseworkers on the necessity of in-depth investigations in cases involving children with primary medical needs, particularly infants. Particular care should be taken in cases where a child has primary medical needs and a health care professional has reported medical neglect. The Task Force understands that CPS Transformation is changing worker training as well as the way that safety and risk are assessed. We will monitor this process to ensure that we do not work at cross purposes;
- Training/resources for medical providers to improve awareness of the increased risk of abuse for children with primary medical needs, children with neonatal abstinence syndrome, and children with disabilities;
- Training/resources for WIC program staff, or other social service agencies who might come in contact with families, on the risk of abuse and neglect for children with disabilities or primary medical needs;
- Training/resources to improve communication and collaboration between CPS caseworkers, disability services providers and medical professionals to ensure better support for at-risk families.

Child Maltreatment-Related Fatalities

Texas DFPS investigates roughly 27% of the child fatalities in the state each year. Local Child Fatality Review Teams (CFRTs) cover 200 of Texas' 254 counties and, according to the State Child Fatality Review Team (SCFRT) Report from 2013, they reviewed 54.2% of the child deaths in those 200 counties. To fully understand the circumstances and risks leading to a child death, identify trends, and implement effective prevention activities, 100% of child deaths need to be reviewed and recorded. Additionally, Texas needs to use multiple data sources (vital statistics, death certificates, uniform crime reports, child death review, etc.) to enhance surveillance and measurement of child abuse fatalities.

The cause of death in a child case is difficult to determine. High quality death investigations, including standardized response by first responders, death scene investigations by law enforcement and justices of the peace, standardized autopsies conducted by trained forensic pathologists with knowledge of pediatric pathology, and open communication between law enforcement, CPS, healthcare professionals, coroners, and medical examiners, are necessary in order to make the correct determination in a child death case. If any of these critical areas is inadequate, the system runs the risk of failing. In these cases in particular, joint investigations are critical. When child deaths are not reported to CPS in a timely manner or not at all, the case disposition might be entirely based on law enforcement and medical examiner findings. The evaluation would miss out on possibly critical information. When first responders are not trained on how to appropriately manage unexpected infant death, the investigation may be compromised. If law enforcement and coroners across the state are not using consistent, standardized protocols to investigate infant and child death, the outcomes of investigations may be not be achieving justice. Death certification will not and cannot be accurate without an adequate scene investigation. As stated earlier, child abuse fatalities are less attributable as

homicide from the outset and initial circumstances may show no obvious cause of death. This might be true even after an autopsy. In order to keep the appropriate data about child abuse and neglect fatalities, those children must first be identified at the investigations stage. Consistency in every level of the investigation is critical. To what extent this is happening consistently throughout the state is unclear.

Recommendations:
The CJA Task Force recommends supporting policies and programs to improve the quality and consistency of data collection, investigation, and certification of cases of child death in Texas.

Examples of strategies supported by CJA may include:

- Review existing CFRTs and promote increased standardization as well as data collection capacity;
- Regular training and tools should be provided to law enforcement and prosecutors involved in these cases including developments in the law and latest advancements in investigative and forensic techniques;
- The Commission to End Child Abuse and Neglect Fatalities (CECANF) mission is to develop a national strategy and recommendations for reducing fatalities across the nation from child abuse and neglect. It is likely in the next few years the Commission will recommend the following:
    - Standardized, cross-system data sharing on child fatalities;
    - Develop standardized best practice guidelines for child death scene investigation and death certification.
    - Develop nationally standardized child death investigation protocol.
    - The adoption of child autopsy protocols.

The Task Force supports these strategies but does not wish to duplicate efforts or work at cross purposes with the Commission. We will continue to monitor the development and implementation of the recommendations states above.

Medical Evaluations for Child Maltreatment Victims

Healthcare professionals are a critical part of the reporting, investigation, assessment and prosecution of child abuse cases. Medical personnel were the number one source of completed child abuse investigations in Texas in 2013 (17.6%) and the number two source, second to teachers, in 2014 (17.5%). This percentage is more than double the national average of child abuse reports from medical professionals. However, in spite of continued effort, the child abuse medical expertise in Texas has not successfully been able to extend to the poorer, more rural areas of the state. Texas does not have enough primary care doctors in 126 of its 254 counties. The majority of these counties are rural. 73% of hospitals are located in urban areas and 63 counties in Texas have no hospital. There is also a potential for a difference in the diagnosis that a child will receive when seen by a child abuse pediatrician versus a pediatrician without child abuse expertise. There is a need for medical child abuse expertise for physicians, CPS and law enforcement throughout the state yet the majority of this knowledge is available only in select, urban areas.

Medical expertise is particularly critical in cases that involve a criminal component. It's challenging to distinguish between intentional and unintentional injuries. There is no single test that can prove or disprove child abuse. No single injury or symptom is synonymous with

child abuse but rather it takes a combination of features to make the correct diagnosis. It's one that is often difficult for doctors to make. Court cases are also increasingly dependent on scientific evidence and expert witnesses are playing a bigger role. These cases point to the need for additional research to develop and refine the tools and technologies to improve the diagnostic accuracy of abuse related injuries.

Recommendations

The CJA Task Force recommends support for programs to increase the consistency and accuracy of the medical diagnosis of child abuse and neglect as well as support for programs to improve access to quality medical evaluations for suspected victims of child maltreatment, particularly in rural and underserved areas.

Examples of strategies supported by CJA may include:

- Research and data collection to improve the consistency and accuracy of the diagnosis of child abuse to strengthen the investigation and prosecution of these cases;
- Training for medical providers and attorneys on medical evidence in child abuse cases and courtroom testimony;
- Effective dissemination of best practices in the medical diagnosis of child abuse and enhanced collaboration between child abuse pediatricians, CPS, law enforcement, and medical professionals in Texas.