Because this is work that matters

# MDT Quarterly

October 2008 - Volume 56

## Ending trauma for abused children

**The Oregon Network of Child Abuse Intervention Centers wants the MDT Quarterly to help you excel in the work that you do.**

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**We want your input. Let us know about upcoming trainings, best practices, and items of interest. Want to write for us? Just drop us a line!**

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**Your premiere source for MDT news.**

### MDT RESOURCES

Western Regional Child Advocacy Center

The Western Regional Child Advocacy Center (WRCAC) is a training and technical assistance organization funded through a grant from the U.S. Department of

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**LAW ENFORCEMENT**

## Child Death Investigations

by Craig Stoelk

Law Enforcement (LE) as first responders to child death investigations are tasked with many responsibilities, both to the involved family and to the community at large. The process of a complete investigation will ultimately include collaboration with other partners of the child abuse/fatality team.

As a first responder, law enforcement must balance the need to be both analytical in its assessment of a death scene and medical history as well as sensitive to the emotions and needs of a grieving family. Not all child deaths are criminal in nature and conversely not all deaths are accidental or natural in occurrence. Some deaths that appear to be natural may in fact later be deemed to be an accidental or intentional death from an overdose of medication. In cases where autopsy results, either at time of the autopsy or weeks later with the knowledge of toxicology tests, shift an appearance of a tragic natural death to a potential criminal death it is likely too late to return to an undisturbed scene and retrieve useful evidence. Statements from family and other witnesses may also become stale, or rehearsed or their cooperation diminishes.

A crucial component of a child death investigation is the inclusion of Child Protection Services (CPS). CPS adds a tremendous amount of family history to a death investigation, including past histories of abuse, substance abuse, and other family dynamics, not otherwise readily available to LE. This added information aids in determining investigative priorities. CPS is also positioned to provide other resources to a family in crisis, including locating appropriate care providers for surviving children and follow up services to parents in crisis.

In death investigations of older children, additional contacts within the multidisciplinary team's community may include area educators, who may be

Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). WRCAC is embarking on its 5th year of a 5-year grant cycle.
The next WRCAC sponsored multidisciplinary team (MDT) training will be held in Bend, Oregon in November. Thirteen teams from across the state applied to attend this training. All applications were exceptional and all teams were worthy of attending upcoming the training.

There were a number of considerations in WRCAC's selection of the five teams participating in the training. These included paying attention to the location of the team in order to have a wide geographic representation at the training, whether or not the team included a Child Abuse Intervention Center that was a member of the National Children's Alliance (NCA) or whether the team was an established or developing MDT. The organizational structure of the team and Child Abuse Intervention Center were taken in consideration as well in order to include a variety of models. After careful review and assessment of the applications received, the WRCAC selected Oregon teams from the following counties: Yamhill, Lincoln, Coos, Hood River, and Deschutes. Oregon Centers represent a great diversity in programs from hospital-based and government-based to independent non-profits and programs operating under larger, umbrella non-profits. While many states have been able to sustain paid state coordinators to provide technical assistance, consistency and collaboration of the Child Abuse Intervention Centers in their state, Oregon has accomplished this almost entirely through the volunteer activities of the Network directors, many of whom already have full time jobs operating their Centers.
WRCAC has enjoyed a long-standing working relationship with the Oregon Network Centers, and the Oregon Department of Justice's CAMI Program. We look forward to strengthening those relationships and look forward to identifying new areas in which the WRCAC can participate in the training and development of multidisciplinary teams in Oregon.

Brenda George
Project Coordinator
Western Regional Children's Advocacy Center

able to add information concerning a youth's risk for suicide, or to locate a victim's friends as witnesses. They may also aid in providing grief counseling. The sooner LE communicates with logical sources of information, the more easily investigative leads can be accomplished and rumors are stifled.

It is crucial for LE first responders to be thorough in their observations, interviews and documentation at a death scene. Thorough death investigations do not just solve criminal deaths. Good investigations lead to product safety improvements, parent and community education and building positive community relationships. Automotive child restraint systems, childproof medicine caps and back to sleep campaigns were not the creations of vivid imaginations, but rather the result of the cumulative review of competent child death investigations and efforts to create preventative programs out of tragedy.

*Craig Stoelk is a retired Detective from the Salem Police Department.*

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**MEDICAL NEWS**

## Shaken Baby Syndrome in Oregon

by Jennifer Cole, MDT Staff

Shaken Baby Syndrome (SBS) is receiving more attention in Oregon these days. The Children's Trust Fund of Oregon and CARES Northwest have collaborated to bring high quality, free training to health professionals. Legacy Emanuel Hospital has developed a prevention program that is now available to any hospital wishing to use it. Representative Sara Gelser is working to bring prevention programs to communities around the state to prevent the tragedy of needless child deaths.

SBS is a form of intentional head trauma inflicted on infants by violent shaking, with or without contact between the head and a hard surface. Because of the relatively large size of a baby's head relative to its body, shaking produces torsional forces on the brain that result in subdural hematomas, diffuse axonal injury and retinal hemorrhages, all of which can have devastating consequences, including brain damage, blindness, and death.

### How Frequent is SBS in Oregon?

From 2000 to 2004, there were an average of nine new SBS cases admitted each year to Oregon hospitals. Their ages ranged from 1–24 months with a median age of 4 months, and 61% were male. In cases where the perpetrator was known, the perpetrator was identified as the father in 56% of cases, the mother in 12% of cases and the mother's boyfriend in 12% of cases. Victims were hospitalized for an average stay of six days, with a range from 0–42 days. Fifty-one percent were discharged home, 34% were placed in protective custody, 8% died, 3% were transferred to another facility, and 3% were released to the custody of someone other than the parent.

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## TRAINING SPOTLIGHT

### Preventing Shaken Baby Syndrome

Three years ago the Children's Trust Fund of Oregon (CTFO) awarded a grant to Legacy Emanuel Hospital to develop an evidenced based prevention program for the prevention of *Shaken Baby Syndrome* . Through this grant researchers investigated available models and developed an educational format, which Legacy Emanuel offers to all new parents in many of their hospitals and birthing centers. It is available for any hospital to use. CTFO is now working to have the prevention curriculum roll out statewide in conjunction with legislation sponsored by Rep. Sara Gelser.
The Children's Trust Fund of Oregon and CARES Northwest are sponsoring a training, *Shaken Baby Syndrome: A Preventable Tragedy* on October 29th from 1:00 pm – 5:00 pm at the Lorenzen Center at Legacy Emanuel Hospital. It is a free training and a public service to encourage health related professionals to become more aware of the issue of *Shaken Baby Syndrome* and to introduce them to the prevention program. Rep. Sara Gelser will speak and Sandy Nipper, the primary point of contact for Legacy Emanuel's prevention program will present on the *Period of Purple Crying*. The conference is free of charge but pre-registration is required and space is limited. Click on the link below to register. Category II CME and NASW continuing education credits will be offered to all participants.

Children's Trust Fund of Oregon/STARS Foundation
1410 SW Morrison St. Ste. 501
Portland, OR 97205
(503) 222-7102

SBS is expensive, both in human and financial terms. Total treatment charges in Oregon from 2000–2004 were $2,147,414, with an average charge per patient of $42,106 and a range of $4,389 to $260,208. The primary payer was the Oregon Health Plan for 81%.
Although, clearly under-reported, about 300 children less than age one die due to SBS in the U.S. each year. A variety of studies document SBS mortality rates in the U.S. from 13–30%. In Oregon from 2003 to 2005, five children died due to SBS.

**Crying-ology**
Crying is believed to be the most frequent stimulus for SBS. Crying-ologists have documented normal crying patterns, and shown that they change with age. The "average" baby cries for more than two hours each day. Crying bouts typically begin in the second or third week of life, and peak around week six, declining thereafter. Crying episodes are most common in the late afternoon or evening–not insignificantly corresponding with transitions from day care to parents and/or from a long day at work to home. Crying often begins suddenly and for no apparent reason and the baby may be difficult or impossible to comfort. It is believed that often the shaking episode that brings a baby to the emergency room is the last in a series of shaking events that started days or weeks earlier.

**MDTs and SBS**
Research in child abuse prevention is proving that training parents and supporting parenting skills is more effective than warnings. Helping parents, particularly first-time parents, develop realistic expectations about how much their infant is likely to cry and educating them about the dangers of shaking can help prevent SBS. Parent education programs on SBS have been implemented at the hospital level in several states. Discussions about implementing these programs in Oregon are currently underway and Oregon's MDTs are in a key position to help bring such trainng and education to communities around Oregon.

**SBS Resources**
National Center for Shaken Baby Syndrome: The Period of Purple Crying preventative materials (DVD for Parents)

This article is taken from information available at Department of Human Services

**Special thanks to Lisa Millet, Injury Prevention and Epidemiology Section Manager, Department of Human Services, Health Services.*

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## UPCOMING TRAINING

**Oregon Police Officer Academy**
(providing a section on Child Abuse)
Nov 19 - 21, 2008

## Department of Public Standards and Safety Training

DPSST Child Abuse Conference, February 11-12, 2009
(Announcement to come out mid-November)

**Detectives Academy**
April 6-17, 2009 (Announcement to come out in early January, 2009)

**Western Regional Children's Advocacy Center Trainings**

**Multidisciplinary Team Training**
November 3-7, 2008
Huntsville, AL

**Basic Medical Training Academy**
November 16-18, 2008
Huntsville, AL

**Multidisciplinary Team Training**
November 18-21, 2008
Bend, Oregon

**Court Preparation for the Medical and Legal Professional in Child Abuse**
December 4-6, 2008
Salt Lake City, UT

For more information contact Lynn Rioth (719) 884-0379
Scholarships may be available.

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**NETWORK NEWS**

Oregon Network Strategic Plan
by the Network Executive Committee

The Oregon Network is at a key developmental milestone; we are in the midst of establishing a Network Coordinator to help us enhance our efforts at improving child abuse intervention services and funding across the state. With our new strategic plan, we have identified focus areas with specific goals and assigned Network members to serve on committees to address each goal. Our immediate focus will be on legislative priorities: working collaboratively for any needed changes to Karly's Law and ensuring continued support of CAMI funding for MDTs. Our long-range focus is the accreditation of the Network as a National Children's Alliance (NCA) state chapter.
Center directors met in July in Coos Bay for the quarterly meeting of The Oregon Network of Child Abuse Intervention Centers. Fourteen of the state's nineteen centers were represented to discuss statewide concerns and future challenges. Brenda George from the Western Regional Advocacy Center in Colorado Springs, Colorado facilitated the strategic planning. Brenda's expertise and experience was a tremendous resource and her great enthusiasm for the work helped to move us through the process in a timely manner, ending with a product we could see and act upon.

The Network meets quarterly, rotating its meeting locations around the state, such as Medford in October 2008 and Salem in January 2009. We welcome directors or their designees from developing and established child abuse intervention centers in Oregon, as defined by the Oregon Revised Statutes.

For information on the Network contact our Executive Committee:
*Chair Lisa Galovich , Amani Center (St. Helens), 503-366-4005*
*Vice Chair Sandra Leavitt , Mt. Emily Safe Center (LaGrande), 541-963-0602*
*Secretary Kathleen Coleman , Juliett'e House (McMinnville) 503-435-1550*
*Treasurer Gretchen Bennett , Liberty House (Salem) 503-540-0407*
*CAMI Advisory Representative Tina Morgan , Kids FIRST (Eugene) 541-682-3938*
*Regional Centers Representative Kevin Dowling CARES Northwest (Portland) 503-276-9000*

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CENTER SPOTLIGHT

## The Children’s Advocacy Program of Coos County

by Kathryn Gabel

The Children’s Advocacy Program of Coos County is a unique program. Under the umbrella of the Women’s Safety & Resource Center , the program makes child-friendly assessment services available to children and their caretakers in a separate and comfortable setting. The advocacy center’s building looks much as much like a home on the outside of the building as it does on the inside. It was designed to provide comfort for families and children who come to the center needing its services. Clients entering the assessment center meet a warm living room atmosphere complete with comfortable sofas and a coffee table. Stuffed animals and toys line the back wall of the living room where there is a play area for youth of all ages. Each child leaves with a stuffed animal of his or her choice.

Decorated with a colorful quilt of ABC’s, animals, and colors that can be used for finding a knowledge base when interviewing younger children, the interview room is equipped with two cameras providing different views of the child being interviewed. Multidisciplinary team members involved in a child’s assessment observe interviews from a room adjacent to the interview room. This room provides a split screen monitor and desk space for team members to take notes.

The Children’s Advocacy Program also provides medical examinations to children. The medical room is equipped with a new exam table and new digital camera. This room also reflects the comfortable setting of the program’s facilities with hand made quilts on the walls and stuffed animals lining the countertop.

There are three offices for staff at the Advocacy Center. Staff includes: Kathryn Gabel, program manager and child advocate; Michelle Nicolaus forensic interviewer and Sonia Amlin, advocate and prevention specialist. Each office has the same warm and inviting decor that seems to extend from the comfort of the living room. Another office provides space for children’s caregivers to meet with staff after the child abuse assessment. Law enforcement and Child Protective Services also use this space to meet during assessments.

The Children’s Advocacy Program of Coos County is an excellent example of the various ways in which Oregon’s multidisciplinary team members often work in collaboration with other, larger programs to ensure that appropriate services are always made available to children in their own communities.

*Kathryn Gabel is the Program Manager and Child Advocate for the Children's Advocacy Program of Coos County.*

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*"Only those who look with the eyes of children can lose themselves in the object of their wonder."*

--Eberhard Arnold

The*MDT Quarterly eNewsletter* replaces the printed publication of the same name. Subscriptions are available for free upon request to: mdtquarterly@clearwire.net

The*MDT Quarterly eNewsletter* is intended for MDT members to maintain a current awareness of resources and information related to the field of child maltreatment, investigation, and response.

Comments and contributions are welcome. Write to the e-mail above.

Oregon Department of Justice | The Oregon Network of Child Abuse Intervention Centers

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