



## **Texas State Child Fatality Review Team Committee Position Statement: Addressing Preventable Child Abuse & Neglect**

The State Child Fatality Review Team Committee (SCFRT) works closely with local Child Fatality Review Teams (CFRT) to promote public awareness and action to reduce the number of preventable child deaths. A critical area identified by the SCFRT is the prevention of child abuse.

Sadly, the most vulnerable in our society often pay the ultimate price when subjected to abuse and neglect. In FY 2009, an estimated 1,770 children died from abuse and neglect in the United States. Even with continued intervention by child welfare agencies across the nation, the number and rate of child abuse fatalities have been on the rise in the past five years (Children's Bureau, 2010). Four-fifths (80.8%) of all child fatalities were children younger than four years old (Children's Bureau, 2010).

Texas continues to have a high rate of child fatalities due to abuse and/or neglect as compared to other states. However, this can be partially contributed to a legislatively-expanded definition of abuse and neglect in Texas as compared to other states that includes parental drug use (CPPP 2009). Also, Texas requires unexpected fatalities of children under the age of six to be reported to the medical examiner for assessment of abuse and/or neglect as a factor of the child's death (CPPP 2009).

Additionally, Texas' child fatality rates are compounded by having one of the highest rates in the United States of child poverty, teenage child birth and a low rate of abuse/neglect prevention services (CPPP 2009). Texas' Health and Human Services (HHS) and Department of Family and Protective Services (DFPS) have joined together to critically focus on reducing child fatalities through the statewide Child Fatality Response Initiative (CFRI) (THHSC, 2010). Texas' CFRI is designed to assist Texas in streamlining and effectively implementing agency actions to ensure greater understanding of the issues surrounding child fatalities, coordination of activities, consistent definitions of child fatalities due to abuse/neglect, proper data collection, and a thorough response between internal and external stakeholders.

### **RECOMMENDATIONS TO THE STATE OF TEXAS, THE TEXAS LEGISLATURE, PARENTS, HEALTHCARE PROVIDERS AND CHILD FATALITY REVIEW TEAMS**

#### **COMMUNITY LEADERS AND ORGANIZATIONS**

Community awareness and prevention plans are very essential steps in identifying both the victims and the perpetrators of child abuse and/or neglect. Careful and effective risk assessment, early intervention, and easy access to care and prevention programs will provide a safer environment for our children and decrease reoccurrences.

Recommendations:

- Educate the community about ways to report child abuse/neglect and the impact of child abuse/neglect on the family.
- Report any concerns of child abuse/neglect to Child Protective Services Statewide Intake at 1-800-252-5400 or through [www.txabusehotline.org](http://www.txabusehotline.org).
- Develop and expand partnerships in the community that contribute to child abuse/neglect prevention and intervention services.
- Ensure that services for the whole family are available and accessible across diverse communities. Services should be culturally and linguistically appropriate and respectful of the culture and traditions of a family.

### **EDUCATIONAL INSTITUTIONS AND SCHOOLS**

Teachers and staff at schools and daycare centers have day-to-day contact with the most vulnerable population for extended periods of time. This frequent contact puts these professionals in an ideal situation to observe unusual behaviors, which are often the first sign of abuse or neglect. Having the opportunity to develop trusting relationships with these children may lead either directly or indirectly to disclosures of abuse or neglect. In all states, federal law mandates that teachers and school administrators must report any suspected abuse or neglect. By doing so in a timely manner, the window of opportunity for intervention is much greater. In most states, school nurses and other personnel are also mandated to report their suspicions. Early intervention is absolutely crucial in preventing further occurrences and is critical in a child obtaining a complete psychological recovery..

Educators are recommended to:

- Educate staff as to the signs and symptoms of child abuse/neglect.
- Educate staff on requirement to report suspected child abuse/neglect to Child Protective Services Statewide Intake at 1-800-252-5400 or through [www.txabusehotline.org](http://www.txabusehotline.org).
- Refer youth to school resources for ongoing assessment of needs.
- Provide a venue for local child abuse/neglect prevention efforts.

### **MEDICAL INSTITUTIONS AND DOCTORS/SCIENTISTS**

Community medical and healthcare providers have long been committed to preserving the health, safety, and welfare of children and youth; child abuse prevention must be a top priority in this effort. In order to continue making a difference in child abuse prevention, professionals believe that an increase of scientific research-based intervention studies, that provide clear standards and replicable results, will help to decrease the loss of young lives to child abuse.

It is the pediatrician's role to promote the child's well-being and to help parents raise healthy, well-adjusted children. Pediatricians, therefore, can play an important role in the prevention of child maltreatment.

### Recommendations for Medical Providers:

- Obtain a thorough social history, initially and periodically, throughout a patient's childhood.
- Acknowledge the frustration and anger that often accompany parenting. Provide anticipatory guidance about developmental stages that may be stressful or serve as a trigger for child maltreatment.
- Talk with parents about their infant's crying and how they are coping with it. Learn their perception of their infant's crying and which strategies they use to cope. Provide parents with insight into the infant's behavior and teach alternative responses.
- When caring for children with disabilities, be cognizant of their increased vulnerability and watch for signs of maltreatment.
- Be alert to signs and symptoms of parental intimate partner violence and postpartum depression.
- Guide parents in providing effective discipline.
- Talk to parents about normal sexual development and counsel them about how to prevent sexual abuse.
- Encourage caregivers to use the pediatric office as a conduit to needed expertise.
- Advocate for community programs and resources that will provide effective prevention, intervention, research, and treatment for child maltreatment and for programs that address the underlying problems that contribute to child maltreatment (e.g., poverty, substance abuse, mental health issues, and poor parenting skills).
- Advocate for positive behavioral interventions and supports in schools. Encourage schools to implement effective and supportive behavioral expectations and interventions.
- Recognize signs and symptoms of maltreatment and report suspected maltreatment to the appropriate authorities.

### Recommendations for Medical Schools

- Provide education to all primary medical providers for children in screening and referrals for ongoing services to address child abuse/neglect.
- Educate medical professionals and medical staff on requirement to report suspected child abuse/neglect to Child Protective Services Statewide Intake at 1-800-252-5400 or through [www.txabusehotline.org](http://www.txabusehotline.org).
- Advocate for integrated behavioral health, which provides counseling for families within pediatric offices.
- Local health departments, vital statistics departments, medical examiners' offices, and death review teams should coordinate efforts to obtain more comprehensive information about child fatalities due to abuse and/or neglect.

## **FAMILIES**

If a caregiver or family member feels that they themselves might become abusive, they should seek help. They can:

- Access statewide services, including crisis hotlines, at <http://www.dshs.state.tx.us/mhsa-mh-help/>
- Ask a family member or trusted friend to care for the child/children until they feel they are no longer in danger.
- Plan alternatives to verbal abuse, which can escalate to physical abuse.
- Never shake a baby.
- Encourage the caregiver or family member to participate in community services and support systems.

If a caregiver or family members fears that someone else may be abusing a child, they can:

- Report suspected child abuse to the Texas Department of Family Protective Services 1-800-252-5400 or [www.txabusehotline.org](http://www.txabusehotline.org).
- Offer to care for the child to give respite periods.

## **SOCIETY**

Society as represented by the legislature, governmental agencies, religious organizations, and community entities all has a part in the prevention and treatment of substance abuse. Initiatives to consider are:

- Improving access to affordable child care;
- Improving access to substance abuse and mental health treatment for parents that need it;
- Creating a sustainable prevention and treatment infrastructure in all Texas communities; and
- Funding and implementation of evidence-based treatment interventions such as: drug courts, home-based mentoring programs, mental health services, and domestic violence intervention services.

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The SCFRT makes the above recommendations to educate the public in our collaborative effort with local CFRT across the state to promote injury prevention and eliminate all preventable deaths to children and adolescents in Texas. The SCFRT Position Statement on Addressing Preventable Child Abuse and Neglect is a product of the research of Dr. Emilie Becker, Dr. Kim Cheung, Susan Miller and Kris Brown. It was reviewed and approved by the SCFRT membership. This Position Statement will be reviewed annually and updated as new validated information indicates.

August 2011

## **RESOURCES:**

American Academy of Pediatrics Clinical Report: **The Pediatrician's Role in Child Maltreatment Prevention.** Emalee G. Flaherty, John Stirling, Jr and The Committee on Child Abuse and Neglect Pediatrics 2010;126;833; originally published online September 27, 2010; DOI: 10.1542/peds.2010-2087 Available online: [pediatrics.aappublications.org/content/126/4/833.full.html](http://pediatrics.aappublications.org/content/126/4/833.full.html)

American Academy of Physicians, American family Physician Article: **Primary Prevention of Child Abuse.** Lesa Bethea, M.D. University of South Carolina School of Medicine Columbia, South Carolina published online March 15, 1999. Available online: <https://child-abuse.com>

Center for Public Policy Priorities (CPPP), "Child Abuse and Neglect Deaths in Texas." 2009. Policy Page, No. 09-427. [www.cppp.org/files/4/427\\_Child\\_Deaths.pdf](http://www.cppp.org/files/4/427_Child_Deaths.pdf)

Children's Bureau, U.S. Department of Health and Human Services (2010), In *Child Maltreatment 2009*. [www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=66](http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=66)

FRIENDS, the National Resource Center for Community-Based Child Abuse Prevention (CBCAP), [www.friendsnrc.org/](http://www.friendsnrc.org/)

Prevent Child Abuse America: [www.preventchildabuse.org](http://www.preventchildabuse.org)

Texas Department Family Protective Services  
[www.dfps.state.tx.us/prevention\\_and\\_early\\_intervention/about\\_prevention\\_and\\_early\\_intervention/ResourceLinks.asp](http://www.dfps.state.tx.us/prevention_and_early_intervention/about_prevention_and_early_intervention/ResourceLinks.asp) and  
[www.dfps.state.tx.us/prevention\\_and\\_early\\_intervention/programs\\_available\\_in\\_your\\_county/default.asp](http://www.dfps.state.tx.us/prevention_and_early_intervention/programs_available_in_your_county/default.asp)

Texas Health and Human Services Commission (THHSC), Strategic Decision Support. (2010). *Historical trends of fatality among Texas children.*

The Texas Statewide Blue Ribbon Task Force on Child Abuse Prevention Final Report  
[www.blueribbontaskforce.com/btrfdrupal/sites/default/files/Statewide%20BRTF%20Final%20Report.pdf](http://www.blueribbontaskforce.com/btrfdrupal/sites/default/files/Statewide%20BRTF%20Final%20Report.pdf)