Abstract:
Emergency physicians, because of their frequent role in evaluating child victims of abuse and neglect, are likely to come into contact with child protective services (CPS) and law enforcement and may be called to testify in court. It is important that pediatric emergency medicine physicians have an understanding of CPS and criminal justice systems as they pertain to child abuse and neglect, as well as skills in effectively providing court testimony. This article, using case illustrations, will discuss the CPS and criminal justice systems, as well as provide strategies to facilitate comfort and effectiveness as a court witness.

Keywords:
court testimony; child abuse; child protective services

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Court Testimony, Child Welfare and Justice Systems, and the Emergency Physician

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Child abuse and neglect is a large societal problem; according to recent nationwide data, 9.2 per 1000 children were reported to be victims of abuse and neglect in 2010.[1] Those who in the course of their professional duties provide care for children who may be abused or neglected may be asked to interface with the child protective services (CPS) and criminal justice systems and may be called to testify in court. The prospect of appearing in court is often anxiety provoking among physicians, who may feel uncertain about the nature of court proceedings and unprepared to testify effectively. In addition, physicians may be uncertain of the processes of the CPS and criminal justice systems regarding child abuse. Given that many cases of child abuse and neglect present initially to the emergency department (ED), it is important that emergency physicians have understanding of the child welfare and legal systems involved in child protection, as well as skills in effectively providing court testimony.

CASE 1

A 6-year-old boy is brought by his grandmother to the ED with significant bruises and linear abrasions and welt marks across his lower back and buttocks. The grandmother reports that the child primarily lives with his father who has legal custody but that he

does stay with her often when the father is working. The biological mother has a history of substance abuse and is not involved with the child's care. The grandmother reports that the child was dropped off at her house this evening to stay for several days while the father went out of town. Upon his arrival at her house, she noted that the child "walked a little stiffly" and did not want to sit down. When she asked him if he was hurt, he disclosed to her that his father beat him earlier that day with a belt for misbehaving. The grandmother examined the child, observed the belt marks and bruises, and brought the child to the ED. In the ED, when questioned alone, the child reports the same history as told by the grandmother and states that he is scared of his father and that he is often hit. His exam is significant for bruises and linear welt marks with some abrasions over the lower back and buttocks. The child has no other injuries and is otherwise well. A report is made to the local CPS agency to initiate investigation.

CASE 2

An 11-year-old girl presents to the ED with her mother on a Sunday evening after a weekend visit with her father. The parents have been separated for many years and have a formal custody agreement such that the child lives with her mother but visits her father every other weekend. The child reports that this weekend when visiting her father, who recently moved in with his new girlfriend and her 17-year-old son, the 17 year old male teenager accosted her in her bedroom and attempted to have penile-vaginal intercourse with her. Her examination shows some bruising of the labia bilaterally as well as a small tear of the fossa navicularis. An evidence collection kit as well as testing for sexually transmitted infections is performed and the child is given appropriate antibiotic and antiviral prophylaxis. A report to the local CPS agency and to law enforcement is made.

CASE 3

A previously healthy 4-month-old male infant presents to the ED via emergency medical services obtunded and with poor respiratory effort. He is immediately taken to the trauma bay, where resuscitation is initiated and he is intubated. Computed tomography shows large bilateral acute subdural hemorrhages. A chest x-ray reveals multiple bilateral healing rib fractures. Trauma laboratories reveal increased alanine aminotranferase and aspartate aminotransferase; an abdominal computed tomographic scan done subsequently reveals a liver laceration. There are multiple bruises noted on his face, back, and abdomen. A history obtained from the infant's mother is that he was last well before her departure for work earlier that day. During the day, he was cared for by her boyfriend (who is not present at the hospital). She states that her boyfriend told her that the baby cried more than usual that day when awake but was otherwise fine and was taking a nap when she arrived home. When she checked on the baby, she found him limp, blue, and unresponsive. The boyfriend reportedly denied any history of trauma. She called 911 immediately and she and the infant were transported to the hospital. The infant is subsequently admitted to the intensive care unit where he is further found to have parenchymal brain contusions, hypoxic-ischemic encephalopathy, and significant bilateral retinal hemorrhages. The hospital's child protection team is very involved with this case and opines in their consult that the constellation of injuries is diagnostic of nonaccidental trauma. They discuss the child's clinical status and the diagnosis of nonaccidental trauma frequently with law enforcement and CPS. After an extended hospital stay, the infant is eventually discharged to a rehabilitation and long-term care facility given his persistent neurologic deficits.

INTRODUCTION

Investigation of alleged child abuse or neglect often involves 2 systems. One system is CPS, which consists of state agencies charged with investigating reports of child abuse and neglect for the purpose of protecting children from abuse or neglect in their home environments. The other is the criminal justice or law enforcement system, which is designed to identify and prosecute individuals who have broken the law. Although both systems share a goal of ensuring the safety of children, the focus of each system is different. The systems often work simultaneously, and depending on the locality or municipality, may cooperate with each other in case investigation, such as jointly interviewing a child victim of sexual abuse, and in multidisciplinary team meetings regarding child abuse cases. However, not every case of possible abuse or neglect may warrant investigation by both systems; depending on the type and severity of abuse, location of occurrence, relationship of perpetrator to child, and the specific local child protection laws, one system or the other may take a leading role in investigation and case involvement or be the only system involved.