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State programs for medical diagnosis of child abuse and neglect: case studies of five established or fledgling programs

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Abstract

Objective: To describe the programs for medical diagnosis of child abuse and neglect in three states and efforts to establish state-wide programs in two states. To describe common themes and issues that emerged related to the establishment and maintenance of these programs.

Methods: Five states were selected as case studies to represent a range of experience and type of function embodied in programs that address medical diagnosis of child abuse and neglect. Individuals knowledgeable about the programs or efforts to establish state-wide programs in their home states described these in detail. Inductive analysis was used to identify themes and issues that emerged across the states studied.

Findings: Themes emerged in three general areas: funding, services, and training. Findings related to *funding* were: 1) State funding was vital for initiation of statewide programs; 2) Alliances with other groups with parallel interests were successfully used to garner support for child abuse programs; 3) Services needed to be adequately reimbursed to be sustained; 4) Political climate often affected funding. With regard to *services* we found: 1) There was no optimal way to organize services, but rather many ways that worked well; 2) It was critical to address local service needs; 3) Provision of

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standardized quality services was essential. With regard to *training*: 1) Professional training was an integral part of all statewide programs; 2) New technologies, including televideo, have been explored and implemented to assist in training in statewide programs.
Conclusions: Each state has taken a unique approach to programs for the medical diagnosis of child abuse and neglect. However, there are commonalities, particularly among the states that have been successful in establishing and maintaining comprehensive services and/or training.

Keywords: Child abuse; Diagnosis; Regional health planning; Health services

Introduction

Comprehensive services for children who may have been maltreated should include: 1) recognition of maltreatment by professionals and the lay public; 2) appropriate child and family diagnostic and therapeutic services with input potentially from child protective services, medical, mental health, law enforcement, and judicial systems; and 3) programs for primary and secondary prevention (Berkowitz, Bross, Chadwick, & Whitworth, 1992; Chadwick, 1996; Monteleone & Brodeur, 1994). In order to establish and maintain quality diagnostic services, there must be adequate funding, quality personnel with adequate training, and communication between the various systems. Each state in the United States is governed by different statutes that dictate the response to child abuse and neglect. Some states have highly developed state-wide programs that address many of the requirements for comprehensive services. Other states have addressed these needs within some regions and not others, or in some content areas and not others.

Regionalization of health care services has been shown to result in improved services in several areas. Regionalization has been given credit for many of the improvements in perinatal outcomes during the 1970s (Evans & Glass, 1978; Goldenberg, Hanson, Koski, & Wayne, 1985), largely due to triage of the highest risk cases to specialized centers. Other studies have endorsed regionalization of direct services because of an association between volume of service and technical quality, e.g. facilities that treat more patients receive better service (Donabedian, 1984). Aside from direct services, regionalization for training and education or professional monitoring may be merited on the basis of economy of scale as well as quality.

The US Advisory Board on Child Abuse and Neglect called for regionalization of services, training, and research related to child maltreatment, specifically recommending the establishment of state and regional resource centers for training, consultation, policy analysis, and research in the field of child protection. The Board further suggested that these centers should be interdisciplinary, and should involve collaboration between universities and relevant state and tribal agencies (US Advisory Board on Child Abuse & Neglect, 1991). Parallel to the regionalization of health services, Child Death Review Teams have become recognized as an important part of providing quality services. Forty-seven states have statewide Child Death Review Teams, and the remaining three have local teams (Durfee, 2000). In Missouri, the statewide team's efforts were shown to be effective in that 84% more