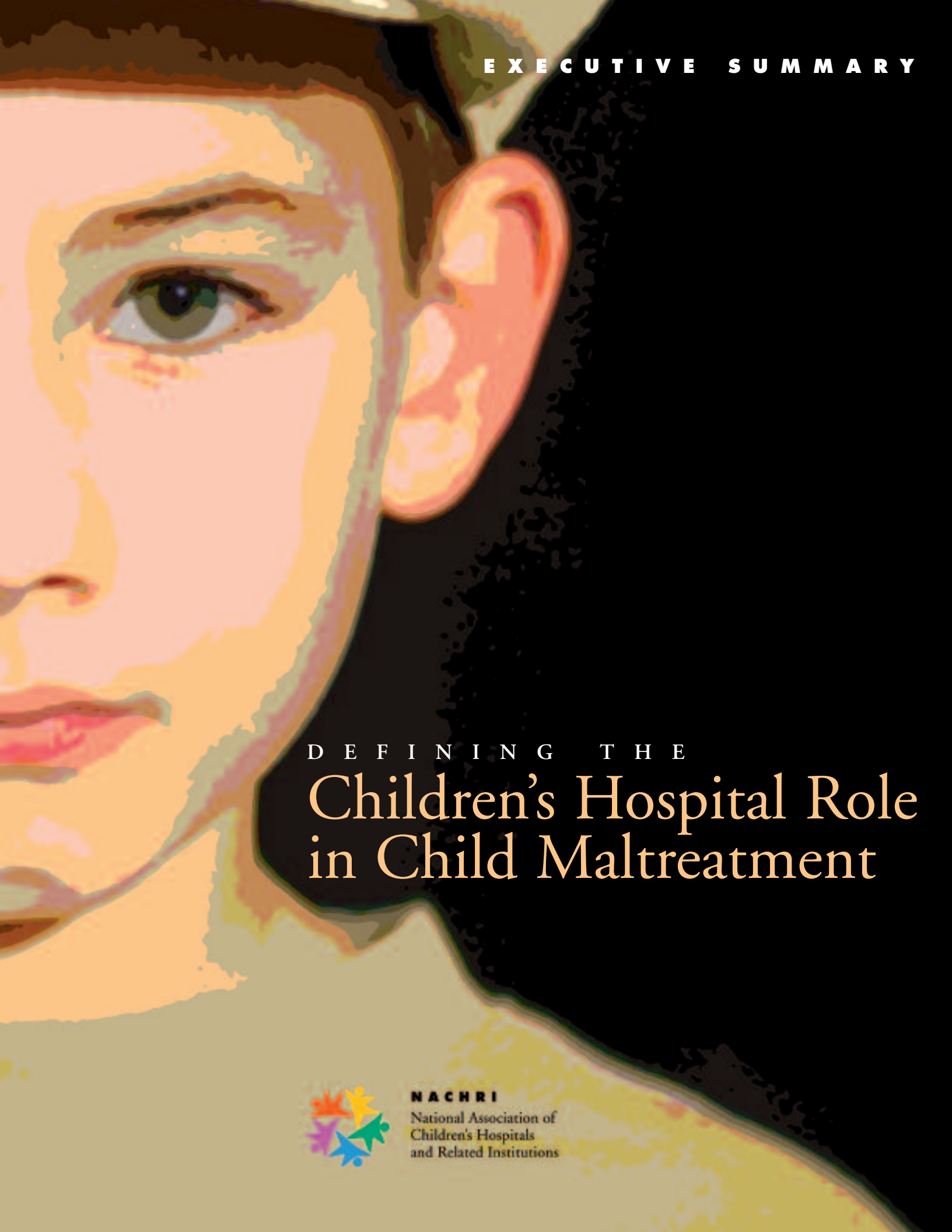
EXECUTIVE SUMMARY



DEFINING THE

# Children's Hospital Role in Child Maltreatment

NACHRI
National Association of Children's Hospitals and Related Institutions

# *Welcome*

**This summary may be useful to a number of disciplines within your organization. The following letters help define the applicability of "Defining the Children's Hospital Role in Child Maltreatment" guidelines to the different audiences.**

Dear Colleagues:

It is with great pleasure I introduce "Defining the Children's Hospital Role in Child Maltreatment," a comprehensive set of guidelines developed by the National Association of Children's Hospitals and Related Institutions (NACHRI) that outlines opportunities for children's hospitals to become leaders in child abuse and neglect response.

Weaving together a seamless, timely and effective system of response that provides necessary medical care and emotional healing to abused children and that delivers appropriate justice to offending adults is a challenge for every community. NACHRI offers this new resource to the 192 institutions it represents and the national, state and local allies these institutions partner with in child maltreatment response and prevention efforts.

"Defining the Children's Hospital Role in Child Maltreatment" is the product of more than a year of discussion and deliberation among leading child abuse experts and administrators from children's hospitals. These experts were joined by key allies, including the American Academy of Pediatrics, the Association of Medical School Pediatric Department Chairs, the Ray E. Helfer Society and the National Children's Alliance. The expertise and dedication these child health leaders provided to the project will help evolve the response of children's hospitals to our nation's most vulnerable children.

In 2001, the NACHRI Board of Trustees made child abuse and neglect prevention and treatment a priority area for child and legislative advocacy. In addition to "Defining the Children's Hospital Role in Child Maltreatment," the NACHRI Council on Child Advocacy produced a variety of resources for NACHRI members and the general public that can be found on the NACHRI Web site at www.childrenshospitals.net.

Thank you for taking the time to review "Defining the Children's Hospital Role in Child Maltreatment." I ask that you share this document with clinical leaders at your institution, as well as community leaders dedicated to the health, safety and well-being of children. Additional copies of the executive summary and the complete guidelines can be found on the NACHRI Web site. NACHRI looks forward to seeing how these guidelines influence your work. Together we can set the standard for child abuse intervention in America and protect the children we serve.

Sincerely,

Christopher G. Dawes
President and Chief Executive Officer
Lucile Packard Children's Hospital at Stanford
Chair, NACHRI Council on Child Advocacy

# Chief Executive Officers

Dear Colleague,

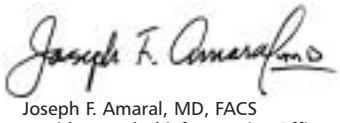
"The test of the morality of a society is what it does for its children," said Dietrich Bonhoeffer, a central figure in the Protestant church struggle against Nazism who was put to death in a concentration camp for his beliefs. The test is especially evident in how we respond to young victims of child abuse and neglect, who are the most vulnerable children in our communities. The mission of a children's hospital in our view, as CEOs of the hospitals who serve on the Children's Hospitals Child Abuse Medical Advisory Group, must extend to these children.

NACHRI is pleased to share with you "Defining the Children's Hospital Role in Child Maltreatment," a guide to the establishment, development and enhancement of child abuse services within children's hospitals. It is our hope that this document will inspire you to comprehensively assess how maltreated children are cared for in your community and by your institution, and consider ways in which you can sustain and grow the services your institution provides.

We know attracting and retaining qualified clinicians in the child abuse field is not a small task. Poor reimbursement rates and outside funding challenges can make the idea of developing or expanding hospital-based child protective services daunting, or even unattractive, to a CEO. This set of guidelines shares practical suggestions on how to build a basic or highly sophisticated child abuse program that is sustainable.

Let us begin a conversation in which the community of children's hospitals discusses how to provide the highest quality care for children who have been maltreated. We look forward to your ideas, contributions and leadership, and to working with you to improve the quality of medical care provided to these most vulnerable children.

Sincerely,



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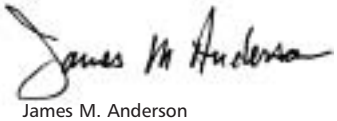

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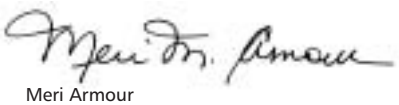

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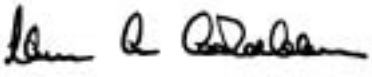

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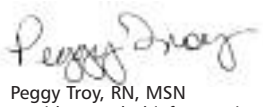

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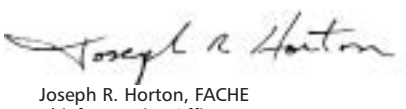

Joseph R. Horton, FACHE
Chief Executive Officer
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# Pediatric Department Chairs

Dear Colleagues:

I am writing to introduce you to "Defining the Children's Hospital Role in Child Maltreatment," an important new document developed by the National Association of Children's Hospitals and Related Institutions (NACHRI). This guide to the establishment, development and enhancement of child abuse services within children's hospitals is the result of many hours of reflective thought and discussion among pediatricians, children's hospital administrators and allied organizations dedicated to providing the highest quality care to children who have been maltreated.

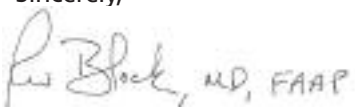
I ask that you use this document to begin a dialogue with the leadership of your affiliated children's hospital on how maltreated children are cared for in your community and to encourage the hospital to assess its role in child abuse prevention and intervention. Working together, your institution and it's children's hospital can become comprehensive responders to child maltreatment.

As you know, child abuse is set to become the next boarded pediatric subspecialty. In addition, a group working through the American Academy of Pediatrics is circulating "Health CARES Network," a plan for child abuse research, education and service intended to stimulate government funding and other resources for the field. Combined with NACHRI leadership, these efforts are synergistic for the development of a better coordinated health response to the epidemic of child abuse in the United States.

Some medical students, pediatric residents and other residents trained in our medical colleges and children's hospitals have a broad curricular exposure to the child abuse and neglect field. Unfortunately, education opportunities in child abuse and neglect are limited so many students and residents finish their medical training with an inadequate understanding of the field's complex issues. Now is the time for health professionals, especially pediatricians, to become actively involved in supporting research and teaching efforts in the prevention and management of child abuse.

I hope you will join me in supporting NACHRI efforts to involve children's hospital leaders in child abuse and neglect education, prevention and intervention. As leaders in the pediatric community, it behooves us all to work with children's hospitals to achieve a mutually satisfying goal — quality care for our most vulnerable children.

Sincerely,



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DEFINING THE

# Children's Hospital Role in Child Maltreatment

## EXECUTIVE SUMMARY

**There is no such thing as a children's hospital that does not see child abuse and neglect cases. Even if a children's hospital does not have a dedicated child abuse program, child maltreatment is an unavoidable health problem. Whether an abused child shows up at the doorstep of an acute care emergency room or child maltreatment is noticed during a home visit provided by a specialty hospital, immediate care needs to be provided. While children's hospitals, individually and as a whole, are the undisputed leaders in providing medical care to abused and neglected children, more can be done. The fact that nearly 3 million cases of suspected abuse and neglect are reported in the United States each year is an urgent call to action for every children's hospital. Further underscoring the urgency is the reality that child abuse related hospitalizations are two times as long, involve twice the number of diagnoses and are double the cost of other pediatric hospitalizations.[1] Medical and mental health spending for child abuse and neglect cases reported to child protective services tops $2 billion dollars annually.[2]**

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[1] Rovi, S., Ping-Hsin, C., & Johnson, M. (2004). The Economic Burden of Hospitalizations Associated With Child Abuse and Neglect. *American Journal of Public Health*, 586-590.

[2] Data source: National Child Abuse and Neglect Data System (NCANDS). *Child Maltreatment 2002*, Washington, DC: U.S. Government Printing Office, 2005. (Compiled by: Children's Safety Network Economics & Data Analysis Resource Center, at Pacific Institute for Research and Evaluation, Calverton, MD, March 2005.)

The first child maltreatment teams found in America during the late 1950s were established at Children's Hospital of Pittsburgh and Childrens Hospital Los Angeles. Since then, children's hospitals across the country have developed programs – from exhaustive efforts of single physicians, to centers of excellence staffed by dozens of experts – that set the standard for medical intervention. As an integral part of community response, children's hospitals are defined by their medical expertise and perspective of child abuse as a public health problem — not a prosecutorial or law enforcement problem. The challenge is to address the medical needs of each victimized child; provide comprehensive medical assessment to a high-risk population often medically underserved; and work on physical and mental healing.

Since child abuse was, until recently, a specialty under-recognized by the medical establishment, abuse and neglect programs at children's hospitals evolved without an overarching system to guide efforts or define what communities should expect from these programs. "Defining the Children's Hospital Role in Child Maltreatment" outlines the infrastructure, staffing, systems and programs to guide the development of child maltreatment programs at children's hospitals, building upon the current level of services. Shaped by multidisciplinary specialists who have developed child maltreatment programs at children's hospitals nationwide, the document sets forth what a child maltreatment program should offer to be considered a "basic" program, an "advanced" program or a "center of excellence."

Whether a hospital is seeking to become the top medical responder to child maltreatment in its community, or simply looking to better understand or coordinate referral resources, "Defining the Children's Hospital Role in Child Maltreatment" offers a starting point. For each of the three program levels presented, guidelines are provided in three overarching categories: "Structure and Staffing," "Functions" and "Administrative Infrastructure." While the complete "Defining the Children's Hospital Role in Child Maltreatment" document presents these recommendations in detail, accompanied by examples and practical guidance, this executive summary offers an overview.

It is important to make clear what "Defining the Children's Hospital Role in Child Maltreatment" is not. It is not a set of clinical parameters or medical decision-making pathways. It does not prescribe specific tests, processes or treatment choices. It is not a new accreditation document and NACHRI isn't establishing a new system of any sort. Rather, this document sets out to define the leadership role children's hospitals play in responding to, treating, investigating, studying and preventing child abuse and neglect cases and provide a guide for strengthening programs nationwide.

*The challenge is to address the medical needs of each victimized child.*

## UNDERSTANDING COMMUNITY NEEDS

Whether a child maltreatment program is basic, advanced or a center of excellence, it must be founded on principles of community collaboration. Before establishing or expanding a child maltreatment program, a children's hospital should conduct a comprehensive community needs assessment. To do this, a program should recognize and be guided by the needs of the children it serves.

Because children's hospitals are the medical experts in treating, evaluating and crafting medical opinion in cases of suspected child abuse, they work closely with an arsenal of other professionals — law enforcement, social services, mental health specialists, Children's Advocacy Centers and domestic violence experts to name but a few. Children's hospitals that are non-acute care centers often work collaboratively with hospitals that provide emergency medical care so children and families benefit from a seamless continuum of child maltreatment care.

A needs assessment conducted with these allies will determine what agencies and organizations are already responding to child abuse, and how a children's hospital, in its role as medical expert, can best integrate into or improve the existing network. (A sample community needs assessment is provided in the appendices to the complete "Defining the Children's Hospital Role in Child Maltreatment" document.)

## PROGRAM LEVELS AND GUIDELINES

Each progressive level assumes that the advancing program meets and will maintain the previous level's guidelines.

### I. Structure and Staffing of the Children's Hospital Child Protection Team

A children's hospital should provide quality medical assessment, referral and diagnostic services for all forms of child maltreatment if this care is not available elsewhere in the community. This structure is most supportive to children, families and the medical staff when delivered via a centralized, dedicated, multidisciplinary child protection team; a team that can free up the time of overburdened emergency physicians and other staff.

A **basic** program includes, at minimum, an administrative coordinator and a physician (almost always a pediatrician) trained in child maltreatment. Social work services are also available through staff trained in child abuse. The team's primary responsibilities are to consult on all suspected child abuse cases; facilitate timely reporting of alleged child maltreatment; involve community partners as appropriate; track information on child maltreatment cases; and help formulate hospital policies and procedures regarding child abuse.

At the hub of a basic program is a physician who has an interest and takes initiative in child maltreatment and seeks to gain more knowledge and ongoing training in the field. The physician organizes medical information, interprets diagnostic data and communicates impressions to nonmedical community-based professionals.

While the coordinator of a basic program need not be full time, the position should be paid and given an appropriate time allotment to serve suspected victims of abuse. The coordinator works with the physician to develop policies and procedures for managing suspected child maltreatment cases, ensures the accurate and confidential collection of patient history and other critical information, and coordinates with other community-based teams to ensure quality management of each case.

*At the hub of a basic program is a physician who has an interest and takes initiative in child maltreatment.*

An **advanced** program is a designated cost center at a children's hospital that is centrally managed and conducts regular meetings for case review. The program's team members are available 24/7 for consultation and participate in multidisciplinary community child protection teams, often in leadership roles. The child protection team may provide medical services to one or more Children's Advocacy Centers. (Children's Advocacy Centers are facility-based programs that utilize a multidisciplinary approach to investigate and intervene in child abuse cases. They are united under the National Children's Alliance, a national, not-for-profit membership organization.)

The team's medical direction is provided by a dedicated child abuse expert, so designated through experience, training or both. The medical director can have part-time or full-time child abuse responsibilities, and participates in quality assurance, peer review and educational activities, and mentoring of other physicians. The medical director supervises students and other professionals, pursues ongoing training in child maltreatment, and is available to the community and legal system to interpret and communicate medical information.

The team coordinator may or may not be a social worker. If not, social services provides training for social workers in supporting children and families when abuse and neglect are suspected. The team coordinator organizes the multidisciplinary team, facilitates meetings and develops staff peer review opportunities.

Trained forensic interviewers, either on staff or under contract, are also a critical component of the advanced child protection team at a children's hospital.

A **center of excellence** may have a significantly larger team, including other health professionals such as psychologists and social workers. Direct medical staffing ratios are based on the volume of abused children seen, and the team has access to the hospital's medical and surgical subspecialists as needed. At this level, team members take opportunities for local, regional and national leadership on child maltreatment issues. The team may act as host or lead agency for the local Children's Advocacy Center, and may also incorporate a domestic violence program. Team members are also involved in the research and educational efforts that characterize a center of excellence.

The medical director is a leader in the community on child maltreatment issues, creating educational and peer review opportunities at the hospital and facilitating research, advocacy and prevention efforts.

The team coordinator at this level should, in most cases, be a full-time position. In addition to the responsibilities found at the lower level programs, this person should provide coordination and support for advanced initiatives, such as research, community advocacy and prevention efforts.

## II. Functions of the Children's Hospital Child Protection Team

No matter the size of the program, members of a child protection team at a children's hospital will be called upon to serve in many capacities. Larger, more advanced child protection teams are likely to have the capability to assign dedicated staff members to particular aspects of child maltreatment, and thus have the ability to take on more responsibility. Members of smaller or newly established teams may need to take on multiple roles.

### a) Clinical Services

A **basic** program offers medical evaluations for all suspected victims of child maltreatment, based on established medical criteria. These evaluations include a complete history and assessment of the child's safety needs, assisted by internal or external trained interviewers if necessary. If a psychosocial or mental health professional is not part of the team, appropriate referrals are provided.

An **advanced** program offers a clinic or center, staffed by child protection team members, for the evaluation of suspected child abuse cases. The team is available on a daily basis for inpatient and outpatient consultations.

At a **center of excellence**, all suspected victims of child maltreatment receive comprehensive physical examinations conducted by a physician who specializes in child maltreatment. As children who are abused and neglected generally tend to be high-risk and medically underserved, a child maltreatment intervention or investigation at a center of excellence offers a full medical evaluation of the child. Trained forensic interviewers are on call 24/7.

### b) Policies

**Basic** programs establish clear case management guidelines, including histories, examination, documentation, reporting, imaging and consultation. Clear policies exist for referrals to the child protection team. Referrals can be made by any hospital staff member. A trained screener should determine when emergency exams are needed and when nonemergency exams are appropriate.

Basic safety policies are established for all inpatient and outpatient units in case violence or abuse takes place in the hospital. Whether or not such an incident takes place in conjunction with an existing investigation of suspected child abuse, a child maltreatment team is the ideal source to develop policies for prevention and intervention in such events. Specialty children's hospitals that do not provide acute care should establish policies for referral to an established child protection program located at another health institution.

**Advanced** programs and **centers of excellence**, which will likely receive referrals from agencies in outlying areas, establish protocols for managing such referrals. They reach out to external agencies to promote shared functions such as video interviewing, joint interviews, and court appearances by hospital staff.

### c) Advocacy

While **basic** programs may not have the staffing levels necessary to dedicate time to organizing advocacy efforts, members of these child protection teams contribute to community advocacy efforts around child maltreatment whenever possible. This may include providing legislative testimony, speaking out at public events, and allowing elected officials to tour the hospital's facilities. The hospital and its medical personnel, particularly the child maltreatment team, are publicly positioned as child abuse experts, which means at least one person on the child maltreatment team receives guidance in working with the media.

**Advanced** programs expand investment in advocacy efforts in proportion to program growth. The child protection team works to build relationships with government relations and community relations staff at its hospital or system to help form and expand advocacy outreach and education efforts around child abuse and neglect.

**Centers of excellence** play a key role in advocacy for prevention programs, legislative reform, funding and the improvement of systems for child protection. Program staff builds relationships with relevant elected and appointed officials, and periodically serve as hosts and/or conveners of advocacy events. A system is in place to track relevant legislation. The hospital's media relations team assigns a specific staff member or members, depending on hospital size, to work with the child maltreatment team.

### d) Prevention

**Basic** programs may not have the staffing levels necessary to allow members of a child protection team time to engage directly in prevention activities. But a children's hospital that invests in any sort of child protection program should devote some of the hospital's public relations and outreach time to community efforts in child abuse prevention.

For **advanced** programs, the investment in prevention grows proportionally with the growth of the program. Members of the child protection team sit on community boards involved in prevention, and/or may spend time assigned to prevention issues.

**Centers of excellence** serve as community leaders on child abuse prevention issues, just as they do in other areas of child maltreatment. Leadership efforts may include hosting and/or convening prevention task forces, devoting aspects of the hospital's research portfolio to prevention, and ensuring prevention is a key component of fellowship and other training programs.

### e) Community Collaboration

Child protection teams at children's hospitals can not operate in a vacuum. They are a key component of, and must coordinate with, what ideally should be a strong community-based network of agencies and organizations, including law enforcement, child protective services, and advocacy groups. While the primary role of a children's hospital in child maltreatment is a medical one, the hospital can also fill in gaps in community services where needed. Hospitals should not duplicate services adequately provided by another agency. Conducting an assessment of available community services is an important first step.

*There is no better learning ground for maltreatment education than a children's hospital with a child protection team.*

**Basic** programs must, at minimum, collaborate with and assist law enforcement and protective agencies in investigations. Community partners are identified, such as Children's Advocacy Centers, and a designated staff member serves as point of contact for collaboration with these agencies.

**Advanced** programs work with police and child protective services to identify primary social workers and detectives, preferably with advanced training, to be assigned to the hospital. If space and budget permit, it can be very helpful to establish a "desk" at the hospital for these representatives. Advanced programs also establish regular meetings with other hospitals in the area to collaborate on child maltreatment issues, and reach out to emergency medical service providers in surrounding areas.

At a **center of excellence**, the children's hospital and its child protection team serve as a hub of coordination for community agencies and services, including law enforcement, other health care providers and key community stakeholders. Staff provides leadership and facilitation for regular interdisciplinary meetings of all parties involved in child maltreatment issues. At this level, the children's hospital has the opportunity to act in leadership roles not only locally, but statewide and regionally as well.

### f) Education and Training

Training in child maltreatment has lagged behind other aspects of the medical education curriculum. This training gap is slowly closing, especially as pediatric child abuse was recently approved as a subspecialty by the American Board of Pediatrics and is now under the scrutiny of the American Board of Medical Specialties. It is the responsibility of children's hospitals, particularly those with a significant academic component, to ensure child maltreatment is an important educational component for not only pediatricians and subspecialists, but for all physicians and allied health professionals. There is no better learning ground for maltreatment education than a children's hospital with a child protection team.

**Basic** programs offer core training in child abuse recognition and the appropriate referral protocols to all medical and other hospital staff. The hospital supports members of the child protection team in continuing medical education activities to ensure practices are based on the best available medical evidence.

In **advanced** programs, more extensive training is provided to medical students, residents and other trainees. Such programs also offer community-based training in the medical aspects of child maltreatment for health professionals (such as community-based pediatricians) and other professionals (such as law enforcement).

At a **center of excellence** fellowship training in child abuse is provided. It is expected that graduates of programs at this level should leave with the training and experience necessary to lead programs at other institutions.

### g) Research

After years of being looked at as a sociological problem, child abuse is finally being understood as a medical issue, thanks to the leadership of children's hospitals and pediatricians. A clear commitment to medically oriented, rigorous and epidemiologically strong research into the various factors surrounding child abuse and neglect is needed. Such research is ideally suited to the multidisciplinary children's hospital child protection team.

**Basic** programs may not be sufficiently staffed or funded to conduct research, but should maintain up-to-date knowledge of the current literature in the field. Basic tracking data should be maintained in such a way that it creates a foundation for adding a research component as the program grows. Basic programs can also share their data with larger research programs.

**Advanced** programs may initiate smaller research projects of their own, such as pilot and case studies, and seek out initial research funding.

A **Center of Excellence** engages in major research initiatives, including multicenter studies, and includes training on how to conduct research as part of its educational program.

## III. Administrative Infrastructure

Irrespective of the size and sophistication of a children's hospital's child abuse response, building administrative infrastructure helps sustain the hospital's program. Such investments are a necessary component to keep a program vibrant and ensure it remains an appropriate part of the community's response to child maltreatment.

### a) Funding and Reimbursement

Children who have been maltreated need and deserve a comprehensive medical response, for which children's hospitals are inadequately reimbursed. But comprehensive care for an abused child stretches beyond clinical care. Children's hospitals also provide medical exams, forensic interviews, psychosocial assessments, mental health services and court testimony. Since many of these services aren't adequately reimbursed by traditional health care sources, children's hospitals heavily subsidize child abuse treatment and prevention programs. Ninety-two percent of respondents to a 2001 child abuse program survey conducted by NACHRI indicated their children's hospital subsidizes its program. These hospitals reported contributing anywhere from $26,000 to $143,000 in order to meet budget shortfalls.

While hospital subsidization for child protection services remains common, many children's hospitals have forged innovative partnerships with public agencies that also have a stake in the prevention and treatment of abuse, and the prosecution of child abusers. These creative funding solutions provide replicable models to build and sustain a child abuse treatment and prevention program.

A **basic** program begins with accurate coding to insure optimum reimbursement from third party payers for the clinical functions performed in treating a child who is suspected of having been abused. Perhaps the most common noninsurance reimbursement funds collected by children's hospitals are through the Victims of Crime Act programs. These funds offset costs associated with medical exams, psychosocial assessments and a variety of mental health services.

Within **advanced** programs, contractual relationships with law enforcement, states attorneys general and referral agencies offer children's hospitals fiscal relief beyond insurance reimbursement. An advanced program functioning on a statewide or regional basis likely has dozens of contracts with law enforcement and referral agencies in each of the jurisdictions the hospital serves. NACHRI surveys indicate that a majority of revenue for child abuse prevention and treatment programs at children's hospitals comes from public sources.

A **center of excellence** boasts a diversified funding and reimbursement base. At this level of sophistication the children's hospital holds multiple research grants. The program may also benefit from state funding from criminal proceeding fees, or in the most sophisticated scenario, receive a stable appropriation from the state.

### b) Risk Management

A strong and effective child protection team can have the added benefit of shielding a children's hospital from liability that can arise from failure to identify and/or report a case of child abuse or neglect. Such errors, which usually arise when staff have little expertise or training in maltreatment, can lead not only to legal problems for a hospital, but to serious damage to its public image. By committing to a strong child protection program a children's hospital improves its capability to manage such risk.

A **basic** program participates in its state's mandatory child abuse reporting structure, utilizing the expertise of the program's medical director. The availability of this expertise means other hospital physicians, with less training on the subject, need not be called upon to make medical judgments to be used in child abuse investigations. Such a program also facilitates demonstration of compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards requiring that hospitals have criteria for identifying abuse, and that staff be educated in abuse issues.

An **advanced** program has more substantial physician coverage to provide expert assessment as needed. With a medical expert in child abuse available to be paged around the clock, errors in evaluating a case of suspected child abuse can be prevented.

A **center of excellence**, with its extensive educational component, can enhance the children's hospital's compliance with JCAHO requirements and its standing in the community through the training of other hospital physicians and community physicians and other health professionals who may encounter child abuse cases.

## EXECUTIVE SUMMARY CONCLUSION

Children's hospitals succeeded in changing the public perception of child abuse. Once seen as solely a social problem or criminal justice issue, child maltreatment is now understood to also be a medical crisis, requiring skilled medical intervention and expert input. Each children's hospital is different and each community served is different. But all of these hospitals have expertise in providing specialized health care for children and addressing the unique needs of children who have been maltreated.

Children's hospitals are the leaders in child abuse treatment and training and are striving to protect the nation's most vulnerable population in every way possible. Now, "Defining the Children's Hospital Role in Maltreatment" offers a framework to help guide children's hospitals in efforts to establish or enhance child maltreatment programs at a level appropriate for the communities they serve. For the communities, the framework acts as a road map to the resources and services they can – and should – expect from children's hospitals.

## ACKNOWLEDGEMENTS

NACHRI gratefully acknowledges the many experts and allies who helped develop "Defining the Children's Hospital Role in Child Maltreatment." We are especially thankful to the Mayerson Center for Safe and Healthy Children at Cincinnati Children's Hospital Medical Center and the National Children's Alliance for their guidance in the most formative stages of this work. We also acknowledge the ongoing support and endorsement of the American Academy of Pediatrics and the Ray E. Helfer Society.

We thank the following colleagues for their expertise and service as part of the Children's Hospitals Child Abuse Medical Advisory Group, which was convened to guide this project:

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## ABOUT NACHRI

The National Association of Children's Hospitals and Related Institutions is a not-for-profit membership association with 192 member children's hospitals in the United States and Canada. The Association promotes the health and well-being of children and their families through support of children's hospitals and health systems that are committed to excellence in providing health care to children. It does so through education, research, health promotion and advocacy.

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