

***** THIS TESTIMONY IS EMBARGOED UNTIL *****

***** TUESDAY, JULY 12, 2011 AT 10:00 A.M.*****

Testimony of Carole Jenny, MD, MBA, Committee on Ways and Means Subcommittee on Human Resources, U.S. House of Representatives, Hearing on Child Deaths Due to Maltreatment, July 12, 2011:

Chairman Davis, Ranking Member Doggett, and Members of the Subcommittee, I thank you for the opportunity to testify on child deaths due to maltreatment. I am a Professor of Pediatrics at Brown Medical School and the Director of the Child Protection Program at Hasbro Children's Hospital in Providence, Rhode Island. I have provided medical care for abused and neglected children for over 28 years. I have a unique perspective on this issue because I believe I am the only person in this room who has often stood at the bedside in the emergency department or in the intensive care unit and actually witnessed the deaths of infants and children from maltreatment.

When the death of a child is a result of abuse or neglect, a sad event becomes an immense tragedy.¹ This was certainly seen most recently in the public outcry over the death of Kaylee Anthony, a previously healthy, happy toddler.

The 1,700 yearly child maltreatment deaths reported by the National Child Abuse and Neglect Data System are just the tip of the iceberg.² As the GAO report points out, counting and tracking the number of deaths from maltreatment is challenging.

Sometimes it is very difficult to distinguish between accidental and non-accidental death. For example, when a child is purposely suffocated with a pillow or a plastic bag, it can be impossible to distinguish this from a death by natural causes. In addition, many deaths from neglect are not counted as such. In Rhode Island a 3-year-old was told by his drunken father to go across a busy street to retrieve a discarded lamp from a neighbor's trash. He was hit by a car and killed, and his death was ruled an accident.

And what about deaths caused by the *late* effects of maltreatment? If a teenaged

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survivor of horrific sexual abuse commits suicide because of her severe depression and post-traumatic stress, is that considered a child abuse death? In my opinion the root cause of death in that case is child maltreatment.

My interest is in providing more accurate primary data to the agencies that track child maltreatment deaths. These agencies cannot perform well if the cases they review have not been adequately investigated. The pediatric profession has recently made a giant leap in improving this process. The American Board of Pediatrics has established the board certified pediatric subspecialty of Child Abuse Pediatrics.³ These pediatricians complete an additional 3 years of fellowship training in child maltreatment, becoming experts in the recognition, diagnosis, treatment and prevention of child maltreatment. When a child does die from abuse or neglect, these pediatricians can help police, forensic, and social service agencies make the correct diagnosis by doing the appropriate medical work up in the hospital and by ruling out conditions that mimic abuse or neglect.

There is currently no Federal support for training pediatric subspecialists in Child Abuse Pediatrics. We need to expand the availability of fellowships to make sure that these doctors are available to *all* hospitals around the country that care for children. The National Association of Children's Hospitals and Related Institutions has published recommended guidelines for the establishment of Child Protection Teams at all children's hospitals,⁴ but there are not enough trained, board certified pediatric specialists in the field to do provide this expertise.

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Another way to increase the accurate counting of child maltreatment deaths is to increase the resources available to medical examiners and coroners and to support their performance of quality death investigations. Multiple studies have shown that only about half of child maltreatment deaths are actually recognized and recorded on death certificates and in state vital statistics.⁵⁻⁷

In summary, in addition to improving our methods of *counting* child maltreatment deaths, we need to improve our ability to *recognize* and *discern* when a death is due to child maltreatment. And, if we have the resources to diagnose abuse and neglect and provide the necessary treatment and services to children and families, we can actually *prevent* the ultimate worst outcome, the death of a child. It is important to note that strengthening the quality of medical and death investigations in child abuse cases adds another protective factor. That is, we will be better able to protect innocent parents from allegations of child abuse and neglect, and to preserve and promote families.

This testimony represents the opinion of Dr. Carole Jenny and are not attributed to any organization.

References:

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