APSAC ALERT

Volume #10 Issue #2

Special Points of Interest:

- *The Victims of Child Abuse Act Reauthorization Act (VOCAARA) was signed into law in January 2019.*
- *This Act establishes the priority of evidence-based interventions and treatment for child victims.*
- *The language of this Act allows for the recognition of the unique role pediatric clinicians occupy in the care of abused children.*
- *Well-defined protections for mandatory reporters were elucidated, with specific mention of healthcare providers.*

2019 Victims of Child Abuse Reauthorization Act Will Improve Care for Survivors of Child Maltreatment

Marcella Donaruma, MD, FAAP

With its first passage in 1990, the Victims of Child Abuse Act (VOCAA) supported the creation of an infrastructure to address the complex and multifaceted needs of child abuse victims, a response designed to improve vitally important coordination among community agencies and other professionals involved in state intervention systems. January of 2019 saw the Victims of Child Abuse Act Reauthorization Act (VOCAARA) signed into law. Twenty-five million dollars will be appropriated annually to fund Children's Advocacy Centers (CACs) across the nation, providing critical medical and mental health services to maltreated children and simultaneously aiding the investigative arm of law enforcement to hold perpetrators accountable for criminal activities.

VOCAARA reaffirms the value of a multidisciplinary approach to the evaluation and management of abused children. The reauthorization refines and expands the quality of the services provided in these now-established centers and enhances the protections for the mandated reporters who fulfill numerous roles within the system.

Over decades, multiple iterations of this bill have focused on investigation and prosecution programs that increase the reporting of child abuse cases and increase the successful prosecution of child abuse offenders, while attempting to reduce the trauma the process might impose on the child victim (VOCAARA,

2018). For the provider immersed in the care of child abuse survivors, several additions to this bill represent valuable steps forward in combatting this veritable hydra of a disease.

The Act states an expectation that regional CACs' expertise must now extend to "multidisciplinary team (MDT) investigation, trauma-informed interventions, and evidence-informed treatment" (VOCAARA, 2018). Earlier acts focused on the basic implementation of a standard system response through the establishment of a CAC network; now this Act has set a new bar to surpass the prior aim of baseline competent judicial handling and symptom treatment. VOCAARA appropriately embraces trauma-informed care for these children, who are at risk of symptoms of post-traumatic stress and other long-term consequences such as depression, substance use, and a variety of medical ailments extending into adulthood (Felitti, 2009). This support is an excellent step forward in upgrading the care CACs may provide (Flynn et al., 2015).

A more nuanced addition to the Act's language is the updated framework for system contact with the child. Previously, well-intended emphasis lay on an approach focused simply on prevention of *multiple* contacts between the child victim and MDT professionals. The new language of the bill states *duplicative* contacts are to be avoided, leaving an allowance for multiple conversations when approached from differing perspectives, which will still minimize the child's need to reiterate traumatic events. This clarification accepts the unique role of the medical provider in obtaining a history rather than conflating the clinical assessment with the forensic interview. One is directed toward a pediatric patient's medical diagnosis and treatment of their chief complaint of inappropriate contact; the other aims to advance the investigation of criminal acts victimizing children. Both are valuable in addressing the child's well-being, safety, and protection, and this subtle language shift helps to cleave the medical encounter from the criminal investigatory process, underscoring that while potentially complementary, the medical assessment stands on its own as a necessary event to address a child's needs (Finkel & Alexander, 2011) At a time when the field of child abuse pediatrics is experiencing heavy—and heavily biased—scrutiny from the courtroom, the media, and even various state legislatures, this key change of language rightly places clinician visits focused on the health and well-being of a maltreated child on an equal plane with clinician encounters for children with any and all chief complaints outside of the realm of maltreatment (Finkel & Alexander, 2011)

Section 3, which centers on immunity for good faith reporters of suspected abuse and neglect, also purposefully identifies clinicians among the mandated reporters to which the section's updates offer increased protection. This is a crucial update in the context of current practice, in which over 70% of practitioners studied endorse negative viewpoints toward abuse reporting and its consequences (Jerrold, 2018). Specifically regarding State laws, the Act declares immunity "from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, *including medical evaluations* or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect" (VOCAARA, 2018). The Act also states similar provisions, also with explicit mention of medical consultations, regarding federal immunity. Also of great significance to the child abuse healthcare provider is that "in a Federal civil action or criminal prosecution brought against a person based on the person's reporting a suspected or known instance of child abuse or neglect, or providing information or assistance with respect to such a report", there will be a presumption of good faith behind the reporting (VOCAARA, 2018). This last proviso is of critical importance to child abuse pediatrics practice, as well as the overall function of child protective services agency workers. VOCAARA clearly and definitively supports the behaviors of clinicians working to exercise good judgment while we undertake our professional responsibility to report concerns for the potential maltreatment of our patients. This final addition to VOCAARA presumes our ongoing reasonable actions when doing the right

thing for kids (McTavish et al., 2017) Ideally, mandated reporters from all fields will feel some sense of reassurance from the passage of VOCAARA as they continue this difficult and rewarding work.

References

Felitti, V. J. (2009). Adverse childhood experiences and adult health. Academic *Pediatrics, 9*(3), 131–132.

Finkel, M. A., & Alexander, R. A. (2011). Conducting the medical history. Journal of *Child Sexual Abuse, 20*(5), 486–504.

Flynn, A. B., Fothergill, K. E., Wilcox, H. C., Coleclough, E., Horwitz, R., Ruble, A., … Wissow, L. S. (2015). Primary care interventions to prevent or treat traumatic stress in childhood: A systematic review. *Academic Pediatrics, 15*(5), 480–492.

Jerrold, L. (2018). Qualified immunity: Pure heart and empty head. *American Journal of Orthodontics and Dentofacial Orthopedics, 153* (4), 607–609.

McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C., Wathen, C. N., ... MacMillan, H. L. (2017). Mandated reporters' experiences with reporting child maltreatment: A meta-synthesis of qualitative studies. *BMJ Open, 7*(10), e013942.

Victims of Child Abuse Act of 1990, H.R. 4688, 101st Cong. (1990).

Victims of Child Abuse Act Reauthorization Act of 2018, U.S.C. 2961, 115th Cong. (2018). Retrieved March 5, 2019 from https://www.congress.gov/bill/115th-congress/senate-bill/2961/all-info.

Join APSAC for a Two-Day Advanced Forensic Interview Clinic — December 11-12, 2019 — New Orleans, LA

APSAC Advanced FI Clinic: Enhancing Fundamental Skills for Forensic Interviewers

Experienced interviewers know that often, the most difficult challenge during an interview isn't eliciting an initial disclosure from the child, but figuring out the best way to formulate open-ended prompts and structure follow-up questioning. Aimed at experienced interviewers committed to excellence and continuous improvement of fundamental skills, this clinic will be a combination of presentations, discussion and activities focused on:

- Lessons from recent research that can inform experienced forensic interviewers
- How to get the most out of narrative event practice (NEP) and how to use NEP to organize and inform questioning strategies later in the interview
- Using critical thinking skills to develop more effective and precise approaches to substantive questioning aimed at maximizing reliable details from children

Presented by: Patti Toth, JD and Kate Homan, MS

Become a Member and Save or Register Today!

About the Author

Marcella Donaruma, MD, FAAP

Marcella Donaruma, MD, FAAP, is Associate Professor of Pediatrics at Baylor College of Medicine and is board certified in pediatrics and child abuse pediatrics. She has been a member of the Texas Children's Hospital Child Protection Team as well as the medical team for the Children's Assessment Center for Houston and Harris County since 2006.

.

The American Professional Society on the Abuse of Children®

In partnership with The New York Foundling

Strengthening Practice Through Knowledge

1706 E. Broad St. | Columbus, OH 43203
(p) 847-402-7722 | (f) 614.251.6005
info@apsac.org | apsac.org

The American Professional Society on the Abuse of Children is the leading national organization supporting professionals who serve children and families affected by child maltreatment and violence. As a multi-disciplinary group of professionals, APSAC achieves its mission in a number of ways, most notably through expert training and education activities, policy leadership and collaboration, and consultation that emphasizes theoretically sound, evidence-based principles. If you found this article valuable and would like access to all of APSAC's publications, resources, and training discounts, please consider becoming a member. Learn more about becoming a member at apsac.org/membership.

APSAC Alert © American Professional Society on the Abuse of Children, Inc. Opinions expressed in the APSAC Alert do not reflect APSAC's official position unless otherwise stated.