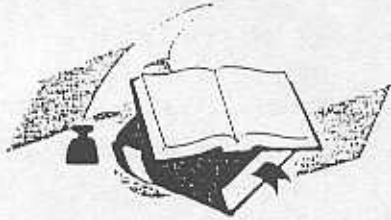




MIPSAC

LEGISLATIVE UPDATE



By Bill Ladd and Vince Palusci

A number of bills are working through the Michigan Legislature which affect Michigan's children and the Child Protection Law. Here is our summary of selected legislation which you may need to know about in your daily work. If you have any comments or concerns, please share them with the bill's sponsor, your legislator or state senator, your colleagues, and MIPSAC:

- ◆ Senate Bill 113 (SB113) has recently been amended by Michigan Senate Majority Leader, Richard Posthumus to add a "religious defense" to a bill on felony child abuse and other crimes against children. This amendment includes a provision saying "A person responsible for the child's welfare who is legitimately practicing his religious beliefs and who for that reason alone does not provide specified medical treatment for the child is not in violation of this section." Sponsor: Michael Bouchard.
- ◆ Senate Bill 504 mandates Child Fatality Review Teams in each county or counties by January 1, 1999. SB504 also requires Child Death Review Teams to report child fatalities resulting from an administrative "act of omission" to the Family Independence Agency and Michigan's Children's Ombudsman. SB504 spells out that child fatality teams will "investigate" child fatalities and "the Child Fatality Review Team shall notify the Children's Ombudsman's Office" "who may choose to be represented or not to be represented on the child fatality review team for purposes of that investigation." Sponsor: Bennett.
- ◆ Senate Bill 603 requires the Family Independence Agency to use the "substantiated-perpetrator unknown" standard when evidence shows child abuse has occurred but doesn't indicate who the abuser is. Sponsor: Glenn Steil.
- ◆ Senate Bill 604 would require that the Family Independence Agency not close an investigation based exclusively on a decision by police to close a related criminal investigation. Sponsor: Glenn Steil.
- ◆ Senate Bill 628 will allow the Michigan Children's Ombudsman to report cases to the Attorney grievance Commission of the State bar of Michigan in which a child's court-appointed attorney fails to perform their court-mandated duties. Sponsor: Glenn Steil

by Vincent J. Palusci, M.D.

Chlamydial and Gonococcal Cultures in Prepubertal Sexual Abuse.

Given that less than 4 percent of all children evaluated for suspected child sexual abuse are found to have sexually transmitted diseases (STD's), the utility of universal screening for *N. gonorrhoea* ("Gonorrhoea") and *C. trachomatis* ("Chlamydia") in prepubertal patients who present with concerns of child sexual abuse has been called into question. Those caring for children need to know that a variety of references are available which address the need for STD cultures in prepubertal females. Here is a selected historical review.

--- American Academy of Pediatrics, Committee on Child Abuse and Neglect, 1991: "Routine culture and screening of all sexually abused children for gonorrhoea, syphilis, human immunodeficiency virus, or other sexually transmitted diseases are not recommended." When epidemiologically indicated or when the history of physical findings suggest the possibility of oral, genital, or rectal contact, appropriate cultures and serologic tests should be obtained."

--- Shapiro et al, 1992: 28 children out of 622 prepubertal females age < 12 years (3.5%) were noted to have a STD. Of those, 22 found to have gonorrhoea, all had vaginal discharge. Eight children were noted to have vaginal Chlamydia (1.3%). Of these, only one had a vaginal discharge. In the prepubertal female, "vaginal gonorrhoea is always symptomatic...all prepubertal girls with a vaginal discharge should be cultured for gonorrhoea."

--- APSAC, 1994: "The decision to evaluate the child for STD's must remain on an individual basis. Situations involving a high risk for STD's and a strong indication for testing include the following:

- 1) A suspected offender is known to have an STD or to be at high risk for STD's (e.g., multiple partners or past history of STD's).
- 2) The child has symptoms or signs of an STD.
- 3) There is a high STD prevalence in the community."

"prophylaxis for STD's is not recommended in prepubertal children because of the low prevalence. Exceptions to this rule might include symptomatic children or children assaulted by a perpetrator who is known to have a STD. Prophylaxis for adolescent victims should always be considered along with pregnancy (prophylaxis)".

--- Sicoli et al, 1995: "Children less than 12 years of age examined for sexual abuse who did not have evidence on physical examination of vaginal or urethral discharge were found to have a 100% probability of having negative vaginal/urethral, oral, and rectal gonorrhoea cultures." Of the 316 children included in the study, 7 (2.2%) have positive gonorrhoea cultures. Seven out of seven were found to have vaginal/urethral discharge on examination but only one child had evidence of vaginal penetration.

--- Siegel et al, 1995: 249 prepubertal children and 8 with STD's (3.2%). "Although no single study criterion could identify all prepubertal girls with a STD, the group at highest risk were those with discharge at the time of evaluation." "In prepubertal girls, cultures for gonorrhoea need only be obtained when a discharge is present at the time of the examination if the child is felt to be of high risk for STD

acquisition. We define high risk as:

- (1) having a STD diagnosed.
- (2) a sibling with a STD
- (3) contact with a perpetrator known to have a STD, or
- (4) contact with multiple perpetrators."

"The prevalence for Chlamydia or trichomonas in prepubertal girls is low and testing should only be done if the child falls into the high risk group for STD acquisition."

--- Ingram et al, 1997 (APA abstracts): 20 and 15 years of data for gonorrhea and Chlamydia respectively. Of those age less than 13 years, 84 out of 2,731 girls were found to have positive vaginal gonococcal cultures. 80 had vaginal discharge; of the 4 girls without a vaginal discharge, 2 had a history of having intercourse with an alleged perpetrator with gonorrhea, 1 had gonorrhea isolated from a urine culture and 1 had a pre-teenage sister with gonorrhea. For Chlamydia, 32 girls out of 2,547 were identified with vaginal chlamydial infections: 91% of these girls would have been cultured under AAP 1191 criteria and only 58% of these girls would have been cultured using Siegel's criteria. "If the criterion that the child verbalizes fear of talking about possible sexual abuse is added to the selective criteria of the AAP, then 97% of the girls would have been cultured (for Chlamydia)."



--- American Academy of Pediatrics, Committee on Infectious Diseases, the *Red Book*, 1997: "Among low-risk prepubertal children...screening can be deferred until the 2-week follow-up visit (after acute assault)." "Evaluation should be performed if:

- (1) the suspected offender has a STD or is considered high risk,
- (2) the child has physical findings indicative of penetrating trauma,
- (3) the child has signs or symptoms of a STD,
- (4) the victim is an adolescent or high-risk sexually active patient,
- (5) the patient or family is anxious about the possibility of acquiring a STD,
- (6) follow-up is unlikely."

"Many experts advise culturing all children examined for sexual abuse for Chlamydia and gonorrhea, regardless of circumstances."

References:

- Committee on Child Abuse and Neglect, American Academy of Pediatrics. Guidelines for the Evaluation of Sexual Abuse of Children. *Pediatrics* 1991; 87:254-257.
- Shapiro, R.A., Schubert, C.J., & Myers, P. Vaginal Discharge as a Marker of Gonorrhea in Prepubertal Females. *AID* 1992; 146.
- Sicoli, Robert A., Losek, J.D., Hudlett, J.M., Smith, D. Indications for Neisseria Gonorrhea Cultures in Children with Suspected Sexual Abuse. *Archives Pediatric Adolescent Medicine* 1995; 149: 86-89.
- Siegel, R.M., Schuber, C.J., Myers, P.A., Shapiro, R.A. The Prevalence of Sexually Transmitted Diseases in Children and Adolescents Evaluated for Sexual Abuse in Cincinnati: Rationale for a Limited STD Testing in Prepubertal Girls. *Pediatrics* 1995; 96: 1090-1094.
- Ingram, D.L., Everett, V.D., Flick, L.A., Russell, T.A., White-Sims, S.T. Vaginal Gonococcal/Chlamydia Cultures in Sexual Abuse Examinations: Evaluation of Selective Criteria for Preteenage Girls. *AOA Posters* 175/176, 1997.
- Report of the Committee on Infectious Diseases, American Academy of Pediatrics. 1997 *Red Book*, 24th Edition. "Sexual Abuse" 1997: 112-116.

REMINDER!

Please renew your annual membership to APSAC. You need National membership for MiPSAC.

MIPSAC ANNUAL MEETING

October 24th, 1997

11:00 a.m. to 3:00 p.m.

Comfort Inn, Mt. Pleasant, MI

Educational Presentations:

Michigan's Child Death Review Program

Speaker: Theresa Covington, M.P.H.

Coordinator

Michigan's Child Death
Review Program

Introduction by Dr. Vincent Palusci, M.D.

Content:

Introduction and purposes of child fatality review teams

How teams operate

Expansion of Michigan Child Death Review Program statewide

Process to organize county/regional teams.

Report on Status of State Recommendations

Speaker: Nannette Bowler, Ex. Dir.
of the Lt. Governor's Commission
on Children.

Content:

Legislative actions to proposed changes

NOMINATION AND ELECTION OF NEW BOARD MEMBERS AT THE ANNUAL MEETING ON OCTOBER 24TH, 1997

MIPSAC Goals:

- To bring together Michigan professionals working in the area of abused children
- To foster networking among Michigan professionals
- To be an information resource for Michigan professionals
- To sponsor quality training for Michigan professionals.

President: David L. Harrison 270 Wimberly, Rochester Hills, MI 48306. phone (810) 651-8668

Vice-president: Dr. Vince Palusci, DeVos Children's Hospital, 100 Michigan Ave. Grand Rapids, MI 49503 phone: (616) 391-8799.

Secretary: Debra Bennett, Gateway Community Services, 910 Abbott Rd., East Lansing, MI. 48823.. phone: (517) 351-4000.

Treasurer: Susan Heartwell, 901 Michigan NE, Grand Rapids, MI 49503. Phone: (616) 771-6400.



Thinking Ahead:

We are looking for articles of interest to our membership for the newsletter. Questions or suggestions to consider are always welcome and should prompt good feedback from everyone.

Membership committee
Legislative committee
Conference/Training committee
Newsletter /brochure committee



COMING CONFERENCES AND MEETINGS

Sept. 1997. Skillman Workshop "Treating Sexually Abused/Abusive Children, Adolescents & their Families". TBA. Sponsored by MACA.

Sept 25th, 1997. Michigan Post adoption Services System (MPASS) of Kalamazoo Co. presents "Clinical Training in Post-Adoption Issues." Cost \$20 Call Kalamazoo Co CMH.

Oct. 6-9th, 13th Annual Midwest Conference on CHILD SEXUAL ABUSE AND INCEST. Holiday Inn-Madison West, Middleton, WI. For info contact: Midwest Conference Professional Development and Applied Studies, 610 Langdon Street., Rm 326, Madison, WI 53703-1195. Phone 1-800-442-7107 or 608-263-5130.

October 15-16. Specialized Child abuse: Investigation & Prosecution of a Physical Abuse Case. Ann Arbor? Call for information. Prosecuting Attorneys Association of Mich. (517)334-6060

Oct 24, 1997. **MIPSAC Annual Meeting** at the Comfort Inn, Mount Pleasant, Mi. Election and business meeting from 11-12:00 noon. Speakers will present 1 hour educational presentations. from 1:00 p.m. to 3:00 p.m.

Oct. 23 & 24. 40th. Annual MACA Conference. "The gifts we are giving Our Children...Our Policies...Our programs.. Ourselves" Ypsilanti Marriott at Eagle Crest. MACA. (517)485-0840

November 4, 1997. ADHD: Innovative Treatment Strategies. with Dr. Heidi Kaduson, PhD. The Skillman Workshop Series,

MACA, 530 W. Ionia St., SU E, Lansing, MI 48933; Phone (517) 485-0840

Nov 18-20. Child abuse and Domestic Violence. Lansing? Prosecuting Attorneys association of Michigan. Call for information. Prosecuting Attorneys Association of Mich. (517)334-6060

1998

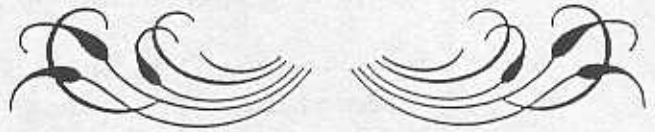
March 13-14, 1998. MACA-MIapt-MSU Play Therapy with Eflana Gil, PhD. Holiday Inn West in Lansing. MACA (517) 485-0840

July 9-12, 1998 APCAC nation colloquium at the Chicago Hyatt Regency.

NOTES:

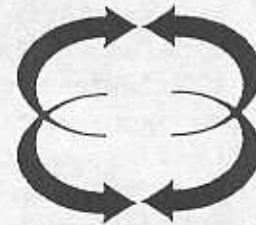
Is anyone interested in collecting articles from the local newspapers that deal with Child abuse and neglect? It would be of interest to see the media coverage on a state-wide basis.

I am looking at the multigenerational patterns of abuse and would welcome discussion with anyone who would like to research it with me. Leni.



Who said: "Be careful how you raise your children in their youth - - they will be the ones taking care of you in your old age!"

Editorial comment



JUST FOR ARGUMENTS SAKE

Do you feel that Child Protective Services in the Family Independence Agency is dealing adequately with the issues of Child Abuse and Neglect in Michigan? Yes No

Thank you for your responses to last newsletter's *Just for Arguments Sake* editorial. Your comments were very interesting and noteworthy. With your permission, I will put your comments in the next newsletter. Leni



MIPSAC minutes

Date: 8-18-97

Time: 1:00 p.m. to 4:30 p.m.

Place: Petoskey Holiday Inn

Present: David Harrison, Pres.; Leni Cowling, bd member; Joe Gardner, Eagle Village clinical services supervisor; and Adam Robarge, Charlevoix-Emmet Child Protection Services.

Old Business: David spoke about the purposes and status of the association, the number of members and the goal of obtaining new members.

New Business: Joe Gardner spoke about the coming TOMCA (Top of Michigan Children's Association) conference and suggested that MIPSAC bring some information about the group. It could generate new members and help disseminate information. Joe agreed to contact David with further information on it.

Program: The program on the Wenatchee WA investigation of a Child Sex Ring was deleted and the Case on the Little Rascals Day Care was viewed instead. This program pointed out the serious need for professional work in investigations of this domain with cooperation among all the various agencies, law enforcement, FIA, counselors, and medical personnel, as well as prosecutors. It generated much comment and discussion.

Meeting adjourned at 4:00 p.m.

