



**Medical Child Abuse
Resource and
Education System
Biennial Report
2017-2018**

**As Required by
Texas Health and Safety Code,
Section 1001.155**



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Services

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Executive Summary

The Medical Child Abuse Resources and Education System (MEDCARES) Biennial Report is prepared in compliance with [Texas Health and Safety Code, Section 1001.155](#), which requires the Department of State Health Services (DSHS) to submit a report on MEDCARES grant recipients and activities, as well as program results and outcomes. This report is due no later than December 1 of each even-numbered year to the governor and the legislature.

In 2010, DSHS launched the MEDCARES grant program through a statewide, competitive, application process. Application was open to hospitals, academic health centers, and health care facilities with expertise in pediatric health. DSHS awarded MEDCARES grants to qualifying facilities to develop and support regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect. DSHS administers the MEDCARES grant program by awarding contracts, monitoring grant activities, providing opportunities for best practice sharing, and collecting data.

MEDCARES medical providers offer a variety of services including patient care in inpatient and outpatient settings, case reviews for other physicians, numerous trainings, and hundreds of court appearances.¹

In FY17 and FY18, MEDCARES providers examined 3,852 children through inpatient consultations. Of the children examined, 2,355 were confirmed abuse cases, with 1,208 (51 percent) due to physical abuse, 923 (39 percent) due to neglect or other reasons, and 235 (10 percent) due to sexual abuse.

MEDCARES providers also examined 25,843 children through outpatient consultations. Of the children examined, 21,615 children were identified as having injuries related to abuse, with 10,337 (48 percent) due to sexual abuse, 6,099 (28 percent) due to physical abuse, and 5,162 (24 percent) due to neglect or other reasons.

¹ MEDCARES providers can include pediatricians, child abuse pediatricians (CAPS), nurse practitioners, social workers, sexual assault nurse examiners, nurses, and others.

Other activities provided by or improved through MEDCARES providers include:

- hiring additional child abuse medical specialists to allow for expanded clinical hours and increased capacity during clinic hours;
- conducting training to increase the knowledge of community partners on assessment and medical treatment of maltreated children as well as evidence-based interventions;
- increasing cooperation with Child Protective Services, law enforcement personnel, and the judiciary through consultations, medical case review, and by providing testimony in court; and
- providing accredited fellowships in Child Abuse Pediatrics.

1. Introduction

Since 2009, the Texas Legislature has appropriated to the Department of State Health Services (DSHS) \$5 million each biennium for the Medical Child Abuse Resources and Education System (MEDCARES) grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect.

Specifically, [Texas Health and Safety Code, Section 1001.152](#) states that MEDCARES grants may be used to support:

- comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- education and training for health professionals relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- education and training for community agencies involved with child abuse and neglect;
- medical case reviews and consultations and testimony regarding those reviews and consultations;
- research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect;
- the use of telemedicine and other means to extend services from regional programs into underserved areas; and
- other necessary activities, services, supplies, facilities, and equipment.

The purpose of this report is to detail grant activities, recipients, and outcomes as required by Texas Health and Safety Code, Section 1001.155. The report is due to the Governor and the Legislature by December 1, of each even-numbered year.

To comply with statute, the following report will identify the 11 recipients of MEDCARES grants, describe their activities, and highlight any outcomes for FY17 and FY18.

2. Background

In a 2006 report to the Texas Legislature, the Health and Human Service's Advisory Committee on Pediatric Centers of Excellence (PCOE) underscored the importance of a comprehensive approach to preventing, assessing, diagnosing, and treating child abuse and neglect. The report specifically focused on the significance of the health care system and its ability to serve children and families.²

In response to the PCOE report, the Legislature established the Medical Child Abuse Resources and Education System (MEDCARES) grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect.³ Since 2009, the Legislature has appropriated \$5 million to the Department of State Health Services (DSHS) each biennium for the grant program.

The Legislature also created the MEDCARES advisory committee to advise DSHS and the Executive Commissioner in establishing the grant program.⁴ In November 2009, the MEDCARES advisory committee and DSHS established requirements and priorities for the grant program. The priorities were outlined in the initial open enrollment application released in March 2010.

DSHS uses a competitive grant process to award funds to hospitals, academic health centers, and healthcare facilities with expertise in pediatric health care. Awards are made to both Basic and Advanced facilities, including facilities that meet the criteria for a Center of Excellence designation. The requirements for each award level can be found in [Appendix B](#). Basic facilities receive mentoring and child abuse assessment expertise from a facility at the Advanced level.

² The report by the Advisory Committee on Pediatric Centers of Excellence can be viewed at www.dshs.texas.gov/mch/medcares

³ Senate Bill (S.B.) 2080, 81st Legislature, Regular Session, 2009, added Subchapter F to Texas Health and Safety Code, Chapter 1001.

⁴ The MEDCARES advisory committee became inactive in November 2013 and was formally abolished by the Texas Legislature on September 1, 2015, in S.B. 277, 84th Legislature, Regular Session, 2015.

Through the Title V Maternal and Child Health Block Grant, DSHS provided \$540,000 in additional FY17 and FY18 funding to the MEDCARES contractors to increase child abuse prevention, education, and partnership building efforts. DSHS plans to continue contributing federal program funds in support of child abuse prevention in accordance with federal funding availability.

A review of the Texas Department of Family and Protective Services (DFPS) FY17 client data shows the need for the MEDCARES program. According to the DFPS 2017 Data Book, a total of 289,796 children in Texas were suspected of being victims of child abuse or neglect and were reported to DFPS.⁵ Of those, 63,657 were unduplicated, confirmed victims of child abuse or neglect. The leading type of abuse is neglectful supervision (50,405 cases) followed by physical abuse (8,858 cases) and sexual abuse (6,156 cases). Parents or other family members were responsible for nearly 93 percent of these cases. In 2017, there were 172 child deaths caused by abuse in Texas.⁶

[House Bill 2848, 85th Legislature, Regular Session, 2017](#), amended the Family Code to require MEDCARES contractors to have the ability to obtain consultations with physicians who specialize in identifying unique health conditions. This legislation also outlined the process to make referrals for specialty consultations, as well as a procedure for when there are disagreements between physicians on case assessments.

⁵ The DFPS 2017 Data Book can be found at dfps.state.tx.us/About_DFPS/Data_Book/default.asp

⁶ The DFPS 2017 Child Maltreatment Fatalities and Near Fatalities Annual Report. Found at dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-03-01-Child_Fatality_Annual_Report-FY2017.pdf

3. Contract Provider Overview

The Department of State Health Services (DSHS) awarded \$5 million through the Medical Child Abuse Resources and Education System (MEDCARES) grant program, and \$540,000 through the Title V Maternal and Child Care Block Grant, to 11 contractors over the biennium: 2 contractors in the Basic category and 9 in the Advanced category. More information on the contractors in each category are listed below along with a description of contractor activities supported by the MEDCARES grant program. In some cases, contractors have used MEDCARES supported activities to leverage for resources outside of DSHS to further enhance their services.

Basic Contractors

CHRISTUS Trinity Mother Frances Health System, Tyler

The Sexual Assault Nurse Examiner (SANE) program at CHRISTUS Trinity Mother Frances performs sexual abuse examinations and physical abuse photo-documentation. The program coordinator is responsible for social work assessment and sees patients at the hospital on an inpatient and outpatient basis. SANE performs psychosocial assessments and patients are referred to the Children's Advocacy Center for follow-up counseling. For more information, visit tmfhc.org/care-treatment/childrens-services.

CHRISTUS Health Southeast Texas dba CHRISTUS St. Elizabeth, Beaumont

CHRISTUS Hospital St. Elizabeth is a 431-bed acute care and trauma center in Beaumont, Texas, and is the only Level III trauma center in the area. Its forensic nursing program provides medical/forensic examination for patients with a history of sexual assault. Over time, the program has expanded to provide services to victims of child abuse, domestic violence, elder abuse, and other non-accidental trauma.

Advanced Contractors

Advanced contractors who are also Pediatric Centers of Excellence are indicated with an asterisk (*).

Children’s Medical Center of Dallas- dba Children’s Health, Dallas

The Referral and Evaluation of At-Risk Children (REACH) Program at Children’s Health, in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics hospital-based child abuse medical evaluation program, serves children through a comprehensive team consisting of two board-certified child abuse pediatricians, a clinical psychologist, nurse practitioners, a child abuse pediatrician fellow, licensed social workers, child life specialist, registered dietitian, and program coordinator. For more information, visit childrens.com/specialties-services/specialty-centers-and-programs/arch-center/programs-and-services/reach-clinic.

CHRISTUS Santa Rosa Health System Children’s Hospital Center for Miracles, San Antonio*

The CHRISTUS Santa Rosa Health System Children’s Hospital of San Antonio Center for Miracles (CFM) is a multidisciplinary clinical facility established to provide comprehensive evaluation and treatment of suspected victims of child abuse and neglect. The CFM is a joint effort between the CHRISTUS Santa Rosa Health System and the University of Texas. CFM’s mission is to promote the health and safety of children who are at risk for, or traumatized by, abuse or neglect. CFM opened in May 2006 in response to the community’s need for a comprehensive, coordinated, medical assessment of possible abuse and neglect of children.

CFM works closely with Child Protective Services, law enforcement and other local agencies to optimize the services for at-risk families in need to keep their children safe and healthy. Comprehensive services include acute and follow-up medical evaluations for physical abuse, sexual abuse or assault, and neglect, photo-documentation, X-rays, lab work, psychosocial evaluation, physician consultations, inpatient consultations, and short-term counseling. CFM services extend beyond a 30-county area with most referrals coming from Bexar County. For more information, visit christushealth.org/santa-rosa/childrens-hospital-of-san-antonio/services-treatments/child-abuse-assessment-center.

Cook Children’s Medical Center, Fort Worth

Cook Children's Medical Center located in Fort Worth, Texas, created its Child Abuse Resource and Evaluation (CARE) team in 1994, in response to the need in the community for a place to conduct a comprehensive evaluation of child sexual abuse victims. The mission of the CARE team at Cook Children’s is to provide specialized

clinical care to address child maltreatment in the region and surrounding communities. The program strives to be a national model for how community-wide child maltreatment health services are delivered. Highly-qualified and experienced staff conduct medical interviews, medical and forensic evaluations, sexual abuse screening examinations, psychological assessments, preventive education, and multidisciplinary reviews.

In 2004, the Cook Children's CARE team began seeing only the most severely injured and abused children admitted to the pediatric intensive care unit. The team's efforts gradually expanded to offering consultative services to all inpatients with concerns for abuse. In 2008, staff offered outpatient physical abuse evaluations on a limited basis and have been gradually increasing the inpatient and outpatient services as personnel and space allow. For more information, visit cookchildrens.org.

Dell Children's Medical Center of Central Texas, Austin

The Child Abuse Resource and Education (CARE) team at Dell Children's Medical Center is a part of the community Child Protection Team (CPT) providing comprehensive, evidence-based care to child abuse and neglect victims. In addition, Dell Children's CARE team provides education and resources to the community, outlying health care associates, and other members of the child protection teams. The team also analyzes child abuse data for contributing answers and best practices in the field. The MEDCARES grant enabled Dell Children's CARE team to be established as a hospital department in 2010 and expand to an outpatient setting. For more information, visit dellchildrens.net.

Driscoll Children's Hospital, Corpus Christi*

The mission of Driscoll Children's Hospital in Corpus Christi's Child Abuse Resource & Evaluation (CARE) team to provide comprehensive medical forensic evaluations to children who are suspected victims of any type of violence. This includes sexual assault, physical abuse, neglect, drug exposure, starvation, torture, and homicide. The Driscoll Children's Hospital's CARE team is recognized as a Pediatric Center of Excellence for evaluation of child abuse in South Texas. In addition, to improving patient care, the team educates medical and community partners, participates in regional and state prevention activities, and collaborates in national research initiatives.

The CARE team at Driscoll Children's Hospital is among only a handful of teams in the United States staffed with full-time positions, available 24 hours a day, 365 days per year. The team receives referrals and transfers of patients from 33 surrounding counties for expert evaluation of child maltreatment concerns. The team serves children in the inpatient and outpatient settings regardless of economic status. Most of the children evaluated by the team are Hispanic consistent with the population in the area. For more information, visit driscollchildrens.org.

El Paso Children's Hospital, El Paso

El Paso Children's Hospital's (EPCH) Center for the Prevention of Child Abuse (Clinic) is a non-profit hospital located in Texas on the border with Mexico and New Mexico and is the only level-one trauma center in the area. The Clinic is the only agency providing services to children who are victims of abuse under the age of fourteen in the far West Texas area. The Clinic patients are usually referrals from Child Protective Services (CPS) and law enforcement. Clinic staff provide forensic medical exams, testing for sexually transmitted diseases and human immunodeficiency virus, short term trauma counseling, psycho/social evaluations, referrals, crime victim's compensation, CPS consults, follow-up exams and other needed services. Staff also provide education on recognizing and reporting child abuse to the community and Period of Purple Crying (POPC) training to parents. For more information, visit elpasochildrens.org/about.

Texas Children's Hospital, Houston*

Texas Children's Hospital/Baylor College of Medicine's (TCH/BCM) Child Abuse Pediatrics program, within the Public Health and Primary Care section, provides comprehensive medical evaluations for child abuse and neglect for Houston's children. The clinical Child Abuse Pediatrics program at TCH/BCM has six board-certified child abuse pediatricians (CAP) and two advanced practice providers to care for at-risk children and perform sexual abuse evaluations. The Child Abuse Pediatrics program also includes a team of social workers, nurses, and medical assistants.

In parallel to the Child Abuse Pediatrics program, the public health section has a Foster Care Clinic, staffed by a Board-Certified Pediatrician, to assist with establishing a medical home for many of the children seen by the Child Abuse Pediatrics program. In addition to the inpatient and outpatient consult service,

Texas Children's Hospital staffs a full-time sexual abuse outpatient clinic at Harris County's child advocacy center.

The program at TCH/BCM is committed to training Child Abuse Pediatricians and has the largest CAP fellowship program in the state. For more information, visit texaschildrens.org/departments/child-abuse-pediatrics-cap.

Texas Tech University Health Science Center, Lubbock

Texas Tech University Health Science Center's (TTUHSC) mission is to promote the health and safety of vulnerable children by providing expert consultation for suspected victims of child abuse and neglect. The child protection pediatrics program provides medical consultation and pediatric care for suspected victims of neglect, physical abuse and sexual abuse. TTUHSC also provides evidence-based mental health services for child maltreatment victims. TTUHSC staff provides 24-hour support for CPS investigative staff at Health Service Region 1; inpatient consults for a large geographic area of West Texas and Eastern New Mexico; and education to CPS workers, medical students, pediatrics, and family medicine residents, and faculty about medical aspects of child maltreatment. For more information, visit texastechphysicians.com/lubbock/center-for-superheroes.

University of Texas Health Science Center, Houston*

The Child Abuse Resource and Education (CARE) Center at the University of Texas Health Science Center-Houston (UTHealth) was named the Division of Child Protection Pediatrics in 2012, in recognition of the importance of the specialty and the contributions of the Center to the University. The division's affiliation with Children's Memorial Hermann Hospital includes a pediatric level one trauma center and 24-hour pediatric emergency department. Pediatric radiologists and neuro-radiologists are available 24 hours a day, seven days a week to review images in child abuse cases.

Division physicians are recognized locally, nationally, and internationally for their expertise in the field. The division's mission is to provide comprehensive care to child abuse and neglect victims; to educate future physicians, other medical providers, and the community about child abuse and neglect; and to study important clinical questions. For more information, visit med.uth.edu/pediatrics/divisions/child-protection-pediatrics.

4. Outcomes

Patient Consultations

DSHS collected monthly data on inpatient consultations and outpatient exams from each Medical Child Abuse Resources and Education System (MEDCARES) site from September 1, 2016 to August 31, 2018. The final designation on the type of abuse is made by lead the physician. Most patients in the MEDCARES sites are seen in outpatient settings, however, a significant number of children must be admitted to the hospital due to the seriousness of their injuries.

MEDCARES providers examined 3,852 children through inpatient consultations. Of the children examined, 2,355 were confirmed abuse cases with 1,208 (51 percent) due to physical abuse, 923 (39 percent) due to neglect or other reasons, and 235 (10 percent) due to sexual abuse.

MEDCARES providers also examined 25,843 children through outpatient consultations. Of the children examined, 21,615 children were identified as having injuries related to abuse with 10,337 (48 percent) due to sexual abuse, 6,099 (28 percent) due to physical abuse, and 5,162 (24 percent) due to neglect or other reasons.

Indirect Services

In FY17 and FY18, MEDCARES sites provided 1,274 educational trainings to health care providers, child protective services, law enforcement, child advocacy centers, faith-based organizations, K-12 academic institutions, and child care organizations.

MEDCARES sites provide training to staff in clinics and hospitals to increase awareness of assessment and subsequent reporting and referral. Also, sites have expanded community-training opportunities for those who work with high-risk families (parents, providers, caseworkers, and law enforcement personnel). MEDCARES sites have trained on child safety, infant care, and Period of PURPLE Crying (POPC). Trainings have also covered topics such as recognizing and reporting abuse, abusive head trauma, injury biomechanics, conditions that mimic abuse, and the importance of family history.

Pediatric Centers of Excellence (PCOE) Basic sites have purchased equipment that allowed them to expand services to clients in more remote areas and attend statewide and national trainings to improve their knowledge about child maltreatment.

In addition, MEDCARES sites have provided 12,218 case reviews and 978 court appearances to support people who work in the judicial process.

Resources for Child Abuse Pediatricians

Due, in part, to the MEDCARES grant program, there are more resources for pediatricians in the state to receive the training needed to specialize as a Child Abuse Pediatrician (CAP). According to the American Board of Pediatrics 2017-2018 Workforce Data report, there are 22 CAPs certified in Texas and three CAP Fellows. MEDCARES contractors employ the majority (19) of those certified CAPs in Texas. Three MEDCARES contractors have created fellowship programs to recruit and train more CAPs to assess, diagnose, and treat child abuse and neglect.

Increased opportunities for training and specialization for pediatricians will result in more medical child abuse experts to perform the following activities:

- differentiate between abuse or neglect, and a medical condition;
- determine patterns of abuse;
- dismiss cases in the early stages of a Child Protective Service (CPS) investigation where abuse is no longer suspected;
- identify severe cases that require additional safety interventions to prevent further abuse and neglect, and potentially death;
- reduce the short- and long-term costs associated with receiving health care services, conducting investigations, and convening legal proceedings;
- coordinate multidisciplinary case reviews; and
- provide oversight within the foster care system.

In addition to providing direct services, these highly trained professionals provide education and training to those who work on the front lines with children at risk (such as law enforcement, case workers, and members of the judiciary), as well as other members of the public (parents, teachers, students, and medical professionals).

5. Conclusion

The Medical Child Abuse Resources and Education System (MEDCARES) program distributed \$5 million in allocated state funds and \$540,000 through the Title V Maternal and Child Care Block Grant to 11 contractors for the FY17 and FY18 biennium. Children, communities, and health care systems have benefitted because MEDCARES funding enabled contractors to perform the following actions:

- expand direct services to patients and their families;
- provide trainings, outreach and support to other medical professionals, case workers, law enforcement, the judiciary, and nonprofessionals;
- provide accredited fellowships in Child Abuse Pediatrics;
- conduct training to increase the knowledge of community partners on assessment and medical treatment of maltreated children as well as evidence-based interventions;
- increase cooperation with Child Protective Services, law enforcement, and the judiciary through consultations, medical case review, and by providing testimony in court; and
- expand clinical hours and increased capacity during clinic hours.

MEDCARES sites focused on developing regional initiatives to leverage the expertise of the 22 certified child abuse pediatricians in Texas, roughly one for every 340,921 children.

As the Basic level sites become more knowledgeable and supported by these specialists, more children across the state are served with the highest quality of care. Building these sites also brings awareness and encourages interest in child abuse fellowships and recruitment of other board-certified physicians to the state.

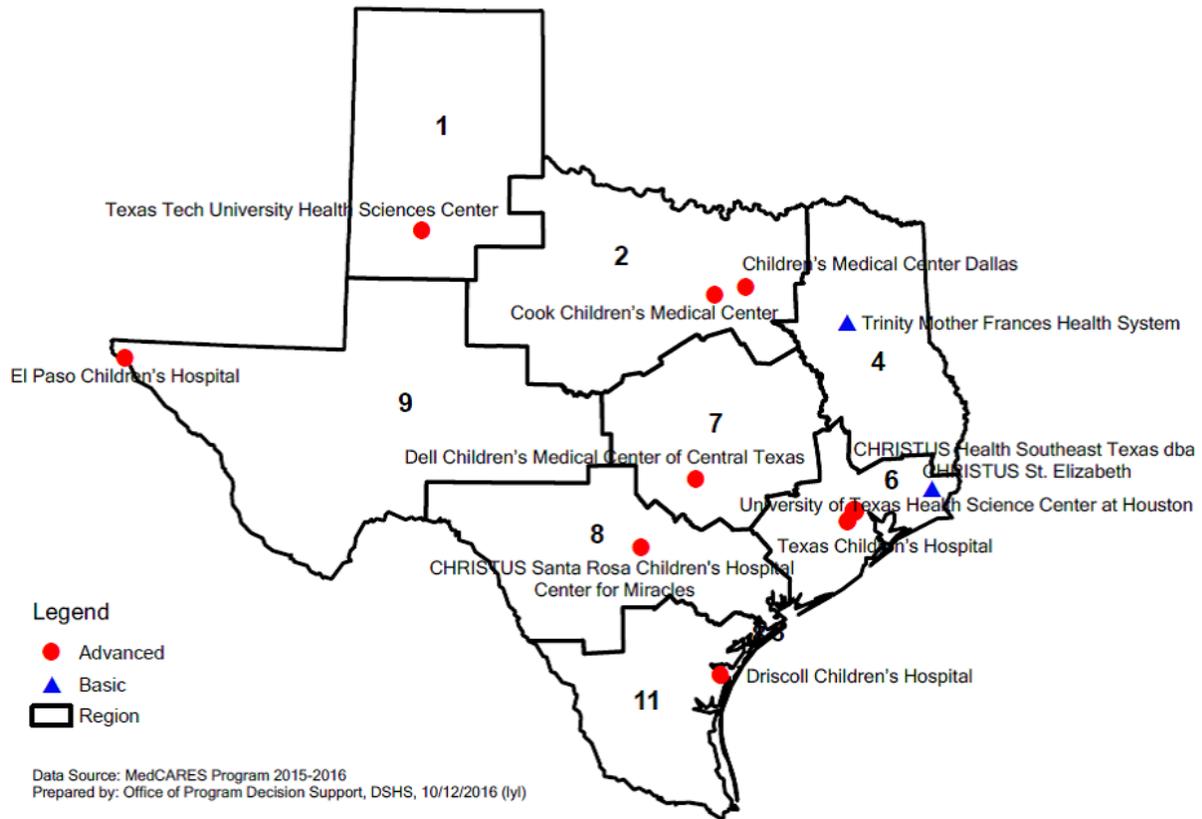
List of Acronyms

Acronym	Full Name
CAC	Child Advocacy Center
CAP	Child Abuse Pediatrician
UTHealth's CARE Center	The Child Abuse Resource and Education Center at the University of Texas Health Science Center at Houston
Cook Children's CARE team	The Child Advocacy Resource and Evaluation team at Cook Children's Medical Center
Dell Children's CARE team	Child Abuse Resource and Education team at Dell Children's Medical Center
Driscoll Children's Hospital's CARE team	Child Abuse Resource and Evaluation team at Driscoll Children's Hospital's
CFM	Center for Miracles (CHRISTUS Santa Rosa Children's Hospital)
CPS	Child Protective Services
CPT	Child Protection Team
DCMC	Dell Children's Medical Center
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services

EPCH	El Paso Children's Clinic
FACN	Forensic Assessment Center Network
MEDCARES	Medical Child Abuse Resource and Education System
NACHRI	National Association of Children's Hospitals and Related
PCOE	Pediatric Centers of Excellence
POPC	Period of PURPLE Crying
PURPLE	Peak of crying, Unexpected, Resists Soothing, Pain-like face, Long Lasting, Evening
REACH	Referral and Evaluation of At-Risk Children (Children's Health)
SANE	Sexual Assault Nurse Examiner
TCH/BCM	Texas Children's Hospital/Baylor College of Medicine
TTUHSC	Texas Tech University Health Science Center

Appendix A. MEDCARES Contractors Map

Figure 1. 2017 and 2018 MEDCARES Contractors by DSHS Health Service Region



Appendix B. MEDCARES Designation Requirements

MEDCARES contractors are identified as child abuse and neglect program levels based on the following Pediatric Center of Excellence (PCOE) criteria: Basic, Advanced, or Center of Excellence.

Basic Criteria

The PCOE criteria for Basic level includes all the following:

- At least one full-time equivalent physician experienced and trained in all types of child abuse and neglect (especially physical/sexual abuse and serious neglect) and one dedicated staff responsible for social work assessment and program coordination;
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse; and
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect.

Advanced Criteria

The PCOE criteria for Advanced level includes all the following:

- At least one full-time equivalent physician board-certified as a child abuse pediatrician or that can demonstrate completion of a pediatric child abuse fellowship with experience providing child abuse and neglect medical services;
- One dedicated social worker and program coordinator;
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;
- Medical case reviews, consultations, and testimony regarding those reviews and consultations;

- Research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect; and
- The use of telemedicine and other means to extend services from regional programs into underserved areas.

Center of Excellence Criteria (COE)

The PCOE criteria for a COE is the same as the Advanced level with the addition of:

- At least 2 full-time equivalent board eligible/certified child abuse pediatricians as part of full multi- disciplinary team;
- Increased size, volume and support from medical subspecialties, mental health care and counseling;
- Regional leadership on prevention; hosts conferences and task force meetings;
- Regional resource for outlying communities; outreach to community stakeholders;
- Advanced training for pediatricians interested in becoming child abuse specialists; may support a fellowship or regional/ national training opportunities; and
- Recognized authority for child maltreatment research.