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TRAINING PEDIATRICIANS TO

Recognize Child Abuse

By Nelly Edmondson Gupta

A new nationally accredited fellowship program—led by a doctor who's also a mom—aims to protect the region's most vulnerable kids.

As a nationally known child abuse expert and one of the nation's first board-certified child abuse pediatricians, Jennifer Canter, M.D., M.P.H., is well acquainted with the deep complexity of family life. Dr. Canter directs the Child Abuse Pediatrics programs at New York Medical College, Maria Fareri Children's Hospital at Westchester Medical Center, and the Westchester Institute for Human Development (WIHD). In that role, she evaluates more than 600 children each year for signs of maltreatment, including physical and sexual abuse, neglect and unexpected fatalities.

But it was becoming a parent herself that really helped Dr. Canter more fully understand the myriad complexities and challenges of parenting, and aided in her understanding that some suspicious injuries may *not* be abuse-related. *(See sidebar on page 23, "Abuse—or Not?")*

"When I began this work I thought it would be interesting and diverse and I enjoyed the fast pace," says Dr. Canter, an assistant professor of pediatrics and the mother of two sets of twins under the age of 10. "But since becoming a mother I can understand parenting and children from an enhanced perspective. I have more insight into the stressors of parenting, and I recognize the need to have an open mind. For example, I was trained in med school that certain fractures couldn't happen in certain ways. But sometimes they can. You really have to listen carefully to what parents are telling you."

Teaching the complex skill set required of a pediatrician trained to recognize and treat child abuse can be stressful and disturbing, but Jennifer Canter, M.D., M.P.H., is up to the challenge. She consults often with her two fellows, Vinod Rao, M.D., left, and Wan-Keung Chen. M.D.

Good listening is just one of many skills child abuse pediatricians need. In order to become board certified, medical school graduates must complete a residency in general pediatrics, followed by a rigorous three-year fellowship. In the course of training, they learn how to examine children in a sensitive manner and how to conduct a comprehensive assessment for all types of abuse. Fellows also must become expert in the legal issues that pertain to cases, and may be called upon to testify in court.

The field of child abuse pediatrics got its start in 1962, when the *Journal of the American Medical Association* (JAMA) published a groundbreaking article, "The Battered Child Syndrome." Though it focused attention on the issue of child maltreatment, the subspecialty did not become accredited until 2008. New York Medical College currently sponsors one of only 20 child abuse pediatrics fellowship programs in the country.

"Child abuse is a regrettably common public health problem that society has not dealt with adequately, partly due to a lack of trained medical personnel," says Richard G. McCarrick, M.D., vice dean for graduate medical education. "It's an extremely valuable program, and I am very proud that we are among the few academic medical centers to offer it."

A DAY IN THE LIFE

Pediatricians Wan-Keung Chen, M.D., and Vinod Rao, M.D., are currently enrolled in the fellowship program. Dr. Chen is in his second year; Dr. Rao is in his first.

Dr. Chen grew up in Maryland and knew early on that he wanted a career in medicine. But he didn't settle on child abuse pediatrics until he did a two-week rotation at an advocacy center in Queens, N.Y. "Child abuse pediatrics isn't really well known," he points out. "It's a very small field, and it doesn't get that much exposure."

Dr. Rao, born and raised near Akron, Ohio, knew he wanted to work in pediatrics even before starting medical school. But he, too, decided to focus on child abuse during his residency after realizing

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that the family dynamics and interpersonal aspects of abuse cases fascinated him. He also liked being part of a team that requires careful observation and skillful listening. "Some cases are very straightforward, others are more complex," he says. "Those are the ones that interest me the most."

When the two doctors arrive each morning at the Children's Advocacy Center (CAC), located in the WIHD building on the campus it shares with the College, they often don't know what the day will bring. Although the center is officially open from 9 to 5, hours often change depending on the calls that come in from the State Central Register of Child Abuse and Maltreatment. "It's very different from an ordinary medical clinic where you have patients scheduled weeks, even months, in advance," says Dr. Chen. The doctors must be flexible, sometimes working late to accommodate the needs of their patients. "Five patients may not sound like very many," he says. "But that can include five different families and five separate multi-disciplinary teams that may include investigators, attorneys and law enforcement officials."

In addition to their clinical work, which takes place at the CAC or the hospital, the fellows conduct research, and provide education for medical students and residents. Dr. Chen says this gives students who are considering careers as general pediatricians an overview of the

subject, so that when they encounter suspicious injuries later on, they will know when to ask themselves, *Is this something I should be concerned about? Does it raise enough suspicion to get someone else involved?*

For his research project, Dr. Chen is developing a questionnaire for physicians focusing on how they assess injuries in infants less than one month of age to determine whether those injuries are the result of abuse, accidents, or birth-related trauma. Dr. Rao has yet to decide between a study of depression in premature infants and a project that will screen children for head trauma.

After completing their fellowships, both men hope to work at children's advocacy organizations that are affiliated with hospitals or academic centers, perhaps even establishing additional child abuse pediatrics fellowship programs.

Dr. Chen and Dr. Rao agree that dealing with the deaths of children is the most challenging and disturbing part of their training. They, along with Dr. Canter, are involved in all unexpected child fatality cases that occur in Westchester County. This entails meeting with other team members to determine exactly what happened to cause a child's death.

ON CLOSER INSPECTION

When a child dies unexpectedly, the Westchester County Child Fatality Review Team meets to evaluate the factors that may have contributed to the child's death to see if there are any injury-prevention lessons to be learned. The reviewers include members of the pediatric child abuse team, the medical examiner, the district attorney and Child Protective Services.

Two of the most important public education initiatives that have come out of this process include one on safe sleep and one on Shaken Baby Syndrome (SBS). "We have evaluated fatalities of children who die in what are considered to be unsafe sleep situations," says Dr. Canter. She and her colleagues explain to families that safe sleep includes putting a baby flat on its back on a firm mattress in a bed designed for sleep—not a couch or playpen—that is free of pillows and toys.

She is also one of the principal investigators in the New York State Shaken Baby Syndrome program, a statewide initiative that aims to educate parents about SBS shortly after a baby is born. The program teaches parents to heed the warning signs that they are likely to become abusive, and to take action to keep from harming their children. In a study led by her colleague Robin L. Altman, M.D., associate professor of pediatrics, Dr. Canter and fellow investigators from the Department of Pediatrics found that the initial program covering the Hudson Valley led to a 75 percent reduction in the frequency of shaking injuries. Their study was published in the November 2011 *Pediatrics*. ■

ABUSE—OR NOT?

According to Jennifer Canter, M.D., M.P.H., one of the most important skills child abuse pediatricians learn is how to distinguish abuse from injuries that mimic *abuse. As the following incidents suggest, this requires patience, persistence and trusting one's gut instincts.*

Dr. Canter described two examples with babies she has evaluated over the past 10 years. The first was a three-month-old infant with a bruise on its head. "There was no real reason why the baby should have that bruise. The situation was not consistent with the child's developmental level," says Dr. Canter. "But when I talked to Mom alone and asked, 'Do you feel okay going home?' she disclosed there had been domestic violence—and that father had thrown the baby against the wall."

In the second case, after examining a baby with a skull fracture and talking with the family and other members of her team, Dr. Canter concluded that the injury was an accident. The new mother had placed the baby on a changing table, and when she turned around to get a wipe, the child fell to the floor. "These are things that can happen to any parent," says Dr. Canter, "and there are simple things parents can do to prevent them."

Dr. Canter stresses that her role is not to pass judgment on families, and she trains the fellows the same way. "I make it clear that the child abuse pediatrician's role is not to decide who gets prosecuted or who the child goes home with," she says. "Rather, it is to work with the family to understand what happened, to evaluate the patient and provide accurate medical information to the team."

Dr. Canter says there is no easy solution to the problem of child maltreatment: "I have patients who were teenagers when I started 10 years ago, and sometimes their own children come in to be evaluated for suspected abuse. It makes me sad. It also tells me that I have to accept that we are never going to solve the problem of child abuse 100 percent. All we can do is use each day to do the best we can."

—N. Gupta