September 2017

Newsletter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Council on Child Abuse & Neglect

From the Co-Chair

Andrew P. Sirotnak MD, FAAP
Denver, CO

Greetings!

The Council on Child Abuse and Neglect (CoCAN) has launched!

As you now know, this past February, the COCAN and SOCAN proposal to merge was reviewed and approved by the Board of Directors at their May meeting. The Council on Child Abuse and Neglect became official July 1, 2017 and our first meeting of the Executive Committee is at the NCE this September. Along with Emalee Flaherty, I am excited to shepherd this new phase for our group as meet and initiate the CoCAN strategic plan.

We have had such strong history of working together to complete AAP initiatives, deliver excellent educational programming, and develop policy and well received child abuse resources for AAP members. Our work on both state and federal advocacy will be also be much stronger working under this unified structure. If you have not seen our email announcement, please let us know and we can forward this again. There is a refreshed website and we hope to launch other communication vehicles.

We know that these are challenging times for families and children with health care under attack, economic and societal disparities, and a national climate that seems to have lost its civility. Change has always made me a wee bit anxious when the world around us seems chaotic, unsure or just downright toxic. What I can be assured of and maintain hope for is our shared vision for children: a world without child abuse. As the leadership and members of CoCAN embrace this vision together – no matter how tough it is out there right now or in future – we are never without each other in this work. As CoCAN launches ahead, stay with us as members and let me know what we can do to help you in your work on behalf of our kids.

IN THIS ISSUE

From the Editor:

Sarah Passmore, DO, FAAP
Tulsa, OK

Because of an increase in my job duties with the University of Oklahoma, this is my last issue as your newsletter editor. It has been a fun, enlightening and educational experience. Through the newsletter, I've had the opportunity to work with other pediatricians whom I respect and admire as well as amazing staff from the AAP. It is inspiring to witness the enthusiasm and drive this committee has for educating the pediatrics community about child abuse and neglect. I'm looking forward to seeing what will come from the new council!

Be the One to Help Out.
Sex Trafficking. It's Not What You Think. Children Are Victims Too

On May 31, 2017, the County of Orange Social Services Agency, in partnership with the Orange County Transportation Authority, and many other county and community partners, launched a campaign to raise awareness of child sex trafficking and exploitation in Orange County, California highlighting the theme: "Be the One to Help Out. Sex Trafficking. It's Not What You Think. Children are Victims Too". Through the "Be the One to Help Out" campaign, community members are urged to learn about the potential indicators and how to seek help for exploited youth.

Traditionally, exploited children were prosecuted within the court system as perpetrators. But research over the last several years has not only shown the myriad of ways in which these children are victims, but also drawn strong links between sex trafficking and early childhood abuse and maltreatment. In response to this research and strong advocacy in the judicial and social services sectors, recent California law has shifted the language of the commercial sexual exploitation of children from criminal terminology and punishment to recognizing that these children are, in fact, victims of abuse. California Senate Bill 855 in 2014 designated county child welfare agencies as the point agency to intervene in the sex trafficking of children. The commercial sexual exploitation of children is a form of child abuse and a violation of human rights. In Orange County, the Social Services Agency social workers work collaboratively with law enforcement, victims assistance programs, and prosecutors to help our child victims of sexual exploitation.

The sex trafficking of children does not only happen in urban settings such as New York or Los Angeles; this is an issue which is also occurring in largely suburban Orange County. In fact, Orange County is considered a "destination county" where child sex traffickers are known to congregate in order to engage in the commercial exploitation of minors, also known as the Commercial Sexual Exploitation of Children (CSEC). Pimps and traffickers target vulnerable children and lure them into sexual exploitation and trafficking using methods such as psychological manipulation, drugs, and/or violence. According to the National Center for Missing and Exploited Children, one in six runaways were likely victims of sex trafficking in 2016.

In Orange County in 2016, there were approximately 75 children that were identified as being victims of child sex trafficking, a 63% increase from 2015. As of June 30, 2017, there have been approximately 36 children identified as victims in Orange County this year. Statewide, the numbers are even more staggering. According to National Human Trafficking Hotline statistics, there were 402 child victims of trafficking in California in 2016. When child sex trafficking victims are located, law enforcement professionals attempt to identify their place of origin. In 2016, there were approximately 37 child victims whose place of origin is from Orange County. This ranks as the highest number statistically amongst all counties in the State of California.

It is our job and priority to keep children safe! Talk to children about personal safety, sexual exploitation, and trafficking. Call local law enforcement or the National Human Trafficking Hotline at (888) 373-7888 if you or someone you know is in danger. To learn more about CSEC and the "Be the One to Help Out" campaign, please visit BeTheOneOC.com.

Should adolescent sexual assault victims be treated like adults?

Karen Farst, MD, MPH
Arkansas Children's Hospital– Team for Children at Risk

The *Violence Against Women Re-Authorization* (VAWA) Act of 2013 improved advocacy, services and support for victims of domestic violence, sexual assault, stalking and dating violence. The age range for those covered by the provisions in VAWA was expanded to include ages 11-24 (had been "teens and adults" in VAWA 2005). The expansion of services to victims of these crimes has had a powerfully positive impact. However, defining the lower age limit for victims in this Act is part of an ongoing trend in viewing puberty as the line between pediatric and adult-based services even though the life-stage of adolescence is part of the continuum for pediatric medicine for all other health conditions.

The *Sexual Assault Forensic Evidence Registry* (SAFER) Act of 2013 was included in the VAWA Re-Authorization of 2013 and provided funding for states to address the backlog of un-processed sexual assault evidence kits. It was updated in 2016 by the Sexual Assault Survivor's Rights Act of 2016, to include a requirement to maintain examination kits even for cases where the victim does not indicate that they wish to press charges. These Acts have played key roles in improving access for "forensic medical exams" following acute sexual assault by emphasizing the importance of collection of evidence post assault.

The International Association of Forensic Nurses (IAFN) authored the National Protocol for Sexual Assault Medical Forensic Examinations-Adults/Adolescents (2004, 2011) and the National Protocol for Sexual Assault Medical Forensic Examinations-Pediatrics (2016) with funding support from the U.S. Department of Justice. These are comprehensive, collaborative, evidence-based guidelines for the medical response to sexual assault intended to be applicable from urban to rural settings in the country. However, puberty continues to serve as the dividing line between a patient being directed to Adult vs. Pediatric based services.

There is related legislation filed in the current, 115th session of the U.S. Congress:

- H.R. 3541: Seeks to "re-authorize the SAFER act of 2013 and for other purposes."
- H.R. 3415: "Megan Rondini Act" holds the namesake of a college student who was sexually assaulted, did not receive appropriate post-assault care at a local hospital and later committed suicide.

While healthcare providers (and everyone else) keep a watchful eye on the legislative updates about the Affordable Care Act, the content and progress of these 2 other bills may provide opportunities for COCAN members to advocate for pediatric-based care for adolescent sexual assault victims in their states and communities. *Advocating for* an adolescent to have the opportunity to be cared for by a physician or nurse with specialized training in the care of sexual abuse/assault of a pediatric patient is not advocating against the expansion of evidence-based and trauma-informed services for all victims of sexual assault. However, adolescents are being swept into adult-based sexual assault response services on an increasing frequency despite the facts that:

- Adolescent cognitive reasoning/maturity does not develop at the same pace as their physical maturity
- The "acute" sexual assault of an adolescent is often only the most recent event of ongoing sexual abuse thereby necessitating a provider familiar in the management of both child sexual abuse and acute sexual assault of a minor including:

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- ◊ Identifying and documenting healed sequelae of ano-genital trauma in addition to assessing for acute injuries from the recent assault and collecting trace biologic evidence when indicated
- ◊ Testing for and confirming the presence of sexually transmitted infections in addition to providing post-assault prophylaxis for infection and pregnancy when applicable
- ◊ Initiating both a child welfare and criminal response
- ◊ Following mandated reporting laws for minors even if the patient refuses to assent to the medical evaluation and/or collection of evidence
- ◊ Screening for indications of risk for self-harm or harm-to-others and facilitating developmentally appropriate referrals for mental health services
- ◊ Connection to advocacy/support services from a children's advocacy center if available in the community

While every community may not have the capacity to provide 24-7 coverage for pediatric victims of acute sexual assault, COCAN members should look for opportunities to be involved in discussions in their state and communities about the most appropriate response (acute and follow-up) for these patients. By emphasizing the benefit of allowing adolescents to remain in the realm of receiving medical care by providers familiar with the comprehensive needs of an adolescent, as would be the case for any other health condition, we can assure the best holistic care is provided.

Medical Student Perspective

Perspectives of a New Trainee to a New Patient (Child Abuse Pediatrics at the CAC)

By Apeksha Saxena– *4th Year Medical Student*
Baylor College of Medicine, Houston, TX

I see you greet me with a hint of anxiety as I enter the room and introduce myself. Your body posture is closed, with your arms folded and tightly held in front of you. I feel your gaze upon me as I pull up a chair and shuffle around some papers on my clipboard. You briefly manage to smile as I tell you "a picture" is a good way to pronounce and remember my name. I know you are a new patient at this clinic and that this is a new experience for you.

Although you may not know this, it's actually a new experience for me too. As a medical student, it's my first time interviewing a patient at the Children's Assessment Center (CAC) as part of the Child Abuse Pediatrics team. I'm scheduled to visit the center once a week for three months. When I started about a week ago, all I knew about interviewing a new patient from previous rotations was to ask about the following topics: history of present illness, past medical history, past surgical history, family history, social history, allergies, immunization, etc. Having observed a physician conduct an interview at the CAC last week, I know I won't simply be going through my standard set of questions. Today, I'm going to be asking questions pertaining to sexual abuse. How do I feel? Nervous, quite honestly.

I start by asking you some general questions first. You tell me you're 14 years old and when I ask you what your interests are, your eyes light up as you talk about the arts. In that moment, I feel a sense of calmness. You seem to be more comfortable talking to me and are able to answer my general questions with relative ease. As the interview progresses, I remind you that any questions I ask you are to make sure we're keeping your body healthy. I encourage you to ask me questions if you're confused.

We talk about any symptoms you may be experiencing and how you've emotionally been feeling lately.

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You continue to share but I can tell that talking about this isn't as easy. I then proceed to ask you details about what brought you to our clinic. I do this so I can determine the proper physical exams to perform, lab tests to draw, and medications to prescribe based on the exposure and contact you report. You fall silent initially and look away. As you start to share the answers to my questions, I find myself becoming painfully aware of my own emotions. As I focus on the pertinent things to ask you to make sure you're healthy, I can't help but feel a simultaneous sense of sadness and disgust that you've had to go through something like this.

What I observed during my first patient encounter at the CAC really set the groundwork for what I would learn about the field and myself during my weekly visits in the next 3 months. As a medical student, I learned the clinically important questions to ask when taking a history and signs to pay attention to on physical exam. Beyond that however, I realized the importance of establishing good rapport with these patients early on in an interview so they could comfortably answer questions and receive better quality care. I also gained a real appreciation for catering interviews to a patient's age and stage of development. Moreover, I learned about my own emotional triggers and ways to healthily cope with these feelings so I could better address patient needs. What started out to be an anxiety provoking patient encounter lead to a number of eye-opening lessons; lessons that will certainly stay with me through my future training in pediatrics.

Excerpt from the *Quarterly Update*

Reviewed by: Stephen C. Boos, MD

Musculoskeletal conditions in a pediatric population with Ehlers-Danlos syndrome. Courtney M Stern, Michael J Pepin, Joan M Stoler, et. Al.. *J Pediatr*. 2017; 181: 261-266. (from Boston, MA)

The authors of this study retrospectively reviewed ten years of records from the sports medicine and orthopedic clinics of a large pediatric medical center. They identified 3130 charts mentioning Ehlers-Danlos syndrome (EDS), and chose to limit the study to the most recent five years of data. Once the EDS diagnosis was confirmed, and other conditions conveying skeletal fragility were excluded, the study group contained 205 children. Hypermobility type EDS was the most common form of the disorder.

There was a remarkable female predominance, 148 girls to 57 boys. Pain related to joint laxity was the most common concern. The authors reported "56 traumatic fractures, stress fractures or stress injuries" involving 30 of the children (14.6%). The authors do not break this group down by type of EDS, by injury, or indicate what they considered a "stress injury". Importantly, the youngest child in the entire series was six-years-old. Over one half of children in the series were engaging in some sort of sporting activity.

Reviewer's Note:

Ehlers Danlos Syndrome, often diagnosed on limited and subjective findings, is being propagated as a "mimic" of child physical abuse with fracture. This article, with its flaws considered, begins to address and limit the ability of witnesses and lawyers to make that claim.

Assuming that the "stress injuries" were in fact fractures, the incidence of fracture in this group was at most 546 fractures per 10,000 children per year. Prior publications on the incidence of pediatric fracture have indicated a rate between 130 and 360 fractures per 10,000 children per year.[1-7] *While the increased risk of fracture among EDS children in this paper may be even more significant, given the female preponderance of the EDS group and male preponderance in fracture incidence studies, it is likely elevated by the site of the study in an orthopedic and sports medicine clinic. As such, it is unlikely that this extrapolates to the larger EDS population. Most importantly, this does not apply to infants. The authors cite limited evidence of decreased bone mineral density, but also a proneness to falls and muscle weakness in explaining these injuries.*

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To learn more about the Quarterly Update and to subscribe, visit https://quarterlyupdate.org/index.php.

Interactive CME/ MOC E-Learning Tools on Child Abuse

Sharpen your skills for recognizing child abuse with Stop Look Listen: Separating Fact from Fiction in Cases of Child Abuse a web-based interactive program that follows six children with injuries suspicious for abuse through a series of clinical encounters and the concomitant investigative processes.

Developed by a group of leading child abuse specialists including Drs. Danielle Laraque, Emalee Flaherty, Bob Sege, and Dianna Abney, Stop Look Listen offers 8 hours of AMA PRA Category 1 Credits™ and 10.00 points of MOC Part 2 credit by the American Board of Pediatrics through the AAP MOC Portfolio Program.

Register for both CME and the MOC Self-Assessment components by visiting:
http://shop.aap.org/stop-look-listen-separating-fact-fiction-in-child-abuse-moc-component

For CME only, please visit www.stoplooklistentraining.com

Institutional discounts are available. Please contact lucy@labruell.com for more information.

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The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Looking for ABP MOC Part 4 Credit in Child Physical Abuse?
NEW ABP Approved Quality Improvement Project for Child Physical Abuse

The Midwest Regional Children's Advocacy Center, in partnership with the American Academy of Pediatrics, Section on Child Abuse and Neglect, is now home to the *newest* American Board of Pediatrics approved Performance in Practice (Part 4) Module for Maintenance of Certification, **myQIportal PA**. The intent of the **myQIportal PA** project is to improve documentation and diagnostic accuracy of child physical abuse evaluations. All of our expert reviewers are Board Certified Child Abuse Pediatricians who are committed to improving quality in the field of child physical abuse diagnostics and helping clinicians provide the best possible care to victims of abuse. This quality improvement project is approved by the American Board of Pediatrics (ABP) and qualifies for Maintenance of Certification (MOC) Part 4 credit for Performance in Practice.

Length: Successful completion of myQIportal can take as little as 3 months and as long as 1 year or more.
MOC Credits Earned: 25
Cost: $250.00
For More Information & Registration Visit: http://www.mrcac.org/medical-academy/myqiportal/

Community– Pediatric Partnerships to Address Toxic Stress

The AAP Community Pediatrics Training Initiative (CPTI) partners with faculty to improve community health and advocacy training at pediatric residency programs. Since 2015, CPTI has focused efforts on enhancing training to address toxic stress through effective community partnerships.

Faculty and resident leaders at Wake Forest, Hurley Children's Hospital and the Children's Hospital of Pittsburgh recently concluded projects supported by the Doris Duke Charitable Foundation. These 3 programs demonstrated enhanced leadership skills among pediatric faculty and trainees, sustainable curricular changes that will result in better training for pediatricians to understand their communities, and lessons learned to effectively collaborate with community leaders.

⇒ Over 250 faculty and residents were trained on toxic stress and community engagement.
⇒ The teams partnered with 13 community-based organizations
⇒ Over 3, 500 children and families were reached by the 3 projects. This includes families served by Head Start, resident clinics, county support services and teen parenting programs.

Each team actively engaged community leaders to implement collaborative projects to meet the needs of local children and families. Projects on supporting teen parents, positive parenting and trauma-informed home visiting were wide-reaching and will have a long-lasting impact due to the sustainability measures put in place.

⇒ The Wake Forest team increased the number of pregnant and parenting teens linked to community resources and initiated a referral system with the school system social worker for pregnant/parenting teens considering returning to school. A World Café approach was used to bring together numerous community partners to understand the complexities of supporting pregnant and parenting teens.

⇒ The Incredible Years positive parenting curriculum was translated by the Hurley team to train pediatric residents and Head Start teachers. Knowledge of effective parenting behaviors and ability to assess parenting behaviors in the clinic or classroom increased among both groups. The project coincided with the Flint, Michigan lead exposure crisis. Because of the relationship between the school district and the hospital, additional efforts to address community needs were simplified and effective.

⇒ In Pittsburgh, a monthly home visiting partnership was established between the health department and residency program. Joint trainings on trauma-informed care were held for Maternal and Child Health home visitors and residents. As of December 2016, 100% of the county's home visitors were trained on trauma-informed approaches to care as well as tools for helping women enhance resiliency skills.

"As a team, we have become involved in our community at much deeper and broader levels, strengthening existing community partnerships and adding new community partners to support children's health in our community. Building trust in communities, particularly those with a history of racial discrimination and exploitation of vulnerable populations, is the critical foundation for effective work towards social change."

Similar projects focused on toxic stress are underway in Missouri and the Carolinas through grants awarded to CPTI from Missouri Foundation for Health and The Duke Endowment. Through these grants and an experienced network of coaches, CPTI has been able to support pediatricians and trainees in developing leadership skills to effectively collaborate with community organizations, resulting in meaningful and enduring impact on children and families.

For more information on these community health and advocacy training activities or CPTI , please contact Jeanine Donnelly, CPTI Manager, at jdonnelly@aap.org or 847-434-7397.

Photo Case: Urethral Prolapse Case

Shaina Groisberg, MD
PGY-6 Child Abuse Fellow at UT Health McGovern Medical School
Simi Abraham, MD
UT Health McGovern Medical School
Sheela Lahoti, MD, FAAP
Associate Professor, Child Protection Pediatrics, UT Health McGovern Medical School

4-year-old girl presented for evaluation of painless vaginal bleeding. Mother reports two days of bright red blood in the patient's panties. The patient and mother deny abdominal pain, constipation, dysuria, frequency, or enuresis. The child and her mother deny genital trauma and more specifically, the child denies sexual abuse. The child has been healthy without any prior medical problems. Upon examination there is an edematous, hyperemic doughnut-shaped structure protruding from the genitalia. (Figures 1, 2)

This patient was diagnosed with urethral prolapse. Urethral prolapse in prepubertal females is an uncommon condition with an estimated incidence of 1 in 2880 to 3000. (1,2) The mean age of presentation is 4.5 to 6 years of age with a range from 5 days to 11 years, and it is more common in black girls. (3) It is often asymptomatic, but can present as painless vaginal bleeding. It may also be associated with dysuria, urinary frequency, or conditions which may cause increased intra-abdominal pressure such as constipation, chronic cough, or obesity. (3, 4, 5) The prolapsed urethra appears as a mass of mucosal tissue which may be pinkish-red to purple in color depending upon the degree of ischemia.

Conservative treatment options for urethral prolapse include sitz baths and topical estrogen cream. Reduction of the prolapse may be performed with the use of anesthesia with a reported recurrence rate of 21%. (6) Surgical treatment of urethral prolapse may be required if medical management is unsuccessful or with recurrence. (2)

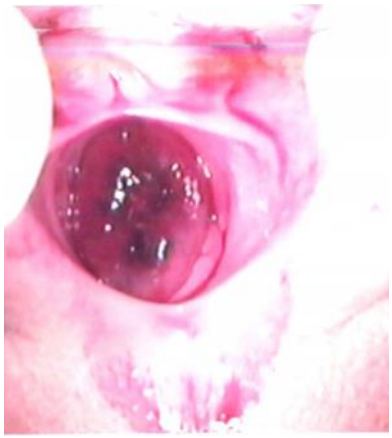

Figure 1

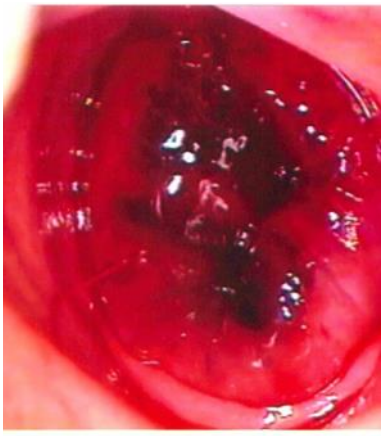

Figure 2

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Conference Announcements

36th Annual Michigan Statewide Conference
Child Abuse & Neglect: Prevention, Assessment, and Treatment
October 23-24, 2017
Plymouth, MI
This 2-day conference features regionally and nationally recognized experts who will address a range of topics in the field of child abuse and neglect, prevention, assessment, and treatment. Click Here to register!

The 32nd Annual San Diego International Conference on Child & Family Maltreatment
January 28—29, 2018: Preconference Institutes
January 30—February 2, 2018: Conference
San Diego, CA
The San Diego Conference focuses on multi-disciplinary best-practice efforts to prevent, if possible, or otherwise to investigate, treat, and prosecute child and family maltreatment. The objective of the San Diego Conference is to develop and enhance professional skills and knowledge in the prevention, recognition, assessment and treatment of all forms of maltreatment including those related to family violence as well as to enhance investigate skills. In-depth issues include support for families, prevention, leadership, policy-making. Translating the latest research into action is also addressed. Click Here for more information.

Child Abuse Summit: Tips from the Team
April 26-27, 2018
Millennium Hotel, MN
Child Abuse Summit: Tips from the Team is designed to provide medical and professionals from all disciplines with the knowledge, tools, and skills needed to properly identify and respond to all types of child and family maltreatment including physical abuse, sexual abuse, and/or neglect. These professionals will have the opportunity to learn about child and family maltreatment within the context of a multidisciplinary team response.
Click Here to view the Agenda. Conference Information available at: z.umn.edu/ChildAbuseSummit

National Children's Alliance- Call for Abstracts: Set the Agenda in Washington DC
June 10-13, 2018
The National Children's Alliance will be hosting its annual Leadership Conference in Washington, D.C**.** This conference aims to provide continuing education, networking opportunities and exposure to innovative programs and ideas for Children's Advocacy Center leaders.
NCA is soliciting abstracts for presentation at our 2018 Leadership Conference. Abstracts will be considered if received by **September 15, 2017**. The target audience for this conference comprises administrators, coordinators, and board members of Children's Advocacy Centers, CAC chapters, and multidisciplinary teams.
Visit https://nationalchildrensalliance.wildapricot.org/2018-Abstracts/.

Sixteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma
September 16-18, 2018
Loews Portofino Bay Hotel- Orlando, Florida
CALL FOR PRESENTERS: The program planning committee is looking for abstracts to present from following areas of expertise: latest medical information and research, legal challenges surrounding AHT cases, investigative techniques, evidence-based and creative prevention programs and initiatives, and support for families and rehabilitation for victims of SBS/AHT. The abstract submission process is now open and will close on November 3, 2017. Visit DontShake.org/Conferences for more information and to submit an abstract.

Announcements

NEW CDC Resource: Engage the Business Sector in Your Child Abuse and Neglect Prevention Efforts

You're invited to explore **Making the Case: Engaging Businesses**, a new CDC resource. It explains how you and your community can work with the business sector to assure safe, stable, nurturing relationships and environments for all children and families.

Learn how public health professionals can communicate the important role businesses have in helping stop child abuse and neglect before they start. Topics include:

- How to talk about child abuse and neglect
- Ways businesses can help prevent this problem
- Benefits to partnering with businesses
- Skills for developing business partnerships
- Roles businesses play in public health

Learn the steps to building relationships with your business community. You can create and sustain strategic partnerships to improve child well-being and ensure a healthy and productive workforce.

Funding Opportunity: Capstone Child Abuse Centers Funding Available

The National Institute of Child Health and Human Development is funding a second Capstone Child Abuse Research Center. The deadline for applications is November 27, 2017.

For more information, visit https://grants.nih.gov/grants/guide/rfa-files/RFA-HD-18-012.html.

Child Abuse ECHO Project One of Three Grants Awarded

Earlier this year with support from the AAP Tomorrow Children's Endowment, AAP chapters, councils and sections were offered an opportunity to apply for funding to run an ECHO program (for more information on ECHO, click here). Three projects were selected from 21 applicants and one of the three selected, was sponsored by the now Council on Child Abuse and Neglect (COCAN): **Improving Child Abuse and Neglect Recognition and Reporting by Frontline Community Providers in CT.** Yale University, in collaboration with the CT Chapter will 1) improve frontline community providers' knowledge and comfort with caring for patients suspected being abused or neglected; and 2) increase recognition and reporting of physical abuse, sexual abuse, and neglect by frontline community providers in Connecticut. Training was conducted in May and preliminary work done over the summer. Look to a future issue for more information and an update on their work.

Seen & Heard in DC

On July 24th, AAP Council on Foster Care, Adoption, and Kinship Care Executive Committee member and COCAN member Heather Forkey, MD, FAAP, (pictured right) spoke before the U.S. House Heroin Task Force, which is a bipartisan group co-chaired by Rep. Tom MacArthur (R-N.J.) and Rep. Annie Kuster (D-N.H.).

The briefing focused on the impact of the opioid epidemic on children and youth. Dr. Forkey spoke about the effect of child trauma on the developing brain, and how parental substance use contributes to increased child maltreatment and placements in foster care. Dr. Forkey also addressed the role of federal policy in supporting parental treatment and family preservation efforts, and the need for quality foster parenting to help children heal.

Announcements

The Screen Scene: Early Childhood Screening and Surveillance
Wednesday, September 6, 2017
12 - 1 PM Central Standard Time
Registration Link
Cost: Free

Join us for our first lunchtime chat on September 6, when we'll discuss early childhood screening and surveillance for developmental/behavioral concerns, maternal depression, and social determinants of health. We'll talk about why screening for these risks and protective factors is important, and how to go about starting to develop and implement a comprehensive screening process for your practice.

Featured Speakers:

- Marian Earls, MD, MTS, FAAP, Director of Pediatric Programs, Community Care of North Carolina
- Sara del Campo de Gonzalez, MD, FAAP, Medical Director, Young Children's Health Center, University of New Mexico

Host: Zoey Goore, MD, FAAP, Chief of Continuing Medical Education, Kaiser Permanente

Be sure to check out the other live podcasts in ***The Screen Scene*** series:
Family-Centered Care and Conversation Techniques: October 24, 2 PM CST
Referral, Follow-up, and Partnership Building: Date/Time TBD

The Screen Scene is presented by the American Academy of Pediatrics' Screening Technical Assistance & Resource (STAR) Center. The **STAR Center** offers a website, aap.org/screening, with extensive resources as well as free, individualized assistance to those seeking to initiate or improve the early childhood screening process in their practice or health care system. Experts are available to provide advice on screening tools, payment, electronic medical record documentation, conversation tactics, workflow ideas, and how to make the case for screening within a larger health system. Later this year, the STAR Center will present an interactive eLearning course for all members of pediatric health care teams. For assistance, or to get the latest on screening and other learning opportunities via the STAR Center eNewsletter, email screening@aap.org.

Meet Some of the COCAN Executive Committee

Each issue we will feature a few of the CoCAN executive committee members so you can get to know a little bit about the your colleagues leading the efforts of our new group.

Ann Budzak, MD, FAAP is a general pediatrician at Gundersen Health System in La Crosse, WI and a medical director of the Gundersen National Child Protection Training Center. She devotes most of her practice time to child abuse evaluations and foster care assessments. She also directs a clinic for babies and their parents with substance use disorder which provides intensive support, parenting education and health care in an effort to prevent child maltreatment and help parents successfully raise healthy children. She is an active member of her county child death review board, child protection multidisciplinary team and co-medical director of two CAC's. She enjoys teaching medical students and residents about child abuse issues and assisted in making Gundersen Health System a No Hit Zone. (Ann and her institution's parental substance abuse program was featured on the local Wisconsin NPR! Read more about her program at http://www.wpr.org/la-crosse-clinic-treating-children-born-drug-dependence-means-supporting-families.)

Lori Legano, MD, FAAP is Assistant Medical Director and Director of Education for the Frances L. Loeb Child Protection and Development Center at Bellevue Hospital as well as a senior medical consultant for the Clinical Consultation Program of New York City Children's Services, a program which provides support for caseworkers. She is an Associate Fellowship Director of Maimonides Infants and Children's Hospital of Brooklyn Child Abuse fellowship. In Bellevue, she is also a member of their adolescent health team and supervise residents in general pediatrics.

Lori has had the privilege of being involved in NYSAAP-Chapter 3 serving in various roles on the Executive Committee, most recently completing her presidency. In July 2014, she became a member of the AAP Committee on Child Abuse and Neglect.

Vincent J. Palusci, MD, MS, FAAP is Professor of Pediatrics at New York University School of Medicine in New York City where he is a board certified general and child abuse pediatrician at the Bellevue Hospital Frances L. Loeb Child Protection and Development Center. After leading teams in Grand Rapids and Detroit, he returned to chair the NYU Hospitals Child Protection Committee and to teach students, residents and fellows. He received his medical degree from the University of Medicine and Dentistry of New Jersey (now Rutgers) and completed his internship and residency in pediatrics at New York University / Bellevue Hospital Center. He entered private practice and later joined the faculty of the College of Human Medicine at Michigan State University where he was a TRECOS Fellow and earned a M.S. in Epidemiology. Dr. Palusci is an appointee of the American Board of Pediatrics Child Abuse Pediatrics Subboard. In addition to his roles for SOCAN, he serves as program chair for the AAP Section on Child Death Review and Prevention. In NY, he is a CHAMP provider and serves on the boards of APSAC-New York and Prevent Child Abuse- New York. In 2004, he received the Ray E. Helfer Award for child abuse prevention from the American Academy of Pediatrics and the National Alliance for Children's Trust and Prevention Funds.

Section on Child Abuse and Neglect
New/ Rejoined Members
November 2016—July 2017

Fellows

Nilufer Raj Goyal, MD, FAAP – *Harrisburg, PA*
Allison R. Bloom, MD, FAAP – *Roslyn, NY*
Ronald A. Cohen, MD, FAAP – *Oakland, CA*
Jeffrey P. Bomze, MD, FAAP - *Newtown Square, PA*
Randi L. Edwards, MD, FAAP - *Dalton Gardens, ID*
Carissa S. Cousins, MD, FAAP – *Corvallis, OR*
Stacey W. Hedlund, DO, FAAP – *Portland, OR*
Lindsey Cunnington, MD, FAAP – *Winnipeg, MB, Canada*
Rachael Keefe, MD, FAAP – *Pearland, TX*
Kara Shea Huls, MD, FAAP - *Ann Arbor, MI*
David G. Walters, MD, FAAP - *Fort Pierce, FL*
Kathryn G. Reese, MD, FAAP – *Kimberly, ID*
Victoria L. Riley, MD, FAAP - *Lakewood Ranch, FL*
Lisa Ehl Lewis, MD, FAAP - *Fort Worth, TX*
Donna L. Murawski Linvog, MD, FAAP – *Portland, OR*
Kayal Natarajan, MD, FAAP – *Kailua, HI*
Michael K. Foxworth II, MD, FAAP – *Florence, SC*
Timothy Michals, MD, FAAP – *Marshall, MN*
Mamta Jain, MD, FAAP - *Mountain House, CA*

Specialty Fellows

Jeannette M. Perez-Rossello, MD, FAAP – Wellesley, MA

Post-Residency Training Members

Albert O. Antonio, DO, FAAP - *Garden City, NY*
Maria K. Henry, MD, FAAP – *Philadelphia, PA*
Hayley Sooknarine, MBBCh, FAAP – *Orlando, FL*
Rasha Alradadi, MD – *Indianapolis, IN*
Lauren R. Burge, MD, FAAP – *Houston, TX*
Amy Yi-Chun Cheng, MD, FAAP – *Decatar, GA*
Hyunju Jane Im, MD, FAAP – *Cleveland, OH*
Tracie Walker, MD, FAAP – *Baltimore, MD*
Rachel S. Bensman, MD – *Cincinnati, OH*
Paige Culotta, MD, FAAP – *Humble, TX*

Residents

Deana Kay Jasper, DO – *Darien, IL*
Erin Boschee, MD – *Edmonton, AB*
Jennie Vavrousek, MD – *Louisville, KY*
Ian Luke Bryan, MD – *Greenville, NC*
Tracy Harjo, MD – *Albuquerque, NM*
Christa Rose Tabacaru, MD – *Richmond, VA*

Candidate Members

Jesus A. Moreno Munoz, MD – *Redfield, AR*
Jennifer V. Berkovich, DO, FAAP – *Hollywood, FL*

Senior Members

Mark W. Morris, MD, FAAP – *Tampa, FL*

International Members

Louise Marie Rafael-Croes, MD – *Aruba, Paradera*

National Affiliate Members

Lori Littrell, NP-C - *Mount Juliet, TN*
Ashley R Urbanski, APRN – *Omaha, NE*
Kristi Lynn Aldridge, APRN – *Lincoln, NE*
Jessica Tippery, APRN – *Omaha, NE*

Section Affiliate Members

Danielle Knox – *Nashville, TN*
Roberta Ann Mitchell, CPNP – *Smyrna, GA*
Natasha Woodham, ARNP - *Panama City, FL*

Section on Child Abuse and Neglect
Medical Students
November 2016—July 2017

We continue to welcome a great number of medical students to the Council.
If interested in being a mentor, please contact Tammy Hurley at thurley@aap.org.

Haley A. Franklin – *Dothan, AL*
Keri Anne Mallicoat – *Hoover, AL*
Tess N. Coker- *Little Rock, AR*
Thanh Thanh Dai - *Little Rock, AR*
Shannon Sullivan – *Rogers, AR*
Natalie Horwitz – *Tucson, AZ*
Jennifer Huntley – *Phoenix, AZ*
Adrienne Marler – *Mesa, AZ*
Nadia Cristina Arias - *Calexico, CA*
Allie E. Johnston – *Fremont, CA*
Jasleen Kahlon - *Fremont, CA*
Francesca Tuquynh Le-*Fountain Valley, CA*
Helene Nepomuceno - *Costa Mesa, CA*
Alexandria Georgadarellis –*Wallingford, CT*
Ashley Stark - *Washington, DC*
Krina Amin – *Tampa, FL*
Angela Centeno Gavica – Sanford, FL
Rachelle Daris – *Tallahassee, FL*
Shannon Glenn – *Seminole, FL*
Leah Setar – *Davie, FL*
Darrah Shields - *New Smyrna Beach, FL*
Rafaela C. Uwaibi – *Valrico, FL*
Ashley Wright - *Port Orange, FL*
Sheeva Yazdani-Sabouni – *Davie, FL*
Irene O. Gamra – *Kennesaw, GA*
Tiorra Ross – *Atlanta, GA*
SchMiyah Smith – *Thomasville, GA*
Sarah Soffer - *Atlanta, GA*
Naomi Warnick – *Roswell, GA*
Amy Jenkins – *Koloa, HI*
Rachel Elizabeth Azumbrado - *Chicago, IL*
Paige Bailey - *Oak Park, IL*
Franco Jediael Chevalier - *Oak Park, IL*
Anum Hussain - *River Forest, IL*
Jennifer Flores Kaswick – *Chicago, IL*
Christina Kim – *Rockford, IL*
Vanessa Martinez – *Chicago, IL*
Nehal Parikh - *Orland Park, IL*
Christina Rae Rojas - *Wheaton, IL*
Philin Saniachen – *Chicago, IL*
Gabrielle Butts – *Indianapolis, IN*
Emily Anne Hadley – *Indianapolis, IN*
Katheryn Hannaford – *Indianapolis, IN*
Kylee Nicole Miller – *Indianapolis, IN*
Alexander Tuttle – *Fishers, IN*
Payton Malone – *Burlington., KY*
Gretchen Sonnenberg – *London, KY*
Ioni Kokodis - *New Orleans, LA*
Kristen Finney Sandoz – *Atlanta, LA*
Michele Holman – *Randolph, MA*
Rabia Nasir – *Forestdale, MA*
Avery Zierk – *Brookline, MA*
Ulriche Sorella Fouedji Nana – *Germantown, MD*
Elizabeth Keller - *North Bethesda, MD*
Devin Reilly - *Baltimore, MD*
Michelle Georgia – *Bangor, ME*
Amal Algahmi - *Dearborn, MI*
Kathryn Alexandra Farah – *Northville, MI*
Ghadir Katato – *Troy, MI*
Rachel Christine Nash – *Birmingham, MI*
Adam Fredrick Sawyer – *Utica, MI*
Kandice Marie Schifko – *Brighton, MI*
Monica Singh - *Farmington Hills, MI*
Autumn Montville - *Eden Prairie, MN*
Aubrey Thyen – *Faribault, MN*
Claire Marie Williams – *Rochester, MN*
Kathryn Martin – *Centralia, MO*
Lauren Bridges – *Madison, MS*
Mary Katherine Kerce – *Jackson, MS*
Amanda M. Evans - *Spring Lake, NC*
Katia Michelle Perez - *Winston Salem, NC*
Kristin Stuive – *Goldsboro, NC*
Allison Williams – *Greenville, NC*
Alok Bapatla, MBBS - *West Windsor, NJ*
Sarah Blazovic – *Florence, NJ*
Cassandra Busler - *Franklinville, NJ*
Krystina Gabriel - *Long Branch, NJ*
Rachel Gonnella - *East Hanover, NJ*
Rhea Hans - *Wood Ridge, NJ*
Dana Stone – *Marlton, NJ*
Annica Tehim – *Ridgewood, NJ*
Consuelo Carrillo, PhD - *Santa Fe, NM*
Matt Solomon- *Albuquerque, NM*
Gina Marie Auricchio – *Brooklyn, NY*
Katherine Callaghan – *Malverne, NY*
Megan Thayammal Cross – *Manliu, NY*
Brianna Dillon - *South Ozone Park, NY*
Adrien Carl Ennis – *Elmira, NY*
Cynthia Francois – *Laurelton, NY*
Jaylen Green - *Cortlandt Manor, NY*
Sara Deniz Gungor - *Glen Head, NY*
Benson Ku - *Little Neck, NY*
Jovanna Madray – *Roosevelt, NY*
Tanya Ajay Masand - *East Norwich, NY*
Joshua Maxwell – *Lynbrook, NY*
Vanessa Ogueri - *Queens Village, NY*
Bernadette Sylla – *Bronx, NY*
Rene Talai - *New York, NY*
Lana Vasiljevic – *Albany, NY*
Alexis Ward - *New York, NY*
Ashley Young - *Ronkonkoma, NY*
Katherine Joyce – *Akron, OH*
Jessnie Jose - *Oklahoma City, OK*
Caroline Q. Stephens – *Portland, OR*
Dori Nicole Abel – *Ardmore, PA*
Leigh Joan Boghossian – *Philadelphia, PA*
Lawrence Chang – *Philadelphia, PA*
Alexa Goldfarb – *Philadelphia, PA*
Melissa Haslam – *Hershey, PA*
Tommy Hu – *Hershey, PA*
Sarah Bronwyn Lowry – *Scranton, PA*
Kaitlyn Petruccelli – *Philadelphia, PA*
Cara Piccoli – *Wynnewood, PA*
Kerry Nora Smallacombe- *Kennett Square, PA*
Cory Templeton – *Philadelphia, PA*
Erin Whaite – *Pittsburgh, PA*
Zachary Aaron Winthrop–*Philadelphia, PA*
Andrea Carlo Angleró - *Mayaguez, PR*
Jeannette Marie Morales Ramirez – *Guaynabo, PR*
Yisselle Ilene Virella Perez - *Ponce, PR*
Clasherrol Edwards – *Nashville, TN*
Brittney Nicole Hall, DO – *Clinton, TN*
Geoffrey Allison - *El Paso, TX*
Fizza Naqvi – *Amarillo, TX*
Michael Petrus-Jones - *Fort Worth, TX*
Bailey Bundy - *St. George, UT*
Yen Johnson - *West Jordan, UT*
MacKenzie Johnson - *Spokane, WA*
Nina Zook – *Issaquah, WA*
Jaron Smith – *Milwaukee, WI*
Raghda Bchech-*St. Johns, Saint John, USVI*
Elisa Coccimiglio - *St Davids, ON, Canada*
Ajita Gupta – *Brampton, ON, Canada*
Abhishek Santos Pandya, MD - *Scarborough, ON*
Khalid Taha – *Doha, Ad Dawhah, Qatar*
Saud Alsahli -*Riyadh, Ar Riyad, Saudi Arabia*
Ghada Felimban – *Riyadh, Ar Riyad, Saudi Arabia*
Sarah Alkhamisi – *Jeddah, Makkah, Saudi Arabia*
Yoojeong Oh – *Seoul, Seoul, South Korea*

NCE 2017

The American Academy of Pediatrics (AAP) invites you to join us for the 2017 National Conference & Exhibition September 16-19 (pre-conference sessions and events begin on Friday, September 15) in Chicago, IL. Experience over 350 educational sessions including practical hands-on learning and networking in addition to the largest pediatric technical exhibit of its kind.

Use the AAP Conference Planner to build an itinerary to meet your individual conference needs. Click on the button below to access the AAP Conference Planner.

AAP Conference Planner

Click Here for a full list of the trauma and resilience related sessions.

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