



# CARE FOR KIDS



Early & Periodic Screening, Diagnosis & Treatment

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## Child Abuse in Iowa

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In 2001, the Iowa Department of Human Services found that the number of reports of child abuse in Iowa increased by nearly 15% over 2000, reaching an all-time high of 25,696 reports. Nearly 70% of these cases were evaluated by DHS, and abuse was confirmed in 8,920 cases, affecting a total of 12,117 children.

### An abuse report may be determined to be:

**Founded** - Evidence indicates that abuse occurred; it is so reported on the Central Abuse Registry.

**Confirmed** - Evidence indicates that abuse occurred, but the incident does not meet the criteria for placement on the Central Abuse Registry.

**Not confirmed** - Evidence does not indicate abuse occurred.



In 2000, 15 children died as the result of abuse by adult caregivers. Over the past several years, the deaths of abused children in Iowa have made it clear that we need a better system of protective services for children.

### Confirmed Abuse in Iowa, 2001

Type of abuse	#Children affected	Percent
Denial of critical care [neglect]	9,721	71.2%
Physical injury	2,442	17.9%
Sexual abuse and child prostitution	1,094	8.0%
Presence of illegal drugs	375	2.7%
Mental injury	29	0.2%

*Some children suffered more than one type of abuse. DHS data as reported by Prevent Child Abuse - Iowa (2002)*

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## Prevention and treatment of abuse

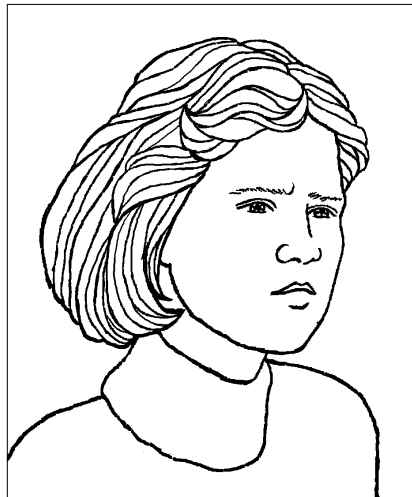
**1.** Our state has a number of parenting programs that serve as **primary prevention** strategies to help all families, and to prevent abuse from occurring in the first place. These programs include:

- Healthy Families-Iowa, which provides professional home visiting services to more than 800 families each year
- Success by Six, a United Way program for families and preschoolers
- Mothers of Preschoolers (MOPS), a faith-based program that focuses on parenting

For more information on programs such as these, see insert page 2.

**2. Secondary prevention** focuses on children and families at risk for abuse. It includes Department of Human Services programs, foster care placements, Lutheran and Catholic Social Services programs, play therapy, and counseling by therapists and psychologists. Substance abuse treatment, anger management counseling, nutritional services, financial support services, and health care services may also be tapped.

**3. Tertiary prevention** involves programs for parents or caregivers who have abused children in their care. Its goal is to prevent the abuse from recurring. It can include imprisonment and the termination of parental rights. For abused children, it may involve costly, long-term medical and psychological care, for severe abuse can have long lasting, and even lifelong, effects on a child's ability to function.



### The necessity of prevention

Child abuse is a symptom of a disordered relationship system that affects the entire family. Our ability to respond to this terrible problem will be limited unless we take a comprehensive look at the entire family unit and its environment.

Analyses of successful interventions with adult abusers make it starkly clear that primary and secondary prevention are essential.

Of adult abusers who receive treatment:

- One-third respond to educational and social support services
- Two-thirds are repeat abusers. Of these:
  - One-third have unhealthy coping styles that often stem from underlying personality disorders; many are substance abusers
  - The other one-third have diagnosable mental and emotional disorders

Health care personnel need to recognize the factors that may forewarn a child is at risk for abuse, or that caregivers are at risk of abusing. These are outlined on insert page 2.

### Advocating for each child

The American Academy of Pediatrics (AAP) recommends that questions about violence in the home, including child abuse, be a routine part of each well-child visit. This is an effective form of anticipatory guidance, and a key strategy in primary prevention. Topics of discussion should include:

- Age-appropriate safety issues in the home
- Ways that conflict and violence affect children
- Nonviolent discipline techniques

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- Family dynamics that create the risk for abuse
- Family and parenting support resources in the community

If abuse is suspected, it is important to perform a comprehensive assessment of the child and the family (for more information on assessment, see the summer 2000 issue of this newsletter, [w.medicine.uiowa.edu/uhs/EPSDT/sum00/guide.cfm](http://w.medicine.uiowa.edu/uhs/EPSDT/sum00/guide.cfm)). The procedures for reporting suspected child abuse are detailed on the Department of Human Resources web site, [w.dhs.state.ia.us/reporting/childabuse/](http://w.dhs.state.ia.us/reporting/childabuse/). The initial assessment and following medico-legal evaluation for a child take time. Maine is the only state that currently provides any significant funding support for such assessments.



**More than 80% of infant homicides are due to severe child abuse.**

*American Family Physician*, 6-15-00

## What needs to happen

**Statewide.** Often it is difficult for physicians to do such assessments well in the traditional office setting. One strategy for improving abuse services in Iowa would be to implement regional child abuse centers for medical care, such as the Regional Center for Child Protection at Blank Children's Hospital in Des Moines and the Quad City Child and Family Resource Center in Davenport. The Iowa legislature has opened the door to the creation of such centers, but the funding hasn't followed.

Regional child abuse centers could take on the tasks of educating health care providers and consulting with front-line physicians as needed. The centers would become a communications hub for health care providers, law enforcement, social services, and the legal system. Centers need to be situated in the community so that they can provide a prompt response and actively participate in the critical first 24-48 hours of an investigation, when

the majority of evidence is collected or lost. (For an overview of the range of services a center could coordinate, see Annotations, [w.iowa-icaa.com/Annotations/2002/sep02.2.pdf](http://w.iowa-icaa.com/Annotations/2002/sep02.2.pdf), page 2.)

**In the community.** Finally, and very importantly, community physicians and mental health care providers need to work together to improve communications with one another. This would be mutually beneficial to these professionals and to the families they serve. Mental health support services need to be given financial support so that effective treatment can be provided.

Iowa, despite the funding woes that have plagued it for the last few years, has legislative leaders who do recognize and support efforts to improve child protective services. We can work with them to make Iowa a better place for all its children, and for their families.

## Resources

**Iowa child abuse cases continue steep rise to all-time high in 2001**, Prevent Child Abuse in Iowa, [w.pcaiowa.org/reports/sp01-02newsletter.pdf](http://w.pcaiowa.org/reports/sp01-02newsletter.pdf)

**Child abuse in Iowa** (2001), Prevent Child Abuse in Iowa, [w.pcaiowa.org/child\\_abuse.html](http://w.pcaiowa.org/child_abuse.html)

**Child abuse: The physician's role in alleviating a growing problem**, *American Family Physician* 6-15-00; [w.aafp.org/aafp/20000515/editorials.html](http://w.aafp.org/aafp/20000515/editorials.html)

# Sexual Abuse and Children with Disabilities

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About 30% of the more than 3 million child abuse reports made each year in this country are “substantiated,” that is, founded or confirmed. Nationally, about 10% of these reports involve sexual abuse. In Iowa in 2001, about 970 children were sexually abused.

In 2000 in the US, parents were the abusers in 79% of all cases, regardless of the type of abuse. Parents were the abusers in 45% of all cases of sexual abuse (DHHS National Child Abuse and Neglect Data Systems, 2000).

## Abuse and disability

Research suggests that children with disabilities are 4 to 10 times more likely to be abused than children without disabilities. A number of factors may increase the risk of abuse for these children, including increased dependency on others for personal care, caregiver attitudes toward children with disabilities, and increased stress due to financial and personal care pressures related to the child's disability.

The most comprehensive study of all forms of child abuse to date, released in 1993 by the US Department of Health and Human Services Office of Child Abuse and Neglect, found that 14.1% of maltreated children

### Disability can lead to abuse...and abuse can lead to disability

In 47% of cases, workers thought that the disability led to or contributed to the abuse.

In 37% of the cases, social workers believed that abuse had caused the disability

had one or more disabilities. Children with disabilities were abused nearly twice as often as children without disabilities. In 47% of the cases, workers thought that the disability led to or contributed to the abuse. In 37% percent of the cases, social workers believed that abuse had caused the disability. A recent study by Sullivan and Knutson (2000) found that children with disabilities were 3.4 times more likely to be maltreated than their nondisabled peers. Abuse often took several forms, and sometimes included sexual abuse.

People, including health professionals, do not want to believe that children, and particularly children with disabilities, are abused or neglected. The signs of abuse demonstrated by children with disabilities are the same as those in the general population of children without disabilities:

- Aggressive or withdrawn behavior
- Unusual fears

- A craving for attention
- Avoidance of physical contact
- Destructive behavior, to self and others
- Poor peer relations
- Precocious knowledge of sexual matters

The nature of a child's disability may make discovery of the abuse extremely difficult. The child may not be able to tell what happened, or may not perceive what occurred as abuse. Sometimes abuse is not suspected until it produces undeniable physical signs (such as pregnancy, venereal disease, physical injury) or obvious behavioral signs (such as re-enactment of the abuse). The US Department of Health and Human Services reported in *Child Maltreatment 2000* that nearly half of all abused and neglected children receive no treatment or services following assessment of abuse allegations.

### Nearly half of all abused children receive no treatment or services following assessment for abuse . . .

*US Department of Health and Human Services, 2000*

Current public policy tends to focus on treating children after they are abused, rather than on preventing abuse. Existing child

*(continues on page 7)*

# Factors that Place Children and Families at Risk for Abuse

Child abuse is the result of complex patterns of interaction among children, families, and their environments. Being aware of factors associated with abuse can help you identify children and families at risk for abuse.

## Factors that put PARENTS at risk of abusing their children

### Mental or physical issues

- Poor health
- Cognitive delay
- Depression

### Personality traits

- Anxiety
- Distrustfulness
- Hostility
- Immaturity, dependency
- Impulsivity
- Insecurity
- Rigidity
- Poor self-control
- Poor self-esteem

### Parenting skills

- Low frustration tolerance
- Inability to empathize with child
- Limited interpersonal skills
- Little understanding of child development; inappropriate expectations
- Responds only to negative behavior; doesn't reward positive behavior
- Lack of problem-solving skills; use of violence as solution
- Poor discipline - ineffective, inconsistent

### Environment

- Parent was abused as a child (the most common shared characteristic of abusers)
- Being a single parent (high rates of abuse by single parents may result from social isolation, economic stress, the burden of childcare, difficulty with interpersonal relationships, etc.)
- Domestic violence
- Drug or alcohol abuse (In Iowa, 80% of all children in foster care have one or both parents struggling with substance abuse.)
- Untimely childbearing; very young parent
- Marital/relationship conflict
- Conflict with extended family
- Employment or financial stress
- Social isolation from friends, community
- Criminal behavior

## Factors that put CHILDREN at risk of being abused

- Prematurity
- Low birth weight
- Perinatal condition that interferes with parent-infant bonding
- Younger than 3 years of age
- Having a disability or chronic illness
- Isolation, social or emotional; no close relationships with family, friends

*Adapted from materials of the National Clearinghouse on Child Abuse and Neglect, Administration on Children and Families, [w.calib.com/nccanch/pubs/usermanuals/basic/section3.cfm](http://w.calib.com/nccanch/pubs/usermanuals/basic/section3.cfm).*



# Iowa Information and Referral Resources

## CHILD ABUSE

### TO REPORT SUSPECTED ABUSE of a child (0-18 years old) in Iowa

For a child in imminent danger: ..... 911

Iowa's Child Abuse Hotline: ..... 800-362-2178

*Please be ready to provide identifying information and the whereabouts of the child.*

### OTHER HELP LINES AND HOTLINES

**DHS - Local hotlines** ..... [w.dhs.state.ia.us/locations/locations.asp](http://w.dhs.state.ia.us/locations/locations.asp)  
*Phone numbers for local abuse hotlines in many Iowa counties.*

#### Child and Dependent Adult Abuse Hotlines

**Iowa Statewide** (available 24/7) ..... **800-362-2178**

**Domestic Abuse Hotline** ..... **800-942-0333**  
*24-hour crisis line; referrals to Iowa domestic abuse resources*

#### Iowa Help Lines

**and Hotlines** ..... [w.drugfreeinfo.org/hotline.html](http://w.drugfreeinfo.org/hotline.html)  
*Comprehensive phone information and referral resources for health, substance abuse, child abuse, and family support*

**Sexual Abuse Hotline** ..... **800-284-7821**

*Support, information and referral services; free, confidential, available 24/7*

### CHILD PROTECTION CENTERS

**Blank Children's Hospital** ..... **888-972-4453**

**Regional Child Protection Center  
Des Moines** ..... **515-241-4311**  
[w.blankchildrens.org/](http://w.blankchildrens.org/)  
1215 Pleasant Street, Suite 303  
Des Moines, IA 50309

*Serves abused children referred by DHS, law enforcement, prosecutors, or physicians. Staff work to involve key people, share information, arrange case conferences, and help manage high-risk cases.*

**Mercy Child Advocacy Center, Sioux City** ..... **800-582-0684**

**Mercy Medical Center** ..... **712-279-2548**  
801 - 5th Street ..... [w.mercysiouxcity.com/services/child](http://w.mercysiouxcity.com/services/child)  
Sioux City, IA 51101

*Comprehensive, child-centered, multidisciplinary services for abused children. Each child is supported by caring staff through each stage: assessment, investigation, and follow-up services.*

#### Quad City Child and Family

**Medical Resource Center, Davenport** ..... **563-421-7160**  
1230 E. Rusholme, Davenport, IA 52803

*Works with Iowa and Illinois abuse teams to meet the needs of severely physically or sexually abused children. Comprehensive medical assessment, written summaries and recommendations, court testimony.*

#### St. Luke's Child Protection

**Center, Cedar Rapids** ..... **319-369-7908**  
St. Luke's Methodist Hospital ..... [w.childprotection.net](http://w.childprotection.net)  
1026 - A Avenue NE ..... [child-pc@crstlukes.com](mailto:child-pc@crstlukes.com)  
Cedar Rapids, IA 52402

*Serves abused children and abused adults with developmental disabilities, and their families. Accepts referrals from DHS staff, law enforcement agencies, and private physicians. Leads efforts to identify, treat, and prevent child abuse.*

#### University of Iowa Hospitals and Clinics

**Child Assessment Clinic** ..... **319-353-6128**

University of Iowa ..... [w.uihealthcare.com/childprotection/](http://w.uihealthcare.com/childprotection/)  
Hospitals and Clinics, Iowa City

*Evaluation and treatment of abused children; consultation with and educational services for medical professionals and community agencies.*

### OTHER RESOURCES

**Community Action Agencies in Iowa** ..... **515-283-4525**

Iowa Community Action Association ..... [w.iowacommunityaction.com](http://w.iowacommunityaction.com)  
601 E. 1st Street,  
Des Moines, IA 50309-1881

*Prevention, support for at-risk families, health care, mental health services*

#### Department of Human Resources (DHS)

DHS county services: ..... [w.dhs.state.ia.us/locations/locations.asp](http://w.dhs.state.ia.us/locations/locations.asp)

*Detailed listings of local services by county*

Procedures for reporting

child abuse: ..... [w.dhs.state.ia.us/reportingchildabuse/](http://w.dhs.state.ia.us/reportingchildabuse/)

*Detailed information on mandatory report requirements and the report process*

#### Domestic Violence Services in Iowa,

Quick Find by County: ..... [w.icadv.org/quickfind/index.html](http://w.icadv.org/quickfind/index.html)

*Resources and referral information for Iowa victims of domestic violence, including child abuse.*

#### Healthy Families - Iowa

..... [w.pcaiowa.org/hopes.html](http://w.pcaiowa.org/hopes.html)

*Home visits program that helps expectant and new parents get their children off to a healthy start. Available in Black Hawk, Buchanan, Clinton, Hamilton, Lee, Muscatine, Polk, Scott, and Woodbury Counties.*

#### Parents Anonymous®

**Des Moines: 800-422-4453**

1228 - 8th Street, Suite 201,  
Des Moines, IA 50265

Office: **515-255-9490**

Additional help lines

**515-288-1981, 515-246-6555**

**515-883-1863**

[w.parentsanonymous.org](http://w.parentsanonymous.org)

*Works to strengthen families through parent leadership and mutual support; children's programs meet in conjunction with the parents' meetings.*

#### Parents Anonymous®

**of Webster County: 515-955-4803**

612 - C Street, Fort Dodge, IA 50501

[w.parentsanonymous.org](http://w.parentsanonymous.org)

**Prevent Child Abuse - Iowa** ..... **515-244-2200**

431 E. Locust, Suite 202

Des Moines, Iowa 50309

**800-237-1815**

[w.pcaiowa.org/](http://w.pcaiowa.org/)

*Crisis care nurseries, parent education, respite, sexual abuse prevention, and programs for young parents. Call the 800 number for referral to a contact person in your county.*



## Sexual Abuse and Children with Disabilities (continued from page 4)

abuse prevention programs need to address the needs of children with disabilities and their families. Parents need to be informed of the risks of abuse of their children with disabilities. Curriculum materials are available to teach children with disabilities age- and developmentally-appropriate assertiveness skills, risk reduction strategies, and personal safety skills.

### Keeping Our Children Safe: A Booklet for Caregivers and Providers of Children with Developmental Disabilities to Reduce the Risk of Abuse.

Bissada, A et al. (2000).

**Maltreatment and disabilities: A population-based epidemiological study.** Sullivan, PM & Knutson, J. (2000). *Child Abuse and Neglect*, 24(10), 1257-1273.

**Child Maltreatment 2000,** [w.acf.dhhs.gov/programs/cb/publications/cm00/outcover.htm](http://w.acf.dhhs.gov/programs/cb/publications/cm00/outcover.htm). DHHS Administration on Children, Youth and Families (2002).

**The Risk and Prevention of Maltreatment of Children with Disabilities,** [w.calib.com/nccanch//pubs/prevenres/focus.cfm](http://w.calib.com/nccanch//pubs/prevenres/focus.cfm); and **A Report on the Maltreatment of Children with Disabilities** (1993), [w.ndacan.cornell.edu/NDACAN/Datasets/Abstracts/DatasetAbstract\\_68.html](http://w.ndacan.cornell.edu/NDACAN/Datasets/Abstracts/DatasetAbstract_68.html), both at the National Clearinghouse on Child Abuse and Neglect.



# CARE FOR KIDS



## EPSDT Marks Its 10th Year

This spring marks the beginning of the 10th year of the *EPSDT Care for Kids Newsletter*. During that time, we have published more than 180 articles. Our audience includes more than 3,300 Iowa physicians, physician assistants, nurses (including nurse practitioners and MCH, public health, and school nurses), HeadStart and Vista volunteers. To help our readers find the articles they want, we have created two online indexes:

- Articles by issue - [w.medicine.uiowa.edu/uhs/EPSDT/archive.cfm](http://w.medicine.uiowa.edu/uhs/EPSDT/archive.cfm)
- Articles by topic - [w.medicine.uiowa.edu/uhs/EPSDT/subject.cfm](http://w.medicine.uiowa.edu/uhs/EPSDT/subject.cfm)

One of the reasons that the newsletter continues is the positive input we get from our readers. Every month, professionals contact us asking to be added to our mailing list. Reader responses to biennial questionnaires are both positive and informative. While tight budgets make it hard to expand this list, having the newsletter online (at [w.medicine.uiowa.edu/uhs/epsdt/index.cfm](http://w.medicine.uiowa.edu/uhs/epsdt/index.cfm)) gives us a way to link additional readers with information.

Surviving a decade in these tumultuous times is cause for thanks, and so all of us who work to create this newsletter would like to express our gratitude to:

- **Our readers**, whose input and encouragement shape the newsletter and make the effort of creating it worthwhile
- **Our many authors**, busy professionals themselves, who have donated so generously of their time and expertise in the creation of the 185 articles presented since we began
- **Our sponsors** — the Iowa Departments of Human Services and Public Health, the Iowa Prevention of Disabilities Policy Council, and the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics — who provide both funding support and staff expertise

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If you have questions about **billing** related to EPSDT Care for Kids services, please call  
Provider Services: **1-800-338-7909**

If you have questions about **clinical issues** and EPSDT Care for Kids services, please call  
**1-800-383-3826**

**Please note:** Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at <http://www.medicine.uiowa.edu/uhs/epsdt/>.** Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.

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