SANTA CLARA VALLEY MEDICAL CENTER

Barriers to Care

Center for Child Protection
Santa Clara Valley Medical Center

Child Safety First

SCVMC SERVICES FOR VULNERABLE CHILDREN AND TEENS

1) Center for Child Protection: 24/7
   - Child Sexual Abuse evaluations: acute and after 72 hours.
   - Performed by Mary Ritter and after-hours team.
2) Physical Abuse Evaluations: Dr. Sturm and Hospitalists
   - Inpatient at SCVMC and Outpatient at the Downtown Clinic
   - Thanks to Dr. Catherine Albin, Kaiser Santa Clara
3) SPARK/ Downtown Pediatric Clinic
   - Medical Home for children and teenagers in Foster Care
   - Continuing care for adopted children and their families

BARRIERS TO CARE 1: DENIAL AND DISBELIEF

Mom's 9 yo daughter has vaginal discharge, Mom takes her to Clinic

Pediatrician diagnoses fungal infection, prescribes Nystatin cream

After three days, they return to clinic, child says discharge is worse

A gynecologist colleague suggests testing for STIs.
The urine test is positive for gonorrhea; a second specimen confirms GC.

The girl denies sexual contact; Mom thinks impossible.

The pediatrician calls CPS.

BARRIERS TO CARE 1: DENIAL AND DISBELIEF

A social worker schedules appt at the Center for Child Protection.
She involves the SJPD; a detective authorizes the exam.
She brings Mom and daughter because Mom doesn't have a car.
Mom does not speak English and does not understand the urgency.

During the evaluation, the girl begins to cry.
She discloses: her 17 yo cousin touched her "pee pee with his thing."
Her cousin threatened her; if she told, he would kill the family dog.
She asks if we can help protect the dog

BARRIERS TO CARE 1: DENIAL AND DISBELIEF

- **Language: Mom minimally understands information she receives.**
- **Distance: Means to travel to CCP or other facility**
- **Disbelief: Mom cannot believe her child has been sexually abused.**
- **Discomfort with child sexual abuse: doctors assume fungal infection**

BARRIERS TO CARE 2: BEYOND SUSPICION

An active 7 yo boy breaks his arm—again.

- **He fell off the monkey bars at recess, school calls to pick him up.**
- **She drives straight to the SCVMC ED.**
- **Mom tells the ED PA this is his 3rd arm fracture in <18 months.**

Xray reveals supracondylar (above elbow) fracture.

- **The PA sends family home, then calls CPS.**

BARRIERS TO CARE 2: BEYOND SUSPICION

- A CPS worker arrives at family that evening to assess the case.
- Mom calls her pediatrician the next morning, very upset.
- Pediatrician calls Center for Child Protection, schedules appt.
- Child abuse pediatrician takes a full history, reviews images and relevant child abuse literature. Writes comprehensive note.
- Child abuse pediatrician reassures family, pediatrician, and CPS.

BARRIERS TO CARE: THE PHONE CALL TO CPS

Why providers don't want to call CPS:

- Judgment
- Consequences to family
- Consequences to pediatrician, including loss of trust—and potential financial or legal consequences.
- Provider's discomfort with "one way" reporting

AREAS FOR IMPROVEMENT:

- More education for parents and providers re signs/ symptoms of sexual and physical abuse.
- Timely reporting and its inverse: DO call even if time has passed
- Improved communication between medical providers, social services and law enforcement. Avoid jargon and acronyms
- Case management: multidisciplinary approach to complex cases

BREAKING THE BARRIERS

We welcome your advice and expertise— and your questions.
With you, we hope to find real solutions to complex problems!

Please call us: 408 885 6460 408 885 5000

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Center for Child Protection

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