Child Maltreatment SIG

Please consider completing a brief online survey using the link below in order to provide valuable input and suggestions for our Special Interest Group.

Click here for survey

Spotlight on a Member

Name: Gail Hornor
Credentials: DNP, CPNP, AFN-BC

Current Position/Involvement with NAPNAP:
I have been a member of NAPNAP for over 25 years. I have served as Co-chair of the Child Maltreatment SIG; I am currently the Immediate Past President of Ohio NAPNAP and previously served as Treasurer of Ohio NAPNAP. I am a Department Editor (Case Study: Acute and Specialty Care) for the Journal of Pediatric Health Care; member of the Nominating Committee Current Position (employment) Nationwide Children’s Hospital Center for Family Safety and Healing Emergency Department Pediatric Nurse Practitioner/Pediatric Sexual Assault Nurse Examiner Coordinator
Years practicing in child maltreatment: It has been 26 years; all of the time that I have been a PNP.

How did your path lead you to working in child maltreatment? Honestly, it was the job that was available when I completed graduate school but I have never regretted my choice. Even after all of these years I find the dynamics of child maltreatment fascinating.

What is the most rewarding part of your career and/or job? I would have to say that I find patient care the most rewarding aspect of my job. I work with a great multi-disciplinary team in our hospital-based CAC which provides a consistent source of support and more than occasional humor. Let’s face with what we do and see every day we need to laugh! In my role I see patients with acute and chronic sexual abuse concerns (CAC and Emergency Department) and in-patient and out-patient physical abuse concerns. I enjoy working with our team of pediatric SANEs in the ED and we have a great group of SANEs who consistently provide compassionate and skilled care to over 300 patients annually in our ED! We are also a high volume CAC seeing over 1200 patients yearly. I work in a very supportive environment where I have the time and administrative support to also work on clinical research projects as principal investigator. We received IRB approval for a study looking at Teen Knowledge of Human Trafficking and will begin surveying teens seen in the ED in October. In our ED a couple of years ago we instituted a model of care for acute sexual abuse that mimics care provided in the CAC. We have on-call forensic interviewers, videotape interviews, and CPS and LE can come and view the interviews. We would like to look at the differences in prosecution of perpetrators with our new model.
Spotlight on a Member (continued)

We have also expanded our criteria for evidence collection and would like to examine evidence yield in children who do not give history during forensic interview but made a statement to caregiver or caregiver has concerns of acute sexual abuse.

What is the most challenging part of your career and/or job? It can be difficult at times when I see or hear a particularly horrendous injury or sexual abuse story to let it go.

Do you have any advice for new advance practice nurses in the CMN field? Be passionate about your patients; push yourself to do things/work on projects that push you and make you do things that you are not totally comfortable doing – that is how you grow.

Current projects, publications, presentations, and/or awards you would like to share? The CMN SIG Corporal Punishment White Paper is currently being edited and should be published in the next few months. A group of CMN SIG members worked together on a Corporal Punishment Educational Intervention research project a few years ago and that evaluation will soon be a chapter in a book edited by Liz Gershoff and Shawna Taylor, leaders in corporal punishment research. A group of CMN SIG members worked together on a review article discussing Commercialized Sexual Exploitation of Children which has been submitted to the Journal of Pediatric Health Care.

Get involved it is fun to work on projects together.

Anything thing else you would like to share? The picture I am sharing is what I am most proud of in my life; my daughters Melissa and Megan! As you work in child maltreatment you realize that who you came from really makes all the difference in life and I was blessed to come from Bernie and Ica Petit. My biggest hope is that when Melissa and Megan are my age they will feel that my husband and I were half the parents that mine were.


Walking Children through a Minefield: How Professionals Experience Exploring Adverse Childhood Experiences

This systematic review article is a meta-synthesis of 8 qualitative studies examining the challenges of professionals who work with children who have experienced adversity. It describes that there is quantitative evidence available demonstrating that professionals may know how to identify and respond to neglected children, but their willingness to do seems limited. This research attempts to identify what leads to the reluctance of practitioners to explore psychological issues with children.

“To support children at risk, we propose developing professionals’ ability to build relationships, skills in emotion regulation, and proficiency in reflective practice.”

Results indicated three common themes: 1) feeling frustrated & inadequate about how to respond appropriately to a disclosure, 2) fear of making things worse for the child because they were not able to predict consequences of their actions, and 3) facing child adversity brought emotional discomfort which led to avoidance patterns. The researchers concluded that practitioners do not need more care guidelines but measures to address the emotional distress and complexity of abuse cases. Interventions such as improving professionals’ emotion-regulation skills and self-awareness could optimally result in handling emotional discomfort better. They also propose development of interventions to help tolerate complexity and reflection skills for complex situations.

The effect of trauma on a child can have a life long effect. The Adverse Childhood Effects (ACE’s) study provided eye opening and clear research on the cumulative influence of childhood trauma on its adult victims. To learn more about the ACE’s study as well as how to help families understand trauma please visit the CDC violence prevention website. https://www.cdc.gov/violenceprevention/acestudy/index.html
## Upcoming conferences related to child maltreatment

1. APSAC: American Professional Society Abuse Children  
26th National Colloquium: Promoting Trauma Informed Practice in all Disciplines  
Salt Lake City Utah 2019  
June 18-22, 2019

2. 35th International Symposium on Child Abuse  
Sponsoring Organization: National Children’s Advocacy Center  
Dates of Conference: 03/18/2019 - 03/21/2019  
Topics: Child Abuse and Neglect  
Location: Huntsville, AL  
Contact Information: National Children's Advocacy Center  
210 Pratt Avenue, NE  
Huntsville, AL 35801  
Phone: 256-533-KIDS (5437)  
Website: http://www.nationalcac.org/symposium-about/

*Brief Description:*
The 35th International Symposium on Child Abuse offers more than 160 workshops. The tracks are designed with specific fields in mind, including Administration, Child Protective Services, Forensic Interviewing, Human Trafficking/Sexual Exploitation, Law Enforcement, Medical, Mental Health/Treatment, Prevention, Prosecution/Legal, Secondary Traumatic Stress, Victim Advocacy and Youth-Serving Organization.

3. 6th Annual Safe & Together Conference  
Dates of Conference: 10/01/2018 - 10/05/2018  
Topics: Child Abuse and Neglect  
Location: San Antonio, TX  
Contact Information: Kyle Pinto  
Safe & Together Institute  
PO Box 745  
Canton, CT 06019  
Phone: (860) 319-0966  
For more information, contact: kylepinto@safeandtogetherinstitute.com  
Website: http://www.safeandtogetherinstitute.com/us-conference

*Brief Description:*
Safe & Together Conferences bring together professionals from around the globe who want to create domestic violence-informed systems within child welfare, family court, substance abuse and family services along domestic violence advocates/coalitions and Batterer Intervention Programs. The Safe & Together Model CORE training will also be offered Oct.1-3, 2018.

4. 21st NCCAN: National Conference on Child Abuse and Neglect  
Conference Theme: Strong and Thriving Families  
Washington DC April 24-26, 2019  
http://www.nccan21.com/#&panel1-1

## Resources available by region of country

### Dallas/Fort Worth Programs for Abuse & Foster Care

The REACH (Referral and Evaluation of at Risk Children) Clinic is a referral based specialty clinic located on both Children’s Health Children’s Medical Center Dallas and Plano campuses. REACH is a multidisciplinary team of professionals providing care to children when there are concerns of any type of abuse or neglect. Referrals are typically received from law enforcement, child protective services, or community physicians. To improve the welfare of children, the WIN (Weight Intervention and Nutrition) clinic, an extension of REACH, was created to provide comprehensive care to children who are either failure to thrive or obese.
The Rees-Jones Center for Foster Care Excellence provides comprehensive care to children in foster and kinship care, with particular focus on their special health care needs and reducing the impact of childhood adversities on short and long-term health. The delivery model emphasizes foster parent support, care coordination, and child welfare collaboration to promote a child’s recovery from abuse and neglect. Children’s Medical Center is the training hospital for UT Southwestern Medical Center medical students, residents, and behavioral health professionals, as well as advance practice and nursing students from other affiliated universities. Team members also engage in community trainings, policy education, and quality improvement initiatives at the community level through the Center’s other programmatic pillars. Integrated team includes pediatricians, psychiatrists, psychologists, nurse practitioners, nurse coordinators, nursing staff, early childhood specialists, clinical therapists, CPS liaisons, community liaison and support staff.

Fostering Health is an extension of the CARE (Child Advocacy Resource and Evaluation) team at Cook Children’s Medical Center. Historically, the CARE team provides the medical evaluation for children with suspected sexual abuse, physical abuse and/or drug exposure, neglect. Fostering Health is housed within CARE team at the medical center. The intent is to provide a complete evaluation in which medical, behavioral and developmental concerns are addressed while in a trauma informed environment. Coordination of care will be provided to assist in scheduling and following up on necessary specialist or service oriented recommendations.

This includes:

1. Medical Exam within 3 business days (Regardless of whether or not insurance changes have taken place). At this time we can order equipment or medications the child did not have when entering care.
2. Provide Texas Health Step exam within 30 days if family has been unable to identify a PCP or they are having difficulty scheduling with PCP.
3. Sick visits if child is not able to get appointment with PCP or has not established care with PCP. Our hope is to reduce urgent care/emergency room visits.

If you are having trouble identifying resources to meet the child’s needs or just have questions about navigating the health care system, call us. Sandy Johnson, FNP-C Sandra.johnson@cookchildrens.org
Lorie Palacios, LMSW Lorie.palacios@cookchildrens.org (682) 885-3953

If you would like to see your program or region spotlighted please send an email to Sara.Moore@childrens.com
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