# MINUTES

**Commission on Improving the Status of Children in Indiana**
**Wednesday, July 16, 2014 10:00 a.m. to 2:00 p.m.**
**Indiana Government Center South, Conference Room C**

**Members Present:** Brian Bailey, Director, State Budget Agency; Senator Travis Holdman; Lilia Judson, Executive Director, Division of State Court Administration; Representative Rebecca Kubacki; Representative Gail Riecken; Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education; Justice Loretta Rush, Indiana Supreme Court; Dr. William VanNess, Indiana State Department of Health; Greg Zoeller, Indiana Attorney General.

**Commission Staff Present:** Amber Holland, Indiana Supreme Court; Anne Jordan, Jane Seigel Angela Reid-Brown, Indiana Judicial Center; Ruth Reichard, Mike Commons, Indiana Supreme Court, Division of State Court Administration.

1. Welcome. Representative Kubacki thanked everyone for attending the meeting. She introduced Senator Carlin Yoder and Ali Bartlett, Indiana House legislative liaison. Representative Kubacki also acknowledged Justice Rush for leading the charge of the Commission, and thanked her for her guidance.

2. Approval of Minutes. The minutes from the May 21, 2014 meeting were approved with a correction on page seven to change Senator Riecken to Representative Riecken.

3. Other Business. Senator Holdman said it is strongly suggested that any task force that may be interested in recommending legislation to first bring the proposed legislation to the Commission for discussion. Justice Rush reminded everyone that the Commission meets bi-monthly and that the Commission Executive Committee meets bi-weekly during the legislative session and monthly at other times.

4. Topics for September 17, 2014 Meeting. Justice Rush reviewed the topics for the September Commission meeting. There will be a task force report from the Infant Mortality and Child Health Task Force, a presentation from the Indiana state Department of Health, and presentations about teen suicide.

5. Dynamics of Family Violence Presentations.

    a. **Dr. Roberta Hibbard, Professor of Pediatrics, Indiana University Health.** Dr. Hibbard began her presentation by giving an overview of the Adverse Childhood Experiences (ACE) Study. The study is the largest of its kind ever done to examine the health and social effects of adverse childhood experiences. The study was conducted by Kaiser Permanente and included 18, 000 participants. The study reviewed information about the participants' childhood experiences of abuse and neglect; growing up with domestic violence, substance abuse, or mental illness in the home; parental loss; and crime. The study found that 11% of participants reported experiencing psychological abuse, 11% reported physical abuse, 22% reported sexual abuse, 26% reported substance abuse in the family, and 19% reported mental illness in the home. Adverse childhood experiences are strong predictors of later

health risks and diseases, such as smoking, drug addiction, depression and the risk of suicide. Adverse childhood experiences are the leading determinant of the health and social well-being of our nation.

Dr. Hibbard stated it is important to recognize that violence affects the entire household. There is often an overlap between child abuse, intimate partner violence (IPV), and pet abuse. Approximately 75% of IPV clients with pets reported animal abuse, and two-thirds of women in domestic violence shelters reported their pets were threatened or killed by their partner. Dr. Hibbard stated many women who are victims of domestic violence report returning to the home to protect their pets.

Dr. Hibbard reviewed statistics from a 1990 study on infants who had been shaken. There were twenty-four infants in the study, twelve who had been shaken and twelve who had evidence of physical injury in addition to the shaken injury. Seventy-one percent of those children had previously been abused, 33% had previously been shaken, and in one-third of the families with two or more than children, three of the siblings had been abused or neglected and two children died. Shaken impact syndrome is now called abusive head trauma and is diagnosed in children less than three years old.

Dr. Hibbard reviewed statistics from another study that looked at the risks to siblings in households where physical abuse or neglect were going on. The study looked at 795 siblings in 400 households where one child had been abused or neglected. In 44% percent of those cases, only the index child was abused, in 37% of the cases, all siblings in the household were abused, and in 20% of the households, some of the siblings had suffered from some form of maltreatment.

Dr. Hibbard reviewed a study called the Examining Siblings to Recognized Abuse (ExSTRA). The ExSTRA study looked at siblings of suspected child abuse victims to see if abuse or neglect could be better recognized. Twenty Child Abuse Pediatrics Centers from across the country participated in the study. The study protocol required an index child less than ten years of age to be evaluated by a child abuse pediatrician for physical abuse, and a contact child less than 10 years of age who share the same environment with the index child (excluding commercial daycares) to be evaluated for physical abuse. For purposes of the study, “physical abuse” was defined as a high likelihood of abuse and at least one serious injury. Serious injury included fractures, burns of greater than 5% of the total body surface area, traumatic brain injury, intra-abdominal or intra-thoracic injury’s, ICU admission, or a fatality. The screening protocol for children less than six months old required an exam by a medical provider, a skeletal survey, and head CT; for children six months to 23 months, an exam by medical provider and a skeletal survey; and in children 24 months to less than five years, a physical exam by CPS or medical provider.

The study reviewed 2890 suspected child abuse cases. Of the 980 children less than 6 months old, 25% had bruises and many presented with at least one new injury as well. Dr. Hibbard said this speaks to the issue that you cannot just look at an infant and tell if they have a broken bone or head injury, a skeletal survey needs to be conducted. According to the American Academy of Pediatrics, siblings, especially twins and other young household

members of children who have been physically abused should be evaluated for maltreatment. Imaging should be considered for any siblings younger than two years, especially if there are signs of abuse.

Dr. Hibbard reviewed the Pediatric Evaluation and Diagnostic Services (PEDS) program started in 2008. This program is a cooperative partnership between IU Child Protection Programs and the Department of Child Services and provides consultation and education to DCS staff and medical care, including complete evaluations, sorting out medical and accidental causes of injury, and other recommended services.

Justice Rush asked Dr. Hibbard how medical doctors obtain access to siblings. Dr. Hibbard said if a doctor suspects abuse, the doctor would recommend that all the children in the family be evaluated for abuse. Attorney General Zoeller asked what is done if an evaluation is done on a sibling and abuse is found. Dr. Hibbard said doctors work closely with the Department of Child Services staff, to notify the ongoing worker of the findings and will make report to the DCS child abuse hotline.

Dr. Hibbard concluded her presentation by suggesting all siblings must be evaluated when abuse is suspected. Infants need head CT and skeletal surveys even if they appear well. Additionally, all children in the family need a safety plan because maltreatment rarely occurs to just one child.

Justice Rush asked Dr. Hibbard if she is seeing any common themes. Dr. Hibbard responded she is seeing themes in unsafe sleeping and physical abuse fatalities, usually at the hands of the mother's boyfriend. Justice Rush asked Dr. Hibbard if she could change five things, what they would be. Dr. Hibbard responded she would provide better education to physicians, DCS staff, judges, teenagers, and society in general. Senator Holdman invited Dr. Hibbard to let the Commission know if there are gaps in the current law that need to be addressed.

b. **Edie Olson, President and Rachael Bain, DV Group Facilitator, Families First.**
Families First has been serving central Indiana families since 1835. Services and programs include family counseling, alternatives to family violence, chemical dependency treatment, parenting education, and services for older and challenged adults.

Rachel Bain reviewed the definition of family violence and domestic violence. Family violence (FV) includes child maltreatment, elder abuse, and intimate partner violence or domestic violence. Domestic violence (DV) or intimate partner violence (IPV) is a pattern of assaultive behavior, including repeated battering, psychological abuse, sexual assault and coercion, progressive social isolation, deprivation and intimidation. These behaviors are perpetuated by someone who is or was in an intimate relationship with the victim and are aimed at establishing power and control over the victim.

Intimate partner violence occurs when one partner uses coercive control with violence or threats of violence. Intimate partner violence is also known as intimate terrorism because it creates a terror-filled environment. Intimate partner violence can create dynamics that

increase the risk of child maltreatment. Domestic violence includes emotional and psychological abuse, physical abuse, sexual abuse and coercion, financial abuse, and controlling behaviors. The power and control wheel is a tool to depict all the different behaviors that are considered abusive and violent. These behaviors are used by batterers to establish and maintain control over his or her partner. The cycles of abuse include the honeymoon phase (manipulation), followed by the calm phase (seems like an ordinary relationship), followed by escalation (increased tension, anger, blaming, name-calling etc.), followed by the explosion phase (incidents of abuse, violence, sexual assault etc.).

Statistics regarding intimate partner violence in the U. S. were reviewed. Four in ten female victims and one in seven male victims reported experiencing a physical injury because of the violence within that relationship. Seventy-nine percent of violent children have witnessed violence between their parents. Intimate partner violence begins early in life. Twenty-two percent of female victims and fifty percent of male victims experienced some form of intimate partner violence for the first time between the ages of 11 and 17. Children who grow up in violent homes have a seventy-four percent higher likelihood of committing criminal assaults. Children who witness DV often experience symptoms of post-traumatic stress disorder (PTSD).

A person is two to six times more likely to experience adverse childhood experiences if intimate partner violence occurred in the home. Adults with four or more adverse childhood experiences showed an increase in the risk for alcoholism, drug abuse, depression, and suicide. Findings from the ACE study showed children whose mothers are treated violently are more likely to suffer multiple forms of abuse, neglect, and serious household dysfunction. Witnessing intimate partner violence has wide-ranging health and social implications. Intimate partner violence is usually associated with some form of child abuse or neglect or other serious family dysfunction.

Justice Rush asked Ms. Olson to identify programs that are working. Ms. Olson said the state of Washington has done a good job developing trauma informed systems and trauma informed schools. Senator Holdman asked if there are one or two key indicators that can be used to identify a child who may be a victim, especially when many of the behaviors that the child might be exhibiting may lead to a diagnosis of ADD, ADHD, and Bipolar. Ms. Olson said the categories in the ACE study are good indicators.

c. **Dr. Steve Couvillion.** Dr.Couvillion discussed the impact of family violence on brain development. The human brain weighs about 3 pounds in an adult. At birth, a child's brain is 25% the size of an adult brain and increases to 66% by the end of the first year. Normal child brain development is programmed to gain skills sequentially. The cerebrum is the largest portion of the brain. It is divided into five lobes that are responsible for different brain functions. They include the limbic lobe, the frontal lobe, the parietal lobe, occipital lobe, and the temporal lobe.

The limbic system is the area of the brain that regulates emotion and memory. This is where senses and awareness are first processed in the brain. Mood and personality are mediated

through the prefrontal cortex. This part of the brain is the center of higher cognitive and emotional functions.

Loud voices, anger and physical violence increases adrenal steroids in children. Overproduction of adrenaline leads to anxiety, also known as the fight or flight syndrome. Young children under the age of six are more affected than older children because early overproduction causes stronger brain associations. Family violence was associated with heightened neural activity in children's brains similar to soldiers exposed to violent combat in an fMRI study. Research suggests that extreme trauma changes the organization of the brain, resulting in difficulties in dealing with stress later in life. Family violence has been associated with decreasing IQ in children. Anxiety blocks learning. It often results in a lack of concentration and attention, which leads to school learning problems and social disruptions. This often results in misdiagnoses of ADHD.

d. **Jane Bisbee, Deputy Director, Field Operations, Department of Child Services.** The Department of Child Services (DCS) engages all parents to be involved in the lives of their children, even when domestic violence is present. Domestic violence is a serious issue with potentially fatal implications. Children exposed to domestic violence are more likely to experience behavioral, emotional, and social problems; cognitive and attitude problems; higher levels of adult depression and trauma; and a greater likelihood to be involved with a violent adult.

DCS defines domestic violence as: a pattern of assaultive or coercive behavior using power and control within an intimate relationship that threatens a person's well-being; includes physical, financial, sexual, or psychological abuse, including the use of children to control the adult victim; that is committed by an intimate partner, including a spouse or former spouse, or current or former dating partner.

DCS hotline family case managers are trained to ask questions to determine whether domestic violence is present in the home. Domestic violence is not an allegation of child abuse or neglect. DCS assesses all reports that allege that a child witness was present in the home during an incident of domestic violence. DCS does not substantiate child abuse and neglect solely on the presence of domestic violence; rather, DCS substantiates any abuse and neglect that coordinates with the reported incident including environment, life, and health endangering. Family Case Managers continue to assess for the presence of domestic violence throughout the life of the case. Knowing about possible domestic violence assist the Child and Family Team in developing goals to help ensure the safety of all family members. The early identification of domestic violence is the first step in achieving safe outcomes for adult and child victims. DCS offers services to domestic violence survivors and children. The services are structured, goal-oriented, and time-limited and include individual or group services and casework/victim advocacy services. Batterer's intervention programs are also offered. These programs include group services, which focus on victim safety, batterer accountability, and community collaboration, and services to support change in holding clients accountable for their behaviors.

6. Sex Crimes against Children. **Representative Christina Hale and Dr. John Parrish-Sprowl, Co-Director, Global Health Communications Center, IUPUI.** Representative Hale and Dr. Parrish-Sprowl discussed the sex crimes study the is required to be conducted by SEA 227-2014. The study requires the state department of health to determine the extent to which crimes of domestic or sexual violence are underreported, to identify which crimes of domestic or sexual violence are most commonly underreported, why victims do not report these crimes, evaluate methods for improving the reporting of the underreported crimes, and make recommendations concerning best practices.

   The goals of the study are to connect victims to the services they need and to prevent these crimes from happening. Representative Hale said sex crime acts include date rape, child seduction, incest, and random acts of violence. Representative Hale and Dr. Parrish-Sprowl highlighted some of the challenges of the study. These challenges include when and how to do the study, how to define what the study is looking at, locating available data, and how to finance the study. The Criminal Justice Institute is funding phase 1 of the study. The study findings will be reported to the Commission and the legislative Council. The preliminary study findings will be available for the November 19, 2014 Commission meeting.

7. Open Discussion. Tabled until September.