ARTICLE:

SUMMARY:
Purpose – to assess the relationship of a CAC/MDT determination of abuse likelihood to CPS dispositions. The working hypotheses:
1. High concordance between MDT and CPS determinations
2. There would be specific demographic and clinical factors associated with discordance between MDT and CPS determinations

Subjects/Design:
Cases were from a large Midwestern U.S. Children’s Hospital with staff including a forensic interviewer, mental health advocate and medical provider. All three contributed to a decision regarding the likelihood of abuse using available information (disclosure during FI, findings from medical exam, presence of a STI) and a Likert Scale of 1-5:
1. Very probably did not occur
2. Probably did not occur
3. Indeterminate
4. Probably did occur
5. Very probably did occur

Subjects were all patients reported to the local CPS and evaluated by the MDT for CSA between January 1, 2006 and December 31, 2007. Final sample was 1,422 children with known CPS dispositions.

Findings:
1. Subject demographics:
   1. Gender
      i. Female – 69.5%
      ii. Male – 30.5%
   2. 13.4% had prior history of CSA
   3. 71.9% disclosed during forensic interview
2. 70% of cases determined to be high likelihood of abuse (assessed by MDT)
3. Correlation of MDT Determination to CPS Determinations
   1. 78.1% of MDT high likelihood determinations were indicated by CPS
   2. 11.2% of MDT medium or low likelihood determinations were indicated by CPS
4. CPS did not substantiate in 78.8% of all cases
5. MDT determination of high likelihood of CSA was associated with:
   1. Increasing total number of CSA disclosures
   2. Any disclosure of CSA

   ** This reinforces the importance of quality forensic interviews being provided in every case, especially the initial assessments.


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