Background
Children’s hospitals have an established reputation as experts in the diagnosis and treatment of child abuse and neglect. In fact, the majority of the nation’s 264 board certified child abuse pediatricians are based in children’s hospitals. This survey finds that:

80 percent of respondents agree with the statement “If my hospital were not part of my community child maltreatment would be worse than it is.”

Objectives
The Children’s Hospital Association triennial survey of child abuse services at children’s hospitals collects, analyzes and disseminates this data to:

- quantify the role of children’s hospitals in responding to child maltreatment
- provide a tool that measures adherence to the Association’s guidance for developing and enhancing child protection teams (as defined by the publication Defining the Children’s Hospital Role in Child Maltreatment, Second Edition)

- serve as a practical benchmarking resource for child protection teams and hospitals

Findings
Response
Of 237 surveyed, 145 hospitals responded (61%). Almost half of the respondents are board certified child abuse pediatricians.

Caseload
91,973 total cases are reported by 109 children’s hospitals in FY 2011. Average caseload is 844 including both inpatients and outpatients served in direct patient care. Overall, caseload increased an average of 9 percent over the last four years (n=68).

Program Type
No services: All suspected child abuse cases are referred out.
Basic: Staffing may be limited, but includes, at minimum, a physician who provides the medical leadership and administrative coordination and social work services provided by staff trained in the field of child abuse.
Advanced: The team is led by a full-time medical director who is board certified in child abuse pediatrics (with few exceptions). An advanced team generally has additional staff and is an administrative unit of the children’s hospital and has centralized management and administrative functions. The advanced team is more likely to serve a broader catchment area, receiving referrals from outlying communities. It may offer an accredited fellowship.

Center of Excellence: Team members include additional hospital staff, such as psychologists. It offers advanced services that often require consultation with hospital medical and surgical subspecialists. It is likely to offer an accredited fellowship and may sponsor multicenter trials. It is a regional and national leader in child maltreatment and related family, violence intervention and prevention.

Staffing
Child protection teams consist of three core functions: medical leadership, team administration and social work. However, most teams are enhanced by a variety of other professionals including but not limited to: additional physicians, administrative support, nurse practitioners, physician assistants, registered nurses, forensic interviewers, psychologists and child or family advocates.

Financial Data
Average revenue is $722,174 (n=55). The majority of respondents (87 of 104) selected three or more revenue sources. The greatest five revenue sources are Medicaid, reimbursement for services (including contracted) provided to local, county or state agencies or university/schools, the hospital foundation, victims of crime compensation and state budget line items. Overall, revenue shrank 10 percent over the last four years (n=27).