

# The Children's Hospital *of Philadelphia*<sup>®</sup>

February 22, 2010

The Honorable Thomas R. Caltagirone, Chairman  
Pennsylvania House of Representatives  
Judiciary Committee  
106 Irvis Office Building  
PO Box 202127  
Harrisburg, PA 17120-2127

Dear Chairman Caltagirone:

We thank the Committee and you for holding a hearing on House Bill 928, "The Child Rapist and Predator Detection Act," to be held on Monday, February 22, 2010. In the absence of personal testimony on this matter due to prior commitments, we respectfully request that you include this letter in the record.

As adolescent medicine caregivers, much of our practice is focused on protecting children. Accordingly, we treat children that are victims of sexual predators and therefore, as you would expect, concur with the sponsors of this legislation that persons committing the most heinous crimes against children ought to be identified and punished.

We serve all health needs of adolescents. This care includes offering sexual health treatment and prevention. We strongly encourage our patients to postpone sexual initiation, but for those that are sexually active, we assure them they are protected both physically and emotionally. This means that we routinely check in on the health of relationships and consistently screen for abusive, exploitative relationships.

We have carefully gained the trust of thousands of teenagers by following a medical model that encourages these children to develop their own strengths; to be competent and resilient. Because we often treat underserved youth at risk for bad outcomes, we work hard to engage them and gain their confidence in order to provide the most effective and highest quality care.

Some of the provisions in this legislation, although clearly intended to protect youth, may actually cause fundamental harm to the relationships we build and could result in the following: 1) adolescents will forgo preventative care, and even treatment, as the word spreads among adolescent communities that not only is their privacy not honored, but law enforcement will become involved; and, 2) children who have been abused will not be surrounded by a nurturing, trustworthy environment both to disclose and begin the healing process.

It is vital that we both initiate the child welfare system when appropriate and avoid the secondary trauma that may occur through interaction with the criminal justice system.

We would be pleased to work with the Committee to improve the bill without causing negative impacts on the relationships required to navigate challenging environments and situations. In fact, we have conducted longstanding research on this very issue and have developed best practices focusing on trust and confidentiality.

Some highlights we would like to discuss include the following:

- The adolescents we treat are made aware of the limitations of privacy on matters involving abuse;
- If youth seek treatment for a sexually transmitted infection (STI) and law enforcement is contacted, they will stop seeking treatment. This may result in increased transmission and prevalence of diseases in the community. With delayed or no treatment, additional medical complications can occur;
- If adolescents do not seek care because they are worried about the potential ramifications of disclosure, there is likely to be a rise in unplanned pregnancies. Unplanned pregnancies often result in delayed prenatal care. The risk for poor health outcomes for mother and child are already high for adolescents; any further barriers to the receipt of early prenatal care for them could be devastating and result in worse outcomes and increased healthcare costs;
- Sanctions against medical providers, punitive in nature, may have an adverse impact on clinicians that could choose to no longer treat adolescents for fear of failing to comply. Such sanctions could have large implications on access to care for a severely vulnerable population.

We would be honored to provide the Committee and you with further explanation of these matters and outcomes from the research we have conducted. While it is not our intention to support or oppose this legislation, it is our duty to share how it may impact the practice of pediatric and adolescent medicine in the Commonwealth of Pennsylvania and the health and well being of the children we care for.

Sincerely,

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