CHILDREN LEFT BEHIND:
a case presentation

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Child Abandonment

A definition:
abandonment - noun -
1. the act of leaving a person, thing, or place with no intention of returning

A legal interpretation:
- a criminal offense with the definition differing under state laws
- In MD, it means leaving "a child without any provision for support and without any person who has accepted long–term responsibility to maintain care and have custody and control of the child"

Is it actually a problem though?
- Few countries have statistics on how often it happens
- The few data points online estimate more than 7,000 children being annually abandoned in the US

In 2011, the *Washington Post* wrote about a child admitted to psychiatry at Children's National. When he was ready for discharge, his mother refused to pick him up. The hospital lawyer ended up petitioning the court to have his mother or PG County CPS pick him up, stating he had been "abandoned" in the hospital.

In 2020, *ProPublica* described kids being left in hospitals despite a 2018 promise by IL DCFS to "rescue" kids and a federal lawsuit. The number of psychiatric admissions that went beyond medical necessity first rose in 2015, and from July 2019 to June 2020, 314 kids had such admissions with their stay lengthened by an average of 50 days. DCFS noted multiple factors causing the long hospital stays including decreasing RTCs and foster homes, parents not picking up kids at discharge due poor access to mental health resources, and high staff/leadership turnover at DCFS.

In February 2022, the *Seattle Times* reported on kids boarding in ERs with DCYF no longer taking their abandonment reports. Prior to the pandemic, kids were often boarded in hotels and offices due to dwindling placement options. With the pandemic, resources became even more strained, and DCYF changed its interpretation of abandonment law with children in hospitals no longer met criteria.

In September 2022, the *Baltimore Banner* publicized how Baltimore city CPS was boarding kids in office buildings or hotels despite a 1988 consent decree. The *Banner* found that 80-100 Baltimore kids per year spent weeks to months longer than medically necessary hospitalized due to difficulty finding placement.

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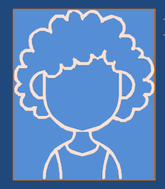
The Kiddos:

Dax (he/him)

Background:
- 17 year old black, gender diverse child, born in Baltimore to an unknown family
- Largely raised by his adoptive mother who fostered him at age 3 and is a pastor with 5 other adoptive children (2 older, 3 younger)
- Adoptive mother called Dax her daughter, but used his name and was respectful of the treatment team using his pronouns

Presentation:
- Self-presented after an argument with his mother resulting in "uncontrolled anger"
- Signed his own voluntary admission form
- One prior similar ED visit resulting in day hospitalization leading to outpatient care & was started on fluoxetine, aripiprazole, and lisdexamfetamine, though took them inconsistently

Hospitalization:
- Medications were restarted, Dax was engaged in milieu activities and therapy, and he completed his last online summer class, graduating from high school
- His mother was called daily, and she stated she would not be taking him home, which she shared with Dax during a family meeting
- Dax was discharged 10 days after admission, and as mom had indicated previously, she did not pick him up



Ben (he/him)

Background:
- 16 year old white, non-binary child, born in OK to an unknown mother, who reportedly used substances
- Privately adopted at age 3 by a man and woman with a biological son (younger).
- Adoptive mom referred to Ben as her daughter, stated they would never affirm his sexuality, and yelled his dead name whenever the treatment team called him Ben.
- Ben ran away at 15 (OK DSS notified, stated Ben had the right to run away) to WV where he first stayed with adoptive extended family, and after he was kicked out, he moved in with his bio father

Presentation:
- Brought to the ED by a concerned neighbor after making multiple suicidal statements
- Signed his voluntary admission form
- Previously saw an outpatient psychiatrist and a family physician inconsistently and was trialed on Zoloft, Effexor, and Prozac. Extensively used substances.

Hospitalization:
- SW made many efforts to contact Baltimore City, Oklahoma, and WV to report prior abuse
- Adoptive mother was contacted daily and refused to take him home or terminate rights; bio father was also called, but never answered
- Restarted on Prozac, but after continued difficulty with mood and trauma symptoms, was switched to Cymbalta and Prazosin with improvement
- Acutely decompensated after his adoptive mother did not pick him up at discharge

Community Resources

LOCAL
Healing Youth Alliance - Baltimore, MD

STATE
The Family Tree

NATIONAL
Family Run Executive Director Leadership Association (FREDLA)

Disclosures
I have no actual or potential conflict of interest or financial disclosures to report in relation to this presentation.

The Research (sadly limited)

1976 Buttle Trust Study in London
- 68 "abandoned" children from 6 hospitals (including 1 psychiatric hospital); 2/3 abandoned after admission
- Reasons for abandonment
  - Child: <5yo, 73% prior residential care, severe physical or multiple "handicap"
  - Parent: marital instability/unmarried, mental illness, unemployment, "handicap" in sibling
  - Treatment team: attitude towards "handicap"
  - Institution: staff shortages
- Proposed remedies: prevention (maintain communication with families, increase team communication, increase resources) & alleviation (find supports for kids)

Burnstein's Perspectives on Abandonment (1980)
- Historical: ancient Jews and Greeks, 14th century Europeans all had records of children being abandoned
- Social: psychological effects vary by culture
- Psychological: early object loss leading to psychological disturbance including "hypersensitivity" & aggression
- Recommendations: educate health professionals, support parents, mental health treatment for abandoned children

Italian Hospital Social Work Interventions - COVID-19
- 148.5% increase in SW interventions due to abandonment

Gaps in Care: Changes in Nebraska's Safe Haven Laws
- In 2008, NE enacted a safe haven law, without an age limit, and many older kids with mental health difficulties were abandoned at hospitals with parents believing this would help their kids get the support and help they needed

Global perspective
- Research in Lagos, Nigeria and South Africa

The Impacted

THE KIDS
- Ended up in group home settings after lengthened hospital stays
- Acute decompensations (of differing severity) after not being picked up at discharge
- Decreased contact with families and extended families (not just parents)

THE FAMILIES
- Adoptive mothers described pain giving up a child they chose to adopt
- Adoptive mothers had difficulty (to different degrees) accepting their LGBTQ children and supporting their mental health needs while keeping themselves and their families safe
- Younger siblings lost daily contact with supportive figures

THE TREATMENT TEAM
- Burnout and difficulty with navigating conversations with kids on systemic factors at play lengthening their hospitalization
- Changes to milieu environment due to kids being there for months instead of the days expected
- Less psychiatric bed turnover

STATE AGENCIES
- Increased caseload with decreased placement options
- High burnout and turnover at state agencies

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