How Can We Help You? An Interview with Dr. Astrid Heger, MD

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The following article summarizes an interview with Astrid Heger, MD that took place on March 9, 2022 at the Violence Intervention Program in Los Angeles, California. This interview was part of the special issue in the APSAC *Advisor* to celebrate the 35th Anniversary of APSAC, and it was conducted to obtain Dr. Heger's insights about her career, work with APSAC, and thoughts about the future.

Dr. Heger is the founder and executive director of the Violence Intervention Program (VIP), which has established the first medically based Child Advocacy Centers in the world. As an expert on treating victims of sexual assault and abuse, she has authored numerous journal articles and a definitive textbook on the evaluation of sexually abused children. Dr. Heger also influenced case law with a California Court decision in the case *People v. Mendibles* (1988), which justified photographic evidence of child sexual abuse injuries to avoid repeat exams. This case changed the culture of the medical diagnosis of child sexual abuse and became the foundation for research and peer review.

Although Dr. Heger has received numerous awards and substantial recognition, she emphasized that her success boils down to taking the time to care for the individual patient. As such, she built a program that asks and responds to the following question: "How can we help you?" As is detailed in the interview, Dr. Heger's response to this question goes above and beyond a typical response to a call for help, as she always strives to address her patients' underlying needs.

Early Career and Current Work

Dr. Heger received her medical degree from the School of Medicine at the University of

Southern California (USC) in 1972, and she completed her residency in pediatrics at the Los Angeles County USC Medical Center between 1979 and 1981. She received her board certification in Pediatrics in 1985 and her maintenance of certification in 2010, and she became board certified in Child Abuse Pediatrics in 2011.

While amassing an academic career's research and publications, Dr. Heger felt drawn to more hands-on work with at-risk children in Los Angeles, so she established a Family Advocacy Center in 1995 that offered an array of services in one location to victims of family violence and sexual assault. She subsequently created a center to provide assessments for elder abuse in 1999 as well as the "HUB" system in 2004, which provided comprehensive around-the-clock forensic and medical assessments as well as mental health and supportive services for children in foster care and children at risk of entering foster care. This resulted in massive changes to VIP's clinical approach, shifting focus from diagnosis to healing. Through her efforts, the VIP also expanded from a small room in a pediatric hospital to two campuses consisting of 100,000 square feet of space and providing services to 25,000 unique patients a year, including those affected by child abuse and neglect, sexual assault, domestic violence, and elder abuse. The VIP works in 30 local schools and includes

a foster care health clinic, a teen clinic, an LGBTQ clinic called the Alexis Project, a mental health program, and a fetal alcohol spectrum disorder (FASD) clinic, which is one of the largest in the country and the only one in California that diagnoses and treats FASD.

Currently, Dr. Heger serves as a Professor of Clinical Pediatrics at the Keck School of Medicine at USC in addition to serving as the Director of the VIP. Furthermore, she strives to improve mental health among foster youth and has a particular interest in children with FASD because it is a major contributor to abuse and neglect and a dominant factor in the African American community.

APSAC Then and Now

Dr. Heger's involvement with APSAC began with meetings in Chicago in the late 1980's. During this time, child abuse and neglect was not easily recognized and discussed, as it was seen as a personal problem rather than a societal one. Prior to APSAC's creation, most child abuse professionals were isolated in silos and were not working together. APSAC helped build a multidisciplinary group to make a collective difference, putting child abuse and neglect at the forefront of society's awareness and uniting professionals to give them a common playing field. This brought a lot of international and national awareness to the importance of multidisciplinary teams, which became the standard of care. Dr. Heger expressed that has been APSAC's single greatest impact because it brought professionals from diverse industries, including law enforcement, medicine, mental health, social work, and policy, to the table to share a knowledge base as a team. It also created a place of strength and security in which professionals could share knowledge and engage in discussions and debates about how to manage cases and children, mostly by focusing on diagnosis and assessments. As child abuse professionals had not yet identified best practices in diagnosis and interviews and did not focus on prevention and outcomes, APSAC created a coalition of individuals who became friends and colleagues, working together to solve these problems.

Moving forward, Dr. Heger believes that APSAC needs to focus more on prevention by better engaging and stabilizing our families and communities. For example, she believes that child protective services (CPS) should not have to resort solely to foster care and should create better environments for families by addressing factors that precipitate abuse and violence in the home. In circumstances when children must be removed, child abuse professionals must join forces to improve healing for kids by utilizing innovations in mental health. Dr. Heger emphasized that the future has to be focused on healing and that our foster children need mentors and tutors to make their lives better and not worse. Dr. Heger also underscored the importance of looking at our laws and policies from a child-centered perspective because sometimes our laws and policies, in an attempt to ensure and prioritize child safety, overlook that children want and need someone to love and care for them. Dr. Heger expressed concern about the tendency to remove children from environments where they are not safe only to move them to ones where they are not loved, are alone, and are unable to manage. Furthermore, Dr. Heger believes that CPS agencies often do not support foster youth's future success or prepare them properly for their future, which is why one third of homeless people are graduates of foster care. APSAC is in a unique position to strengthen existing coalitions of child abuse professionals into a collective force to guarantee the future success and safety of children who are identified as being at highest risk of maltreatment.

Although APSAC has brought child abuse professionals together to intervene on behalf of kids and families, Dr. Heger is concerned that society is less interested in this focus. Thus, she recommends that APSAC rally to promote the idea that a child's safety and a child's future are both critically important. Dr. Heger reiterated that APSAC needs to innovate and focus on building communities rather than removing kids from communities. Children need to be important to all of us, she said, and we need to accept only what is best for them. As bureaucracies have become more focused on money

and power at the expense of children and families, she continued, APSAC needs to become a voice on that works behalf of *all* at-risk children and families.

Advice for Future Leaders

Dr. Heger recommends that APSAC create a national agenda centered around children and families. Furthermore, she believes that APSAC should better recognize FASD because it makes up a large percentage of foster children and failed placements; educators should ensure that every single child abuse professional graduates with an understanding of this overlooked group. Mental health services need to be enhanced for all foster children and youth, Dr. Heger said, and systems of care are needed to build strong families. If a child must be removed from their home, she continued, systems must guarantee that the child is not only safe but has a real chance to be successful in the future.

To address hurdles related to bureaucracy, Dr. Heger emphasized the importance of passionate leadership that includes a commitment to doing what is right. She expressed dismay at how some social workers have been turned away by the HUB system or other agencies due to an insufficient payer source, and she emphasized that our systems should not put our billing structure ahead of a children's safety, which she called a leadership issue. Dr. Heger fondly remembered a former head of the Department of Health Services who used to tell her, "Astrid, I don't care what it costs, I don't want any children to die."

Again, Dr. Heger stressed that APSAC needs to take the lead to support effective, accurate, and holistic evaluations to keep every child within their family if reasonably possible. She fears that a failure to do so will put children in potentially dangerous foster care environments. As an example, Dr. Heger described how the VIP was one of the first child advocacy centers that provided accurate assessments in child abuse cases to make the best decisions for children. This stood in contrast to child advocacy centers that immediately involved the police in cases, which could cause assessments to become financially driven, as police paid for the exams. Further, this tendency could drive assessment in the wrong direction because of a dominant mentality of incarceration. Dr. Heger emphasized that it is crucial to change this mindset. She asked, "What if people do not belong in jail?" Dr. Heger is concerned about overdiagnosis and overreaction as opposed to holistic assessment that evaluates the whole family and asks how systems can help.

In one example, Dr. Heger recounted the day she met a patient named Jay on a Friday afternoon. Jay was a 12-year-old African American boy who was brought to the clinic because he had a vivid handprint across the left side of his face, and his teacher had reported this to the authorities. Dr. Heger's team discovered that Jay had been left with Doris, not his mother but the mother of his half-sibling, after his father abandoned him. Out of desperation, Doris had slapped Jay when he would not participate in school or do his homework. "I do not want him to end up in foster care like me," Doris explained. In response, Dr. Heger asked Doris, "So, how can I help you so that you do not feel that you have to hit him ever again?" Clearly, Doris cared enough about Jay to take him in, to enroll him into school, and to discipline him so that he would pay attention to his education to stay out of foster care.

During the assessment of Doris's home, it was revealed that the family was living in a studio apartment and sleeping on the floor without any furniture. Using funds raised by her foundation, Dr. Heger called Doris's landlord, had their apartment upgraded to a one-bedroom, and had new furniture delivered the following day. She also connected Jay to a mentor, got him into therapy, and sent Doris back to school to learn a skill, so she could afford to sustain all of the changes. Dr. Heger added that Doris was clearly intelligent and had just never had a chance to succeed. After this initial assessment, Dr. Heger also remembered the way that Doris would have Jay's aunt drive him back to her clinic regularly from San Pedro just to check in and to show how well he was doing. Dr. Heger reiterated that the slap mark on the face was an easy diagnosis, but fixing the problem was more complicated, which is why her clinic focuses on finding a way to heal.

Insights and Concluding Thoughts

Dr. Heger described a moment in her career when she realized that she had to make a change. At the time, she had successfully impacted case law with *People v. Mendibles* (1988), and many of the professionals involved were proud and congratulating themselves ad nauseum—in fact, Dr. Heger stated that she probably was one of them. However, this all changed when Dr. Heger was in an adolescent gynecological clinic reviewing charts at the hospital and recognized a patient as one of the children from the trial. The child was living on the street. Dr. Heger then realized that nothing she had done to set case law or to change the culture of the medical diagnosis of child sex abuse cases was of any value if she had forgotten the child—so, she changed. She remembered the painful realization that she had paid so much attention to the science that she had not paid enough the children, and this changed her entire practice to focus on counseling, support, and figuring out what children needed and where they were going.

Before concluding the interview, I asked Dr. Heger for her opinion regarding the ongoing debate in child welfare regarding racial disproportionality and whether it is caused by risk factors or bias. Dr. Heger responded that it was clearly both. On one hand, she added, there is an inherent bias in assessing an African American family and assuming that injuries are inflicted rather than accidental. Further, she recognized that many emergency rooms basically deal with white, upper-class or middle-class families, leading to different standards for different groups. She added, "If you get the same injury for a Caucasian family, they likely will excuse it. If it is an African American family, they oftentimes detain."

However, Dr. Heger continued, the most common foundation for child abuse is poverty, the United States has created conditions of poverty in African American and immigrant families, and just the existence of poverty can precipitate a report. Therefore, children of color are going to be overrepresented because our society does not provide them with what they need—equitable services. Dr. Heger emphasized that the credible higher rate of death among African American and Latino children when compared to white children impacted the VIP's decision to establish a clinic in Los Angeles. There, the VIP required expert examination to protect children and families from unnecessary detention. Dr. Heger remembered getting a call once asking how to cut detentions by 10% among African American children, and she responded, "Well, you could do this by telling social workers not to detain, or the better way is to ensure that we detain only when appropriate because we do not want anything untoward happening to kids because of a focus on statistics." This is why, she said, the VIP focuses on quality of care; everybody deserves the best healthcare, but this is often unavailable. Dr. Heger emphasized that society has to ask itself why certain populations are dying at higher rates from COVID-19, heart disease, and hypertension. Dr. Heger was concerned about the stress that is placed on the African American family, and she envisions creating an equity clinic—a clinic where African American families could be seen by peers and professionals who know how to decrease health risks.

Further, Dr. Heger was particularly concerned about the quality of care that families of color receive because equity and equality are two different things. She explained that people can have equal access to healthcare, but equity means that people have equal access to the *best* care. There is a big difference, and communities of color often do not have equal access to the best care; this became apparent during the COVID-19 pandemic, which put a magnifying lens on inequities in healthcare. This is of greatest concern to African American communities, Dr. Heger said, because their risk factors outstrip those of other racial groups. One illustrative study, a $1.2 million study conducted by the nonprofit child advocacy organization First 5 of Los Angeles on higher mortality rates among Black women, determined that racism was a significant contributing factor to this disparity in outcomes (First 5 LA, 2018). Dr. Heger believes that problems like this could be stopped by creating an equity clinic, which would use funds from donors to hire the best Black

doctors and best Black nurses in the country. Every staff member would understand racial disparities in healthcare, and they would not patronize patients. In a place like this, Dr. Heger said, an at-risk family would visit with their 5-year-old child, and after the family's experience, the child would tell their parent, "That's who I want to be when I grow up." The goal would be not only to provide services, but to inspire and encourage.

Dr. Heger concluded the interview by revisiting the HUB system. In 2004, Dr. Heger created the HUB system, and there were 60 children killed by caretakers in Los Angeles that year. In the last year that Dr. Heger ran the HUB system, there were less than 5. Dr. Heger emphasized that the VIP is a system that works, and that the system is gratifying for social workers because they know that what they are doing impacts the quality of children's lives. Dr. Heger and others are working tirelessly to create a better system for foster youth so that "no children graduate to the streets" by ensuring they have support and skillsets that lead to lasting employment. As our interview concluded, Dr. Heger repeated the call for dynamic leadership to make the drastic changes that are necessary—somebody who asks, "How can I help you?" and means it.

Reflections from an Early-Career Child Welfare Researcher

Upon reflecting on this inspirational interview with Dr. Heger, several thoughts came to my mind regarding issues that are currently being debated in child welfare. In particular, I appreciated hearing Dr. Heger's perspective on the conditions of poverty that put African American families at higher risk of negative child welfare outcomes, as well as her perspective on how bias simultaneously affects African American families with respect to their treatment from practitioners and their access to equitable services. I was also deeply impressed by Dr. Hege's phenomenal work with families to address their underlying needs.

Upon reflecting further, the one moment in this interview that resonated most with me was Jay's story. In many ways, this story exemplifies the aforementioned points well. Jay and his family were in deep conditions of poverty that put them at risk of maltreatment. Due to the structural racism that has historically affected communities of color, they were at higher risk of CPS contact and were very likely receiving inequitable services in multiple domains such as healthcare and education. Sadly, if it were not for the serendipitous encounter with Dr. Heger at the VIP Clinic, Jay may have experienced a different outcome. Many doctors who are overwhelmed with the bureaucratic mandates of healthcare may not have slowed down to conduct a holistic assessment. It is possible that the medical intervention would have ended solely with a report to CPS, which likely would have resulted in a substantiated investigation, an open CPS case, and possibly placement into foster care. Regardless of the final hypothetical outcome, it seems unlikely that Jay and his family would have been better off, in large part because there are numerous bureaucratic hurdles to overcome in obtaining housing, furniture, and educational assistance from CPS agencies. Thus, my numerous years of experience as an investigating social worker tell me that Jay's case would likely have been closed with a negative experience with CPS contact that did not leave the family better off than they started. Perhaps Jay's family would have received a referral for services in their community, but would they have addressed their underlying needs? Yet, all of this was presumably avoided by a caring doctor who asked and responded to the question, "How can I help you?"

Fortunately, there is hope on the horizon for CPS in Los Angeles and across the United States, as child welfare agencies and scholars revisit the purpose of CPS, how CPS can better address the conditions of poverty that lead to CPS contact, and how CPS agencies can listen to the lived experience of all families—in particular, those families of color who have been harmed most by CPS involvement. We see this with numerous prevention initiatives in Los Angeles and in other jurisdictions that connect families to prevention services, the passage of the Family First Prevention Services Act to improve

the quality of services, and the more frequent use of numerous CPS interventions such as alternative response, parent partners, and child and family team meetings. These initiatives can help improve engagement in CPS and help us to better understand and respond to the needs of CPS-involved families.

About the Author

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