

Access to Medical Evaluations in Cases of Child Physical Abuse



How to Use This Tool



This tool can be utilized by individual CACs and Chapters to help in shaping medical programming to address child physical abuse. Not all children's advocacy centers (CACs) will see child physical abuse victims, for those who are either considering and/or actively seeing physical abuse cases, the contents of this tool can help guide the types of services your center may be interested in/able to provide. The different levels of practitioners are defined. Guiding questions are also included to help make decisions surrounding the types of services your site is able to provide. This is followed by the Spectrum of Services to see the continuum.



Definitions for Levels of Medical Providers



Entry Level

- Pediatrician and/or family practice physician, Physician's Assistant (PA), or Certified Nurse Practitioner (CNP, PNP, FNP, ANP), all of whom can make a medical diagnosis and differential diagnosis. Registered nurses and sexual assault nurse examiners (SANE who are not advanced practice nurses) can document injuries but are not able to make a medical diagnosis as this does not fall within their scope of practice. They can, however, make a nursing diagnosis.

Medium Level

- Medical providers who have some experience treating victims of child physical abuse but who are not able to work with complex and/or severe physical injuries

Expert Level

- The preferred provider for child physical abuse is the board-certified/board eligible Child Abuse Pediatrician (CAP) as they possess the necessary/required skills and knowledge to evaluate children for child physical abuse. Many CAP's have specific training in recognizing conditions that represent inflicted injury as well as conditions that might mimic findings attributed to abuse. Sites may not have access to a CAP but may have a relationship/access to physician or an advanced practice provider (NP, PA, APRN) who has a level of experience and extensive training with children who have suffered from physical trauma. These medical providers participate in ongoing education and see a sufficient number of patients who present with suspected physical abuse injuries to enhance their position as an expert.

Guiding Questions



- Are exams being provided to support the child's health and welfare needs, including screening for safety?
- Have the medical providers who provide care to child abuse victims obtained the minimum required training to recognize child physical abuse injuries?
- Does the medical provider have foundational training to be able to recognize child physical abuse injuries and/or medical conditions that may be confused with other injuries?
- Do the medical providers participate in peer review with other child abuse medical providers?
- What is the acceptable distance for a child to travel to receive medical services?
- Does the MDT have guidelines for referring children to a trained medical provider for the purpose of a medical evaluation for suspected child physical abuse?
- Are medical services available 24 hours/7 days a week either on-site or by referral?
- Does the medical provider/site have access to laboratory and radiology services that offers a full complement of services for pediatric patients with minimal wait period for results as well as to state-of-the-art photo documentation equipment?
- Does the CAC have partnerships with organizations to address additional needs of the child and family i.e. onsite Victim Advocate and Mental Health Professionals?
- How does the CAC/medical professional respond with respect to cultural diversity?

Medical Access Spectrum of Services



The “meets minimum expectations” column shows the baseline acceptable requirements for suspected child physical abuse victims. The “exceeds expectations” column builds upon the baseline acceptable requirements. All minimum expectations should be met and the additional expectations build upon the baseline.

Availability of Services

Meets Minimum Expectations	Exceeds Expectations
<p>Provides child-centered holistic medical care to children that meet the criteria for medical evaluations within the children’s advocacy center’s (CAC’s) written protocol.</p> <p>Offers/makes available specific designated facilities for child physical abuse evaluations to all children, including: a comprehensive head-to-toe physical, inspection of all cutaneous surfaces and neurologic status check with appropriate referrals, as needed, and meets all criterion outlined by the Medical National Children’s Alliance Accreditation Standard.</p> <p>All cases of suspected physical abuse are evaluated on an urgent basis by a trained medical provider in the area of child physical abuse at a clinic/urgent care facility/ERD where photo documentation, baseline laboratory studies and baseline radiologic studies can be obtained. If photo documentation equipment is not available, CPS/LE have been contacted to photo document injuries.</p>	<p>Ability to handle complex cases of child physical abuse, including intraabdominal trauma, complex fractures and abusive head trauma and/or has a relationship with a trauma center to transfer acute high- risk cases of physical abuse for triage and trauma intervention radiologic studies including CT/MRI that are interpreted by pediatric radiologists, laboratory studies, photo documentation. Has a Memorandum of Understanding (MOU) and open communication with the hospital-based child abuse team if required by institution.</p> <p>Consults with the spectrum of pediatric specialists, if necessary, when making diagnosis and when ordering tests.</p>

Access to Services

Meets Minimum Expectations	Exceeds Expectations
<p>Ability to assess and provide medical evaluations for children who present to the CAC with either suspected/inflicted cutaneous injuries or simple fractures and the ability to refer to/have access to a CAP or equivalently trained/experienced physician for more serious cases.</p> <p>Medical provider with training in child physical abuse with access to CT/MRI, radiology and laboratory services (either on-site or within local community); access to or ability to be transported to in-patient consultative services and access to out-patient consultations.</p>	<p>Any child with physical symptoms will receive a comprehensive physical exam by a trained medical provider, preferably board certified/board eligible Child Abuse Pediatrician (BE/BC) or equivalently trained/experienced physician with child physical abuse and trauma experience within an hour. Either in-person or online access via telehealth to Board Certified/Board Eligible Child Abuse Pediatrician (BE/BC). Access to in-patient and out-patient consultative services.</p> <p>Full complement of medical laboratory services available, either on-site or access to outside sources with a minimum turnaround time for results.</p> <p>Full complement of radiologic services available with preferably pediatric radiologist or equivalently trained experienced radiologist.</p> <p>Access to appropriate pediatric medical and surgical specialists.</p>

Medical Provider Qualifications

Meets Minimum Expectations	Exceeds Expectations
<p>Medical provider has a minimum of 16 hours of formal didactic training in the area of child physical abuse evaluations. Can document at least 8 hours of continuing education in the area of child physical abuse every two years for medical providers affiliated with a child advocacy center.</p> <p>This may be accomplished through some components of formal training that overlaps between requirements for foundational training and continuing education requirements for physical AND sexual abuse providers.</p> <p>Medical provider is licensed to practice within their state.</p> <p>Medical provider has access to an expert for ongoing education and mentorship.</p> <p>Participates in either informal/formal expert review.</p>	<p>Utilizes/has access to board certified/board eligible child abuse pediatrician or equivalently trained/experienced physician.</p> <p>Medical provider has a formal relationship with an expert for ongoing education and mentorship.</p> <p>Participates in CQI activities re: child physical abuse through current literature, and established standards by professional organizations i.e. American Academy of Pediatrics, and, but not including, applicable professional organizations and societies (ex: AAO, AAFP, ACR, SPR) to stay current in their practice.</p>

Ancillary Services/Community Partners

Meets Minimum Expectations

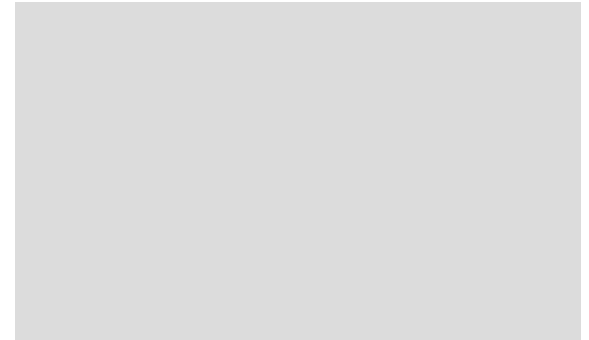
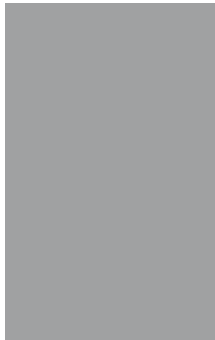
Is an active member of the CAC's multidisciplinary team (MDT); has a MOU with facility to provide urgent medical evaluations for acute physical abuse if needed.

Understands and is able to convey the purpose of the medical evaluation, including screening tests, to educate the MDT.

Linkage agreement with victim advocate and licensed mental health professional, social worker and/or child psychologist providing evidenced based trauma focused mental health services.

Exceeds Expectations

Onsite victim advocate; licensed mental health professional, social work and/or child psychologist available to provide trauma informed care post discharge as well as financial counselors to assist with accessing VOCA funding, as well as financial counseling to assist with accessing VOCA funding (many advocates do this as part of their work and families do not require a separate financial counselor).



Equity/Inclusion

Meets Minimum Expectations	Exceeds Expectations
<p>Serves all children, regardless of gender, race, ethnicity, religion, sexual identification, disability, and other descriptors that make them unique people.</p> <p>Provides printed materials in the languages most frequently encountered in their service catchment area.</p> <p>Provides respectful, holistic care to all children and families who visit the center.</p> <p>Has printed materials, toys available that reflect the cultural diversity of that geographical area.</p> <p>Has access either on-site or via phone/telemedicine to provide interpretive services when needed.</p> <p>Recommends staff to receive training and stay current in issues related to cultural diversity.</p> <p>Places a value on equity, which includes having staff representation that reflects individuals of the communities being served and providing equitable care to patients and impartial services and support to their families.</p>	<p>Resources available to unique needs of kids and families.</p> <p>Requires staff to receive training and stay current in issues related to cultural diversity.</p> <p>The CAC provides annual education and trainings for staff and providers on topics related to cultural diversity.</p>



Midwest Regional
CHILDREN'S ADVOCACY CENTER

Midwest Regional
Medical Academy



We're grateful to our Child Abuse Medical Advisory Council for their input on the development of this tool.

For more information about our Council, please visit mrcac.org/medical-academy/medical-council.



This project is supported by Grant #2019-CI-FX-K004 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice.