Midwest Regional
CHILDREN'S ADVOCACY CENTER

Midwest Regional CAC Medical Toolkit

Starting Your Children's Advocacy Center's Medical Program

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Welcome

As a children's advocacy center (CAC), one of the roles you play is making available and/or providing medical services to your clients. The medical component is part of the National Children's Alliance (NCA) Accreditation Standards, and the medical provider is a key component of the multidisciplinary team (MDT).

This tool can serve as a starting point in helping you set up your medical program to serve child victims of abuse; it is divided into several sections with embedded documents to help best serve you in developing your programming.

The first section offers an overview of what you should ideally have in place to provide medical services to children and youth at your center. It contains two helpful tools, a Medical Access Spectrum for both child sexual and physical abuse.

The second section addresses several logistical components and considerations for setting up your medical program. This includes samples from preexisting CAC medical programs of protocols and standards of practice; photodocumentation protocol; written medical documentation; a memorandum of understanding; an exam room equipment list; job descriptions; and considerations for diversity, equity, and inclusion in your work with marginalized, underserved, and underrepresented children and families.

The third section covers professional development of CAC medical staff, including accreditation requirements on training guidelines and continuing education.

The final section outlines expectations for continuous quality improvement of your medical program. This includes information from the NCA Medical Standard for Accreditation regarding abnormal exams, Advanced Medical Consultants, and Expert Review, as well as two sample review logs. There are also several questions to consider for the medical provider and CAC Director in addressing how to meet the NCA Medical Standard.

Overall, your goal should be to provide medical evaluations that are competent, child-centered, culturally-responsive, and trauma-informed. Not every program will be able to provide all recommended services, and that's okay. What's important is recognizing limitations in your capabilities and knowing when to utilize medical facilities that provide higher tertiary services. This tool will help you determine where your center falls along the spectrum and how to both establish and improve your center's medical programming.

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Table of Contents

Midwest Regional
Medical Academy

Overview of Medical Services

There are two initial considerations when starting a medical program for child abuse victims – what service provision capabilities your center has, and at what level you can offer them. You may be able to offer a wide array of medical services, or you may only be able to offer more basic services. Depending on your location and the available resources, the latter may likely be the case. If so, you should refer your client to a regional center that provides a wider array of services. Recognizing your center's limitations is essential in ensuring you don't provide services without the proper qualifications or abilities.

Below are two different medical spectrums. One is focused on sexual abuse, and the other on physical abuse. These spectrums address the National Children's Alliance (NCA) Standards of Accreditation Medical Standard, as well as best practices in serving child abuse victims.

Medical Access Spectrum: Child Sexual Abuse

The *Medical Access Spectrum: Sexual Abuse* provides benchmarks for both meeting and exceeding the NCA Medical Standard for child sexual abuse evaluations. This Spectrum also includes markers (identified in the "Below Standards" column) that signal areas where your center may be lacking and would require an immediate need for improvement.

This tool includes the following three categories:

1. **Baseline:** How well you're providing medical care today (if at all)
2. **Goal:** How you'd like to be providing medical care in the future
3. **Action Steps:** What you'll need to focus on to meet your goal

Medical Access Spectrum: Child Sexual Abuse

Medical Access Spectrum: Child Physical Abuse

The *Medical Access Spectrum: Physical Abuse* provides two benchmarks for service provision in child physical abuse evaluations – meeting standards and exceeding expectations. Guiding questions are provided to help determine the types of services your center is able and willing to provide. The spectrum also provides definitions to better understand and differentiate the various levels of medical service provision and medical licensures.

Medical Access Spectrum: Child Physical Abuse

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Setting Up Your Medical Program

This section serves as a companion to the Putting Standards into Practice Appendices in order to assist your CAC and medical provider in meeting the Medical Standard for accreditation. It contains several complete examples of real documents used by medical programs within CACs in providing evaluation and care for children and families affected by child maltreatment.

Protocols and Standards of Practice

There are multiple considerations to keep in mind as you are developing the policies and procedures for your medical program. Overall, there are several goals to work towards in drafting this protocol:

1. Identify clear guidelines on the types of medical services provided by your CAC (see Appendix 4).
2. Identify clear guidelines on your medical staff's availability (see Appendix 4).
3. Establish clear protocols regarding which cases require immediate medical evaluations and where that evaluation will occur (see Appendix 4).
4. Ensure your services are addressing every child's holistic health and any additional health issues beyond an investigative scope.
5. Establish processes to test for STIs and pregnancy when indicated.
6. Ensure medical evaluations are available and offered to all CAC clients – regardless of ability to pay – either on-site or through linkage agreements with appropriate medical providers, institutions, or agencies (see Appendix 3).
7. Ensure all medical protocol is at least following the Medical Standard minimums.
8. Determine the process for relaying basic information from the forensic interview to the medical provider to avoid duplication in questioning of the child and family.
9. Establish a mechanism for sharing medical evaluations results with the MDT in a timely manner.
10. Address forensic evidence collection and chain-of-custody procedures.

Additionally, there are several considerations to keep in mind:

1. An exam for suspected sexual abuse should be a health-related visit and not solely focused on evidence collection – the medical provider's primary job is in ensuring the health and wellbeing of the child; the investigation/forensic evidence component is always secondary to this.
2. In many situations, children will benefit from a follow-up examination; your program should determine what this evaluation will consist of and how best to

implement this process while ensuring equity and sustainability for children and families.

3. As a result of their trauma, the children you serve will require mental health support; coordinate with the MDT to make appropriate recommendations and referrals to address this, as well as any additional needs that arise for the child and family (e.g., housing, food insecurity, employment, transportation, etc.).
4. In addition to caring for the child, you should also focus on providing support and reassurance for their caregivers' health and wellbeing, as well as ensuring they understand how the various processes will look moving forward.
5. The MDT will need education on the purpose of the medical evaluation and what it entails – both as best practice for their own knowledge and so they can explain it to the child and their caregivers.

The following documents are useful in guiding various aspects of your medical program's protocol development with these goals and considerations.

Policies and Procedures

Sample Policies and Procedures – CAC Medical Program Protocols

Sample Policies and Procedures – Sexual Assault Nurse Examiner (SANE) Program

Sample Policies and Procedures – Sexually Transmitted Infections (STIs), Pregnancy, and HIV

Releases of Information

Sample Release of Information

Photodocumentation Protocol

Ottumwa Photodocumentation Policy

Written Medical Documentation

Central Nebraska CAC Forensic Medical Evaluation Packet

Memorandum of Understanding

Lincoln CAC Advanced Medical Consultant Memorandum of Understanding

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Exam Room Equipment List

Medical Exam Room Photodocumentation and General Equipment List

Job Descriptions

CAC Medical Program Sample Job Descriptions

Diversity, Equity, and Inclusion

The following four documents cover best practices for your center's medical program in truly rooting yourselves in tenets of diversity, equity, and inclusion. They are meant not as supplements or future considerations but as integral and foundational components as you work to truly meet the needs of all children, youth, and families you serve.

Equity and Inclusion for CAC Medical Providers: The Impact of Disparities

Suggestions and Considerations for Diversity, Equity, and Inclusion Language

Achieving Health Equity: A Guide for Health Care Organizations

Medical Provider Recommended Guidelines for Children with Problematic Sexual Behaviors

Professional Development

Training Guidelines for Medical Providers

According to the NCA Medical Standard for Accreditation, medical evaluations should be conducted by health care providers with specific training in child sexual abuse who meet one of three training standards. This applies whether the exams are occurring on- or off-site. Appendix 2 specifies the types of medical providers who can perform child sexual abuse evaluations. It also outlines the didactic training requirements for CAC medical providers; they must cover examination positions, examination techniques, and the review of multiple examples of:

1. Anatomical variants.
2. Acquired or developmental conditions that mimic abuse.
3. Accidental trauma and sexual abuse trauma.
4. STIs and forensic evidence, including information on each STI.

In addition to formal didactic curriculum, medical training should include an observational clinical component to teach exam techniques and history taking. Appendix 1 identifies common components of medical history for possible sexual abuse which are needed to guide testing, treatment, and diagnosis. These components, further specified in the Appendix, are:

1. History of Presenting Illness.
2. Past Medical History.
3. Family History.
4. Social History.

Continuing Education

Every two years, medical professionals providing services to CAC clients must demonstrate continuing education in the field of child abuse consisting of 8 hours of CEU/CME credits at a minimum. In the event of a practice audit, a log of activities for professional development provides tangible evidence that a provider has participated in required practices for continuous quality improvement practices, such as expert review, which is described in the following section.

While providers should be well-versed in the plethora of child abuse literature, they should also be familiar with two specific articles: Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused, in the Journal of Pediatric and Adolescent Gynecology, and Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018, in the Journal of Pediatric Adolescent Gynecology. As a part of ongoing professional development and continuous quality improvement, and to ensure children and families are receiving the best possible care, providers should continue to stay abreast of current research and best practices in the field.

Continuous Quality Improvement

Regardless of the degree of experience of a medical provider or a center's medical program, there is always room to improve upon the quality of services, approaches, policies, and practices. As such, regardless of whether you are developing a program or building upon your current work, the requirements within the 2023 NCA Medical Standard for Accreditation can bolster your work. Appendix 3 provides expectations for continuous quality improvement of your medical program, outlining what constitutes an abnormal exam, Advanced Medical Consultant, and expert review.

Abnormal Exams

An abnormal exam is defined as one with "acute or healed physical findings in the anogenital area" indicative of abuse. This does not include DNA evidence collection or lab testing for STIs/pregnancy.

Nationally, less than 5% of non-acute exams are abnormal. If your center's number is above 10%, your provider might be over-calling non-specific findings; this can mislead an investigation and cause considerable harm to children and families. Centers primarily performing acute assault exams may have numbers in the 15-20% range, but anything more indicates the need for better peer review, supervision, or additional education.

The following document outlines medical programming we offer. If you find that your center's positive numbers are higher than expected, you can contact the Midwest Regional CAC for guidance about how to obtain quality improvement and expert review services for your medical providers.

Midwest Regional Medical Academy Medical Program Pathways

Advanced Medical Consultant

Per the Standard, an Advanced Medical Consultant is a child abuse pediatrician, physician, or advanced practice nurse having met minimum training requirements, performed 100 or more child sexual abuse exams, current in continuing education, and current in expert review of their own cases.

Notably, examiners with less than 100 exams or less than 1 year of experience should have all of their cases reviewed by an Advanced Medical Consultant, regardless of any abnormality. This includes all photodocumentation and case notes. Supervision can decrease when providers demonstrate competence with recognizing the variations in normal exams. Supervision should continue for exams that are unclear or possibly abnormal.

For clinicians who cannot provide treatment plans (e.g., prescribing medications) within their scope of practice, identify a medical director in their community who is comfortable supporting their work. In these cases, an MOU is recommended.

Expert Review

Expert review of examination findings is a de-identified continuous quality improvement activity. It is neither a consultation nor second opinion. The Medical Standard requires expert review by an advanced medical consultant for "100% of all findings deemed abnormal or 'diagnostic' of trauma for sexual abuse." There are several things to consider when working to meet this Standard:

1. Your CAC's policies and procedures should include how this continuous quality improvement activity of expert review is documented.

2. Your CAC should track if the provider deems an exam to be abnormal, either through a patient log kept in a secured location or through the MDT case review process.
3. Data on the number of abnormal exams and percent reviewed by an expert provider should be available if requested for practice audits or site review.
4. The medical provider/organization providing expert review should maintain a de-identified log noting how many times they have provided examination review for a specific provider; notation of whether consensus was reached is also recommended.
    a. There are two sample reviewer logs below and one in Appendix 3.
5. You should consider having an MOU between your CAC/medical provider and the expert reviewer to outline roles and responsibilities and delineate expectations.
    a. Appendix 3 offers a sample MOU.

To help you meet this requirement, the Midwest Regional CAC offers myCasereview, a program which provides anonymous expert review of your examination findings by nationally recognized, board-certified Child Abuse Pediatricians. You will receive a response within 48 hours of submission, and the clinicians' and reviewers' identities are blinded to one another. This program helps facilitate accurate diagnoses in your sexual abuse cases, providing feedback and teaching points while simultaneously ensuring compliance with the Medical Standard.

Reviewer Logs

CAC Expert Medical Review Log

General Reviewer Log

Questions to Consider

For both the medical provider and CAC Director, there are several questions to consider in addressing how to meet the NCA Medical Standard. These questions can support you in best addressing some of the most common considerations in developing a CAC medical program and your policies/procedures.

Medical Provider

1. Are you involved in the decision about whether or not a child needs a medical evaluation?
2. How does information about the child's disclosure get communicated to you prior to the medical evaluation?
3. Do you incorporate information from the forensic interview into your medical history or do you obtain your own history of the child's abuse?

4. Does your CAC have a protocol about which cases need acute/emergent exams and which can be deferred?
    a. How are acute/emergent exams handled by the CAC?
    b. Do the medical providers have a protocol about when testing for sexually transmitted infections is needed?
5. What percentage of your medical evaluations have abnormal findings diagnostic of physical injury from sexual abuse/assault?
    a. How do you track that information?
6. What is your source for expert review of exams with abnormal findings?
    a. How do you receive feedback from the reviewer?
7. How are the results of the medical exam/significance of the findings communicated to the MDT members involved in the case?

CAC Director

1. Who decides whether a child needs a medical evaluation?
    a. Does the medical provider have input either case-by-case or to the protocol that is used?
    b. What percentage of children interviewed at the center are referred for a medical evaluation?
    c. What percentage of children who have a medical exam have abnormal findings diagnostic of physical injury from sexual abuse/assault?
2. How does information about the child's disclosure get communicated to the medical provider when an exam is needed?
3. Does your CAC have a protocol about which cases need acute/emergent exams and which can be deferred?
    a. How are acute/emergent exams handled by the CAC?
4. What is the medical provider's source for expert review of exams with abnormal findings?
    a. Do you as the director receive feedback from the reviewer?
5. How are the results of the medical exam/significance of the findings communicated to the MDT members involved in the case?

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Medical Academy

Final Thoughts

Regardless of where your medical program is at developmentally, its significance in the health and wellbeing of children and youth who have been maltreated cannot be overstated. The medical provider is also a crucial part of the investigation and prosecution of child abuse, both for the MDT as well as the child and their caregivers.

In meeting the NCA Medical Standard for Accreditation, you are ensuring that your center is truly providing essential services for children and families during a time of significant crisis. Striving to provide services that are competent, child-centered, culturally-responsive, and trauma-informed will make an immeasurable difference in the healing of your clients. Your provision of consistent, high-quality medical evaluation and holistic health care for every child – regardless of whether there is the potential for collecting forensic evidence – is a vital service to your clients and meaningfully impacts the health of your community at large.

As your medical program continues to grow and take shape, the Midwest Regional CAC remains committed to supporting you as a partner in the many facets of your work. Our Medical Academy offers multiple affordable, ongoing resources for your development, such as trainings by medical experts in the field of child abuse, continuing quality improvement programs, medical peer review, and several others. If you would like to discuss aspects of your medical program, components of this toolkit, or any specific questions, please do not hesitate to reach out to Kim Martinez, Program Manager of the Medical Academy, at kim.martinez@childrensmn.org, or at 612-759-9344.

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About the Midwest Regional CAC

The Midwest Regional CAC is housed within the Midwest Children's Resource Center, a children's advocacy center serving child abuse victims, and a department within Children's Minnesota.

About Children's Minnesota

Children's Minnesota, our home and essential partner, is one of the largest free-standing pediatric health systems in the United States and cares for the most amazing people on earth – children. Learn more at www.childrensmn.org.

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