

Becoming a Child Abuse Medical Provider

A **Child Advocacy Center (CAC)** provides one safe, child-friendly facility where child protection, criminal justice, and child treatment professionals work together. CACs facilitate the collaboration of those professionals, called the **Multidisciplinary Investigative Team (MDIT)**, so that a community may investigate abuse, hold offenders accountable, and help children heal. All CACs are held to accreditation standards set forth by the National Children's Alliance. Communities are held to this national standard when establishing and maintaining child abuse medical services on the local level. Becoming a child abuse medical provider makes you a part of the team and processes that protect kids and helps them heal from abuse.

What do I have to do?

Every step of the way in being a local child abuse medical provider, your CAC and MDIT will help you seek and pay for the training and resources you need to serve child victims of abuse in your community.

Initial Child Abuse Medical Training

- This is a one-time commitment with different types of training for different levels of practice. Virtual, self-paced options available.

Ongoing Child Abuse Medical Training & Education

- At a minimum, receive 8 continuing education hours about child abuse medical evaluation every 2 years.

Photo-Documentation of Medical Exam Findings

- Documentation of images from child abuse exams is the standard of care. Support and funding available for equipment.

Expert Medical Review

- All medical findings of child sexual abuse must be submitted for expert review. There are virtual, HIPAA-compliant, self-paced options available and flexible.

Teamwork (Multidisciplinary Investigative Team)

- As part of the MDIT, you will share info and attend monthly case review to discuss case updates and make decisions about children's care.

Frequently Asked Questions

- **When will kids be referred to me?** – Most child abuse medical providers operate from their own clinical setting during normal business hours, working with CACs and MDITs to schedule exams at a mutually-agreeable time for the provider and the child/family in the context of the provider's regular practice. This is due to the fact that the majority of child abuse medical evaluations are for non-acute sexual abuse (e.g. outside the timeframe in which forensic evidence can be collected for a "rape kit"). However, each community has its own unique setup for meeting the diverse medical needs of the kids they serve.
- **Will I have to go to court?** – This is a possibility, but for most providers it is very infrequent. If you are concerned about the frequency of this requirement, ask your local CAC about what it's like in your community and how members of the MDIT support one another. They may also help connect you to another child abuse medical provider serving WV kids to get their perspective on this aspect of the work.
- **Paying for Services** – All children deserve a child abuse medical evaluation from a specially-trained provider, regardless of their ability to pay. In WV, most child abuse medical providers' practices/facilities bill Medicaid/private insurance to cover costs of care.