

**CHILDREN'S ADVOCACY COALITION**  
**RICHMOND – ANSON – SCOTLAND COUNTIES**

**Children's Advocacy Center (CAC)** serves as an interagency response center for the coordination of comprehensive, compassionate, and professional services for children. It is comprised of a **Multi-Disciplinary Team (MDT)** which is a group of professionals from specific, distinct disciplines (law enforcement, Child Protective Services, prosecution, medical, mental health, victim advocacy) that collaborates to respond to child abuse allegations from the point of report and throughout a child and family's involvement with CAC.

The multidisciplinary involvement approach allows for informed decision-making to occur at all stages of the case so that children and families benefit from a coordinated response and the unique needs of children are recognized and met.

**Medical Provider Component:**

All children who are suspected victims of child sexual abuse are entitled to a medical evaluation by a physician, nurse practitioner and/or physician assistant who has specialized training and is rostered with the NC Child Medical Evaluation Program. The medical provider must be able to provide specialized medical evaluations on-site or at another designated agency.

The medical evaluation plays a major role in the multidisciplinary assessment of child abuse and extends far beyond providing an evidentiary examination for the investigation. It is essential in making medical diagnosis and determining appropriate treatment of child abuse. The primary goals of the medical evaluation are to:

- Help ensure the health, safety, and well-being of the child.
- Evaluate, document, diagnose and address medical conditions resulting from abuse.
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions.
- Document, diagnose and address medical conditions unrelated to abuse.
- Assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary.
- Reassure and educate the child and family.
- Refer for therapy to address trauma related to the abuse/assault, if not provided by another member of the MDT/CAC.

**Medical Provider Criteria:** (Training and Eligibility Standards)

Must have specific training in child sexual/physical abuse that meets at least one of the following training standards:

- Child Abuse Pediatrics Sub-board eligibility or certification.
- Physicians without board certification or board eligibility in the field of Child Abuse Pediatrics who have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse.
- Advanced Practice Nurses and Physician Assistants who have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse and have a collaborating physician or mentorship established with a physician who is also rostered with the NCCMEP.

In addition:

- Must be familiar and up-to-date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations.
- Must provide documentation of participation in Continuous Quality Improvement activities including continuing education in the field of child sexual abuse.
- Must demonstrate continuing education in the field of child abuse consisting of 10 contact hours every two years.
- Must demonstrate, at a minimum, that 50% of all findings deemed abnormal or diagnostic of trauma from sexual abuse have undergone expert review by an advanced medical consultant, such as child abuse pediatrician.
- Must document medical findings by written record and photo-documentation which may be made available to other medical providers for needed treatment of the child and to those agencies mandated to respond to a report of suspected child abuse.