Survey Result Compilation

Survey responses from those persons identifying themselves as affiliated with a child welfare agency

189 individuals had responded to the survey. 40% (n=75) identified themselves as affiliated with a child welfare agency either as the director (n=19), supervisor (n=29), caseworker (n=22), solicitor (n=4) or quality assurance (n=1).

Respondents were asked to prioritize the Child Abuse Medical Forum Goals:

1. Develop recommendations to improve the triaging of reports by Childline;
2. Develop standardized policies and best practices to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation;
3. Strengthen collaboration between medical experts, Child Advocacy Centers and other multidisciplinary teams;
4. Expand Telehealth consultations for rural and other underserved counties to address needed medical resources in the state; and
5. Intentionally focus on preventing morbidity and mortality for children 0-2 years old.

The child welfare affiliated respondents ranked the goals as follows (number ranking the goal as a #1, #2 or #3 priority):

- **52 - Strengthen collaboration** between medical experts, Child Advocacy Centers and other multidisciplinary teams;
- **47 - Intentionally focus on preventing morbidity and mortality** for children 0-2 years old;
- **45 - Develop recommendations to improve the triaging of reports by Childline**;
- **42 - Develop standardized policies and best practices** to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation; and
- **26 - Expand Telehealth consultations** for rural and other underserved counties to address needed medical resources in the state.

Respondents were also asked to provide their own proposed goal and the following were offered (categorized by position in the child welfare agency and not edited for content).

**Children and Youth Service Directors**

- Collaboration and prevention
- EDUCATE MDIT stakeholders about the process and have those that use the process, educate others!!!
- A CAC in all counties! Lets fund raise for our most vulnerable!!!!
- Preventative actions that can be taken by CCYAs and the community
- That C&Ys would have ready access to medical providers that have the knowledge and expertise to offervaluations/consultations.
- Have a nurse attached to each CYS
- Timeliness of examination
- Education and policies for medical examinations for physical abuse allegations. These are not presented at the MDIT normally to recommend an examination. The education is for the Child Welfare workers about the importance of a medical examination
- Increase training for physicians on CAN
• Strengthen the knowledge of the medical professionals who are working with children alleged to be victims of CA/N of the definitions of abuse and the necessary language to assist counties when they need to indicate
• Law enforcement role and legal considerations for the medical community
• Include CYS in the medical forum to get a well-rounded process and opinion. Without buy-in from CYS none of the goals will be able to get off the ground

Children and Youth Service Supervisors
• Mandate cooperation of DA and LEO with the CYF system. Mandate trained physicians conduct the examinations
• Providing more satellite offices for specialized medical professionals in rural areas or somehow offer financial accommodations to families who are of low income
• Have a proper standardized training on how to talk to children if you suspect abuse or neglect and how to do minimal fact finding
• I really think Childline is a problem. It can often take hours for us to get a report
• Explaining the medical component in a more comprehensive and understandable manner to families
• Standard requirements for child abuse medical evaluations and greater training for staff on what occurs during medical evaluations and how to evaluate the information received
• Funding in rural communities
• Understanding and compassion
• Teaming between medical, law enforcement and CYS
• Medical exams/consultations should occur timely, and in some cases immediately, by a professional whose is experienced with child abuse/neglect cases and should be accessible to our clients who may have not the privilege of reliable transportation
• (1) Medical providers/physicians participate in the mandatory Act33 meetings with county CYS agencies for Fatality/Near Fatality cases. (2) Prevention strategies
• I think it’s important to recognize that everyone, medical professionals, child welfare, police, whoever can get it wrong sometimes but that we are all trying to do what is best for the health and safety of a child
• Improving collaboration between disciplines. Also developing standard practices for what medical assessments and the recommendations should look like. A medical report should focus on medical recommendations and not put other non-medical recommendations
• Strengthen the collaboration with all related parties. All parties should approach any forum with an open mind and listen to others thoughts and opinions
• Better collaboration between all parties involved
• Medical professions understand the importance of sharing information with the agencies especially if it directly correlates to the investigation
• Have medical staff available at all times to do evaluations
• Have specific units in law enforcement that deal with child sexual abuse
• Reporters should ask additional questions and/or obtain accurate information prior to calling Childline in order to ensure the reports are classified properly and accurately
• Have satellite offices that are more accessible to rural communities
• Better education to the public about what the medical is used for and what is does and does not "prove"
Children and Youth Service Caseworker

- Strengthen the importance of MDIT meetings, expanding the meetings and information to Law Enforcement, CPS and Medical providers. Including those higher in these areas such as supervisors or regional CPS to also become involved in their county’s meetings. Having a strong team helps provide caseworkers and investigators support as well as encouragement to work together for the best interest of the children
- To have/require the medical evaluation results be shared with the child welfare worker (if known) when completed
- Keeping children safe and making sure that they are in a home that can adequately supply their needs
- A goal would be to figure out what more resources areas need that they do not already have
- Expanding resources/funding/training for MDIT/MDT teams in rural areas or smaller counties
- Expanding nurse home visitation and safe sleep initiatives in the county at local hospitals
- Be able to have a nurse or doctor on call to go out with caseworker if a serious case of abuse came in
- Better communication between medical/community and CYS
- Strengthen collaboration between medical personnel, county children and youth and law enforcement
- Priority should be access to knowledgeable medical professionals to see and evaluate the child almost immediately or at the very least within 24 hours
- More collaboration with community resources and follow up with families after referrals to community services are made. I’ve worked with quite a few families who have told me that sexual assault counseling referrals were made but there was no follow up from providers. Families are often left feeling helpless and lost in trying to navigate community services on their own
- communication between agencies and standard policies to eliminate guess work
- Addressing the disparity of medical services being provided to urban families and families of color
- An understanding that the children and youth caseworker is not the "catch all" for all of the answers. I believe other members of the forum should be able to communicate findings/concerns and offer preventative measures that do not fall on the agency. Specifically, a small county with a high number of investigations

Children and Youth Service Solicitor or Quality Assurance

- Mobile CACs for rural areas and beyond
- To avoid morbidity at any cost
Survey responses from those persons affiliated with a CAC (hospital and non-hospital based)
189 individuals responded to the survey, 32% (n=61) identified themselves as affiliated with a CAC. Respondents were asked to prioritize the Child Abuse Medical Forum Goals:

1. Develop recommendations to improve the triaging of reports by Childline;
2. Develop standardized policies and best practices to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation;
3. Strengthen collaboration between medical experts, Child Advocacy Centers and other multidisciplinary teams;
4. Expand Telehealth consultations for rural and other underserved counties to address needed medical resources in the state; and
5. Intentionally focus on preventing morbidity and mortality for children 0-2 years old

The CAC-affiliated respondents ranked the goals as follows (number ranking the goal as a #1, #2 or #3 priority):

- **48 - Develop standardized policies and best practices** to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation;
- **41 - Strengthen collaboration** between medical experts, Child Advocacy Centers and other multidisciplinary teams;
- **35 - Intentionally focus on preventing morbidity and mortality** for children 0-2 years old;
- **31 - Develop recommendations to improve the triaging of reports by Childline**; and
- **19 - Expand Telehealth consultations** for rural and other underserved counties to address needed medical resources in the state

Respondents were asked to provide their own proposed goal and the following were offered (and have not been edited):

- To have all of the MDIT members work collaboratively with the medical professionals to truly understand their role within the child abuse investigation and what they do during exams so we can do our jobs better and have the best outcome for the child and family
- I definitely would like to see standardized policies - and statutes that require this intervention, and funding for training enough medical professionals to ensure every child has access
- Continue to educate others who work together with CAC’s on the procedure and how to include team members on the information and research that has come from completing medical evaluations in this manner
- Promote or strongly encourage Emergency Departments to have more than 0 trained SANE-P nurses on each shift
- Train pediatricians, Emergency Department staff and family practitioners on the importance of child sexual abuse screenings and Pediatric Child Abuse medical practitioners so that families are sent to child abuse medical practitioners instead of being seen at their family doctors/pediatricians or the ED for allegations of abuse
- Consistent recommendations for medical exams for all children referred to the CAC
- Train more professionals
- Develop standardized policies about when and how to connect a child to a trained medical provider
- Improving number of children that receive the appropriate medical evaluation/consultation
- Ensure that each CAC has a P-sane nurse available for children on the day of their interviews. We have experienced twice now, the loss of nurses and had to deal with the time to get someone trained and through preceptorship prior to being able to provide medical evaluations
again. Our nurses work for a local hospital and provide hours to us according to their availability. We usually have two nurses trained but one recently left her position at the hospital so we couldn’t use her services after that, and the other nurse was getting her CRNP and didn’t have much availability at all. It would be nice if nurses would be able to be on an emergency list and available wherever needed. I think there would be a lot of hurdles to climb to accomplish that though.

- How to help CACs meet the medical standards for NCA
- Have exams readily accessible at all CACs
- Expand training and resources for SANE P training, as well as build a support network for those providing specialized medical evaluations
- Easily accessible funds to 1) attract and retain these practitioners 2) be restricted in the 148 monies to specifically pay for this service when a child is suspected to be abused 3) provide for easily accessible in person trainings for these practitioners to stay up to date in their specialty areas
- Require all ER’s to have access to a qualified medical professional to provide an examination at that site
- Developing best practices in how medical can be utilized more
- Include a separate evaluation by a psychiatrist
- Explanation of exams and benefit
- Educate & Empower medical providers so they will want to work with & support the CAC’s
- More trained Sane Nurses
- Coming from a Child Advocacy Center: setting, and going along with the second goal I have ranked above, I think the most important tool in a child abuse investigation is accessibility to a CAC for a child and family to reduce trauma and provide an all-encompassing appointment that includes a forensic interview, medical services, and potentially mental health services as well to reduce the likelihood of families not attending multiple appointments. These CACs are neutral, child-friendly locations that can offer tremendous support to all parties involved in an investigation
- Training and education for all primary care providers and urgent care/emergency care physicians on child abuse investigations and what CAC’s are, what child abuse medical professionals are and how they are trained and function as part of the multidisciplinary team
- Developing training for MDT to help explain/support the importance of the medical evaluation and making it part of the investigative process
- Making training more accessible for providers to become certified to do these examinations
- Equal access to all children for exams
- Develop standard procedure for child to be connected to medical provider upon allegation of sexual abuse
- Educate educate educate
- Ensuring that all children under age 2 (regardless of county) are properly evaluated for physical abuse during CYS investigations, and during medical evaluations
- Increase support and education for pediatric SANEs as a resource to rural communities
- Strengthening education and collaboration between medical and other members of the MDT
- To have more MDT members educated about a CAC, and why the med exam is important
- Prevent morbidity and mortality for children of all ages related to child physical abuse. The majority of known deaths related to child physical abuse in my career (approx. 10 years) have been to children 5 years old and up
- Better ChildLine-county follow through
• Find a way for us to see every child that is abuse. I know this is a monumental task, but I can hope. Help the children realize that they have done nothing wrong
• Establish funding for 24/7 provider coverage in hospital/clinics/CACs to serve our communities
• That there is incentive and more training for medical professionals who would like to do this type of exams
• Multidisciplinary communication needs improved including the medical
• Coming from a Child Advocacy Center setting, and going along with the second goal I have ranked above, I think the most important tool in a child abuse investigation is accessibility to a CAC for a child and family to reduce trauma and provide an all-encompassing appointment that includes a forensic interview, medical services, and potentially mental health services as well to reduce the likelihood of families not attending multiple appointments. These CACs are neutral, child-friendly locations that can offer tremendous support to all parties involved in an investigation

Survey responses from those persons affiliated with a local law enforcement

There were 33 survey responses from those persons affiliated with local law enforcement (n=23), the Pennsylvania State Police (n=4) or an investigator with a county district attorney office (n=6) accounting for 17% of the total (n=189) individuals completing the survey. Respondents were asked to prioritize the Child Abuse Medical Forum Goals:

1. Develop recommendations to improve the triaging of reports by Childline;
2. Develop standardized policies and best practices to facilitate a child's access to expert medical evaluation/consultation during a child abuse investigation;
3. Strengthen collaboration between medical experts, Child Advocacy Centers and other multidisciplinary teams;
4. Expand Telehealth consultations for rural and other underserved counties to address needed medical resources in the state; and
5. Intentionally focus on preventing morbidity and mortality for children 0-2 years old

Respondents from law enforcement ranked the goals as follows (number ranking the goal as a #1, #2 or #3 priority):

• 29 - Develop standardized policies and best practices to facilitate a child's access to expert medical evaluation/consultation during a child abuse investigation;
• 22 - Develop recommendations to improve the triaging of reports by Childline;
• 19 - Strengthen collaboration between medical experts, Child Advocacy Centers and other multidisciplinary teams;
• 18 - Intentionally focus on preventing morbidity and mortality for children 0-2 years old; and
• 8 - Expand Telehealth consultations for rural and other underserved counties to address needed medical resources in the state

Respondents were asked to provide their own proposed goal and the following were offered (and have not been edited).
Local law enforcement

- Additional local trainings to increase collaboration between treatment members
- To make sure there is training for all law enforcement who investigate this type of crimes and also assist in preparing the medical part of the report
- Better training for mandatory reporters so there is a correct understanding of when a ChildLine report must be filed
- Expansion of Child Advocacy Centers throughout the Commonwealth. My current CAC serves multiple counties in the greater Harrisburg area and is becoming overwhelmed. Also, standardizing CAC’s across the state with the same equipment, software and reporting systems so children can be interviewed/evaluated anywhere in the state and investigators can readily access the information. Having conducted investigations involving CAC’s in other parts of the state, it has become clear that they are not all the same
- Maintain and update open lines of communication between stake holders and establish an email list
- Standardized policies on investigation procedures and training in this
- Triage out duplicate childlines
- Develop standardized guidelines to determine when medical evaluations are necessary
- Consistent quality of care that is accessible to all victims of child sexual abuse and consistent availability to the families
- Working better with CYF
- Too many cases are referred to police and we have to go to the interviews, when there is no crime. This is a huge taxing of our resources. There needs to be a triage with the children and family prior to a CAC interview and an automatic referral to police. The mandated reporter (while a good conceptual idea) has forced many issues on to law enforcement that are not criminal and law enforcement received no additional funding to support this new case load
- Greater inter-disciplinary education
- Contact police immediately

PA State Police

- Develop a strategic plan to identify the policies and practices needed to improve the Commonwealth’s utilization of expert medical evaluation and consultation when responding to a child reported to be a victim of suspected child abuse or neglect
- The prevention of morbidity/mortality in children

Investigators with a DA’s office

- To have a doctor, who caseworkers/law enforcement can consult with on bruising injuries (send pics), on a case by case account. One who could offer a professional opinion on the injury, that would hold up in court if necessary
- That first responders receive proper training on conducting Minimal Facts Interview
- medical evaluation although have a vital purpose, can sometimes provide the child with an avenue to disclose details that may not have been disclosed during an FI
- Expand access / funding to trained sexual and physical abuse evaluators in rural and smaller urban communities. Encourage larger hospital systems to expand this category of staffing in their community-based hospitals throughout their coverage area. For example, in our community, prior to acquisition by a larger hospital system (albeit, which was necessary to maintain the existence of the local hospital) there was 24/7 SAFE nursing coverage
**Survey responses from those persons identifying as a SANE**
189 individuals had responded to the survey. Of those 4% (n=8) identified themselves as a Sexual Assault Nurse Examiner (SANE).

Respondents were asked to prioritize the Child Abuse Medical Forum Goals:

1. Develop recommendations to improve the triaging of reports by Childline;
2. Develop standardized policies and best practices to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation;
3. Strengthen collaboration between medical experts, Child Advocacy Centers and other multidisciplinary teams;
4. Expand Telehealth consultations for rural and other underserved counties to address needed medical resources in the state; and
5. Intentionally focus on preventing morbidity and mortality for children 0-2 years old

SANEs ranked the goals as follows (number ranking the goal as a #1, #2 or #3 priority):

- **7 - Develop standardized policies and best practices** to facilitate a child’s access to expert medical evaluation/consultation during a child abuse investigation
- **5 - Strengthen collaboration** between medical experts, Child Advocacy Centers and other multidisciplinary teams;
- **4 - Intentionally focus on preventing morbidity and mortality** for children 0-2 years old;
- **4 - Develop recommendations to improve the triaging of reports by Childline; and**
- **4 - Expand Telehealth consultations** for rural and other underserved counties to address needed medical resources in the state

Respondents were asked to provide their own proposed goal and the following were offered:

- Have board certified clinical providers specializing in abuse and maltreatment as medical directors for every CAC
- Find a way for us to see every child that is abused. I know this is a monumental task, but I can hope. Help the children realize that they have done nothing wrong
- Increase support and education for pediatric SANE’s as a resource to rural communities
- Funding for training
- Access for more peer review for SANE’s to complete with child abuse pediatricians
- I would add to “Expand Telehealth consultations...” to expand forensic nurse services/SANE’s to rural and underserved counties. Telehealth is a good solution however best practice would be to hire trained SANE’s and see patients in person
- Access to forensic medical services
- Collaboration between law enforcement, CYS, and medical professionals