

**American Academy of Pediatrics
Council on Community Pediatrics
Rural Health Special Interest Group**

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NDAAP Rural Health Child Advocacy

Unless a rural pediatrician has special interest or training, the prospect of being faced with a case of child sexual or physical abuse can be daunting. Such cases are usually emotionally charged, the history taking can be quite challenging, and both the evidence and the manner in which it is collected carry forensic weight. In rural areas, community resources can be limited and area law enforcement and social services often look to the pediatrician for expertise and guidance.

Traditionally, the investigation of child abuse, even in modern urban settings, has been disjointed, duplicative, and drawn out. Reporting protocols vary from location to location, communication between various agencies is often suboptimal, and even solid cases have been unsuccessfully prosecuted because of improper evidence collection or arguments that the child was “led” by an inexperienced interviewer. Perhaps most concerning, the child victim is forced to endure multiple interviews—reliving the emotional trauma—in multiple settings.

A relatively new approach to the investigation of child abuse was begun in the late 1980s and formally established with the founding of the National Children’s Alliance in 1992. NCA is a nationwide not-for-profit organization whose mission is to support communities in providing a coordinated investigation and comprehensive response to victims of child abuse. NCA accredited members are called Children's Advocacy Centers and there are currently more than 330 nationwide.

In a nutshell, Children’s Advocacy Centers are community-based partnerships which bring together professionals from child protective services, law enforcement, prosecution, the medical and mental health communities, and others, to investigate and intervene in cases of suspected child abuse. These centers take the lead in initiating investigations and provide a safe, child friendly environment where the child is interviewed—generally just once—by a trained forensic interviewer (team members from law enforcement, prosecution, social services, protective services, and the medical and mental health fields watch and contribute from another room via closed circuit television). In many centers, a medical exam, including culposcopy if necessary, can then be performed on site. Once the initial information is gathered, a game plan is formulated and as the investigation moves forward, the CAC’s case manager provides central tracking and facilitates communication among team members.

CAC’s have many benefits to a community. These include more efficient utilization of resources, consistent, professional, non-leading forensic interview and evidence gathering, higher successful prosecution rates, and eased emotional burdens on child

victims and their families. Though generally located in urban settings, CACs frequently have wide service areas and function as the primary referral option for child abuse cases across broad rural areas. CACs often provide advice to outlying law enforcement and medical professionals and in some instances, offer formal training in forensic interviewing and evidence gathering.

Dealing with child abuse can be professionally taxing and heart wrenching. Rural pediatricians may find their regional Children's Advocacy Center to be an invaluable tool. Such is the case in North Dakota where we have two CACs which serve the whole state. Many stories of how a CAC has made a difference in the investigation of child abuse—and the life of a child—have emerged. If you have stories regarding your experience with a Children's Advocacy Center you would like to share with the SIG, please do so. If you don't have access to a CAC but would be interested in learning more, or even beginning the process for establishing one in your area, the NCA web page is a good place to start (www.nca-online.com).

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