January 31, 2020

I am writing today in support of HB 4112.

I am a pediatric emergency room physician in Portland, OR. I have been working as an emergency physician for 9 years in my current role.

I am fortunate to live and work in a community that receives services from CARES NW, the children's advocacy center (CAC) serving Multnomah and Washington counties. CARES NW has medical physicians on staff that are able to serve children. It is my understanding that there are communities in Oregon with Centers who are unable to pay a physician for enough hours to serve the children who have been abused in those communities.

In my job, I have cared for kids coming from all different parts of our state and even other states. Often they are coming to us because the ER in their community did not have the expertise in treating children who have been victims of abuse or other traumas. I understand that by the nature of our facilities and resources that we will always serve children from other parts of the state.

However, I believe that if investment is made in Centers and specifically the subspecialty of child abuse assessment physicians within Centers, than we will serve kids better and save money by keeping kids who do not need ER services out of the ER.

The ER is not always the ideal place for abused children and families to be evaluated. Imagine the worst day of a family's life- their child has been abused, and they must go to the ER for a child abuse evaluation. Perhaps they had to drive miles from home to the nearest ER late at night. There likely is an hours long wait in a busy waiting room. Multiple people ask the same questions about events that the family would rather not even think about. The physician and nurses have multiple critically ill patients and may not have the time that the family needs to talk about the trauma that occurred. The ER is loud, chaotic and scary for a young child who may also be injured. The physician, who they met for just a few minutes, performs a very invasive exam. The doctor may even be taking pictures or taking forensic evidence of very private parts of their body.

Another concern from these patients receiving care in the ER is the ability to collect evidence to later be used in an-criminal case. While everyone in the ER is passionate about helping abused children, in their zeal to help, someone not trained in forensic interviewing may ask a question that prevents the child from being a reliable witness in the future. When physicians do not care for many victims of abuse, subtle exam findings may be misinterpreted. Evidence collection and documentation may not come as easily or as child-friendly as in a pediatric facility where this is done routinely.

Although we have the best intentions, sometimes, when handling cases of abuse, the ER is not the ideal place for these children to be evaluated. CACs offer services such as forensic interviews, medical assessments, family advocacy, and trauma-informed therapy in a much more pediatric and family centered environment.
CACs provide children a safe place to disclose abuse, receive diagnosis and treatment, and begin to heal.

For these reasons, I fully support investing in Children's Advocacy Centers though HB 4112.

Sincerely,
Linnea Wittick Roy, MD