

**Testimony before the Committee on Child Protection**  
**August 12<sup>th</sup>, 2014**  
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**Immediate Past President Vermont Academy of Pediatrics**

**Personal Background:**

- **Board Certified Pediatrician trained at Pittsburgh Children's Hospital**
- **Trained and worked in Child Abuse for over 40 years**
- **Have practiced in Randolph Vermont for over 38 years**
  - **18 years private practice and employed by Gifford Medical Center for the last 20+ years but 100% of my practice has been in Randolph**
- **Have personally reported hundreds of cases of suspected child abuse in my career and I have been an expert witness in many Child Abuse cases in Vermont**

**Legislature:**

- **I have testified quite a few times over my time in Vermont on Child Abuse legislation and other legislative issues dealing with Children and Families**

**Problems & Ideas for solutions to help improve the DCF process and improve the safety of children who are reported to be abused:**

- **Right now there are multiple levels of mandatory reporters with various degrees of training and experience in the area of how to recognize Child Abuse**
  - **There needs to be formal training for all mandatory reporters**
- **Pediatricians have reported to me that they are not being heard and they do not get appropriate timely feedback**
  - **The DCF case worker should include contact with the child's physician and a timely report back to the reporter**
  - **Physicians are in a special group especially those dealing daily with children and as result when a physician reports Child Abuse I suggest that that case MUST be investigated by a trained worker**
- **Now children with life threatening injuries or reported sexual abuse can be returned home before a full investigation is carried out.**
  - **If a child has life a threatening injury or has apparent sexual abuse the child should be hospitalized or placed in foster care till a full investigation is carried out**
  - **Would suggest that Vermont adopt a 72 hour hold when a doctor feels protection is needed as in many other states...like any diagnosis physicians should be trusted that they are professionals trained to make diagnosis and must be included in the loop...a physician report should have HIGH PRIORIOTY**
- **Now children with probably abuse can be sent home to an environment that is clearly at risk with Drug abuse and Alcohol abuse evident**
  - **All cases involving Drug abuse and Alcohol abuse as part of the social situation must have an on-site visit before a child is returned home**

- **Many children who are reported to have likely sexual abuse are not examined by a trained sexual abuse provider**
  - **If there is a report of sexual abuse then the child must be examined by provider that is trained in sexual abuse examination**
- **Under the present system DCF seems to be trying to review, investigate, determine outcome by themselves once a report is made**
  - **DCF should work with the professionals who report the suspected abuse as a team member including but not limited to direct contact and consultation with the provider who knows the family or reported the case.**
- **Everyone needs more education:**
  - **Children and Families**
  - **Providers**
  - **Social Workers**
  - **Investigators**
  - **Lawyers**
  - **Judges**
- **We need more resources to provide the safety we need for at risk children**