ISPCAN Child Maltreatment Medical Curriculum

Baseline Survey of Child Maltreatment Response and Societal Norms

This survey is designed for physicians who are developing capacity-building activities to enhance the community's response to child maltreatment. The questions and issues raised in this survey are detailed, sensitive, and designed to tailor the trainings and meetings to the community's specific needs; thus, these questions should be asked ahead of time in communication with local stakeholders.

The purpose of this survey is to:

1. Establish consistency in the assessments being made by physicians in different communities.
2. Bring to light the important details needed in order to tailor culturally-sensitive, capacity-building activities that best meet the community's needs.
3. Provide a benchmark for assessing progress in the future after the capacity-building has been initiated.

As you ask these questions, take copious notes, and then write the answers in the appropriate sections.

I. Initial triage and evaluation in cases of suspected child maltreatment:

A. If the child first presents to police:

1. Do the police have a specialized unit to handle child abuse cases? If yes, have these police received training in forensic interviewing? What other training have they received? What do the police do well?
2. Do police refer all types of abuse to the hospital (or clinic or dispensary)? If no, what types of cases and what percentage of cases get referred to hospitals?
3. How far is the hospital from the police station? Do the police request money from the family to accompany them to the hospital?
4. Do police have the phone number of hospital personnel to notify them of a child that is being referred? How often do the police call the hospital?
5. How much of a problem is staff turnover in the police department?
6. What do the police need to improve?

B. If the child first presents to the hospital:

1. How long does the child typically have to wait before they are seen? Does the child receive all their care in one room, or do they have to wait in one line for the medical exam and then a different line for HIV testing? Will the child be examined even if they do not yet have a note from the police?
2. What are the most common diagnoses that bring children to the hospital? Do girls ever present to the hospital with bleeding from the genitalia due to accidental injuries? What are the causes of these injuries?
3. Do the doctors, nurses, or medical officers have any special training to diagnose and treat children who have been maltreatment?
4. What types of medical tests and treatments are available for various injuries and infections? Is HIV Post-Exposure Prophylaxis available? How often to patients follow-up for repeat testing?
5. If the clinician believes the child was abused, and the abuser lives in the home, what is the clinician able to do to protect the child? Do you they have phone numbers for social services/child protection workers? Do they contact police? How often do they get no response from those agencies and thus send the child home, knowing the abuser will likely still be there?

C. If a child first presents to the department of social services:

1. How often does social service refer cases to hospitals? What percentage of those children actually show up to the hospital?
2. Does social services have consistent transportation/gas to do home visits?
3. How often does social services remove children from their parents and under what circumstances?
4. Under what circumstances is an offending parent allowed to stay in the home?

II. Treatment:

1. Besides the hospitals and clinics, what other non-governmental organizations in community provide help with initial triage, diagnosis, treatment and counseling for children who have been abused?
2. What types of counseling do children receive?
3. Do offenders receive counseling?
4. What are society's views on mental illness?
5. Are there any psychiatrists or psychologists?
6. Are children ever hospitalized for mental health reasons, and if so, what treatment is provided and what is the level of training of those who provide the care?

III. Child Death:

1. When a child dies and the cause of death is unknown, are there any religious or cultural practices that affect the clinician's decision to do tests to determine the cause of death?
2. Is an autopsy performed? Are any other tests done?
3. If a child dies at home, how often are they brought to the nearest health center or hospital?
4. If a child dies and is found to have injuries, does the medical professional contact anyone else?
5. Which different agencies and professions are involved in reviewing the child's death?
6. Do these agencies meet on a regular basis to review child deaths? What are their policies and practices?

IV. The Courts:

A. Child friendliness and confidentiality

1. How soon, on average, does the trial take place – days? Weeks? Months? Years?
2. What is the youngest age a child can testify in court?
3. For children old enough to testify in court, are they always required to testify in trial? In front of the alleged perpetrator?
4. What are the procedures on the day of trial: Would the procedures be considered child-friendly? In what ways? Where do the child and the perpetrator wait (ie. together in a line outside the court?). Who is allowed to be in the courtroom to watch? Do people in the audience make comments aloud that can be heard by the child?

B. Court Procedures

1. Is there a jury? How many people? Are there any restrictions on the types of evidence allowed to be presented to the jury?
2. What percentage of defendants have an attorney? In cases where the alleged perpetrator has no attorney, are they the ones asking questions of the child victim? Are there any types of questions they are not allowed to ask? How often does the child recant when their alleged abuser is the one questioning them?
3. How often do medical professionals testify? How do courts request/require doctors to provide records and to testify? Are subpoenas used? Phone call?
4. What evidence does a magistrate need to reach a guilty verdict – in this above case, and in other cases?
5. How often can the defendant simply pay a fine to close the case?

6. What other types of penalties are there for a guilty verdict? Jail – how long? Probation?
7. If the alleged abuser is 12 or 15 and is found guilty, what is his penalty? Same jail as adults? A "home" for troubled youth? Who runs these homes, and how are they monitored? Do they receive schooling or counseling while at these homes?
8. In what ways do the courts help protect the child once the perpetrator is eventually released – ie. are there orders of protection?

V. Prevention:

1. Does the government and does society view child maltreatment prevention as an important goal? What evidence supports this answer?
2. Are there any agencies or organizations who teach parenting programs, effective methods of discipline, or education of the right to say no to sex? Are there any other prevention programs? Do the programs provide primary, secondary, or tertiary prevention?
3. Are there alliances within the community – formal or informal - designed to help protect children? How do these alliances work, and what keeps them going?
4. Were there any prevention efforts made in the past, and if so, what were the barriers that prevented the work from continuing?

VI. Culture & Religion:

A. Cultural Norms

1. What is the age of consent for girls to have sex? And to marry?
2. Who decides whom a girl will marry, and are there customs regarding a dowry?
3. Do girls and women have the right to say no to sex?
4. How are girls and women viewed and treated if it is known they are not a virgin?
5. What happens to a girl or woman if her husband dies or leaves her?
6. What are the views on homosexuality, and how do homosexuals get treated?

B. Religion

1. What religions are practiced in the society, and are there significant differences in the rights and perceptions of women and children and their roles in the family and their roles in society?