



ISPCAN Child Maltreatment Medical Curriculum
Participant Manual

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Introduction

Background & Scope of the Curriculum

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has developed these curriculum materials to support its mission of creating sustainable child abuse and neglect systems of prevention, protection and treatment throughout the world.

This curriculum has been developed for medical professionals and students in medical fields. Through 28 hours of didactics and case discussions, the curriculum provides an in-depth introduction to skills that medical professionals need in order to provide diagnosis, medical treatment and advocacy for children who have been abused and neglected.

Professionals from social services, law enforcement and the courts are also welcome and encouraged to participate in this curriculum. The scope of the curriculum is medical in nature, so it will not teach these professionals the full range of information and skills they need in their specific roles of children protection, but it will provide a valuable knowledge base of medical and psychosocial issues so they can have a better understanding of how best to help children.

Goals of the Curriculum

- Improve the identification and medical treatment of children who have been abused and neglected
- Increase communication, information exchange and networking among multidisciplinary professionals in local private and public agencies and organizations
- Build and strengthen multi-disciplinary teams
- Strengthen and expand existing services through more qualified professionals
- Increase training of facilitators and number of trainers trained and engaged

The specific objectives for each learning module are listed in two places: the Appendix in this document, and at the beginning of each module.

This curriculum is designed in a level of detail and in a style that requires that it be delivered in-person by a physician who is recognized as an expert in child maltreatment. To only read the modules, or to have them taught by someone who is not a recognized expert in child maltreatment is not sufficient and could lead to a false sense of comfort and possible under- or over-diagnosis of abuse or neglect.

The facilitator has adapted this curriculum to address the specific issues and needs in your community. In order to make these adaptations, the facilitator used a baseline survey with one of the host partners to help bring to light the important local issues and customs needed to tailor a culturally sensitive curriculum that best meets the community's needs.



The Learning Modules

In this curriculum, each of the 10 main topics is described as a *module*, and each module may have one or more sections. For each module that is presented during the training, the facilitator will give you a printed handout of the slides on which you can take notes during the presentation.

Outline of Learning Modules

- I. Child Maltreatment Overview
- II. The Social and Developmental Impact of Child Maltreatment
- III. Taking a Medical History in Child Maltreatment
- IV. Child Physical Abuse
- V. Child Sexual Abuse
- VI. Psychological Maltreatment
- VII. Child Neglect
- VIII. Human Trafficking
- IX. Multidisciplinary Identification and Management of Child Maltreatment
- X. Testifying in Court

Appendix: Complete List of Learning Objectives

I. Child Maltreatment Overview (1 hour)

Authors: Sue Bennett & Aaron Miller

The participant will be able to:

1. Differentiate between various ethical frameworks for addressing child maltreatment.
2. Describe the various forms of child maltreatment within the context of the United Nations and the Convention on the Rights of the Child.
3. Discuss how adverse childhood experiences affect long-term medical, emotional and social problems for the individual and for society.

II. The Social and Developmental Impact of Child Maltreatment (1.5 hours)

Authors: Michael De Bellis, Marilyn Kaufhold & Cynthia Kuelbs

A. Child Maltreatment Interrelationships (1 hour)

The participant will be able to:

1. Discuss the importance and challenges in obtaining accurate research data.



2. Explain the advantages of viewing child victimization in a social ecology model.
3. Describe child/family characteristics associated with various categories of child abuse.

B. Effects of Abuse and Neglect on Brain Development (0.5 hours)

The participant will be able to:

1. Define the term *developmental traumatology*.
2. Summarize the evidence that shows the effect of early life stress on the biologic stress response system in maltreated children.
3. Compare and contrast brain development in healthy versus maltreated children.
4. List circumstances capable of attenuating or accentuating the effects of maltreatment.

III. Taking a Medical History in Child Maltreatment (2.5 hours)

Author: Aaron Miller

A. Speaking with Caregivers (1 hour)

B. Taking a Medical History from Children (1.5 hours)

Both sections should be presented together because they share the same objectives. The participant will be able to:

1. Discuss important logistical issues in speaking with caregivers and with children.
2. Integrate psychosocial history into medical history when interviewing parents to better assess the child's medical, mental health and psychosocial needs.
3. Incorporate evidence-based best practices when asking children about maltreatment.

IV. Child Physical Abuse (5 hours)

A. Physical Abuse (4 hours)

Author: Stephen Boos

The participant will be able to:

1. Recognize historical and physical findings that should cause the learner to include child abuse in the differential diagnosis.
2. Structure an appropriate evaluation for abuse when it is in the differential diagnosis.
3. Make rational diagnoses of abuse based on all the findings.
4. Initiate management of abuse within the systems of the host country.
5. Strengthen medical documentation by writing child abuse in the differential diagnosis, when appropriate, and writing clear recommendations for the child's physical and emotional well-being.



6. Recognize ways in which Social Services and Law Enforcement are helpful partners to engage in the process of diagnosing/identifying abuse or neglect.
7. Explain why children with special needs/disabilities are at increased risk of being abused or neglected and of not being reported as being maltreated.
8. Discuss with parents the concern of possible abuse/neglect and explain the next steps that need to occur in contacting Social Services and Law Enforcement.

B. Effective Discipline (1 hour)

Author: John Stirling

The participant will be able to:

1. Define corporal punishment (physical discipline).
2. From global studies, summarize information about incidence and attitudes regarding corporal punishment.
3. Contrast characteristics of effective discipline from the practice of physical discipline.
4. Structure a culturally sensitive dialogue between a health care provider and a parent to discuss discipline.

V. Child Sexual Abuse (10 hours)

Author: Marilyn Kaufhold & Sandra Murray

A. Sexual Victimization Overview (0.75 hours)

The participant will be able to:

1. Describe the disclosure process of a young child sexual abuse victim.
2. List features that distinguish sexual abuse of a young child from that of an adolescent.
3. Explain societal attitudes that discourage and complicate victimization reporting by adolescents.

B. Developmental Anogenital Anatomy (1.5 hours)

The participant will be able to:

1. Correctly label the normal anatomic landmarks of female and male genitalia and anus on a diagram or photograph utilizing the APSAC Glossary as a resource.
2. Recognize genital and anal anatomic variants and nonspecific findings.
3. Explain the relationship of estrogen to female genital changes from birth into puberty.

C. Performing a sexual abuse medical exam (1.5 hours)

The participant will be able to:



1. Describe age appropriate strategies for developing rapport with patients of all pediatric ages prior to the sexual abuse examination.
2. Select appropriate examining positions and techniques that enhance examiner visualizing the patient's genitalia.
3. Explain painful procedures to avoid during sexual abuse examinations.
4. Determine appropriate photos to document findings.

D. Findings in acute and nonacute exams of prepubertal children (1.5 hours)

The participant will be able to:

1. State the incidence of acute and non-acute injuries in prepubertal children examined following sexual abuse.
2. Recognize in photographs, injuries typically caused by sexual abuse acts.
3. Recognize abnormal genital findings resulting from accidental trauma or conditions that are not sexual abuse.
4. Explain why genital injuries may not be found when sexually abused children are examined.
5. Formulate a conclusion from a case scenario.

E. Findings in acute and nonacute exams of adolescents (1 hour)

The participant will be able to:

1. Describe genital injury patterns and incidence associated with acute and nonacute adolescent abuse.
2. Identify from photographs normal genital findings that are sometimes mistaken for injuries.
3. Explain why it is not possible to determine consent vs. nonconsent from the genital examination findings.
4. Explain the significance of nongenital injuries resulting from sexual assault.

F. Sexually transmitted infections in the context of sexual abuse (2 hours)

The participant will be able to:

1. Contrast and explain the difference in the incidence of sexually transmitted infections in prepubertal children vs. adolescents.
2. Analyze the risk factors for acquiring a sexually transmitted infection from sexual abuse or assault from case scenarios.
3. Using local public health data and the current World Health Organization Recommendations, establish a protocol for testing, prophylaxis and treatment for patients following sexual abuse and assault.

G. Evidence collection (1.5 hours)

The participant will be able to:



1. List the usual forensic specimens collected from an acute sexual abuse/assault victim for evidence analysis.
2. Explain how sexual assault evidence may be contaminated or lost before collection.
3. Define the concept of “chain of custody.”
4. Justify the importance of establishing a collaborative relationship between medical providers and the forensic laboratory.

VI. Psychological Maltreatment (1 hour)

Author: David Corwin

The participant will be able to:

1. Review developing knowledge and consensus about psychological maltreatment/emotional abuse.
2. Recognize the impact of psychological maltreatment by itself and as a component of all physical abuse, sexual abuse and neglect.
3. Incorporate questions about psychological maltreatment when asking children about maltreatment.

VII. Child Neglect (3 hours)

A. Child Neglect: Intervention and Prevention (1.5 hours)

Author: Howard Dubowitz

The participant will be able to:

1. Explain 3 points that validate the importance of understanding child neglect.
2. Know different approaches to defining neglect.
3. List categories of neglect and identify age-characteristic examples of child neglect for each.
4. Describe various reasons why children with disabilities are at increased risk for maltreatment.
5. Discuss poverty as it interacts with child neglect.

B. Failure to Thrive (1 hour)

Author: Premi Suresh

The participant will be able to:

1. Review use of growth charts.
2. Know how failure to thrive is identified.
3. Be familiar with the three broad categories of causes of Failure To Thrive (FTT).
4. List ways in which FTT could result from abuse and neglect.



5. Learn strategies for management of children with FTT.

C. Safety at School (0.5 hours)

Author: Verena Wyvill

The participant will be able to:

1. Identify logistical issues with schools that increase children's susceptibility to abuse and neglect while in school.
2. Recognize the impact of bullying as a form of child maltreatment.
3. Discuss teacher-student dynamics that increase susceptibility to sexual abuse, physical abuse, and psychological maltreatment.

VIII. Human Trafficking (1 hour)

Author: Sarah Kureshi

The participant will be able to:

1. Define human trafficking.
2. Describe the causes and mechanisms of human trafficking.
3. List various approaches to combat human trafficking.
4. Explain the health consequences of human trafficking.
5. Identify tools for medical providers to use for victim identification and assessment.

IX. Multidisciplinary Identification and Evaluation of Child Maltreatment (2 hours)

A. Multidisciplinary Identification and Evaluation of Child Maltreatment (1 hour)

Author: Aaron Miller

The participant will be able to:

1. Explain the different roles and responsibilities of medical and other health professionals, social services, law enforcement, education/schools, NGOs and other key agencies.
2. Discuss the medical, psychosocial and safety benefits of interagency coordination.
3. List common barriers to interagency coordination and consider effective steps to create lasting improvements in coordination.
4. Recognize the signs and symptoms of *compassion fatigue/secondary trauma*.

B. Child Fatality Review (1 hour)

Author: Michael Durfee

The participant will be able to:

1. Explain the components and processes of effective child fatality review teams.



2. Compare the relative benefits of active case review versus retrospective case review.
3. Consider how child fatality review might be implemented in the host country given the level of resources and interagency coordination.

X. Testifying in Court (1 hour)

Author: Ann Botash

The participant will be able to:

1. List important legal elements of medical documentation in child abuse.
2. Explain the steps in working with attorneys to prepare for court.
3. Describe how to testify in court.