

Key Competencies in Child Abuse
Child Advocacy and Assessment Program
McMaster Children's Hospital

At the completion of the CAAP rotation, the resident will demonstrate the following competencies:

MEDICAL EXPERT

Physical Abuse

1. Know the aspects of the pediatric history that should lead one to suspect that a child may have experienced physical abuse.
2. Know the presenting physical signs and symptoms that should lead one to suspect that a child may have experienced physical abuse.
3. Outline a differential diagnosis for the various clinical presentations that may lead to the suspicion of physical abuse as a possible cause.
4. Describe the medical conditions relevant to the differential diagnosis of a child who may have been physically abused.
5. Know the epidemiology of various types of accidental injuries in children.
6. Know the traumatic mechanism implied by injuries commonly associated with physical abuse.
7. Perform a thorough physical examination of the child with suspected inflicted injuries including a search for physical evidence of alternative diagnoses. (Includes measuring and diagramming injuries).
8. Know the indications for initial and follow-up investigations when physical abuse is suspected.
9. Define "Caregiver Fabricated Illness", understand when to consider it as a diagnostic possibility and how to approach the clinical question.
10. Understand that child abuse is typically one aspect of a complex trauma experience and the therapeutic options to address this.

Sexual Abuse

1. Know the ways in which a child / adolescent who has experienced sexual abuse presents.
2. Understand normal and abnormal sexual behaviour in young children
3. Know the basic aspects of Canadian law regarding consent to sexual activity.
4. Know basic male and female genital anatomy. Label the anatomic structures on a diagram.
5. Know the basic categories of genital findings as outlined in the most current Adams classification.
6. Know the frequency of abnormal findings in child sexual abuse and outline reasons behind this.
7. Perform and interpret an anogenital examination on a male and female, using appropriate traction/separation technique in the female.
8. Know the relative importance of various sexually transmitted infections in sexual abuse and the likelihood that a particular pathogen is suggestive of sexual abuse.
9. Know the current recommendations for post-exposure prophylaxis in children/adolescents suffering acute sexual assault.
10. Know the indications for and basic techniques for completing a forensic evidence kit.

c) Neglect and Emotional Abuse

1. Define and contrast child neglect and emotional abuse.
2. Understand the profound and wide ranging adverse impacts of early childhood toxic stress on the emotional, developmental and physical wellbeing of a child.
3. List and understand some of the most important and common forms of early toxic stress that affect children.
4. Describe the developmental process of attachment formation and common patterns of abnormal attachments.
5. Be able to conduct a mental status examination appropriate to the age and stage of development of a child.
6. Be able to conduct a developmental screen of a child/adolescent.

COMMUNICATOR

1. Verbally communicate the findings of a medical child abuse assessment to non-physician stakeholders so that the individual(s) can fully comprehend the opinion being rendered.
2. Effectively and sensitively explain the results of a child abuse assessment to the family members/caregivers of a child who may have been abused.
3. Generate written documentation of a child abuse assessment which clearly states the opinion being rendered, the information upon which the opinion is based and an acknowledgement of the uncertainty inherent to the opinion.
4. Be able to generate a diagnostic formulation taking into consideration the bio-psycho-social aspects of the case in order to develop appropriate recommendations.
5. Complete written documentation in a timely manner.

COLLABORATOR

1. Understand the roles and responsibilities of the stakeholders typically involved in child abuse investigations ie. child protection services, police, legal professionals.
2. Understand the roles of the members of a hospital based child protection team.
3. Be able to work with a multi-disciplinary team demonstrating respectful team relationships.

MANAGER

1. Limit investigations in a child abuse assessment to those indicated by the clinical assessment.
2. Understand the role that a child abuse expert can have in supporting other local and regional clinicians dealing with child abuse cases.
3. Understand the physician funding imperatives related to the provision of child abuse assessments in Canada.

HEALTH ADVOCATE

1. Identify the many potential risks to overall wellbeing in a child being assessed for possible abuse.
2. Identify the determinants of health in a family where a child is being assessed for possible abuse.
3. Identify the impact of violence on health.
4. Ensure that siblings of a potentially abused child are appropriately assessed and managed.
5. Effectively advocate for and make referrals to community and other supports for children and families at risk of adverse outcomes.
6. Describe public health interventions that have been shown to be effective in preventing child abuse and neglect.

SCHOLAR

1. Describe the process of peer review in child maltreatment cases and outline the reasons for why it is necessary.
2. Understand the limitations of research in child abuse and the importance of acknowledging them in opinion formulation.
3. Have a working knowledge of the child abuse concepts for which there is strong evidentiary support.

PROFESSIONAL

1. Understand fully the "Duty to Report" legislation in Ontario and the consequences of non-compliance.
2. Understand that the purpose of a child abuse assessment is simply an attempt to determine the likely cause of a particular clinical presentation, not to generate evidence against a particular suspected perpetrator.
3. Understand that the physician's role in testifying in court is simply to provide information to the court and not to advocate for a particular outcome.
4. Show respect for all parties involved in an assessment for possible child abuse.