Session 2: Identification

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Context Setting

- How do we identify abuse when it occurs? How do we prevent future cases of abuse from occurring?
- CSA is often hidden and not easily detected (sometimes suspected but ignored).
- CSA is difficult to disclose, comprehend, and remedy.
- Child protection systems are not adequately equipped to prevent, intervene, and support families through resolution.
- This session will examine reasons why CSA is not disclosed/identified; how to move from reactive to proactive approaches.

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Case Scenario: A Diagnostic Dilemma

- 8-year-old boy leaves home at 5 pm to take a bicycle ride. Told by mother to come home at 6 pm.
- Arrives home at 8 pm, pale and mute.
- Examined at Aspen Valley Hospital: Normal exam; Toxicology (tox) screen negative.
- Next day: Seen by pediatric neurologist in Glenwood Springs: Exam, CT, EEG, all normal.
- Next day: Seen by neurologist in Grand Junction: Exam, MRI, CT, EEG, tox screen all normal.

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Case Scenario: A Diagnostic Dilemma #2

- Day 4 - sent to Denver, still mute, where three pediatric neurologists repeat all studies, find them normal and suggest that he has a psychiatric disorder.
- Hospitalized in residential psychiatric facility for three months before he begins to talk.
- Questions: What was the diagnosis? What was missed the first night?

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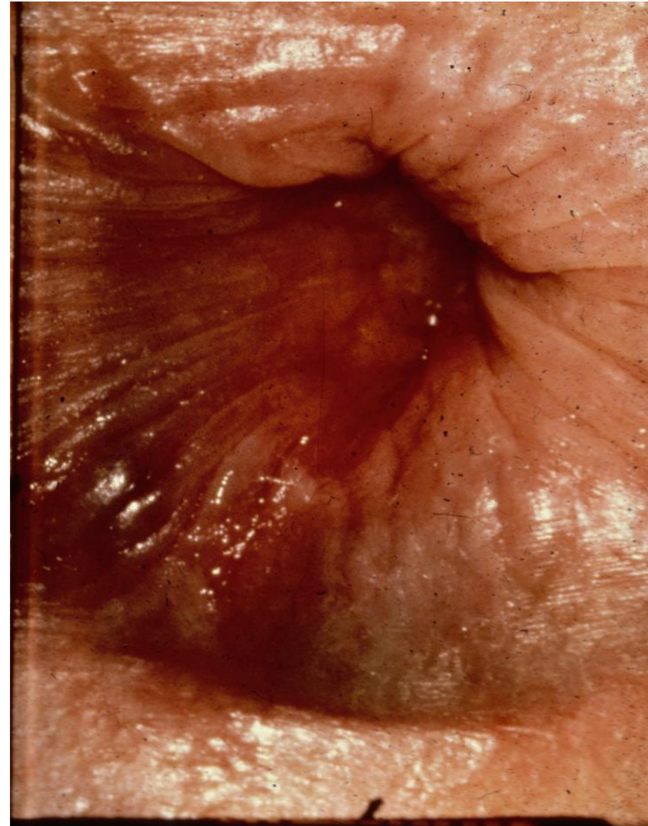
What they might have seen the first night if they had done a complete exam



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Case Scenario Final Question

- What are the things that people need to remember so that cases like this one are handled differently?

Public Health Approach

Connecting Individual Cases of CSA to a Model for Community Engagement

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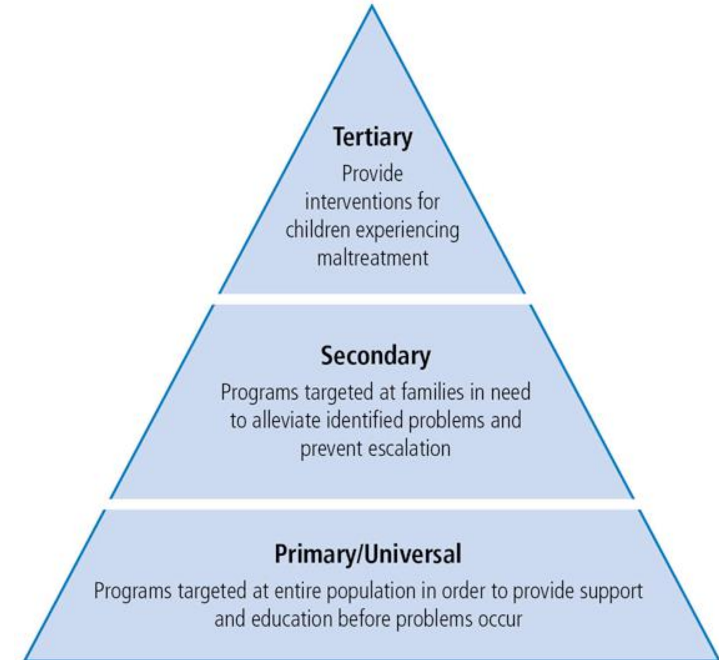
Public Health Model

- Proactive (identify, assess, and intervene early)
- Research-based (use of best practices)
- Prioritize universal screening, service, and delivery platforms
  - Elevated rates of detection and response= less stigma and better outcomes
- Concept of “progressive universalism” (flip the pyramid)



Australian Institute of Family Studies, https://aifs.gov.au/

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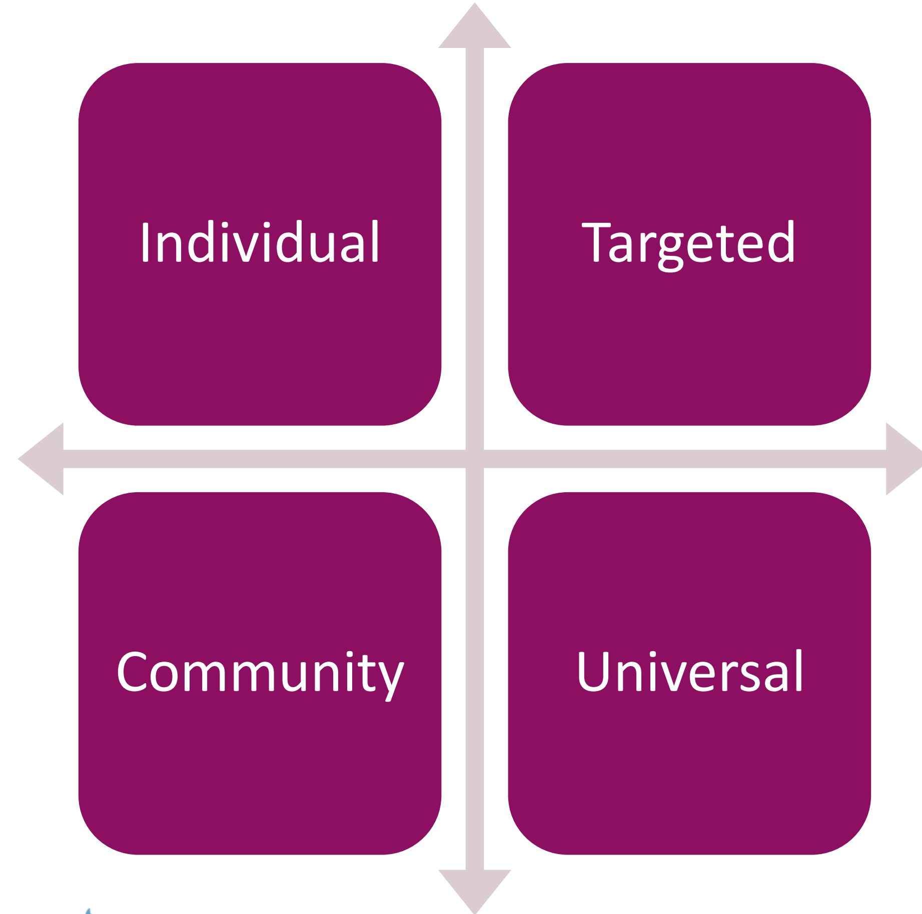
Public Health Model



CM and the Ecological Theory of Child Development (Belsky's adaption of Bronfenbrenner's ecological theory)

- Child adversity (e.g., abuse/neglect) is a "social-psychological phenomenon"
- Risks (causes) at the individual, family, community, societal levels
- Causes are "ecologically nested"

Macrosystem

Exosystem

Mesosystem

Microsystem

Individual

Cultural beliefs and values (e.g., acceptance of violence and physical punishment)

Informal and formal "indirect" influences (e.g., poverty, social isolation; parental unemployment)

Household (e.g., high levels of stress; coercive interaction between children and parents)

Ontogenic development (e.g. parents' developmental history; knowledge of child development; experience w/ child care)

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Questions about the Public Health Approach

- In your experience, is universal screening for CSA (and other forms of abuse) a wise investment? Why or why not?
- What barriers stand in the way of implementing prevention and early intervention programs at scale?

Key Takeaways and Strategies

- Consider the reasons why CSA continues to be under-reported.
- Engage in efforts to increase awareness of CSA, support children’s rights, and advance CSA prevention within child-serving systems.
- Work (at the individual, organizational, and community levels to) to create an environment in which children and caregivers feel safe to disclose.

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Questions for Breakout Groups

- In your experience, what are the early signs of CSA in your field?
  - What red flags are often missed by professionals, and why?
- How do context, culture, or stigma in your region affect a child's ability to disclose abuse?
  - What strategies can help address these barriers?
- What national/institutional policies (or lack of them) impact early identification and immediate response in your country or organization?
- How do professionals in your system typically respond to an initial disclosure?
  - What works well, and what challenges arise?
- What effective practices have you seen for preventing CSA in your region?

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Breakout Room Instructions

The breakout rooms are a space for you to dive deeper into the weekly Huddle Case Study focusing on specific aspect of this case to identify what could have been done better.

Each Breakout Room will be facilitated by a member of the Huddle Curriculum Steering Committee

You will receive a prompt to join a breakroom room – we are asking that all attendees join a room

In the breakout room you will have the ability to turn on your microphone and camera to participate in the discussion

The **first 5 minutes** in the breakout room you will take a brief poll on what identification of CSA in your region and/or practice currently looks like.

The results of this poll will be shared in a Word Cloud format upon your return to the main session – no individual answers are identified

Please introduce yourself to the session facilitators and other breakout room attendees after the poll

Your facilitator will guide the discussion using 5 questions designed by our Session Leaders from their presentation.

The breakout room discussions are not being recorded so please feel free to speak openly regarding any challenges that you may face. You will automatically return to the main room after 35 minutes and we will conduct a broader Q & A session.

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