MULTIDISCIPLINARY NEW GRAND ROUNDS TRAINING CONCEPT IN CHILD PROTECTION

Session 5

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CEO | ISPCAN

Our members improve systems of care in every nation so that child rights and a foundation of health are not a wish, but a reality. We raise the bar and make sustainable, systemic, public health change to improve outcomes for children and families.

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HUDDLE: DEFINITION

hud·dle
[ˈhəd(ə)l]
verb
crowd together; nestle closely:
"they huddled together for warmth"

Give me your tired, your poor, your huddled masses, yearning to breathe free
—Emma Lazarus

3: to wrap oneself closely in
huddled her to protect
intransitive verb

1: to gather in a close-packed group or team
They huddled around to have a game plan for the sports team.

a: to hold a consultation
huddled to discuss the proposal to plan

Doing the 360-degree case analysis:

- Encourage participants to think differently and adopt new ideas for their region
- Identify gaps and opportunities for improvement in policy and practice
- Frame key insights and take-home messages, which will be documented and disseminated in a Special Issue of the Journal of Child Protection and Practice

"Do not judge me by my success, judge me by how many times I fell down and got back up again."

-Mandela

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THE HUDDLE CONCEPT

The foundational pieces of cases in retrospect allow a much-needed review of what is working, what the outcomes for children and CPS system professionals are.

But we need to learn from our past, and not keep making the same mistakes.

Year 1 : May 2025 Priority: Case on Child Sexual Abuse

Multigenerational child sexual abuse, in the context of culture, family and systems of care will be explored. How the medical, mental health, and justice systems interact to protect and heal the child will be deeply examined.

2nd Year: 2026 Spring/Summer Regional Huddles

Adapting the Curriculum to build in cultural elements and language

Delivered **IN PERSON** through our country partners and regional ISPCAN Hubs in Latin America, MENA, Europe, Asia, Africa, Pacific

3rd Year: Case of Online Abuse & Bullying

With escalating harms presented from the digital world we navigate; we need to be prepared to protect children. Bullying and cyberbullying must be mitigated.

List of ISPCAN Expert Trainers in CSA (year 1)

Medicine and Healthcare

Aby Casas, MD
Chair Elect
National Institute of Pediatrics / SIPINNA
MEXICO

Medicine and Healthcare

Fujiko Yamada, MD PhD
Director
Jaspcan
JAPAN

Medicine and Healthcare

Jordan Greenbaum, MD
Secretary
Medical Director ICMEC
USA

Medicine and Healthcare

Martin Finkel DO
Professor Emeritus of Pediatrics at Rowan University,
USA

Education and Social Work

Rocco Briganti, PhD
CEO Specchio Magico Cooperativa Sociale Onlus

CISMAI
Italy

Mental Health

Brooks Keeshin MD
Psychiatry and Pediatrics
University of Utah
Utah, USA

Clinical Psychology

Pablo Munoz D.Psy
Associated Professor at the Department of Psychology, Universidad Nacional de Colombia

Forensic Law Enforcement

Sidnei P Filho, PhD
Professor Department of Psychology
Universidade Tuiuti do Paraná
Brazil

Medicine and Healthcare

Kathi Wells, MD
Director
Kempe Center
Denver, USA

Law and Justice

Diahann G. Harrison, JD
Ombudsman
Office of the Children's Advocate
Jamiaca

Social Work

Carmit Katz, PhD
Director
Haruv Institute
Tel Aviv, Israel

Public Health

Pragathi Tummala MPH
Chief Executive Officer
ISPCAN
Colorado, USA

Public Health

Abbie Newman, JD, RN
Chief Executive Officer, External and Global Affairs
Mission Kids Child Advocacy Center
PA, USA

Public Health

Jill E. Korbin PhD
Lucy Adams Leffingwell Professor Emeritus Senior Advisor, Schubert Center for Child Studies Case Western Reserve University Distinguished Fellow, The Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem

Public Health

Dick Krugman MD
Distinguished Professor, University of Colorado Department of Pediatrics, Kempe Center
Colorado, USA

Public Health

Todd Herrekohl PhD
Professor, Marion Elizabeth Blue Professor of Children and Families, University of Michigan School of Social Work, USA

Medicine

Denise C. Abdoo, PhD, CPNP
Pediatrics
University of Colorado School of Medicine | Children's Hospital Colorado Child Protection Team

Epidemiology

John Fluke PhD
Professor, Kempe Center, University of Colorado Dept of Pediatrics, Colorado, USA

Evaluation & Quality Improvement

Rebecca Orsi Hunt, PhD
Assoc Research Professor, Kempe Center, University of Colorado Dept of Pediatrics, Colorado, USA

Lived Experience

Sasha Joseph Neulinger
Filmmaker of REWIND Founder of Voice For The Kids

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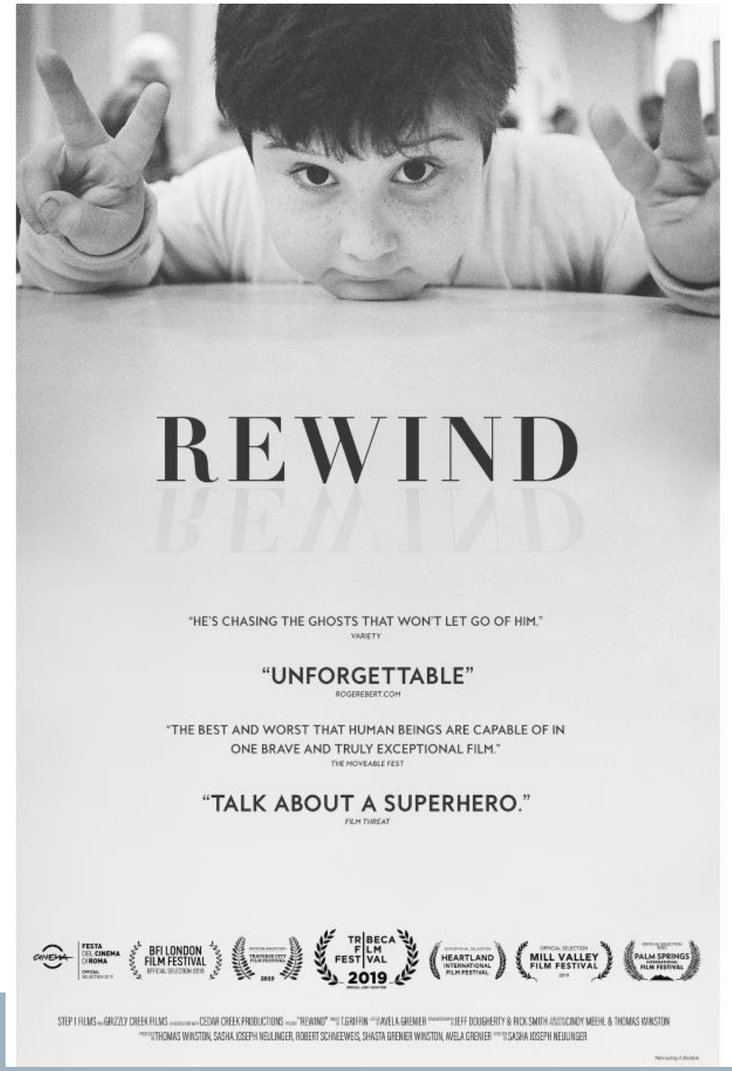
YEAR 1 CASE: CHILD SEXUAL ABUSE

ISPCAN welcomes the creator of the film, Rewind. Sasha Joseph Neulinger shares his story, his life from his eyes through his home movies, his narrative and discussions with family members.

We can learn and do better.

Sasha Joseph Neulinger

"Through embracing my fear and confronting what scared me the most, I rediscovered my beauty and learned to harness my power."



Key Objectives of the Huddle

Understand Global Challenges: Gain insights into international challenges in protecting children and intervening in cases of child sexual abuse.

Learn Best Practices: Explore cutting-edge strategies and best practices for addressing child sexual abuse from diverse global perspectives.

Enhance Multidisciplinary Collaboration: Develop practical knowledge and skills for effective collaboration across disciplines in child protection work.

Update Knowledge and Skills: Acquire the latest international knowledge, practices, and tools to address child sexual abuse effectively.

Build a Professional Network: Join an international community of leading professionals dedicated to advancing child protection efforts.

"Coming together is a beginning; keeping together is progress; working together is success." – Henry Ford

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TYPICAL ISSUES CASES OF CSA GLOBALLY: HOW CAN WE DO BETTER?

A coordinated, child-centered approach is essential to early identification of Child Sexual Abuse (CSA).
The following points synthesize meeting discussions across disciplines, highlighting key challenges and barriers, as well as recommended practices and concepts.

1. Challenges in child protection services:

> Under-resourced systems (high caseloads, professionals' burnout, workforce shortages, etc.)
> Inconsistent standards across regions and countries.
> Racial and Socioeconomic disparities.
> Intergenerational trauma
> Not trauma informed

Key aspects of this case analyzed over the 5 Huddle Sessions

1 IDENTIFICATION

- Missed red flags by professionals, family, or others.
- What hindered or promoted disclosure?
- What prevention steps could've been taken?

2 ASSESSMENT

- What were the main challenges Sasha faced?
- How could trauma-informed approach have improved the process?

3 MULTIDISCIPLINARY RESPONSE

- What actions were taken by different professionals?
- Did the different disciplines work together effectively?

4 FOLLOW UP & RESILIENCE

- What promoted Sasha's resilience?
- What kind of long-term support could've made a difference for him and his family?

2. Identification & Disclosure Barriers –

> CSA often goes unreported or misinterpreted due to missed red flags and signs.

> Deep-rooted stigma and shame, often related to cultural norms, hinder the disclosure and reporting of abuse cases, especially among boys.

> Social perceptions about children with disabilities often shape how their sexuality is perceived, which often affects how cases of sexual abuse are identified and handled.

> Professionals sometimes lack confidence in how to respond appropriately to disclosures of abuse, and there is insufficient training in this area.

→ What can we do better?

› Engage in efforts to **increase awareness** of CSA among professionals, parents, and children – as greater awareness leads to increased disclosures.

› Promote social messaging aimed at **reducing shame and stigma** regarding CSA.

› **Work collectively** (at the individual, organizational, and community levels) –
to **change norms that discourage disclosure**; and create an environment in which children and caregivers feel safe to disclose.

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2. Meet the Public Health Model –

- All professionals working with children must understand that they play a role in identifying CSA and intervening – and have a duty to step in and advocate for them.
- Effective child protection requires a coordinated, multidisciplinary approach. It requires a proactive framework with prevention-focused actions, including universal service delivery platforms, community-based actions, and population-wide strategies.
- The model prioritizes universal screening, as a strategy for early identification, recognizing that all children are at risk. It shifts the focus from crisis response to early intervention and prevention.
- The model aligns with the Ecological Theory of Child Development (Blesky's adaptation of Bronfenbrenner's ecological theory), recognizing the risk and protective factors in all systems of a child's life and the ability to target both at all levels for effective intervention.

3. What Is a Good Assessment? Defining a Holistic, Child-Centered Approach –

> A meaningful assessment of CSA is not a checklist—it is a dynamic, trauma-informed process rooted in the child's needs and context. Guided by the ecological model, it must consider the child's individual experience, family, school, community, and broader cultural environment. Information should be collected across medical, psychological, educational, social, and legal domains, identifying both risks and protective factors.

> The assessment must be child-led, developmentally appropriate, and emotionally safe—using clear language, offering choices, and allowing children to express themselves in their own way. Listening to how the child understands and describes their experience is essential.

> Effective assessment depends on collaboration across systems. Professionals must communicate clearly, share values, and build trust. Whether through formal coordination or intentional teamwork, the guiding principle remains: *"One Child – One System"*. Only through unified, respectful collaboration can we provide children with accurate, supportive, and protective responses.

3. Medical Evaluations as a Trauma-Informed Experience that Supports Emotional Healing –

> Every child should be offered a medical evaluation or the opportunity to consult with a medical professional, not merely to collect evidence, but to support their healing and clarify uncertainties.

> Medical evaluations following suspected CSA can be also a holistic and meaningful opportunity for emotional support, reassurance, and empowerment. When conducted by professionals trained in trauma-informed care, the examination can reduce fear, validate the child's experience, and help restore a sense of control and trust.

→ Trauma-informed medical care must be:

- Child-centered, developmentally appropriate, and respectful of the child's autonomy and dignity.
- Delivered in clear, age-appropriate language, with honest explanations, and with the option to pause or decline at any point.
- Coordinated with other professionals (e.g., forensic interviewers, social workers, law enforcement) to avoid duplicative questioning and minimize distress.
- Emotionally safe, with an emphasis on containment, informed consent (or legal override if necessary), and the child's comfort throughout the process.
- Holistic, including a thorough medical history focused on current concerns and a consideration of the child's wider context using the Ecological Model.

> Crucially, the absence of physical findings does not negate the possibility of abuse. Behavioral indicators and the child's narrative are often more telling than physical evidence.

An assessment must be trauma-informed and with deep sensitivity to the child. It should involve asking the right questions in a thoughtful and compassionate manner, restoring the child's sense of control, and creating a safe and appropriate space for expression and seeking support.

A respectful environment that enables the child to voice their experience can foster trust and support the healing process.

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4. Why Collaboration is Essential in Responding to CSA

→ **Providing Consistent and Comprehensive Support.**

› Collaboration **reduces reliance** on any one professional or individual and **ensures continuity** of care.

› It allows for joint assessments that are **less prone** to personal bias and are more **thorough**. If one agency or professional faces limitations, others can step in to provide support.

→ **Preventing Re-traumatization.**

› Uncoordinated systems can cause additional harm through repeated interviews, delays, or insensitive procedures. In contrast, collaborative models **enable fewer interviews and facilitate trauma-informed practice**.

→ **Delivering Holistic, Contextualized Care.**

› Multidisciplinary teams bring **diverse insights** that help align with a child's needs and context. Collaboration may be particularly important in low-resource settings, as creative and flexible team structures may be required to **fill critical roles and utilize available strengths**.

› Effective teamwork draws on multiple viewpoints, leading to more **innovative**, **efficient**, & **informed** responses.

4. General Challenges in Responding to CSA :

→ Resources Limitations.

› **Shortages of specialized or trained professionals**, especially in trauma and pediatric care.
› **Inadequate infrastructure**—lack of shelters, child-friendly spaces, or transport.
› **Geographic and financial disparities** in service availability.

→ Cultural and Societal Barriers.

› **Stigma** and **silence** surrounding CSA, especially in male or intergenerational cases.
› **Overburdening of mothers** to help respond to CSA, limited engagement with fathers.
› **Distrust** of legal and child protection systems, particularly in marginalized communities.

→ Legal and Policy Gaps.

› **Delays** in passing or enforcing protective legislation.
› Policies often exist without **adequate funding** or **implementation mechanisms**.

→ Institutional Harm and Dropout.

› Repeated or insensitive interviews can **retraumatize** children, making them feel **interrogated** and **invalidated**.
› Children and families may **disengage due to poor system experiences**.
› **Lack of coordination** or **empathy** can cause **system-induced trauma**.

FOLLOW UP + RESILIENCE: This session will focus on the ongoing support to children who underwent CSA. Participants will explore strategies for building resilience and promoting a sense of safety and stability. Multigenerational child sexual abuse, in the context of culture, family and systems of care will be explored. Practical strategies for how the medical, mental health, and justice systems must interact to protect and heal the child will be deeply examined.

- What were the missed opportunities, and what could have been done better?
- What short-and long-term prevention and interventions were effective, and what else could have made a real difference?
- In your cultural and regional context, what do you see happen across disciplines and what creative solutions have emerged?

From a multidisciplinary lens, think about what helped or hinder in developing resilience and improve short + long term mental health

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Session Leaders:

Sasha Joseph Neulinger

Filmmaker of *REWIND* Founder of Voice For The Kids

Sasha Joseph Neulinger is the Founder and President of Voice For The Kids, and Co-Founder and Head of Production at Step 1 Films. In 2015, Sasha presented at TEDxBozeman with his first public speech, "Trauma Is Irreversible. How It Shapes Us Is Our Choice." Since his TED Talk, Sasha has presented over 100 plenary and keynote speeches around the world, helping raise over $8 Million for the fight against child abuse. He has presented plenary speeches at some of the largest international child abuse prevention and intervention conferences, including the Dallas Crimes Against Children Conference (2016), National Children's Alliance Leadership Conference (2018), and the San Diego International Conference on Child and Family Maltreatment (2023). Sasha made his directorial debut at the 2019 Tribeca Film Festival with his autobiographical, feature length documentary, *REWIND*. *REWIND* had its US Television Premiere on May 11, 2020 as a part of PBS' Independent Lens lineup, and has since been streaming for audiences internationally. *REWIND* was nominated for a 2020 Critics Choice Award for Best First Feature Documentary and received three Emmy Nominations in 2021, including Outstanding Social Issue Documentary, Outstanding Direction, and Outstanding Editing

Pablo Munoz D.Psy

Associated Professor at the Department of Psychology, Universidad Nacional de Colombia

Dr. Pablo Muñoz Specht is a distinguished psychologist with extensive experience in clinical practice, research, and academia. He holds a Doctorate in Psychology (D.Psy) from Université Laval in Quebec and is currently an Associate Professor at the Department of Psychology, Universidad Nacional de Colombia. With over 18 years in clinical psychology, Dr. Muñoz Specht specializes in treating complex psychopathologies, particularly in children and adolescents who have experienced severe maltreatment. His research focuses on the impact of complex trauma in maltreated and institutionalized youth, and he is currently leading a project on this within the Colombian child protection system. Dr. Muñoz Specht has international experience, having worked and studied in Colombia, Switzerland, India, Vietnam, and Canada. He is passionate about education and clinical supervision, as demonstrated by his highly rated teaching performance and ongoing work implementing attachment-based relational interventions in the Colombian child protection systems.