



Physician's Power to Protect

Facilitator's Guide

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In partnership with

breaking the silence



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Introduction

VOICE Today is a local non-profit organization located in Marietta, Georgia. Angela Williams, its founder, along with her staff and volunteers have made it their prerogative to break the silence and cycle of child sexual abuse (CSA) throughout America. Currently, VOICE Today has three open workshops to the public: Awareness Workshop, Prevention Workshop, and Healing Workshop, through which it provides CSA education to children and their parents or caregivers as well as CSA victim recovery assistance. Physician's Power to Protect is a new independent program that aims to train professionals in the medical field to take a proactive role in protecting this and next generations of children. This curriculum has been developed to be used as the first step in launching this program and is designed for third and fourth year medical students as they are preparing for their first year of residency. It consists of both the Facilitator's Guide and Student Toolkit, a separate booklet filled with supplemental information to be provided to each student. It will be implemented in medical schools throughout Georgia, aiming to standardize CSA knowledge in every doctor's education and career, with the hopes that it will eventually reach medical schools across the country. While this particular curriculum targets medical students, we recommend that an additional curriculum be developed to educate current practicing physicians on ways to integrate CSA prevention into their work.

Needs Assessment

Prevalence and Repercussions of CSA in the United States

On average, it is estimated that only about 30% of all sexual assault cases in the United States are actually reported.¹ Of those reported, a 2012 maltreatment report disclosed that 26% of the victims were between ages 12-14, and 34% were under age nine.¹ The likelihood of sexual assault is high, with “approximately one in six boys and one in four girls having been sexually abused before the age of 18,” and an overall estimation that 1.8 million adolescents in the United States are sexual abuse victims.¹

Victims of CSA are likely to experience a range of psychological symptoms that can, and usually do, last well into adulthood. Victims often feel high levels of depression, guilt, shame, anxiety, and as they age, sexual and relationship problems.² Sexual abuse survivors tend to internalize their feelings by having negative and sometimes suicidal thoughts about themselves, as well as feeling responsible for the abuse.² Additionally, it has been found that individuals with a history of sexual abuse are extremely likely to be re-victimized later on, with children who are raped, or victims of attempted rape, being 13.7 times more likely to experience this trauma in their first year of college.³

Prevalence of CSA in Georgia

While CSA is a severe problem in the United States, it is also a major social and health concern in the state of Georgia. In 2009, approximately 7,000 CSA cases were reported in Georgia.⁴ However, this number probably underestimates the true prevalence of CSA because many victims do not come forward, and it is very

difficult for others to detect. Since Georgia child abuse laws define physicians as mandatory reporters of suspected cases of abuse, including CSA, physicians are required to be able to prevent, and identify potential cases of CSA.⁵ Due to these facts, education on CSA for medical care providers is an urgent need in our community.

Current Programs in Georgia

Throughout the country and within the state of Georgia, there are a number of organizations and resources to support the victims of CSA, their caregivers, and people in the community. With a mission to “prevent the abuse and neglect of our nation’s children,” Prevent Child Abuse America has a chapter in Georgia called Prevent Child Abuse (PCA) Georgia.⁶ PCA Georgia, funded partially by the Georgia Governor’s Office for Children and Families, is nested within Georgia State University ‘s Center for Health Development. It works to build a statewide prevention network, educates and trains the public to raise awareness about child abuse and neglect prevention, utilizes academic and community-based research to inform policy and programmatic decisions, and engages in a number of advocacy activities to protect children.⁶ Another organization that focuses on CSA prevention is Darkness to Light (D2L). D2L is a national organization that has a variety of CSA prevention trainings for responsible adults, youth-serving organizations, community leaders, and other community organizations.⁷ D2L trainings are offered in Georgia through the Georgia Center for Child Advocacy, a nonprofit organization based in Atlanta,⁸ and one of 46 child advocacy centers in Georgia.⁹ These advocacy centers, known collectively as Children’s Advocacy Centers of Georgia (CAC Georgia), seek to prevent CSA by providing community assistance such as technical support, training of mental health specialists, and child abuse prevention conferences.⁹

While all of the aforementioned organizations work to prevent CSA both statewide and nationally, none of them have any programs collaborating with physicians. This is why VOICE Today is implementing Physicians' Power to Protect, a state-of-the-art program that will train medical providers to detect possible CSA cases in their patients, and increase CSA prevention within the medical field in Georgia. This curriculum is the first step in this program, aimed to promote CSA prevention efforts and strengthen the communication between medical care providers and supporting organizations.

Overview of the Curriculum

This curriculum consists of five lessons:

1. Child Sexual Abuse: The Basics
2. Detecting Child Sexual Abuse
3. Communicating Child Sexual Abuse
4. Reporting and the Legal System
5. Providing Resources

There are two overall goals for this curriculum. The first is to equip third and fourth year medical students with the knowledge and skills to predict and prevent child sexual abuse. The second is for students to be able to describe a comprehensive outline guiding the process of detecting, identifying, communicating, and reporting a CSA case. Additionally, there are three objectives:

1. At least 80% of the students will be able to identify and detect CSA
2. At least 80% of the students will be able to appropriately communicate with pediatric patients and their families regarding CSA
3. At least 80% of the students will be able to identify the appropriate disclosure and reporting procedure when handling potential CSA cases

It is recommended that this curriculum be integrated into current medical school curricula requirements to clearly indicate the importance of integrating the practice of predicting and preventing CSA when they become physicians. The curriculum should not be a separate workshop but rather included as part of their lecture material and modules during third and fourth year clinical rotations.

Theoretical Framework

Finding ways to encourage the students to actively participate in each lesson may be a challenge, especially on such a sensitive topic as sexual abuse. To address this barrier, the Social Cognitive Theory and Problem Based Learning Theory were used to inform the design of this curriculum.

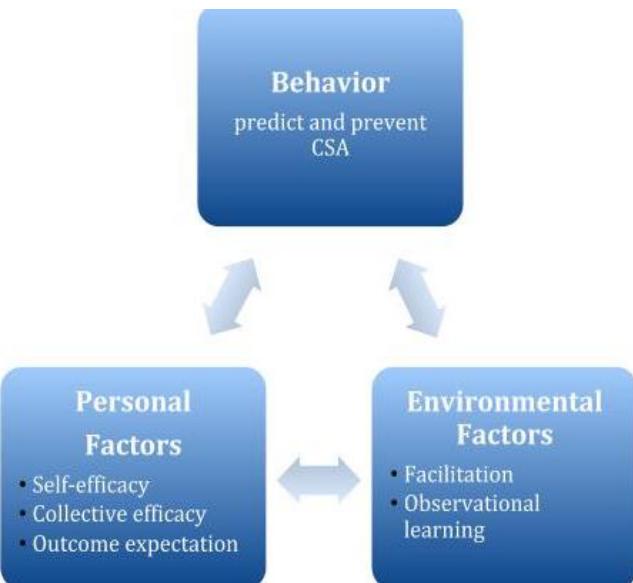
Social Cognitive Theory

The Social Cognitive Theory (SCT) is widely used in the field of public health to describe how individuals interact with their environments, and vice versa, and how these interactions shape behavior. This concept, known as reciprocal determinism, was a key factor in the decision to use SCT in the creation of this curriculum.¹⁰ The following SCT constructs are used: self-efficacy; collective efficacy; outcome expectation; facilitation; and observational learning.¹⁰ Below is a brief description of these constructs and how they are used in each lesson plan, as well as a visual depiction of the SCT applied to this curriculum.

- Self-efficacy: Defined as the beliefs about personal ability to perform a certain behavior, increasing students' self-efficacy to be able to predict and prevent CSA was incorporated into every lesson. Beginning with lesson one by introducing students to the nature of this issue, and ending with lesson five by providing students with resources to refer CSA victims to; the entire curriculum seeks to build knowledge and skills that should build students' confidence in talking about this issue and being aware with how to help young victims.
- Collective efficacy: Similar to self-efficacy, this is the belief about the ability of a group to perform certain actions. By allowing students to communicate and

solve problems together, as a cohort they will learn the skills and be able to have the confidence to detect CSA in their work. Lesson 3 gives students the opportunity to discuss important communication techniques that they feel may be useful in their work.

- Outcome expectations: These are the beliefs and values about the consequences of a behavior. In other words, if an individual believes that performing a certain behavior will result in positive consequences, he or she will engage in that behavior. This construct was incorporated into lesson four when students are taught about the consequences of not reporting a suspected case of CSA.



- Facilitation: It is believed that if a person is provided with tools or resources that make it easier to change a behavior, he or she will be more likely to actually change their behavior. In this curriculum, students are provided with a list of common signs and symptoms of CSA, as well as available resources for CSA victims. Giving these resources to students will make it easier for them to know both how to detect CSA and where to send patients to receive the appropriate help and support.
- Observational learning: This is the notion that an individual can learn a behavior by watching someone else. Having the opportunity to watch their fellow classmates respond to hypothetical scenarios that mirror potential real life

situations will give students new ideas and perspectives on how they might address a similar situation themselves. This construct is utilized in Lesson 3.

Problem-Based Learning Theory

Problem-Based Learning (PBL) is an instructional method of hands-on, active learning centered on the investigation and resolution of real world problems.¹¹ PBL is applied in educational curricula through open-ended problems that can be solved in a group and don't necessarily have a "right" answer. After small group discussions occur, a key problem is identified and solution(s) are agreed upon while teachers facilitate the process.¹¹ This learning theory has been applied to the Physicians Power to Protect Curriculum for several group activities throughout the lesson plans. The lessons engage students and allow them to work on specific activities such as a sample case study to detect signs and symptoms of CSA, designing a sample conversation between the doctor and child's caregiver discussing CSA, and both small and large group discussion activities incorporated in all of the lesson plans.

Implementing Physician's Power to Protect

Formatting Guide

Each lesson plan covers a different topic that medical students need to know to identify and detect CSA. While the content in the lesson plans differ from one another, the formatting remains consistent throughout the entire curriculum. The guide below prepares the instructor to know what to expect in each lesson plan.



Overview provides the instructor with a brief introduction to the lesson.



Learning Objectives inform the instructor of the knowledge and skills that students should be able to master by the end of the lesson.



Key Points give the instructor a summary of the major points covered in the lesson.



Facilitator Instructions provide the instructor directions on implementing the lesson plans and accompanying activities.



Say informs the instructor of what information he or she should read to the class.

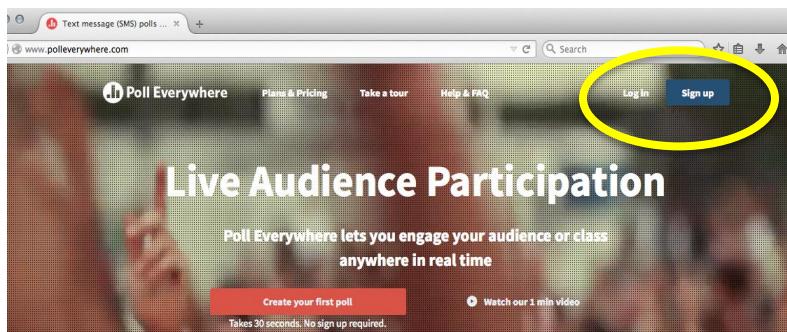


Activity signifies to the instructor that it is time for a new activity. Handouts for an activity can be found at the end of the appropriate lesson plan.

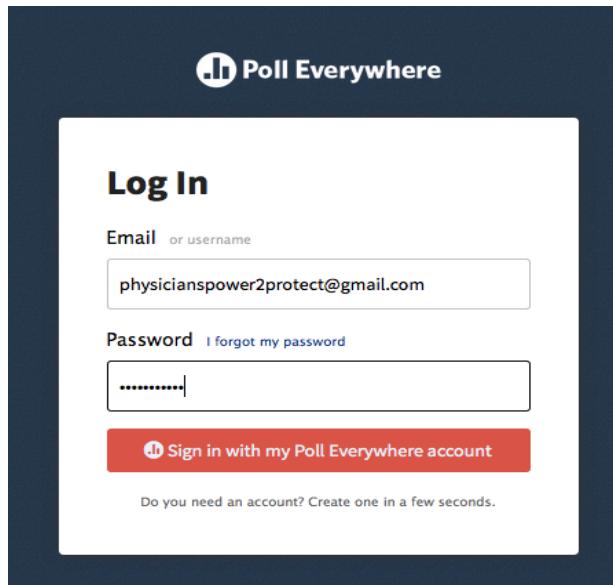
Special Preparation for Lessons 1 and 4

Lessons 1 and 4 require the use of the Poll Everywhere application, an online tool that allows participants to respond in real time to questions using their mobile phones or the internet. This is a simple technology that allows for the assessment of students' knowledge and gives feedback to the instructor either prior to or after the lecture. Because it offers anonymity, it makes sensitive topics such as child sexual abuse easier to respond to. It could also maintain students' attention and allow meaningful discussion and engagement either in a small classroom or large lecture hall. Below are instructions on how to access the Physician's Power to Protect Poll Everywhere account. Please be sure to log in to this account and access the poll prior to the beginning of class.

1. Go to www.polleverywhere.com and click "Log In"



2. The email address is physicianspower2protect@gmail.com and the password is voicetoday1



3. You will be directed to this page, where you can see the poll questions for both Lessons 1 and 4. Click on the triangle next to the lesson that you will be teaching that day.

A screenshot of the 'My Polls' section of the Poll Everywhere website. The top navigation bar includes 'My Polls', 'Reports', 'Participants 1', 'Settings', 'Pricing & Upgrades', 'Help', 'New Features', and 'Log Out'. Below the navigation is a toolbar with buttons for 'Create Poll', 'Unlock', 'Lock', 'Group', 'Ungroup', 'Download Poll Slides', 'Report', 'Clear Results', 'Delete', and 'Edit Multiple'. A search bar is also present. The main content area shows a list of polls under the heading 'Ungrouped'. Two specific polls are highlighted with yellow arrows: 'Lesson 1_Child Sexual Abuse: the Basics' and 'Lesson 4_Reporting and the Legal System'. Both are listed as 'Survey View' with 8 Polls each.

4. Click on the first question

The screenshot shows the Poll Everywhere dashboard. On the left, there's a sidebar with 'Create Poll' and links to 'My Polls' (which has 0 polls), 'Account Polls', and 'Question Library'. The main area shows a list of polls under 'Ungrouped' and 'Lesson 1_Child Sexual Abuse: the Basics'. The first question in the lesson poll is circled in yellow.

| Question | Type | Responses |
|---|------|-------------|
| There are four types of child maltreatment: neglect, physical abuse, emotional abuse, and sexual abuse. What percentage of child maltreatment do you think is sexual abuse? | Text | 0 Responses |
| How accurate do you think CSA data is in the United States? | Text | 0 Responses |
| At what age do you think CSA could happen? | Text | 0 Responses |
| A child is most likely to be sexually abused by a stranger. | Text | 0 Responses |

5. You will be directed to this screen. During the lesson, when you are ready to have students start answering questions, instruct them to use either their laptops or mobile phones to join the polling session. They can visit PollEv.com/voicetoday917, or can text the word VOICETODAY917 to 37607 to join the session. Students only need to join once at the beginning in order to answer all of the questions in each lesson.

This screenshot shows the configuration for the first poll question. It includes a graph showing response percentages (9.5%, 15.5%, 34%, >50%) and a timer set for 1:00. The right side shows configuration options for 'How people can respond': 'Website' (selected), 'Text messaging' (selected), and 'Twitter' (unchecked). The 'Text messaging' section includes instructions for audience text and custom keywords.

1. Configure 2. Test 3. Present

How people can respond

Website
Audience can respond at PollEv.com/voicetoday917, as long as the poll is active. (?)

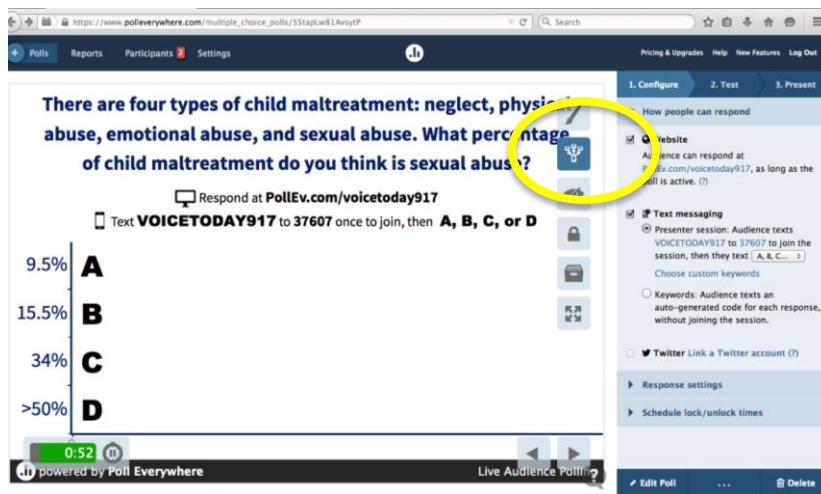
Text messaging
Presenter session: Audience texts VOICETODAY917 to 37607 to join the session, then they text A, B, C, D
Choose custom keywords

Keywords: Audience texts an auto-generated code for each response, without joining the session.

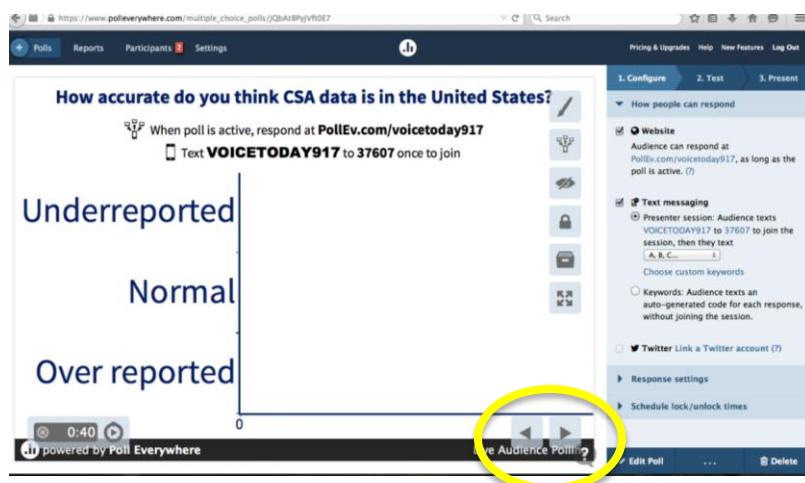
Twitter Link a Twitter account (?)

Response settings
Schedule lock/unlock times

- The first thing you need to do is activate the poll question so that students will be able to respond. Click on the **Activate** icon. The corresponding answer options (i.e. A, B, C, D) will appear. In this example, students will respond with A, B, C or D. For each question, students will respond with the appropriate answer choice options listed on the screen. They will only be able to respond once per question.



- When you are ready to move on to the next question, click on the **Next Poll** icon.



- Repeat steps 6-9 until you have completed all of the questions

Evaluation

Program evaluation is a systematic way to assess the effects of educational programs. Practical evaluations are essential to provide information for management and guide changes in educational strategies. There are two types of evaluation plans for this program: a performance evaluation that assesses behavior change as a result of the program, and a learning evaluation that addresses outcomes for each session. Assessment for this program consists of informal and formal assessments that are completed during and after each session. Informal assessment is a technique that can be incorporated into classroom activities which do not provide a comparison to a broader group, and formal assessment is a preplanned assessment which provides a larger picture of learning outcomes and comparison to a broader group or predetermined standards. To view the evaluation plan, visit the Appendix, starting on page 73.

Lesson Plans



Overview of Lessons

Lesson 1

Child Sexual Abuse: The Basics

This lesson provides an introduction to child sexual abuse and the importance of predicting and preventing it. Students will learn basic facts and statistics about CSA and recognizing sexual abuse behavior, understand the breakdown of the course, and create an elevator speech in order to learn to effectively communicate the magnitude of this significant social problem.

Lesson 2

Detecting Child Sexual Abuse

The purpose of this lesson is to refresh the student's memories on common signs and symptoms of CSA and encourage them to actively and efficiently check for these symptoms during patient visits, particularly if there is any suspicion. Students will engage in a group case study to test their previous knowledge of the specific signs and symptoms. Additionally, they will discuss these signs and symptoms in groups and be given handouts and checklists for later use and a final assessment will be given to test their knowledge.

Lesson 3

Communicating Child Sexual Abuse

This lesson provides information to students on how to effectively communicate with children and their caregivers about child sexual abuse. Students will learn communication and language specific tips, create their own questions to ask patients and their caregivers, and prepare a practice conversation using what they have learned in the lesson.

Lesson 4

Reporting and the Legal System

This lesson provides information on how to report a child sexual abuse case.

Students will learn about the mandated reporting system in Georgia and specific terminology associated with the system. Students will also learn a simple, stepwise procedure that will guide them in initiating the reporting process and have an opportunity to discuss challenges with their peers.

Lesson 5

Providing Resources

The purpose of this lesson is to educate medical students on various resources they can refer patients and their caregivers to in order to continue getting support outside the clinical setting. Students will learn about various organizations, research other organizations and resources and give a short presentation on their findings, and learn to identify which resources best meet their patient's needs.

Lesson 1

Time:

45 minutes

Skills:

Critical Thinking

Decision Making

Materials:

“Poll Everywhere”

Copies of Handout 1.1

Blank sheets of paper (enough for every student)

Smartphone

Child Sexual Abuse: The Basics



Overview:

This lesson plan serves as an introduction to child sexual abuse and teaches students its definition and basic characteristics.



Learning Objectives:

By the end of this lesson, students will be able to:

1. Define child sexual abuse in his/her own words.
2. Describe the magnitude of the social problem that CSA has created in the United States.



Key Points:

The following messages should be reinforced throughout this lesson:

- ✓ Child sexual abuse is one class of child maltreatment. It tends to be underreported because it is a sensitive topic, there is stigma associated with reporting it, and many people lack the skills to be able to help.
- ✓ Every child has the right to keep their personal space and protect their privacy.
- ✓ Communication is the key to prevent a child from sexual abuse. Do not assume there is no problem when children keep quiet. Always tell children that sexual abuse is not their fault.
- ✓ Physicians have a legal responsibility to report CSA, but they also have the power to do much more to protect children from being sexually abused in the first place.



Please be sure to activate the Lesson 1_Child Sexual Abuse: the Basics poll questions on the Poll Everywhere account. For instructions on how to do this, please see page 11.

Content (approximately 7 minutes)



Welcome to the Physician's Power to Protect Child Sexual Abuse Prevention class! During this first session, we will get to know one other, talk about what child sexual abuse (CSA) is, introduce the setting of the course, and finally end with any questions you may have.



First, let us introduce our instructors:

(Instructors introduce themselves, indicating their names, session(s) responsible for, and background)

Now please introduce yourself to the person next to you.



Activity One (approximately 20 minutes)



Let us answer a few questions to see how much you know about child sexual abuse.

Please use your smartphone or laptops to respond to the following questions. This is not a test, but it will help us gain a better understanding of your knowledge on the topic. All of your responses will be anonymous.



You will use Poll Everywhere to go through each question.



Allow the students a minute or so to answer each question, and follow up with a discussion on the correct answers. Be sure to ask if the students need any clarification or have questions.

Question 1: There are four types of child maltreatment: neglect, physical abuse, emotional abuse, and sexual abuse. What percentage of child maltreatment do you think is sexual abuse?

(a) 78.3%

(b) 17.8%

(c) 9.5%

(d) 2.4%

Question 2: How accurate do you think CSA data is in the United States?

(a) Underreported

(b) Normal

(c) Over reported



In different studies, the prevalence of childhood sexual abuse varied from 0-53% for females and 0-60% for males.¹³ On average, it is estimated that only about 30% of all sexual abuse cases in the United States are actually reported. Only one victim in 10 will disclose abuse.³ The likelihood of sexual abuse is high, with approximately one in six boys and one in six girls having been sexually abused before the age of 18.⁴ In Georgia, there were 7,000 child sexual abuse cases that were reported in 2009; however, few studies were able to investigate the true prevalence of child sexual abuse in Georgia.

Question 3: At what age do you think CSA could happen?

(a) 0-3 years old

(b) 4-12 years old

(c) 13-18 years old

(d) Any age ranging from 0-18



Child sexual abuse can happen at any age before 18 years old. 44% of sexual assault and rape victims are under age 18.⁴ The different age at which the child is abused results in different health and behavioral outcomes later on.

Question 4: Which of the following are sexual abuse behaviors?

- (a) Touching a child's breasts or genitals
- (b) Making a child touch the perpetrator's breasts or genitals
- (c) Looking at a naked child
- (d) Having intercourse with a child
- (e) All of the above



Sexual abuse can include both touching and non-touching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence.



Ask: For the behaviors in the question above, what category do you think they belong to?

Look for: Touching/ Non-touching/ Sexual Exploitation



Distribute copies of Handout 1.1: "What is Sexual Abuse Behavior?" to each student.



There are some common sexual abuse behaviors on the handout you just received. Can you write down the CSA behaviors that you have heard of, or add some behaviors you know that aren't listed on the handout?

Question 5: A child is most likely to be sexually abused by a stranger.

(a) True

(b) **False**



Children are most often sexually abused by people they know and trust. Family members or other individuals whom the victims trust commit approximately $\frac{3}{4}$ of reported cases of child sexual abuse. Additionally, it is important to note that abusers are not necessarily always adults. Incidents of CSA can occur between two children when one is significantly older than the other. Twenty-three percent of reported cases of child sexual abuse are perpetrated by individuals under the age of 18.⁴

Question 6: Which of the following symptoms listed below could a CSA victim show?

Pregnancy | Genital discharge | Abdominal pain | Depression | Lack of eye contact | Fear of intimacy | Anxiety

Answer: All of them



Victims of CSA can experience a variety of physical signs and symptoms, psychosomatic disorders, sexual problems, social and behavioral problems, as well as other psychological problems as a result of being abused. Further effects of CSA will be explained in lesson two.

Question 7: Whose responsibility is it to talk to a child about sexual abuse?

(a) Parents

(b) Kindergarten teacher

(c) Pediatrician

(d) Others



For this question, there is **no right answer**. Communication is an important skill for everyone to have in being able to prevent child sexual abuse. However, CSA

is a sensitive topic so it is often very difficult to talk about. In lesson three we will discuss some important communication skills for preventing CSA.

Question 8: Do you think a pediatrician should be punished if they misreport a CSA case? Why or why not?



As a provider, assuming that you made the report in good faith, suspected the abuse based on information available to you at the time, and did not make the report out of malice, you cannot be held liable. In lesson four we will talk about how to report CSA.



Activity Two (approximately 8 minutes):



The previous questions gave you some basic knowledge about child sexual abuse. Now you will demonstrate what you have learned by writing down the definition of CSA in your own words, and providing three characteristics of CSA.



Distribute a blank piece of paper to each student.

Ask: Who wants to share their ideas?



Have at least three students share their answers and discuss any differences between them.



Researchers sometimes use different definitions to describe what constitutes child sexual abuse. Here is a definition from the National Child Traumatic Stress Network for your reference:¹⁴

“Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as “grooming”—may include buying gifts or arranging special activities, which can further confuse the victim.”

Discussion (approximately 7 minutes)



Ask: What do you think you can do as a physician or pediatrician to detect and prevent CSA? What do you expect to learn from this course?



To get students to think about their responsibility as a doctor, share one or two ideas with the class. For example, for children age 0-3, pay more attention on physical signs; for older children, teach one or two self-protection tips during routine visits; encourage creative ideas.

Write down students' expectations on the board. If necessary, these expectations can change as the course progresses.



Compare course content with the students' learning expectations. If some expectations are not part of original course content, the instructor can add a small discussion about these topics in another session.

Conclusion (approximately 3 minutes)



In this course, we will focus on knowledge and skills to predict and prevent child sexual abuse. The course has five sessions. Today we were introduced to child sexual abuse and sexual abuse behaviors. In the next four sessions, we will talk about how to detect CSA, communication skills for discussing CSA with children and their caregivers, CSA disclosure and the mandated reporting system, and existing resources to prevent and help families and children in need.



Next session, we will talk about child sexual abuse detection. Please feel free to ask us any questions by email. Thank you for being a part of this CSA class.

Assignment:



Create a 30 second "elevator speech" to express the magnitude of the social problem that CSA has created in the United States. Submit to the instructor online before next class.

Assessment

Activity One will assess the students' knowledge about child sexual abuse before the curriculum begins.

Activity Two will assess the student's understanding about the definition of child sexual abuse.

Assignment will assess the student's awareness of CSA as a social problem in the United States.

Handout 1.1 What is Sexual Abuse Behavior?

Definition: Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer.

--National Child Traumatic Stress Network

Touching sexual offenses

- Fondling
- Making a child touch an adult's sexual organs; and
- Penetrating a child's vagina or anus no matter how slight with a penis or any object that doesn't have a valid medical purpose

Non-touching sexual offenses

- Engaging in indecent exposure or exhibitionism
- Exposing children to pornographic material
- Deliberately exposing a child to the act of sexual intercourse; and
- Masturbating in front of a child

Sexual exploitation

- Engaging a child or soliciting a child for the purposes of prostitution; and
- Using a child to film, photograph or model pornography

--American Human Association

<<http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-sexual-abuse.html>>

- 1.
- 2.
- 3.

Lesson 2

Time:

45 minutes

Skills:

Knowledge
Critical thinking
Application

Materials:

Copies of
Handouts 2.1, 2.2,
2.3, 2.4, and 2.5

Detecting Child Sexual Abuse

**Overview:**

This lesson plan covers how to identify signs and symptoms of CSA and explains how to conduct a proper examination to screen for CSA during a pediatric check-up.

**Learning Objectives:**

By the end of this lesson, students will be able to:

1. Identify at least 6 physical and 6 behavioral signs of CSA.
2. Summarize and explain the major steps in the checklists provided to examine patients.

**Key Points:**

The following messages should be reinforced throughout this lesson:

- ✓ Detection of the proper physical and behavioral signs and symptoms of CSA
- ✓ Understanding the common mistakes physicians often make in recognizing CSA



Content (approximately 1 minute)



In our last session, we talked about the basic characteristics of child sexual abuse. Today, we will be talking about how to detect (and prevent) child sexual abuse. Many of you may be familiar with common signs and symptoms of child sexual abuse and how to properly conduct an examination to prevent or confirm it.



Activity One (approximately 15 minutes)



In order to test your knowledge of these signs and symptoms, you will be given a copy of a sample dictation written by a pediatrician after the first visit of a new patient. In groups of 3-5 people, read through the dictation and underline any specific clues that you think may indicate signs of CSA.

Please keep in mind that any one of these symptoms alone do not necessarily have to indicate CSA and that we are only looking for potential red flags that may warrant further investigation. Afterwards, come up with at least three other symptoms not mentioned that you would check for in the patient. Please be prepared to share your answers and reasoning with the rest of the class.



Distribute Handout 2.1: "Sample Pediatric Dictation for Patient X" to each student in the class or one per group (depending on class size) and allow students to work in groups for about 10 minutes.



What are some of the signs and symptoms you underlined? What are some additional signs and symptoms (behavioral or physical) that your group discussed as possible indications of CSA relevant to this situation?



Refer to the case study answer key (Handout 2.2) as students list off the signs. Go over the ones that were not said by students. Allow 3-4 students or groups (as time permits) to share their group's additional behavioral signs and symptoms.



Discussion (approximately 15 minutes)

It is very important for you, as a physician, to accurately recognize signs and symptoms that may be “red flags” for child sexual abuse. There are both behavioral and physical signs that are important to recognize and it is important to distinguish these from other possible diagnoses.



Distribute copies of Handout 2.3: “Summary of Signs and Symptoms” to each student. Mention to students that they can refer to *Medical Evaluation of Child Sexual Abuse: A Practical Guide (3rd edition)* by Martin A. Finkel, DO, FACOP, FAAP and Angelo P. Giardion MD, PhD, MPH, FAAP for additional signs and symptoms of CSA.



This handout summarizes the common signs and symptoms (behavioral and physical).¹³ Are any of the signs listed a surprise to you?

The presence of one or more of these common signs does not necessarily indicate that the patient is a victim of CSA. Some important “red herrings” or signs that can be evident during a genital exam include:¹⁵

- Bumps or mounds
- Intravaginal ridges
- Skin tags
- Labial adhesions
- Anal fissures or redness
- Pooling of vascular blood near the anus
- Diastasis ani (smoothing or flattening of anal folds)



Additionally, there are many mistakes that can be made during a child abuse examination.¹⁵ These include:

1. Overlooking signs because the exam was deemed “normal.”

2. Dismissing cases because of a custody dispute.
3. Assuming it's a CSA case based solely on the size of the patient's hymenal opening.
4. Assuming that frequent yeast infections or UTIs can be used as confirmation of CSA.
5. Guessing when uncertain about findings.



Ask: Has anyone seen a case of CSA during shadowing or on their clinical rotations and would like to share an unusual situation?



Encourage a short small group discussion if time allows. Afterward, distribute copies of Handout 2.4: "Checklist for Detecting CSA (Physical)" and Handout 2.5: "Checklist for Detecting CSA (Behavioral)" to each student.



Now that we've gone over common signs and symptoms among CSA victims, let's discuss a way to implement that into a normal examination. Handouts 2.4 and 2.5 provide condensed example checklists that you can use when examining a patient. There are different sections based on the age of the patient with some common signs for each age group. These checklists are meant to serve as a tool for when you suspect a child is a victim of CSA.

Take the next few minutes to look over the handouts. Are there any differences between the signs in the age groups?



Today we talked about detecting possible physical and behavioral signs of child sexual abuse. Does anyone have any questions about anything we learned about today?



Activity Two (optional): CSA Quiz (approximately 15 minutes)



If time allows, distribute Handout 2.5: "CSA Quiz" to each student to assess their comprehension of CSA signs and symptoms.



Instructors may choose to give the final quiz in the form of an individual or group quiz in class depending on the instructor's preference and time constraints. Handout 2.5 provides the quiz itself and Handout 2.6 has the quiz with the answers. During the quiz, the students may refer to Handout 2.4: "Checklist for Detecting CSA" for some of the questions.



Take the next 10 minutes to fill out the quiz provided on Handout 2.5. You may refer to the checklist given on Handout 2.4 to answer some of the questions. After everyone finishes, we'll go through the answers as a class and discuss any questions or comments you might have.

Conclusion (approximately 1 minute)



Today we went over common signs and symptoms among victims of child sexual abuse. In the next lesson, we will discuss how to communicate with children and caregivers regarding child sexual abuse and/or a potential CSA case. Do any of you have questions about the material so far?

Thank you, and we'll see you next time for lesson three.

Assessment

Activity One will assess student's prior knowledge of common signs and symptoms associated with child sexual abuse.

Activity Two will assess student's comprehension of the material taught in this lesson.

Handout 2.1 Sample Pediatric Dictation for Patient X

PATIENT: X DOB: 06/18/2005 FEMALE

CURRENT MEDICATIONS: Adderall (for ADHD) prescribed by previous pediatrician, Inhaler (mother couldn't remember name), has used asthma nebulizer in past

ALLERGIES: all nuts

CHIEF COMPLAINT: Yearly checkup; Mother brought in for possible UTI. Patient complained of burning sensation when using the bathroom and exhaustion while at summer camp (mother mentioned)

HPI: Patient was seen at pediatrician office for initial checkup. Mother brought in her daughter for what she thought was a possible UTI and yearly physical to participate in soccer. Patient reported burning sensation when urinating and there was visible redness in the genital area. Aggressive behavior in school and summer camp was also a concern. Mother reported that patient had trouble falling asleep at night and was worried about her social development. She also reported that her divorce was hard on patient.

PAST MEDICAL HISTORY: 4 past visits to ER for injuries while playing soccer. Has exercise induced asthma

PAST SURGICAL HISTORY: none

FAMILY HISTORY: grandmother had breast cancer; diabetes, hypertension in family

SOCIAL HISTORY: Going into 5th grade, mom says has trouble concentrating in class and home, some problems with making friends (new school), attending half day summer camp this summer and spending time with mother's cousin and uncle. Mother's cousin (male) sometimes babysits her, divorced parents, mother works 2 jobs. Mother concerned about some anxiety particularly around males- but also mentioned she is very shy in general around adults. Other than soccer, she does taekwondo and is on the math team at school.

DEVELOPMENTAL HISTORY: Grades have deteriorated over the past year (mother reported went from A and B student to C's). Breast development stage 1. Menstrual cycle stage 2 (has not occurred).

VITALS:

HEIGHT: 5'0" WEIGHT: 115 lbs. BP: 140/60

OTHER: red bumps in genital area, bruises on thigh and legs (claims from soccer)

Handout 2.2 Sample Pediatric Dictation for Patient X

Answer Key

PATIENT: X DOB: 06/18/2005 FEMALE

CURRENT MEDICATIONS: Adderall (for ADHD) prescribed by previous pediatrician, Inhaler (mother couldn't remember name), has used asthma nebulizer in past

ALLERGIES: all nuts

CHIEF COMPLAINT: Yearly checkup; Mother brought in for possible UTI. Patient complained of burning sensation when using the bathroom and exhaustion while at summer camp (mother mentioned)

HPI: Patient was seen at pediatrician office for initial checkup. Mother brought in her daughter for what she thought was a possible UTI and yearly physical to participate in soccer. Patient reported burning sensation when urinating and there was visible redness in the genital area. Aggressive behavior in school and summer camp was also a concern. Mother reported that patient had trouble falling asleep at night and was worried about her social development. She also reported that her divorce was hard on patient.

PAST MEDICAL HISTORY: 4 past visits to ER for injuries while playing soccer. Has exercise induced asthma.

PAST SURGICAL HISTORY: none

FAMILY HISTORY: grandmother had breast cancer; diabetes, hypertension in family

SOCIAL HISTORY: Going into 5th grade, mom says has trouble concentrating in class and home, some problems with making friends (new school), attending half day summer camp this summer and spending time with mother's cousin and uncle. Mother's cousin (male) sometimes babysits her, divorced parents, mother works 2 jobs. Mother concerned about some anxiety particularly around males- but also mentioned she is very shy in general around adults. Other than soccer, she does taekwondo and is on the math team at school.

DEVELOPMENTAL HISTORY: Grades have deteriorated over the past year (mother reported went from A and B student to C's). Breast development stage 1. Menstrual cycle stage 2 (has not occurred).

VITALS:

HEIGHT: 5'0" WEIGHT: 115 lbs. BP: 140/60

OTHER: red bumps in genital area, bruises on thigh and legs (claims from soccer)

Handout 2.3 Summary of Signs and Symptoms

Possible Behavioral Signs

- Sleep problems
- Depression & anxiety
- Delinquency
- Bed wetting
- Academic failure
- Nightmares
- Unusual interest in sex
- Feeling their body is dirty
- Self-mutilation: Cutting, burning, picking
- Unusual aggression
- Avoidance of some places and adults
- Attempts to be unattractive
- Children who are over-compliant, overachieving
- Bulimia/anorexia
- Attachment disorder
- Withdrawal
- Acting out

Possible Physical Signs

- Torn or stained underwear
- Pain in urination
- Pain or itching in genital area
- Pregnancy
- Sexually transmitted diseases
- Swelling or redness in genital or rectal area
- Possession of unexplained gifts or money
- Urinary tract infections
- Hair loss or pulling hair out
- Physical display of shame (holding head down, little eye contact)
- Sense of fear
- Sense of deception/hiding truth
- Report of intoxication after spending time with an adult

Handout 2.4 Checklist for Detecting CSA (Physical)

This checklist should be used as a guide for when checking for CSA during a well visit (for prevention purposes). Please keep in mind, there are several other things that should be checked, however this checklist will serve as a basic outline for you to take on rounds and patient checkups.

Head to Toe Physical Examination (General)

- Oral
 - Ulcers or STI's
 - Cuts/bruises
- Abdominal Exam
 - Pain
 - Bruises, redness, other marks
- Skin Appropriate UV light source
 - Bruising
 - Ligature/control marks
- Genital
 - Bleeding- check for blood on underwear
 - Discharge- sign of STI
 - Genital or anal pain
 - Skin lesions
 - Any sort of trauma
 - UTI or Enuresis
 - Anal fissures
 - Absent hymenal (girls)
 - Penile abrasions (boys)

Handout 2.5 Checklist for Detecting CSA (Behavioral)

Behavioral Examination

- **Infants (0-18 months)**
 - Fussy, diaper change reluctance
 - Fearful of offender
 - Imitate sexual acts
- **Toddlers (18-36 months)**
 - Difficulty in toilet training
 - Sleep disturbances
 - Minimal embarrassment
 - Imitate sexual acts
- **Preschool (3-5 years)**
 - Sexualized play
 - Headaches, abdominal pain, painful urination
 - Genital discomfort
 - Nightmares
 - Regression
 - Anger, aggression, mood swings
- **School Age (6-9 years)**
 - Confusion, guilt, withdrawn, depression
 - Nightmares
 - Poor school performance (lying, stealing)
 - Sexualized behavior, somatic complaints
 - Enuresis, encopresis, dysuria
- **Puberty (9-12 years)**
 - Guilt/shame
 - Sexual identity crisis
 - Uncomfortable around body
- **Adolescents (13+ years)**
 - Depression, defiance, school failure, rash behavior, self-mutilation, peer sexual contact

Handout 2.5 Optional CSA Quiz

1. Which of the following injuries/symptoms in a four year old is MOST likely to be the result of child sexual abuse?
 - a. Ruptured spleen
 - b. Pain during urination
 - c. Little to no eye contact during visit
 - d. Rowdy behavior at school
2. Which of the following is a typical symptom for a toddler that has been sexually abused (18-36 months)?
 - a. Vomiting
 - b. Difficulty in toilet training
 - c. Imitation of sexual acts
 - d. Fear around adults
2. Name 2-3 things that you should check for when doing an oral examination (to check for CSA) on a child:
3. Name two common mistakes physicians often make with CSA cases.
4. Summarize the checklists you were provided and list at least 2-3 symptoms that can indicate CSA for each of the six age groups (infants, toddlers, preschool, school age, puberty, and adolescents).

Handout 2.6 Optional CSA Quiz (with answers)

Depending on time constraints, this quiz can be used to assess the student's understanding of the material offered in this lesson. The format of quiz delivery is up to the instructor's preference, and may be given individually, in a group, or as a class using Poll Everywhere.

1. Which of the following injuries/symptoms in a four year old is MOST likely to be the result of child sexual abuse?
 - a. Ruptured spleen
 - b. Pain during urination
 - c. Little to no eye contact during visit
 - d. Rowdy behavior at school

Answer: b. All of the following can be symptoms of abuse, however, pain during urination is a symptom that is usually characterized with CSA (IF other symptoms are also present).

2. Which of the following is a typical symptom for a toddler that has been sexually abused (18-36 months)?
 - a. Vomiting
 - b. Difficulty in toilet training
 - c. Imitation of sexual acts
 - d. Fear around adults

Answer: c. Imitation of sexual acts. All of the rest could be possible symptoms but c is the most abnormal and generally a typical symptom.

3. Name 2-3 things that you should check for when doing an oral examination (to check for CSA) on a child:

Examples: cuts, bruises, signs of penetration, oral STI's

4. Name two common mistakes physicians often make with CSA cases.

Examples: 1. Even if the exam is normal, there is still a chance that abuse has occurred. Physicians often overlook some of the common signs and symptoms; 2. Cases should not be dismissed on the presence of custody disputes; 3. The

child's behavior during the exam should not be used as a way to determine if the child has been a victim; 4. Trying to measure the size of the hymenal opening is not a good way to gauge if CSA has occurred; 5. Doctors falsely assuming that frequent yeast infections or UTIs mean that child sexual abuse has occurred; 6. Physicians guessing when uncertain about findings.

5. Summarize the checklists you were provided and list at least 2-3 symptoms that can indicate CSA for each of the six age groups (infants, toddlers, preschool, school age, puberty, and adolescents).

Note: This question should be turned in to the instructors, despite the format used for the quiz

Answer: See checklist

Lesson 3

Time:

45 minutes

Skills:

Communication
Language
Critical thinking

Materials:

Copies of Handout
3.1
VOICE Today video

Communicating Child Sexual Abuse

**Overview:**

This lesson plan covers how to talk to children and caregivers about CSA and provides examples of possible questions to use during a child or adolescent patient's visit.

**Learning Objectives:**

By the end of this lesson, students will be able to:

1. Identify the appropriate techniques, including language, to use when communicating with children and caregivers regarding CSA.
2. Increase students' self-efficacy in regards to communicating about CSA.

**Key Points:**

The following messages should be reinforced throughout this lesson:

- ✓ Integrate CSA conversation into normal doctor's visit
- ✓ Use nonjudgmental and simple language when communicating with both children and caregivers
- ✓ Promote positive CSA communication in the home
- ✓ Reflect on Lesson 2: Detecting Child Sexual Abuse to help detect possible signs and gauge what questions to ask



Content (approximately 10 minutes)



In our last session we talked about potential physical and behavioral signs and symptoms of CSA and ways to detect it during a patient's visit. Does anyone have any questions about the material we covered last week? What are some signs you can look for in detecting CSA in a child patient?

Look for: Depression, anxiety, nightmares, withdrawal, bruises, pain in urination, STIs, etc.



Write down answers on board and take the time to discuss any questions.



Today we are going to discuss possible techniques and language to use when talking to a child or adolescent patient and their caregiver about CSA. It is important to keep in mind what we went over in Lessons 1 and 2, particularly the prevalence of CSA, how difficult it can be to detect it, and different signs to look for that might indicate a possible CSA situation.

As a care provider, a quick visit or checkup with a patient, especially a child, can be used as a way to identify and/or prevent CSA. As you can imagine, CSA is a sensitive topic in our society and talking about it openly can be challenging. We hope that this lesson will be a step in showing you that while it is a challenge, using the appropriate language and techniques will allow you to communicate with families and hopefully make a difference.



Here are five important features in communicating with child or adolescent patients and their caregivers:

1. Build rapport/trust
2. Remain calm and nonjudgmental
3. Be patient
4. Use simple language
5. Practice reflective listening



First, building rapport and trust with a child and encouraging an open dialogue can make them feel safe to share any concerns they might have. Additionally, talking to caregivers in a calm, nonjudgmental way is an excellent strategy in encouraging positive CSA communication at home. Reflective listening consists of listening to what the patient or caregiver is saying and relaying the information back to them to confirm that you've understood them correctly. There have been numerous educational programs that have had successful results in increasing parents' awareness of their children's vulnerability to CSA, which led to an increase in positive communication at home.¹⁶ VOICE Today's goal is to utilize the doctor-patient relationship to continue promoting CSA communication within families and thus decrease the risk of children being abused.



Ask: Think about any children you have been around and talked with. How do you normally talk to them?

Look for: Patience, simple language, active listening, empathy, share excitement with them, etc.



Write down answers on the board and circle “patience” and “simple language.”



Patience and simple language are crucial in communicating with children, especially those who may be afraid to open up about something that's bothering them. Asking open ended questions will give them the opportunity to open up to their own comfort. Young children may not have developed the language to identify what they're feeling, which is why as a doctor, parent, or caregiver, it is our duty to listen to them and try to understand what they're experiencing, even if they can't communicate it.



During a patient's visit, integrate CSA discussion into the conversation you would normally have. Start with easy questions, such as what they're learning in

school, what their favorite game is, etc. Utilize the time and conversation to ask the child about how things are at home, and if anything has happened recently.



Try and use questions that can trigger a response and may lead to further questioning. For example, when beginning to perform the exam, explain to the patient that you are a doctor and ask their caregiver for permission to examine the child's body. While beginning the examination, ask the child "Has anyone ever asked you to do this before?"



Depending on their age, ask questions such as "Do you have a boyfriend/girlfriend?" or "Have you recently become sexually active?" Use your instincts and "hunch" feelings. A few simple questions are all it takes to get a feel for any possible problems in the child's life.

Identifying signs of CSA and talking to children about possible sexual abuse go hand in hand. How would you ask a child about possible abuse at home/school/church/etc.?



For the next activity, you will use the video "Examining a Child Patient" found on the VOICE Today YouTube channel.



Activity One (approximately 20 minutes)



Now we are going to watch a video to see how to utilize an examination as an opportunity to assess possible CSA signs in a child patient. As you're watching the video, pay attention to the language the doctor uses, questions he asks, and what he's doing as he's asking the questions. Try and notice the child's emotional state: is he/she happy or sad? Does he/she appear anxious or fearful?



Play the video for the class. The video is approximately 5 minutes long.



Ask: What are some things you noticed in the video?

Notice how the doctor used a tongue depressor while discussing the power of the child's voice. What do you think he meant by that?



Think about the power dynamics of child sexual abuse. The perpetrator, whether they are an adult or a child older than the victim, always holds the power. The child can feel powerless and helpless; unable to understand or stop what is happening. Explaining the power of the child's voice is a way to give them back a sense of power. Even if the child doesn't exhibit signs of CSA, you can use the examination (i.e. the tongue depressor) as a prevention technique; every child should know that what they say is meaningful.



Break into groups of four or five. In your groups, discuss different ways you can integrate CSA prevention into a normal examination; think of utilizing the tongue depressor as an example of this.

For the sake of this activity, consider three themes:

1. The child's right to personal space (providing permission for others to view their body)
2. The power of the child's voice
3. Establishing trust between you and the patient



Take between five and ten minutes to come up with at least one idea for each theme. How can you convey to a child their right to personal space? What are ways in which you can show them that you are trustworthy? Your ideas for each theme may look very different from each other. Be creative and bounce ideas off of each other! When the allotted time is up, each group will share one idea they came up with.



Walk around the room and answer any questions. After everyone is finished, bring the class back together and have each group present an idea.



Now that everyone has taken the time to brainstorm ideas, let's discuss further how an exam with CSA prevention integrated into it might look.



When you first meet a child patient, it is important to assess their overall appearance. In some cases, you will want to take note if his/her clothing is disheveled and any abnormal injuries such as skin bruises or a noticeable limp. You should also assess their demeanor for any potential red flags, including disassociation, anxiety, fear, sadness, anger, etc.

Like we discussed in the activity, it is important to establish trust and let the child know that you have been given permission from their mom/dad/caregiver to examine them and ask questions.



Additionally, when the patient is putting on the examination gown, you can use that as an opportunity to teach them that this is a special time for them to reveal their personal body to someone other than their mother or caregiver. Emphasize that they should only give permission to reveal their body to someone they trust. Once this is established, at the appropriate time ask, “Has anyone ever asked you to take off your clothes, other than your mother/caregiver?” or “What would you do or say if someone asked you to take off your clothes?” This is the doctor’s most opportune time to discuss the child’s right to their own personal space, health, and safety, and if all is well, to reassure them that they are healthy and safe and help them keep anyone from changing that.



Reading facial expressions can open up further dialogue; for example, you can help develop trust by saying “I am here to help you and keep you healthy and safe; your mother/caregiver gave me permission to examine you today.” Here are some example questions you can ask during an examination. Please note that you can use these questions as a prevention tactic, and if you do suspect a case of CSA, alter the questions to be more specific.

- How do you feel today?
- Are you happy/sad/angry?
- Have you slept well? If not, why not?
- Did anyone wake you at night? Does anyone come into your room to wake you up at night?
- Did you eat well today?
- Have you ever had fights with any of your brothers or sisters? If so, why?
- Do you like school? If not, why?

- Who are your friends?
- Do you have any friends that may ask you to do things that your mother/caregiver would not like you to do?
- (For younger children) Who dresses you?
- Has anyone ever asked you to remove your clothing?
- Has anyone ever made you afraid of them? Would you like to tell me?



To every positive answer, such as “I like school,” or “I haven’t been in a fight,” try to assure them that you are happy and proud of them. Assure them that if anything ever makes them unhappy or troubled, they can come back and talk to you about it.



As a final note, always assume the child’s innocence and use your actions and demeanor to show the child that you are there for them and they have your trust.



Activity Two (approximately 10 minutes)



Now that we’ve gone over ways to talk to children and adolescents about sexual abuse, let’s discuss possible ways to talk to parents or caregivers. This can be a challenge because you don’t want to cross any boundaries. Thus, it is important to approach the topic in a nonjudgmental way, and explain the necessity of keeping an open discussion about sexual abuse in order to protect the child. Having a short, direct conversation with a caregiver and explaining your role in protecting your patients can be an excellent way in promoting positive CSA conversations, especially in the home.



Distribute Handout 3.1 “Conversing with Caregivers” to each student.



Take the next 10 minutes to individually write a few sentences a doctor could say to a child’s caregiver about CSA. Remember to use nonjudgmental and simple language to get your point across. Use any information from the previous lessons to help you write what you might say.



You may use the lines provided on Handout 3.1 to write your paragraph. After the 10 minutes is up, we'll come back as the full class and share our paragraphs and different themes used in each one.



Walk around the room and answer any questions. If all students are ready before the 10 minutes is over, bring the class back together to discuss their paragraphs and any concerns or thoughts they had while writing them.



Would anyone like to share their paragraph?



If no one volunteers, you can either randomly call on someone or opt to ask for different themes used in the paragraphs instead. For example, ask the students to provide different key points they hit in their paragraphs. Examples may include discussing the prevalence of CSA, the importance of keeping our children safe, and utilizing trustworthy support systems (i.e. churches, daycare, schools, etc.) that take care of the children.

Conclusion (approximately 5 minutes)



Today we covered potential ways to discuss child sexual abuse with children and caregivers. In our next lesson, we will go over the reporting and legal system in Georgia and the standard procedure in reporting a CSA case.

Just to recap, what are some important things to consider when communicating about CSA?

Look for: patience, nonjudgmental demeanor and language, simple language, open ended questions, empathy, etc.



Are there any questions?

Assessment

Activity One will assess the student's understanding of how to integrate CSA prevention into a routine examination.

Activity Two will assess the student's understanding of appropriate language to use when discussing CSA with caregivers.

Handout 3.1 Conversing with Caregivers

This handout is to be used as a draft hypothetical conversation between a doctor and a caregiver regarding CSA.

Lesson 4

Time:

45 minutes

Skills:

Decision making

Materials:

PowerPoint

Copies of Handout

4.1

“Poll Everywhere”

Reporting and the Legal System

**Overview:**

This lesson plan covers how to respond when a child discloses they have been sexually abused and how to report it.

**Learning Objectives:**

By the end of this lesson, students will be able to:

1. Summarize the method of reporting child sexual abuse in Georgia.
2. Identify what the responsibilities of a physician/clinician are in reporting CSA.

**Key Points:**

The following messages should be reinforced throughout this lesson:

- ✓ The three main steps to remember when reporting child sexual abuse are 1) Listen; 2) Record; and 3) Report.
- ✓ As a physician, you are a mandated reporter. Be sure to familiarize yourself with the mandated reporting requirements in whichever state you end up practicing in.





This lesson should be used in conjunction with the Lesson 4_Reporting and the Legal System PowerPoint. Additionally, please be sure to activate the Lesson 4_Reporting and the Legal System poll questions on the Poll Everywhere account. For instructions on how to do this, please see page 11.

Content (approximately 10 minutes)



In our last session we talked about different strategies for how to talk to children and caregivers about CSA. Does anyone have any questions about the material we covered last week?



If there are no questions about lesson 3, move on to the material for this week's lesson.



Today we are going to talk about the mandated reporting system in Georgia. We will have three different activities to practice the material that you will learn.

Slides

1 & 2



The first step in reporting child sexual abuse is to listen. If a child makes a disclosure to you, as a physician you should always take the statement seriously.

Slide 3

There are three different ways a child may share their experience with you: indirectly, disguised, or with strings attached.

An example of an indirect disclosure is “I don’t like when I’m left alone with my father” and a disguised disclosure may be “I know someone who is being touched in a bad way.”¹⁷

Ask: Can anyone give me example of a disclosure with strings attached?

*Example: “I need to tell you something, but you must promise not to tell anyone.”*¹⁷



Slide 4

It is important to make the child feel safe when talking with you. You should use the communication techniques that you learned in Lesson 3 to reassure him or her that telling you was the right thing to do. Listen to what the child is telling you and be sure to write down exactly what they say. Recording exactly what the child says is the second step in reporting sexual abuse. At this point, don't ask the child about every single detail. It is extremely important that you do not ask the child any probing questions that could lead the child to say something that he or she may not have shared otherwise. Additionally, you should be sure to leave out your own assumptions and value judgments. If you don't do this and the case does go to court, you could lose your credibility. Your role right now is to simply write down accurate information and report it. DFCS, which we'll go over in a few minutes, will do a more detailed investigation later.¹⁷



If a child discloses their experience with you, you are required to report this. Making a report is the third step in the reporting process.

Slide 5



Slide 6

As future physicians, you are considered mandated reporters. Mandated reporters are individuals who work or volunteer in an agency or organization that serves children and families. The most important role of a mandated reporter is to protect children who cannot protect themselves.¹⁸



Slide 7

Other positions that are mandated reporters include nurses, school and law personnel. You can see a complete list of positions deemed mandated reporters on the Office of the Child Advocate website.¹⁸



Slide 8

As a mandated reporter, Georgia requires you to contact the Division of Family and Children Services (DFCS) if you have reasonable cause to believe a child is being sexually abused. GA law protects mandated reporters from any liability, given that the report has been made in good faith. You also have the right to remain anonymous when you file a report; however, as a physician your testimony in court often holds the most credibility to the child's case.¹⁷

**Slide 9**

It is very important to investigate and document injuries or anything a child has told you regarding possible abuse. You must make an oral report to DFCS no later than 24 hours from the time a child makes a disclosure to you, or if you have reasonable cause otherwise.¹⁸

**Slide 10**

It is very important that you know basic information about the child and his or her family when you file a report. It's also important to include other pertinent information that will help move the case forward.¹⁹

**Slide 11**

Depending on when you are filing a report, there are different offices you should contact. During regular business hours the local DFCS office should be contacted. All other times, you can call 1-888-GA CHILD to file your report. After filing your report, this would also be the time to follow any internal reporting protocols that your hospital or clinic may have.¹⁷

**Slide 12**

After you file a report with DFCS, they will assess the case, usually in coordination with the police. Depending on the nature and severity of the allegation, a decision will be made to proceed or not within 24 hours to 5 days from the time you file the report.²⁰

**Slide 13**

Any failure to report a suspected case of child sexual abuse in Georgia results in a misdemeanor and a \$1,000 fine.¹⁷

Slide 14

Currently in Georgia, the statute of limitations (SOL) on child sexual abuse cases only gives a survivor of child sexual abuse until the age of 23 years (which is 5 years from the time a survivor turns 18) to file a claim in civil court. If the *Hidden Predator Act (GA HB 17)* passes in the 2015 legislative session, beginning on July 1, 2015 survivors in Georgia will have until the age of 53 years (35 years from the time the survivor turns 18) to file a claim under this act. Additionally, this bill would give survivors whose SOL had previously expired a two year window to



file a civil claim on their perpetrator, and gives victims the right to access police and investigative records pertaining to their case.²¹

Ask: How do you think increasing the SOL from 5 years to 35 years could help survivors of child sexual abuse?

Look for: Most victims do not disclose their abuse until many years later, this extended period of time would give them the chance to file a claim when they are ready to do so. The increased SOL would also give victims a voice of justice and the ability to pursue justice when they are strong enough to do so.²²



Slide
15

Most importantly, you must respect the child's confidentiality during this process. It took courage for them to trust you and share their experience, so only share information about the case with those who are involved in the reporting process.



Activity One (approximately 10 minutes)



Distribute copies of Handout 4: "Reporting Child Sexual Abuse" to each student.



Slide
16

For this activity, you will be working individually to complete Handout 4.1. Pretend you work in a small hospital clinic and are responsible for ensuring that all volunteers and clinic staff understand how to report CSA. The information in the model should be basic enough for new volunteers to understand, but should also provide sufficient detail so a new person in your office could use it and refer to it if needed. Take the next five minutes to fill out the handout.



Walk around the room and answer any questions that students may have. Slide 17 is the answer key. After about five minutes, bring their attention to the front of the room.



Now that you've had some time to fill out the handout, can a few volunteers share some things they wrote down? What were the three steps you filled in?

Look for: Listen, Record, Report.

What were some key points for each step?



Show slide 17 or Handout 4.2 for an example of the filled out chart.



Activity Two (approximately 15 minutes)



**Slide
18**

Now that you have a visual depiction of what the reporting process looks like, what do you see as some of the challenges for you as a physician in Georgia to report child sexual abuse? Think about this in the context of taking a disclosure from a child and using that to promote justice and healing. Take a minute or two to think about this individually and then discuss your thoughts in small groups of 3-4.



If you notice students having a hard time coming up with ideas, use the following as some suggestions to get them thinking

- *Anonymity: as a mandated reporter you have the option to remain anonymous, but it is often much more helpful to the case to report your name and contact information. How could sharing your contact information potentially affect your role as a physician?*
- *Oftentimes you will develop a relationship with the child. How will it make you feel if once you file a report, DFCS sees no cause to further their investigation and take action against the abuser. Will this make you angry? Will you still be willing to report sexual abuse again after knowing how this made you feel?*
- *If a child shows clear physical signs of sexual abuse but is too scared or embarrassed to share, you still have reasonable cause to make a report. How will this interfere with your relationship with the patient, especially if the child begs you not to tell anyone?*



After about 10 minutes have passed, regain the class's attention. You will have approximately 5 minutes to facilitate the group discussion. This should be an open discussion amongst students to identify and communicate any frustrations they may have.



What did you come up with, individually and in your groups? What do you, as the future of medicine, see as some of the major challenges?



Activity Three (approximately 5 minutes)



You will use Poll Everywhere to go through each question. Please note that all questions and answers are also included in the PowerPoint, and listed at the end of the lesson, for your convenience. As you go through each question, make sure that students have no remaining questions regarding this content.



**Slides
19-27**

Let's briefly review some of the material that we covered today. We will be using Poll Everywhere to answer the following questions. To participate, please visit <https://www.polleverywhere.com/voicetoday917> on your computer, or text VOICETODAY917 to 37607.

Conclusion (approximately 5 minutes)



Does anybody have questions about today's lesson?



If there are questions, answer them accordingly.



Today we talked about how to report child sexual abuse in the state of Georgia. Each state has their own laws around the reporting of child sexual abuse so if you end up practicing outside of Georgia, be sure to familiarize yourself with those laws. In our next lesson we will discuss resources in Georgia that can assist you in helping a child who has experienced sexual abuse.

Assessment

Activity One will assess student's understanding of how the child sexual abuse reporting process in Georgia works.

Activity Two will check student's understanding of what it means to take a disclosure and the things that may make it more challenging to do this.

Activity Three will formally assess student's comprehension of the material taught in this lesson.

Handout 4.1 Reporting Child Sexual Abuse

Who to call

- During regular business hours: _____
- Outside of regular business hours: _____

Handout 4.2 Reporting Child Sexual Abuse

Answer Key

- Make the child feel safe and reassure him or her that telling you was the right thing to do
- Be aware of the three different ways a child may disclose their experience with you (indirectly, disguised, or with strings attached)

Listen

- Write down exactly what the child tells you
- BUT...don't ask too many probing questions because the Division of Family and Children Services (DFCS) will conduct a detailed investigation after the report is filed

Record

- As a future physician, you are a mandated reporter. In Georgia, you must contact DFCS if you have reasonable cause to believe a child is being sexually abused.
- You must make an oral report to DFCS no later than 24 hours from the time a child makes a disclosure to you, or if you have reasonable cause otherwise.
- Be sure to know basic information about the child and his or her family when you make the report

Who to call

- During regular business hours: local DFCS office for where the child lives
<https://dfcs.dhs.georgia.gov/complete-list-all-county-offices>
- Outside of regular business hours: 1-888-GA CHILD

Activity 3 Questions

Question 1: What is a disclosure?

- (a) A law requiring individuals to report child sexual abuse
- (b) The protocol in place for filing a report of suspected child sexual abuse
- (c) The action of a child sharing his or her experience of child sexual abuse**

Question 2: Which of the following are ways a child may make a disclosure?

- (a) Indirect
- (b) Disguised
- (c) With strings attached
- (d) All of the above**

Question 3: Mandated reporters are any individual who works or volunteers in agencies or organizations that serve children and families.

- (a) True**
- (b) False

Question 4: If you believe that a child is being sexually abused in his or her home and you file a report with DFCS, you could be held liable for a civil or criminal lawsuit.

- (a) True
- (b) False**

Question 5: What is the phone number you can call at any time to report a suspected case of child sexual abuse?

- (a) 1-800 CHILD ABUSE
- (b) 1-855 GA CHILD**
- (c) 1-855 REPORT NOW
- (d) 1-800 REPORT CSA

Question 6: What are the consequences of not reporting a suspected case of child sexual abuse?

- (a) There are no consequences
- (b) Probation and a \$500 fine
- (c) Up to 5 years in prison
- (d) Misdemeanor and a \$1000 fine**

Question 7: At what limit would Georgia's Hidden Predator Act set the statute of limitations for child sexual abuse cases?

- (a) 35 years**
- (b) 25 years
- (c) 15 years
- (d) 5 years

Question 8: When a child discloses his or her experience with you, it is okay to talk about the case with your friends to make you feel better.

- (a) True
- (b) False**

Lesson 5

Time:

45 minutes

Skills:

Decision making

Materials:

Short video

Copies of

Handouts 2.1, 5.1,

5.2 and 5.3

Providing Resources

**Overview:**

This lesson plan covers organizations and resources located in Atlanta which support child sexual abuse victims and caregivers.

**Learning Objectives:**

By the end of this lesson, students will be able to:

1. Name at least 3 organizations who can help a child who has experienced sexual abuse.
2. Describe how the previously named organizations can help a child who experienced sexual abuse.

**Key Points:**

The following messages should be reinforced throughout this lesson:

- ✓ Be sure to familiarize yourself with supporting resources
- ✓ Referring your patients to appropriate groups and organizations is very important to provide them with long-term support.





This lesson should be used in conjunction with the Handout 2.1 that was used in Lesson 2.

Content (approximately 8 minutes)



Now you've learned what CSA is, how to detect it, how to communicate about CSA with child patients and caregivers, and how to report CSA cases. Some of you may recognize that reporting a potential CSA case is not always enough to help out the victim because DFCS doesn't necessarily take action for each case. So, an additional step to take is to link the patient and caregiver to helpful resources to ensure that they receive continuous support. You can also refer to the Student Toolkit provided for supplementary information and resources in addition to the resources provided in this lesson.

Today we are going to talk about the supporting groups and organizations for sexually abused children. Have you ever heard about those groups? Can anyone name a group and explain what they do?



Wait for 1 or 2 responses from students. If there are no responses, move on to the next question.



There are many supporting groups and organizations in/around the Atlanta community. I'm going to show you a short video from VOICE Today, an organization addressing CSA, so that you can get a quick insight into their programs.



You can access the video, as well as others, about Voice Today on YouTube.
<https://www.youtube.com/watch?v=UnBmVEIJON8#t=326>

VOICE Today is a non-profit organization, located in Marietta, with a mission to increase knowledge about CSA, to illustrate it as an urgent national issue, and to encourage survivors of sexual abuse to tell their stories. VOICE Today was founded by Angela K. Williams who is a survivor of CSA herself, in 2008.



This is just an example of one of the organizations in the greater Atlanta. Voice Today is a non-profit organization that advocates for CSA victims, with educational programs, outreach, and healing retreats for both children and adults. What are some things you noticed in the video? Did anything stand out to you?



Wait for 2 or 3 responses from students.



Now you've got a rough understanding of VOICE Today. Let's look at other support groups and organizations.



Distribute copies of Handout 5.1: "Resources" to each student. NOTE: Feel free to add any additional resources to this list that weren't already included.



Activity One (approximately 25 minutes)



Take a look at the handout, which consists of a list of supporting resources. Now think back to the case study in lesson two and try to pick one or two organizations from the list that you think are appropriate to support that patient.

Break into groups of three or four. There are brief descriptions of each resource on this handout, but you can also use your laptop or cell phone to search for further information. Each group will present their findings in front of the class when we reconvene.



Before we start the activity, what do you think you need to consider in selecting a support group?



Wait for 2 or 3 responses from students.



For this activity, keep a few things in mind:

- How accessible is the organization? (Geographical location, operating hours, online/telephone resources, etc.)
- Who are they working with? (Children, girls or boys, minorities, caregivers, overall people in the community)
- How do they support people? (Counseling, events, teaching classes, materials)

Take the next 10 minutes in your groups to work on your answers.



After all the groups are finished, make sure they are all prepared to present to the class. Then, distribute copies of Handout 5.2: "Support Groups & Resources" to each student.



Now you are going to present your choices in front of the class. Please briefly introduce the organizations you chose, and let us know the reasons why you picked them. While each group presents their findings, please fill out Handout 5.2: "Support Groups & Organizations" to develop a greater sense of available resources.



Have the groups come up to the front of the classroom one by one and allow them approximately 3-5 minutes to present their ideas. Make sure to have all the group members speak at least once in the presentations.

Conclusion (approximately 7 minutes)



Provide brief explanation about the groups/organizations on the Handout 5.1 which were not chosen by any groups.



Does anyone have further comments or questions?



Allow students to make comments and answer questions accordingly.



Today, we have learned about the supporting resources and how to identify the best one for your patients. Once you start your career as a physician, you will need to consider how you can provide your patients with long-term support, and this is one way to do so. Additionally, it would be beneficial for you to maintain communication with your local CSA resources, especially Child Advocacy Centers, in order to establish strong relationships with them for any future referrals you might provide. It is very important to make the victims' voice heard by connecting them with those support groups in order to raise people's awareness and promote prevention of CSA.

Ask: We have learned about child sexual abuse through this five-lesson course. Do you feel more comfortable and knowledgeable in possible detection and prevention of CSA? Does anyone have any comments on the overall course?



Take a few minutes to allow the students to respond and offer any comments they have.



If you want to learn more about CSA, you can find additional learning resources in the Student Toolkit provided to you. Please keep in mind that CSA is a serious, important social problem that we as a society need to address.



Distribute copies of Handout 5.3: "Course Evaluation" to each student.



Please take a few minutes to fill out the course evaluation provided on the handout. If there are any suggestions or concerns you have about any of the lessons, information, or course in general, please address them in the space provided or contact any of the instructors at any time. Thank you!

Assessment

Activity Two will assess student's understanding of supporting resources and ability to select ones for patients.

Handout 5.2 will assess students' knowledge about supporting resources.

Handout 5.3 will provide students' evaluation on the entire course.

Handout 5.1 Resources

Phone resources:

- **Darkness to Light:** [1-866-FOR-LIGHT \(866-367-5444\)](tel:1866FORLIGHT)
Darkness to Light provides a toll-free number for individuals living in the United States who need local information and resources about sexual abuse. Any individual, child or adult who needs resources about sexual abuse can call the Helpline.
- **National Child Abuse Hotline:** [1-800-4-A-Child](tel:18004AChild), [1-800-422-4453](tel:18004224453)
A 24-hour seven days a week child abuse hotline with professional counselors providing crisis intervention, information, literature and referrals.
- **RAINN (Rape, Abuse & Incest National Network):** [1-800-656-HOPE](tel:1800656HOPE)
National Sexual Assault Hotline calls are instantaneously connected to the nearest RAINN member center providing anonymous and confidential counseling.

Atlanta area resources:

- Find local rape crisis centers at <http://gnesa.org/page/rape-crisis-centers-georgia>
GNESA (Georgia Network to End Sexual Assault) provides a list of local rape crisis centers as well as information and guidance for sexual assault victims, their families, and friends.
- **DARKNESS to LIGHT Georgia:**
<http://www.d2l.org/site/c.4dICIJOkGcISE/b.6221401/k.BD31/Georgia.htm>
DARKNESS to LIGHT aims to raise awareness of the prevalence and consequences of child sexual abuse by educating adults about the steps they can take to prevent, recognize and react responsibly to the reality of child sexual abuse.
- **CHRIS KIDS:** <http://www.chriskids.org/education-training/child-sexual-abuse-prevention-trainings>
CHRIS Kids sponsors child sexual abuse prevention training to state and local agencies, community programs, schools, faith-based organizations and other groups in metropolitan Atlanta.

- **Children's Advocacy Centers of Georgia (CAC Georgia):**
<http://www.cacga.org/>
1389 Peachtree Street Suite 305 Atlanta, GA 30309, Phone: 770-319-6888, Fax: 404-600-2374

CAC Georgia is open to CSA cases with law enforcement. The mission of the CAC Georgia is to support the development, growth, and continuation of Children's Advocacy Centers throughout Georgia providing assistance to communities.
- **VOICE Today:** <http://www.voicetoday.org/>
3855 Shallowford Road Suite 110 Marietta, GA 30062, Phone: 678-578-4888

VOICE Today is a non-profit organization with a mission to increase knowledge about child sexual abuse (CSA), to illuminate it as an urgent national issue, and to encourage survivors of sexual abuse to tell their stories.
- **Odyssey Family Counseling Center:** <http://www.odysseycounseling.org>
1919 John Wesley Ave. College Park Fulton, GA 30337, Phone: 404-762-9190, Fax: 404-616-5882

Odyssey empowers families and individuals, regardless of income, to improve their lives by offering quality trauma and prevention-focused mental health, relationship, and substance abuse counseling in the community.
- **Gwinnett Sexual Assault Center and Children's Advocacy Center:**
<http://www.gsac-cac.org>
P.O. Box 1329 Duluth, GA 30096, Phone: 770-497-9122 & 770-476-7407 (24 Hour Crisis Line), Fax: 770-623-4218

Gwinnett Sexual Assault Center & Children's Advocacy Center provides services for victims of rape and child sexual abuse 24-hours a day, 7-days a week including free crisis intervention advocacy for sexual assault victims and their families.

Handout 5.2 Support Groups & Organizations

Name _____

Instructions: Name 3 groups or organizations that you learned in class and describe how they support children who experienced sexual abuse.

1. Name of a group or organization:

How they support children:

2. Name of a group or organization:

How they support children:

3. Name of a group or organization:

How they support children:

Handout 5.3 Course Evaluation

Instructions: Please circle the number below that describes your evaluation on the course

| | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
|---|----------------------|----------|----------------------------------|-------|-------------------|
| 1. I learned a great deal in this course. | 1 | 2 | 3 | 4 | 5 |
| 2. The course challenged and stimulated my thinking. | 1 | 2 | 3 | 4 | 5 |
| 3. As a whole, the course was well-organized. | 1 | 2 | 3 | 4 | 5 |
| 4. Assignments were helpful in meeting course objectives. | 1 | 2 | 3 | 4 | 5 |

Please identify those aspects of the course you found most useful or valuable for learning.

What suggestions would you make for improving the course?

Appendix



Curriculum Evaluation

| Performance Objective: By the end of program, at least 80% of the students will be able to identify and detect CSA | | | |
|--|--|---|---|
| Lesson | Behavior | Assessment Method(s) | Assessment Type |
| 1 | Practice self-awareness of the overall problem of CSA | Baseline knowledge quiz Homework assignment | Informal |
| 2 | Practice detecting signs and symptoms of CSA | Baseline knowledge case study Quiz at the end of lesson (paper or clicker question form) | Informal Formal or Informal (at instructor's discretion) |
| Performance Objective: By the end of program, at least 80% of the students' will be able to appropriately communicate with pediatric patients and their families regarding CSA | | | |
| Lesson | Behavior | Assessment Method(s) | Assessment Type |
| 3 | Practice communicating through brainstorming possible questions to ask patients and hypothetical speeches with caregivers. | Report out | Informal |
| Performance Objective: By the end of program, at least 80% of the students will be able to identify the appropriate disclosure and reporting procedure when handling potential CSA cases. | | | |
| Lesson | Behavior | Assessment Method(s) | Assessment Type |
| 4 | Practice reporting CSA | Report out Quiz | Informal Formal |
| 5 | Practice selecting appropriate resource for patients through discussion and presentation | Report out Quiz at the end of the session Students' Evaluation | Informal Formal |

Curriculum Evaluation by Lesson

| Lesson 1 - Child Sexual Abuse: The Basics | | | |
|---|--|--------------------------------------|--------------------|
| Learning Objectives | Tasks and Activities | Form of Assessment | Type of Assessment |
| 1. Recognize the magnitude of the social problem that CSA has created in the United States | Activity one Homework assignment | Quiz Homework Assignment | Informal |
| 2. Define child sexual abuse in his/her own words | Activity two | Report out | Informal |
| Lesson 2 - Detecting Child Sexual Abuse | | | |
| Learning Objectives | Tasks and Activities | Form of Assessment | Type of Assessment |
| 1. Identify at least six behavioral signs and six physical signs of child sexual abuse | Initial case study and discussion afterwards; final quiz | Group activity Report out Quiz | Informal Formal |
| 2. Summarize and explain the major steps provided in the “checklist” that they were given to take on rounds | Look over the checklist and summarize in own words; final quiz | Group activity Quiz | Informal Formal |

| Lesson 3 - Communicating Child Sexual Abuse | Learning Objectives | Tasks and Activities | Form of Assessment | Type of Assessment |
|--|---|-----------------------------|---|--------------------|
| 1. Identify the appropriate techniques, including language, to use when communicating with children and caregivers regarding CSA | Activity one | Activity two | Report out | Informal |
| 2. Increase self-efficacy in regards to communicating about CSA | Activity two | Brainstorming Report out | | Informal |
| Lesson 4 - Reporting and the Legal System | Learning Objectives | Tasks and Activities | Form of Assessment | Type of Assessment |
| 1. Summarize the method of reporting CSA in Georgia | Activity one Activity three | Report out Quiz | Informal Formal | |
| 2. Identify what the responsibilities of a physician/clinician are in reporting CSA | Activity two | Discussion | | Informal |
| Lesson 5 - Providing Resources | Learning Objectives | Tasks and Activities | Form of Assessment | Type of Assessment |
| 1. Name at least 3 organizations who can help a child who has experienced sexual abuse | Handout 5.2 | Quiz | Formal or Informal (at instructor's discretion) | |
| 2. Describe how the previously named organizations can help a child who experienced sexual abuse | Group discussion Presentation Handout 5.2 | Report out Quiz | Informal | |

Lesson 4 PowerPoint Slides

Reporting and the Legal System



Today's Plan

- Brief Lecture on mandated reporting in Georgia
- 3 Individual and group activities
- Conclusion
- Next Week

A child comes to you...

When a child tells you that he or she has been abused (makes a disclosure), you should always take the statement seriously, regardless of how credible the child's statement seems

- Indirect hints
- Disguised disclosure
- Disclosures with strings attached

Be sure to...

- Find a private space to talk
- Reassure the child
- Listen openly and calmly
- Write down the facts and words as the child has stated them

A child disclosed their experience of sexual abuse with you, what happens next?

Mandated reporters...

- ...are individuals who work or volunteer in agencies or organizations that serve children and families
- ...include anyone employed by or volunteering at an agency or organization providing services to children
- ...are often the first adults to notice signs of child abuse and neglect
- ...protect children who cannot protect themselves

- The following individuals are mandated reporters
 - Physicians licensed to practice medicine, physician assistants, interns, residents
 - Hospital or medical personnel
 - Podiatrists
 - Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides
 - Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43
 - School teachers, administrators, guidance counselors, visiting teachers, social workers and psychologists certified pursuant to Chapter 2 of Title 20

- To see a full list of all mandated reporters, visit the Office of the Child Advocate website, <https://oca.georgia.gov/mandated-reporter>

Georgia code O.C.G.A. § 19-7-5

Requires mandated reporters to contact the Division of Family and Children Services (DFCS) office if there is reasonable cause to believe that a child known to them is suspected of being abused or neglected

GA grants immunity for any civil or criminal liability for filing a report if the report is made in good faith

- If you have suspicions that a child is being sexually abused, you are legally required to report to the local county DFCS office, or to your agency's designated reporter
- It is your role as a physician to investigate and document injuries or anything a child has told you.
- An oral report must be made no later than 24 hours from the time there is reasonable cause to believe a child has been abused

- When filing a report, be sure to know
 - The names and addresses of the child and child's parents or caretakers
 - The child's age
 - The nature and extent of the child's injuries, including evidence of previous injuries
 - Any other information you believe might be helpful in establishing the cause of the injuries and the identity of the perpetrator

Know who to call

- During regular business hours, call the DFCS office in the county in which the child lives. This can be found online at the DFCS website, <http://dfcs.dhs.georgia.gov/complete-list-all-county-offices>
- During non-business hours, reports can be made by calling 1-855-GA CHILD (422-4453)
- In the event of an emergency, call 911
- Also, be sure to familiarize yourself with any internal reporting protocols

What happens after you report to DFCS?

- An Intake worker will determine if the call is about the maltreatment of a child under 18 by a parent or caretaker
- DFCS will assess the case, and is required to notify the police
- Depending on the nature and severity of the allegation, a response will be made within 24 hours to 5 days from the time a report is filed

Consequences of not reporting

- Not reporting a suspected case of child sexual abuse results in a misdemeanor and a \$1,000 fine

Georgia Code HB BILL 17 Georgia Hidden Predator Act

Statute of Limitations in Child Sexual Abuse Cases

- Civil actions may be brought by victims within 35 years from the time he or she turns 18 (or until the victim turns 53 years old)

Most importantly, respect the child's need for confidentiality by not discussing the abuse with anyone other than those involved with the reporting process

Activity 1

| |
|--|
| Who to call |
| • During regular business hours: _____ |
| • Outside of regular business hours: _____ |

Activity 1 Answer Key



- Make the child feel safe and reassure him or her that telling you was the right thing to do
- The child will likely feel more comfortable if he or she can tell you about the abuse in private.

- Write down exactly what the child tells you
- Ask...but don't ask too many probing questions because the Division of Family and Children Services (DFCS) will conduct a detailed investigation after the report is filed

- As a future physician, you are a mandated reporter. In Georgia, you must contact DFCS if you have reasonable cause to believe a child is being sexually abused.
- You must make an oral report to DFCS no later than 24 hours from the time a child makes a disclosure to you, or if you have reasonable cause otherwise.
- Be sure to know basic information about the child and his or her family when you make the report

Who to call

- During regular business hours: local DFCS office for where the child lives.
<http://www.dcf.state.ga.us/complaints-local-contact-information>
- Outside of regular business hours: 1-800-2-A-CHILD

Activity 2

- What do you see as some of the challenges for you as a physician in Georgia to report child sexual abuse? Think about this in the context of taking a disclosure from a child and using that to promote justice and healing. Take a minute or two to think about this individually and then discuss your thoughts in small groups of 3-4.

Activity 3

- Answer the following questions. Do your best to not reference your notes.
- To participate online, visit:
 - <https://www.voiceeverywhere.com/voicetoday917>
- Or, text VOICETODAY917 to 37607

Question 1

- What is a disclosure?
 - (a) A law requiring individuals to report child sexual abuse
 - (b) The protocol in place for filing a report of suspected child sexual abuse
 - (c) The action of a child sharing his or her experience of child sexual abuse

Question 2

- Which of the following are ways a child may make a disclosure?
 - (a) Indirect
 - (b) Disguised
 - (c) With strings attached
 - (d) All of the above

Question 3

- Mandated reporters are any individual who works or volunteers in agencies or organizations that serve children and families
 - (a) True
 - (b) False

Question 4

- If you believe that a child is being sexually abused in his or her home and you file a report with DFCS, you could be held liable for a civil or criminal lawsuit
 - (a) True
 - (b) False

Question 5

- What is the phone number you can call at any time to report a suspected case of child sexual abuse?
 - (a) 1-800 CHILD ABUSE
 - (b) 1-855 GA CHILD
 - (c) 1-855 REPORT NOW
 - (d) 1-800 REPORT CSA

Question 6

- What are the consequences of not reporting a suspected case of child sexual abuse?
 - (a) There are no consequences
 - (b) Probation and a \$500 fine
 - (c) Up to 5 years in prison
 - (d) Misdemeanor and a \$1000 fine

Question 7

- At what limit would Georgia's Hidden Predator Act set the statute of limitations for child sexual abuse cases?
 - (a) 35 years
 - (b) 25 years
 - (c) 15 years
 - (d) 5 years

Question 8

- When a child discloses his or her experience with you, it is okay to talk about the case with your friends to make you feel better.
 - (a) True
 - (b) False

Next Time...

- Finding Resources for children who have been sexually abused

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