

***Expertise in Medical Care and Protection for Abused and Suspected
Abused Children in the United States:
A study focused on training materials by the academy of pediatrics***

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Abstract: This paper examines the training materials for medical care and protection for on-abused and suspected abused children in the United States. The main source of information was the American Academy of Pediatrics' "Suspected Child Abuse and Neglect" (Pennsylvania Chapter) . It was confirmed that collaboration was emphasized among medical institutions and support organizations, including the schools. Collaboration was emphasized among medical institutions and various support organizations, and a commonality existed in the content presented as risks. The common content includes identifying the role of child protection, understanding the legal categories of child abuse, explaining the consultation process, and identifying and utilizing resources for preventing abuse. Focusing on the content that is particularly strongly required for to each profession, it can be pointed out that the differences in the emphasis regarding the expected expertise overlap with the differences in the phase of support. It can be confirmed that the emphasis regarding the expected expertise differs depending on the phase of support from the acute phase to the recovery phase. It can be said that this is based on the continuity of the process of medical care, including reporting, discovery, emergency care, and recovery care.

Keywords: Child Abuse, Care, Protection, Expertise, the United States

1. Introduction

The aim of this paper is to examine training materials for medical care and protection for non-abused and suspected abused children in the United States. It is necessary to examine the support provided by multiple professions and institutions in responding to child abuse, especially the collaboration between professionals. Nowadays, there is a growing consensus that it is not possible to deal with the fields of child support and social pathology from a single perspective or methodology. However, each professionality is still often raised as an issue. For example, problems concerning verification reports in the collaboration between helpers involved in child abuse cases have surfaced in Japan^{(1), (2), (3)}. With the revision of laws related to child welfare in 2007, a systemic framework for collaboration between professionals in responding to child abuse was created. However, problems with collaboration between professionals and specialized institutions have continued to be pointed out since then. For this reason, it can be said that there is a necessity to consider collaboration between professionals not only in terms of hardware such as legal systems, but also in terms of software, including training and human resource development. In particular, considered here is the content of the expertise required for each profession in the context of the need for support for abused children through multi-professional collaboration. Specifically, the items examined are those included in the training materials and focus on content that is presented in common to each profession as well as content that is considered to be unique to each profession. Regarding the latter, it is possible to clarify in which phase each profession demonstrates its expertise in collaboration, and how the expertise of each profession functions as a team approach by focusing on the uniqueness of content of each profession.

Child abuse has long been a social problem in the United States^{(4), (5)}. The number of cases of abuse in the United States in 2022 by category is shown in Figure 1. In the United States, the *McMartin Daycare* case, a sexual abuse case that occurred in 1983, prompted efforts to address invisible abuse. In this case, the defendant was acquitted because the child's statements were brought to be ground on prosecution, and there were problems with the interview method, such as the use of leading questions in the interview. This led to the recognition that the issue of how to obtain accurate statements while minimizing the burden on children was an issue. Since then, various forensic interview methods have been developed as a way to interview children, and Children's Advocacy Centers (CACs), which provide one-stop services from interviews to full-body examinations and follow-up care, have been established all over the United States. Currently, there are over 900 CACs in operation.

Since then, it is also known that the increase in the number of abuse cases and the fact that the number is trending at a high level are social problems. It is clear that neglect is by far the most prevalent issue. However, the problems are also serious for other categories, given the nature of the phenomenon. In addition, the fact that various disciplines, including medical care, are expected to provide responses also holds clues for the practice of abuse response in East Asia.

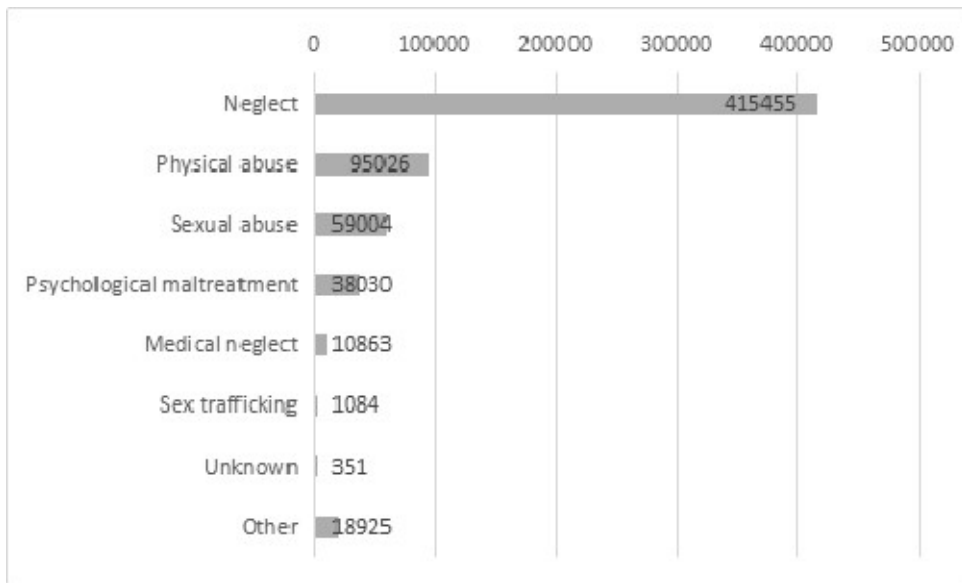


Figure 1. Number of cases by type of abuse in the United States (2022)
(Created based on (6) Note1)

When it comes to child abuse, the focus tends to be on systems for detecting and reporting cases and systems for encouraging parents. Thus, efforts have been made with a focus on the family system, such as repairing parent-child relationships and reintegrating families ^{(10), (11)}. Various collaborations from legal, clinical, and educational aspects are therefore required. Heller & LaPierre (2012) shows that when a child experiences a threat from a caregiver, the child has no choice but to freeze or dissociate and develops a unique survival style that continues even in adulthood ⁽⁸⁾. There are also many reports of abusive parents (Fukatsu 2004) ⁽⁹⁾. Fukatsu (2004) lists various institutions that provide support for abused children, including hospitals, health centers, child consultation centers, welfare offices, lawyers, child welfare facilities, and family courts ⁽⁹⁾. However, while schools are not included, the function of detection and differentiation in schools is important for various developmental challenges in recent years ^{(7), (11)}. It can also be said that it is effective to pay attention to the care system that includes schools. Therefore, the focus of this paper is on the expertise of each profession in the child protection process, from the interest in the care of children in need of protection and the attention to the collaboration between schools and medical care regarding children in need of protection.

2. Research Method

2.1 Research Framework

In this paper, the main source of information was the American Academy of Pediatrics' "Suspected Child Abuse and Neglect" (hereafter referred to as the Pennsylvania Chapter) ^{(10), (12), (13)}.

There are two reasons for focusing on training materials. First, child abuse cases are highly individual. Case studies are thus emphasized as a strategy for improving expertise ^{(12), (13)}. However, when considering the care of children by multiple professions, it is also important to

summarize what strengths each profession has and what is expected of them. In doing so, it is useful to focus on what is relatively common to specific professions and institutions. It is thought useful to focus on training materials for each profession issued by pediatric organizations as guidance for specific professions.

Secondly, child abuse involves individual and delicate issues. In particular, the focus tends to be on the protection and subsequent recovery of abused children, and on the re-establishment of attachment⁽¹³⁾. Although the significance of this is important, it is more effective to focus on collaboration as a framework for care^{(10), (13)}. In particular, it is thought that there are very few people who are opposed to multi-disciplinary collaboration itself. However, little attention is paid to the kinds of differences in expertise that are the basis for the concept of multi-disciplinary collaboration⁽¹⁴⁾. In addition, descriptions of abuse can be found in the training programs of each profession, such as abuse response in pediatric emergency medical care, abuse response in primary care, and abuse response by school nurses⁽¹⁰⁾. However, while the contents of each are independent, there is much overlap.

Therefore, the focus of this study is on the “Pennsylvania chapter,” which concisely describes the duties of pediatric emergency medical care providers, primary care providers, school nurses, and others in the same format and to the same degree, which is suitable for elucidating differences between each profession^{(10), (12), (13)}. In addition, the “Pennsylvania chapter” also provides training materials for school nurses⁽¹³⁾. As mentioned above, previous research does not necessarily state that schools are support organizations for abused children. In that respect, it is effective to pay attention to the “Pennsylvania chapter” when examining a care system that includes schools.

There are two reasons why this material was selected as material for consideration. First, it is a cross-sectional document that discusses cooperation in the protection of children having been abused. Up until now, efforts have been made to improve expertise in each professional field in responding to child abuse. In other words, related organizations in each field, such as medical care, welfare, and education, conduct training and create guidelines. Therefore, it is difficult to clarify whether the differences in the measures proposed to improve each expertise are due to differences in discipline or the intention of the organization of the guideline creators. In this respect, the Pennsylvania Chapter is a single organization that creates training materials for each profession. Therefore, it is possible to reduce the individual differences due to the intention of the creator, as mentioned earlier. This is important not to reduce the intention of the creator, but to compare the commonalities and differences in expertise due to different disciplines.

Secondly, with regard to school education, it is emphasized on subsequent responses to children who have been abused. The role of schools has been considered important in reporting of the child abuse. Sinanan (2011) suggests that school personnel are a first line of defense in protecting children from abuse⁽¹⁵⁾. Scholes et al. (2012) reviewed programs to train teachers to report the child sexual abuse (CSA) and proposed five key considerations, such as the characteristics of CSA prevention programs⁽¹⁶⁾. These previous studies have focused on the role of schools in regard to abuse, focusing on noticing symptoms and signs of abuse and reporting them. These roles of schools are important. However, there are very few studies that address responses after the occurrence of an incident. In contrast, the Pennsylvania Chapter includes expertise in not only education, but also acute medical care, recovery medical care, and responses to children's recovery from a cross-disciplinary perspective. For this reason, it can be said to be suitable material for consideration in this study.

Furthermore, it is thought useful to compare items listed by each occupation.

2.2 Ethical Considerations

All of the materials being discussed are publicly available. Therefore, research ethics issues are unlikely to arise. However, since this research is also related to attachment disorders in a series of studies, the research has been conducted after undergoing a research ethics review and obtaining approval from the research ethics committee of Tokyo Gakugei University, the institution to which the author is affiliated (Reception number 794).

3. The Contents and Structure of the “Pennsylvania Chapter”

3.1 Expertise in Medical Care and Protection

The “Pennsylvania Chapter” has materials for primary care givers, hospital staff, school nurses, and emergency medical service providers ^{(10),(12),(13)}. There are four types of materials, but the contents of the materials for primary care providers and hospital staff are identical except for the cover and illustrations ⁽¹³⁾. Therefore, there are three types of materials that will be compared in this research.

Firstly, it was confirmed that collaboration was emphasized among medical institutions and support organizations. On the one hand, collaboration was emphasized among medical institutions and various support organizations, and a commonality existed in the content presented as risks (e.g., ensuring the safety of children) ^{(10),(12),(13)}. On the other hand, it can be said that there were differences in the emphasis on the expected support content and the expression and presentation of the expertise associated with providing it.

Figure 2 shows a mapping of the training contents listed in the three types of materials. The ovals on the lower left are based on the job responsibilities of primary care providers and hospital staff. The lower right is for school nurses. The upper part of the figure is for emergency medical providers. Content common to the three materials is located in the center of the figure. Representative examples include risk factors for abuse, understanding indicators of abuse, reporters for neglect cases, and ensuring the safety of children. It is also to be noted that common content exists between the content for primary care providers and hospital staff and the training materials for school nurses.

As abuse cases become more complex, cross-sectional collaboration between the various roles can become difficult. Matsuoka (2000) points out the difficulty in defining collaboration due to the complexity of cases ⁽¹⁷⁾. According to Matsuoka, "collaboration" is constantly changing and differs from time to time. She further describes interprofessional collaboration as "a process in which a network exists between a variety of independent professionals, and in which professionals work together to achieve a common goal, with the expectation of interaction and resource exchange." ⁽¹⁷⁾

The common content includes identifying the role of child protection, understanding the legal categories of child abuse, explaining the consultation process, and identifying and utilizing resources for preventing abuse ^{(10),(12),(13)}. Both emphasize legal and clinical aspects, but the school nurse adds an educational aspect ⁽¹³⁾.

3.2 Expertise in Each Category

The categories of abuse refer to the above-mentioned categories of neglect, maltreatment, and sexual abuse. Although collaboration is not necessarily achieved across all of these categories, it is explained that the subsequent support process and the psychological risks to abused children will vary depending on the category. This is related to the third point, explaining the consultation process.

Emergency medical care providers are expected to: understand the legal definition of child

abuse, perform assessments based on BLS (Basic Life Support) protocols, communicate appropriately with caregivers, provide appropriate documentation, organize a team approach to protect children, and respond to medical trauma ⁽¹⁹⁾. The BLS protocols refer to the procedures for performing initial life-saving measures for cardiac arrest and respiratory arrest. Specifically, the protocols include checking the safety of the surroundings, checking consciousness, calling an emergency service, checking breathing, cardiac massage and artificial respiration (or chest compressions only), and using an AED.

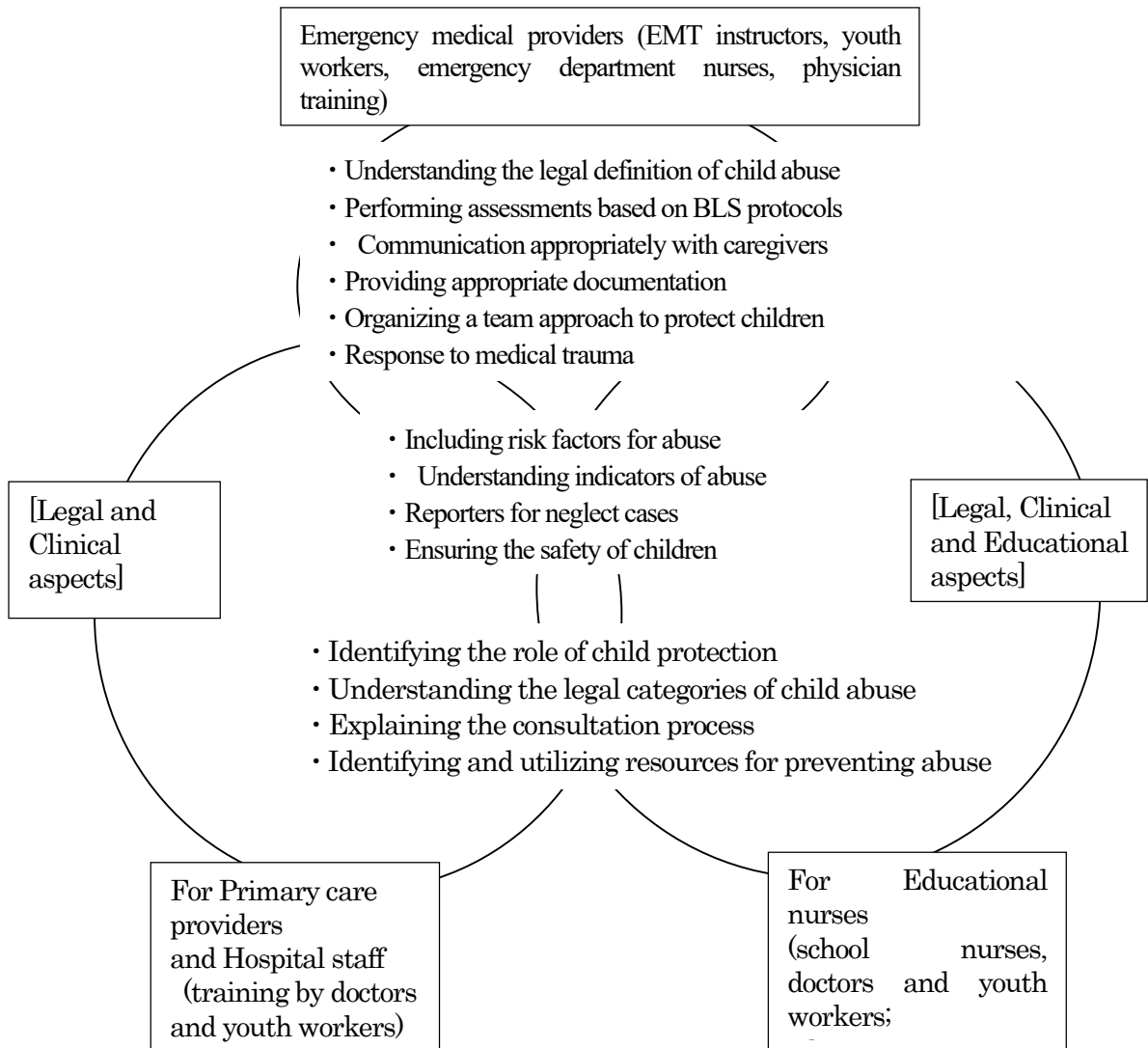


Figure 2. Expertise in Medical Treatment and Protection (created based on (10),(12), (13))

Abuse can cause medical trauma. It has been pointed out that it increases the risk of post-traumatic stress disorder (PTSD) and other mental illnesses, as well as physical illnesses. In

particular, childhood abuse can have a negative impact on brain development, such as difficulties with emotional regulation and impaired social skills development. Recovering from the trauma of abuse requires the steps of establishing safety, recalling and processing past events, and reintegrating into daily life. Receiving support from trusted medical professionals and counselors is an important step toward recovery. For this reason, in parallel with abuse prevention, educational responses that support the development of children who have experienced abuse are also important. In recent years, the idea of "trauma-informed care" to deal with the traumas suffered by abused people has been attracting attention, and this is one example. This is about understanding that abuse can cause trauma and providing care while taking into account its impact. Protection of abused children, including trauma-informed care, requires cross-sectional involvement from various fields, not only medical professionals but also those in education, welfare, and justice.

In addition, for example, when moving from emergency medical care to everyday support situations such as schools, communication for collaboration and documentation for information sharing are emphasized⁽²⁰⁾. Furthermore, responses to medical trauma are also shown. Medical trauma is not found in the materials for other professions. One characteristic is that it is presented as a field unique to emergency medical care. It is important to note that this response to medical trauma does not necessarily mean that knowledge of medical trauma is not required for other professions^{(21), (22)}. However, the fact that responses to medical trauma in abused children were only shown in materials for emergency medical staff can be seen as an indication of the emphasis on urgency and immediacy of the response .

It is necessary to re-evaluate the role of schools and summarize the characteristics of the Pennsylvania Chapter. As mentioned above, the role of schools in reporting to abuse is often focused on recognizing symptoms and signs. This is important role of schools with respect to the prevention of child abuse and neglect. However, when noticing on role of schools in supporting children's development overall, schools also need to support the physical and psychological recovery of abused children. Pennsylvania Chapter separates emergency medical care from primary medical care and shows the content of their expertise. For schools, the division into acute and recovery phases is not realistic. But except for periods when children are absent from school due to temporary emergency protection, the school would be involved with the child in the medium to long term. Pennsylvania Chapter has been created in a cross-disciplinary manner regarding the coordination of protection of children having been abused. Therefore, it is characterized by the fact that training materials are created for each profession under a unified policy by a single organization in the fields of professionals such as emergency medicine, primary care, and education. Therefore, it is possible to reduce the differences between fields due to the intentions of the creators of the expertise guidelines for each profession. It is also important that the school education focuses on how to respond to children's experiences of abuse. The role of schools in dealing with abuse is focused on noticing signs of abuse and reporting them. In contrast, Pennsylvania Chapter positions school nurses as important actors. In particular, it emphasizes post-abuse care for children, based on collaboration with medical doctors and youth workers. Given the characteristics of caring practice, it is inevitable that there are several expertise items that are common to primary medical care. Furthermore, such support throughout school life and the promotion of children's development through primary care may also lead to the prevention of recurrence of abuse. This is a strength that is unlikely to result from noticing signs of abuse or reporting them.

4. Conclusion and Discussion

The content of expertise in responding to abuse based on three types of training materials targeted at four professions is examined in this paper. In order to build multi-agency collaboration, it is important to have integrated collaboration based on mutual understanding of each agency's functions, expertise, mechanisms, related systems, etc. In addition, when multiple agencies work together to provide support, it is necessary for them to share the progress and issues in each case. Furthermore, it is important to always clarify from what perspective each agency will respond. On the other hand, there are not necessarily sufficient opportunities for people from multiple professions and agencies to gain mutual understanding, and information sharing is largely left to the awareness, efforts, and ingenuity of individual field staff. For these reasons, although there are high expectations for the improvement and development of human resource development that will enable multi-professional and multi-agency workers working to prevent child abuse to work together appropriately, there is little accumulated practical knowledge.

Focusing on the content that is particularly strongly required for to each profession, it can be pointed out that the differences in the emphasis regarding the expected expertise overlap with the differences in the phase of support, as well as with the differences depending on the profession. It can be confirmed that the emphasis regarding the expected expertise differs depending on the phase of support from the acute phase to the recovery phase. Differences of what is the particular focus due to each discipline and position can also be pointed out. Support for abused children is continuously changing even in collaboration, and it can be noted that the type of support may gradually shift from emergency medical care to primary care institutions and schools. It can be said that this is based on the continuity of the process of medical care, including reporting, discovery, emergency care, and recovery care.

There is a multi-layered approach to the commonalities identified in the study materials for each field, each specialized institution, and each professional. Further consideration of the content of each specialty according to the commonalities and differences and the aspect of support is necessary. For example, the content of understanding risk factors for abuse and ensuring the safety of children needs to be refined. When looking at the role of school nurses, the focus is on how to support children's physical and psychological recovery as part of care in school education. In recent years, attention has been focused on Adverse Childhood Experiences (ACEs), and it has been shown that trauma has a significant impact on the developmental process. At the same time, attention can also be paid to the concept of resilience. With respect to schools' work in cooperation with medical institutions to care for abused children, the child's acquisition of recovery and resilience should be an important point. Considering the characteristics of therapeutic activities and specific programs for this purpose would also be an important contribution to improving the quality of abuse responses. Furthermore, the training materials examined in this professional development such as on-the-job training (OJT). Future considerations will need to be made from this perspective.

Note

1) Some studies define maltreatment as a term that combines abuse, which is physical, sexual, and psychological abuse, with neglect⁽¹⁸⁾. However, the description is according to statistical classification of the original data.

Reference

- (1) Ministry of Health, Labor and Welfare, Summary report on the results of investigations into cases of death due to child abuse from the 1st to 4th reports, <http://www.mhlw.go.jp/bunya/kodomQ/dv31/dl/05.pdf>, 2008, retrieved on 30th, June, 2025 (originally in Japanese).
- (2) Ministry of Health, Labor and Welfare, Results of investigations into cases of death due to child abuse (5th report) , 2009, <http://www.mhlw.go.jp/bunya/kodomo/dv37/dl/IO.pdf>, retrieved on 30th, June, 2025 (originally in Japanese).
- (3) Ministry of Health, Labor and Welfare, Verification results of cases of death due to child abuse (6th report), [http://www.mhlw.go.jp/bunya.kodo\[no/dv37/dl/6-11.pdf](http://www.mhlw.go.jp/bunya.kodo[no/dv37/dl/6-11.pdf), 2010, retrieved on 30th, June, 2025 (originally in Japanese).
- (4) Slingsby, B., Bachim, A., Leslie, L.K., & Moffatt, M. E., Child Health Needs and the Child Abuse Pediatrics Workforce: 2020–2040, *Pediatrics*, 153 (Supplement 2), 2025, e2023063678F. 10.1542/peds.2023-063678F, retrieved on 6th, August , 2024.
- (5) Puls, H.T., Chung, P. J., & Anderson, C., Universal Child Care as a Policy to Prevent Child Maltreatment. *Pediatrics*, 150 (2), 2022, e2022056660. 10.1542/peds.2022-056660, retrieved on 7th, August, 2024.
- (6) Statista Research Department. Number of cases of child abuse in the United States in 2022, by type of maltreatment, 2024, <https://www.statista.com/statistics/203826/number-of-child-abuse-cases-in-the-us-by-types-of-substantiated-maltreatment/>, Accessed on 5th, August. 2024.
- (7) Kellogg, N. D. & Kissoon, N. N. Patient Safety Programs for Child Maltreatment: Does One Size Fit All?. *Pediatrics*, 148 (3), 2021, e2021051583. 10.1542/peds.2021-051583, retrieved on 6th, August , 2024.
- (8) Heller, Laurence & LaPierre, Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship, North Atlantic Books, 320 pages, 2012.
- (9) Fukatsu, C., Child Abuse, Okonogi, K., Fukatsu, C., & Ohno, Y. (eds.) *Handbook of Psychiatry for Mental Health Clinicians*, Revised Edition, Sogensha, Inc., 667 pages, 2004 (originally in Japanese).
- (10) American Academy of Pediatrics, PA Chapter, Suspected Child Abuse & Neglect, Doing Your Best to Protect Students from Abuse: Recognizing & Responding to Children at Risk, A program of the PA Chapter, American Academy of Pediatrics, 2017.
- (11) Murayama, Taku, Specialty in Medical Care and Protection for Abused and Suspected Abused Children in the United States, Paper presented in the 15th Congress of Japanese Medical Society on Child Abuse and Neglect, 2024 (originally in Japanese).
- (12) American Academy of Pediatrics, PA Chapter, Suspected Child Abuse & Neglect, Are You Doing All You Can to Protect Your Patients from Abuse?: Recognizing & Responding to Children at Risk, A program of the PA Chapter, American Academy of Pediatrics, 2017.
- (13) American Academy of Pediatrics, PA Chapter, Suspected Child Abuse & Neglect, There's Something Not Right Here....Do You Know What to Do?: An EMS Education Program, American Academy of Pediatrics, 2017.
- (14) Nelson, Geoffrey and Caplan, Rachel, The Prevention of Child Physical Abuse and Neglect: An Update, *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 5(3), 2014., Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol5/iss1/3>, retrieved on 8th, August, 2024.
- (15) Sinanan, Allison N. Bridging the Gap of Teacher Education about Child Abuse, Educational

Foundation, Summer-Fall, 2011.

(16) Scholes, Laura, Jones, Christian, Stieler-Humt, Colleen, Rolfe, Ben, and Pozzebon, Kay, The Teachers' Role in Child Sexual Abuse Prevention Program: Implications for Teacher Education, 37(11).

(17) Matsuoka, Chiyo, Interprofessional Collaboration in Health Care : The definition, models and evaluations, Japanese Journal of Social Welfare, 40(2), 2000, 17-38 (originally in Japanese).

(18) Kudo, Shimpei, Caring Security: Clinical Attachment View for Clinicians and Workers in Mental Health, Offender and Social Services, Minerva Shobo, 384 pages, 2020 (originally in Japanese).

(19) McDeavitt, Kathleen, Prohibition of Gender-Affirming Care as a Form of Child Maltreatment: Reframing the Discussion, Pediatrics, 2024; 153 (4): e2024065783A. 10.1542/peds.2024-065783A, retrieved on 6th, August , 2024.

(20) Stirling, J., Gavril, A., Brennan, B. Sege, R. D., & Dubowitz, H., American Academy of Pediatrics, Council On Child Abuse And Neglect; The Pediatrician's Role in Preventing Child Maltreatment: Clinical Report. Pediatrics, 154 (2), 2025, e2024067608. 10.1542/peds.2024-067608, retrieved on 6th, May, 2025.

(21) Baker, A.L., Rosen, R. H., Creedon, J. K., Wilson, C. R., Chua,W-J., & Lee, L-K., Reducing Disparities in Nonaccidental Trauma Evaluations in Emergency Departments, 2025, <https://doi.org/10.1542/peds.2024-067809>, retrieved on 29th, May, 2025.

(22) Yaphockun, K., Hatt, D., Nienow, S., Hollenbach, K., & Bryl, A.W., Standardization of the Child Physical Abuse Evaluation in a Pediatric Emergency Department, Hospital Pediatrics, 15 (4), 291–299, 2025, <https://doi.org/10.1542/hpeds.2024-007837>., retrieved on 22nd. May, 2025.