



Building Strong Children Together: Ending Child Maltreatment in Our Lifetime Through Disruption of Educational Systems and Approaches

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Abstract

Our current educational system places the onus on individual professions to create large-scale change within the field of child maltreatment. Historically, each profession has expended significant time and resources to personally create and traverse their own pathway in addressing the prevention and treatment of child abuse and neglect. The siloed structure of our current educational system inherently limits our collective vision and impact toward a safer future for children. Our greatest collective failing has been the failure to effectively shift the focus across professional disciplines from post-maltreatment intervention to that of primary prevention.

Our vision for breaking down educational silos begins at the undergraduate level, continues throughout the graduate and post-graduate progression, and culminates in professional leadership training and mentorship. We are convinced that this multi-tiered educational approach will create the necessary foundation to support a collaborative approach to the design, dissemination, and implementation of a new era of within- and cross-systems best practices in child abuse prevention. Our paper will focus on the creation of the EndCAN Academy to serve as the unifying leader in this vision.

Keywords Child abuse prevention · Child maltreatment · Multidisciplinary

A life-long Navy submariner recounted a turning point in his career. He was prepared to muster out at the end of his tour due to the toxic environment onboard the submarine to which he was assigned. At issue was a Captain whose authoritarian leadership style instilled in the crew feelings of inadequacy and fear in the crew. As a result, no crew members were fully invested in their duties, regardless of their place in the hierarchy.

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Mediocracy was “safe.” In this culture, the mistakes that naturally come in the context of personal growth and development could open a crew member up to discipline and possible military discharge. The Captain failed to impart a shared vision and commitment to the mission of the Navy and subsequently failed to lead his crew in accomplishing even their most basic responsibilities. During an annual inspection, their submarine was designated the worst vessel in the entire naval fleet.

Fortunately for the submariner, a change in command occurred during the course of his tour. As the new Captain took the helm, everyone expected more of the same divisive leadership. Instead, this Captain laid out a different pathway for his crew. The new Captain envisioned each person’s contributions as critical to their shared mission. He instilled a culture, from both the top down and bottom up, that had no place for “THEY” blaming (i.e., “Why did you do that?” “Because THEY told me to.”). Instead the focus shifted to “WE” (“Why did WE fail this drill? How can WE accomplish this task?”). All successes and failures were considered a reflection of the entire crew. The Captain emphasized the importance of each individual’s role in their crew’s success toward the Navy’s mission. As the morale of the crew grew, so followed a positive shift in their individual and collective investment and quality in their work. At the annual inspection, the boat ranked at the top of the fleet, moving from worst to best in less than 1 year. With renewed faith in the Navy and in his capacity to make a difference, the submariner re-enlisted to continue in his chosen career (Worshek 2020).

Imagine the difference the right “Captain” could make in rallying our professions toward a shared mission to end child abuse and neglect. This “Captain” would not allow any one profession to be made to carry the burden of protecting children but would instead emphasize the necessity of each profession committing to a collective effort of creating a safer future for our nation’s children. Our “Captain” would instill the belief that “we fail or succeed as one.” Much like that submarine crew, we will only successfully achieve our mission to end child abuse and neglect in this lifetime when we take the risk to shift from self-protective professional mediocracy to comprehensive multidisciplinary collaboration. To do this will require a new leader to lay out a different pathway for our field, one with the capacity to reconceptualize how we prepare professionals for our shared mission to end child abuse and neglect in our lifetime. We propose the creation of a new leading organization, EndCAN Academy, to serve in this critical role. The purpose of the EndCAN Academy training is not to further or enhance the existing status quo training but to reconceptualize and elevate child maltreatment as a public health crisis with the capacity for societal eradication via public policy reform and primary prevention efforts. Positioning as the preeminent training organization will afford EndCAN Academy the platform to disrupt current reactive policies and practices and support the growth and establishment of a prevention-focused lens across future generations of professionals.

Current State of the Field

In 2016, approximately 1700 children under age 18 died due to abuse and neglect in the United States (U.S.), almost 70% of whom were under age three (U.S. Department of Health and Human Services 2018). Despite this, unfortunately, child maltreatment is too often viewed as a result of parental weakness of character and poor life choices

rather than seen as a public health concern requiring broad, systems-based intervention. Professionally, we hyper-focus on trying to identify the responsible “THEY” who fail vulnerable children. We may even seek out other professionals to share in the blame—perhaps a child welfare worker who visits too infrequently or a prosecutor deemed too passive during a parental rights termination case. Focusing on the “THEY” may protect our individual professional roles, but it comes at great cost as it weakens the “WE” that forms the core of our shared mission and responsibility to protect children.

We believe that redefining child maltreatment as a public health concern that requires a unified team approach can replicate the success of other public health transformations, such as child restraints in cars or tamper-proof lids on medicine, to better protect all children. Our society is demonstrably capable of behavioral change in the span of a generation to support child safety when it is viewed through a public health lens. We propose that the time is right for this paradigm shift to end child abuse and neglect.

A large workforce exists to address the plight of the thousands of children across the U.S. who are abused, neglected, and/or exposed to violence each day. Unfortunately, the professionals making critical decisions regarding the safety and well-being of these children are ill-equipped to collaborate and make sound, trauma-informed decisions due to inadequate training and siloed systems. It is sad irony that well-meaning social service, law enforcement, legal, ecumenical, medical, behavioral health, education, and public policy professionals have created a behemoth that is reactive, rather than preventative, and often perpetuates, rather than relieves, the plight of children and families trapped in a system intended to protect and strengthen them. However, the time is ripe for change. Public awareness campaigns on adverse childhood experiences (ACES) have brought child maltreatment out of the shadows, raising awareness of it as a public health concern. Now maltreatment can be discussed as a condition with cross-cutting negative consequences for society at large as well as a condition that is predictable, remediable, and even avoidable. The next logical step in this public conversation is to emphasize the preventability of childhood adversity and what we at the local, state, and national levels can do to be a part of the solution.

In over 50 years since child maltreatment in the U.S. was recognized in the seminal article describing “battered child syndrome” by Kempe and colleagues (Kempe et al. 1962), pivotal innovations in the prevention and response to child maltreatment have occurred. These include the utilization of multidisciplinary teams, advances in evidence-based practice, development of principles of trauma-informed and culturally competent care, applications in adult-learning methods, and the incorporation of critical incident review into standard procedures. Building on these accomplishments, our individual professional fields can emerge from our silos to create a new community of support and collaboration focused on primary prevention efforts aimed at eradicating child maltreatment.

Current State of Training

Many training opportunities are available for professionals within their own disciplines. For Child Welfare, the federal funding for each state through the Child Abuse Prevention and Treatment Act (CAPTA) is tied to the improvement of services through

training of the child welfare workforce (CAPTA 2019). The American Board of Pediatrics has established a certification procedure that requires physicians in child abuse pediatrics to complete their training in an accredited program by the Accreditation Council for Graduate Medical Education (ACGME) for child abuse pediatrics (ABP website, 2020). Attorneys who practice in deprived courts can earn a Child Welfare Law Specialist (CWLS) certification that signifies an attorney's specialized knowledge, skill, and verified expertise in the field of child welfare law through the National Association of Council for Children (NACC website, 2020). Mental health professionals can receive certification in Trauma-Focused Cognitive Behavioral Therapy (TFCBT; TF-CBT national therapist certification program website, 2020) or Parent-Child Interaction Therapy (PCIT International website, 2020) in order to better serve children and families that have issues surrounding child maltreatment. While all these trainings undoubtedly improve the skills of professionals, their focus is on enhancing knowledge within their particular area of expertise. Mention of interdisciplinary practice may be included in these specific trainings but are seldom as the focus or framework of training.

In addition, supervisors can develop a sense of complacency within their system's "good enough" status quo response to the intervention and treatment of child maltreatment. Innovation thrives when leaders adopt and commit to a life-course learner perspective. EndCAN Academy can provide leaders across disciplines with the necessary resources and mentorship to guide their communities in moving beyond their siloed status quo responses to child maltreatment to creative collaboration in the formation of a comprehensive public health response focused on bolstering family protective and compensatory capacities.

Interdisciplinary Training

EndCAN Academy can build on existing accomplishments in interdisciplinary training in the prevention and treatment of child maltreatment.

Undergraduate Level Training

One such model includes the Child Advocacy Studies (CAST) undergraduate minor program originating from Winona State University. This program, which has been replicated at multiple universities, combines academic content and practical field experience in order to teach students the skills to work effectively as a mandated reporter functioning within a multidisciplinary team. Commonalities across CAST programs include teaching students how to speak effectively with children, engage with family members, explore alternative hypotheses during an investigation, assess for safety and other needs, and document their findings across inter-professional settings. Some CAST programs also teach future professionals to identify and assess trauma-exposed clients and their mental and behavioral health needs and to provide culturally competent responses that integrate the National Child Traumatic Stress Network core concepts (National Child Traumatic Stress Network 2012). CAST focuses on developing students' understanding of the various factors that lead to child maltreatment and of various potential responses to incidents of

child maltreatment, so they work more effectively within various systems and institutions that respond to these incidents. Students completing these programs will be better equipped to carry out the work of various agencies and systems (healthcare, criminal justice, social services) as they advocate on behalf of children as victims and survivors of child abuse (Zero Abuse Project website, 2020).

Initial research into the effectiveness of CAST programs is beginning to emerge and indicates that students who complete this programming are better equipped to serve children and families impacted by child maltreatment. Evaluations span educational levels from undergraduate through graduate programs and focus primarily on two disciplines, child protection, and medicine, crucial to well-functioning multidisciplinary teams. Current CAST undergraduates, as well as recent graduates who obtained a CAST minor ($N=46$), were able to identify risk factors and corroborating evidence in case vignettes equally as well as child protection workers ($N=43$) currently employed in the field (Parker et al. 2019). Moreover, when asked to respond to a complex case involving child maltreatment, the CAST trained individuals demonstrated significantly better skill at recognizing more subtle forms of child abuse and neglect (e.g., emotional abuse) and were able to identify more systems that could potentially intervene to help children and families experiencing the suspected child abuse and/or neglect (Parker et al. 2019).

When medical students were exposed to components of the CAST curriculum they reported feeling significantly better equipped to identify and report child maltreatment compared with medical students who did not receive CAST training (Knox et al. 2014). Another study utilizing vignettes relevant in medical settings found that first year medical students who completed CAST training demonstrated greater knowledge about child abuse and neglect as well as better accuracy in identifying and reporting suspected child maltreatment from pretest to post-test compared with medical students who did not participate (Pelletier and Knox 2017). Moreover, the CAST trained medical students' gains increased and were sustained at six-month follow up. Taken together, the emerging evaluation research on CAST programs demonstrates that CAST students, irrespective of their educational level or professional discipline, move into roles on community based multidisciplinary teams better prepared to recognize, report, and respond to child maltreatment than those professionals without the benefit of the CAST curriculum.

Graduate-Level Training

A model program in graduate-level interdisciplinary training in child maltreatment is offered through the University of Oklahoma Health Sciences Center. The Interdisciplinary Training Program in Child Abuse and Neglect (ITP), established in 1987, provides advanced training in child abuse and neglect for graduate students from medicine, psychology, social work, law, public health, education, and related disciplines (Balachova et al. 2015; Gallmeier and Bonner 1992). Students participate in two semesters of interdisciplinary discussions, case presentations, cross-discipline practicums, a mock trial, and other exercises aimed at broadening their understanding of maltreatment to include the perspectives of professionals outside their discipline. They develop skills that enable them to better serve on multidisciplinary teams, collaborate across disciplines, and become leaders in the field. ITP graduates have gone on to make

significant contributions to the field in child advocacy, education, clinical treatment, primary prevention, and research (Yamaoka et al. 2019).

Ongoing training and educational opportunities for established child abuse professionals are most commonly found through membership organizations such as the American Professional Society on the Abuse of Children (APSAC) and annual conferences including the San Diego International Conference on Child and Family Maltreatment, the National Symposium on Child Maltreatment, and the Crimes Against Children Conference. Overarching reliance on this method for professional continuing education, however, significantly restricts our field's capacity for professional reach and for depth and consistency of information both within and across systems.

EndCAN Academy

We propose to dramatically expand interdisciplinary training in the prevention of child maltreatment by establishing EndCAN Academy. The mission of EndCAN Academy will be to lead the U.S. in the design and dissemination of multidisciplinary training in child abuse prevention by organizing substantive training throughout the undergraduate, graduate and professional levels. Critical to this end, sufficient and sustained funding will ensure that EndCAN Academy has the capacity for broad and lasting reach across professionals and communities. Removal of financial impediments to individual and community participation in Academy training will be crucial to large-scale systemic change. EndCAN Academy's utilization of technological innovations in training, including virtual educational platforms, will bring together professionals and disciplines in creative and cost-effective ways. EndCAN Academy will incorporate consumer advocates/partners into their core faculty to incorporate their crucial voices into the educational process. EndCAN Academy training cohorts will be multidisciplinary in composition to support collaborative learning and facilitate professional multidisciplinary collaboration within their home communities.

Existing innovative training efforts may inform EndCAN Academy's initial curriculum design. At the professional level, for example, the American Professional Society on the Abuse of Children and the New York Foundling recently released a comprehensive online course featuring 25 national experts sharing their expertise on child maltreatment (APSAC website, 2020). The course is split into eight major topics: (1) an introduction to the child welfare system and field of child maltreatment, (2) types of child maltreatment and effects of abuse and neglect, (3) medical evaluation and diagnosis of child abuse and neglect, (4) interventions for abused and neglected children and their families, (5) understanding and working within public systems, (6) crimes against children, (7) prevention models, and (8) professional development and self-care. This course may supplement EndCAN Academy advanced multidisciplinary training in primary prevention from a multidisciplinary lens.

EndCAN Academy educational programs will benefit from the incorporation of adult learning methods. Consistent with contemporary research on adult learning, active and experiential approaches engage what the learner already knows, and simulation provides an opportunity to test new ideas by taking action, being observed, and receiving feedback (Taylor and Lamoreaux 2008; Zull 2002). EndCAN Academy will build on what the participants have already learned through their traditional educational experiences and

expand that understanding through participation in simulation opportunities. Recent studies in social work on the use of simulation-based training demonstrate positive student learning outcomes in generic social work skills. In addition to demonstrating superior learning outcomes and cultural competence (Bogo et al. 2012; Logie et al. 2013; Rawlings 2012; Lu et al. 2011), simulation-based education lends itself well to learning that involves application in challenging interpersonal situations. Used extensively in health professions education, simulation-based training has clear relevance for situations confronting professionals in the field of child maltreatment. This includes balancing competing demands such as workers' authority versus establishing the comfort level needed for open communication, or the ability to maintain empathy in the face of resistance and anger, and the ability to set fair limits in the face of provocation (Bogo et al. 2014).

In addition to foundational teaching in understanding child maltreatment from a multi-system lens perspective and didactic and simulation-based instruction in best-practice interventions and advanced multidisciplinary skills, both education and coaching on consensus-building and teamwork will be integrated into the EndCAN Academy instruction. Interdisciplinary teamwork (Nancarrow et al. 2013) as well as effective advocacy and leadership, including consumers' voices at the faculty level, will serve as core principles woven throughout EndCAN Academy curricula.

As the National Children's Alliance (n.d.), the accrediting body for Children's Advocacy Centers in the U.S, has emphasized, multidisciplinary teams improve the level of justice and protection for children and families impacted by child maltreatment (NCA website, 2020). We must elevate this mission of justice and protection to a guiding vision that is built on a "WE" vision of shared responsibility rather than a "THEY" perspective of stagnant ideas and casting blame. We require a "Captain" who can unify our individual professions around this shared vision, building up from our educational foundation. We have the understanding, the methods, and a workforce that is ready and able to adapt to a primary prevention focus. The time is right for EndCAN Academy to take the helm in comprehensively and cost-effectively leading our field within the United States and to serve as a model internationally in the eradication of child maltreatment.

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