

Child Abuse Pediatrics Content Outline

In-Training, Certification, and
Maintenance of Certification Exams

Effective for all examinations administered March 1, 2024, and after

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Overview

This content outline was developed primarily to serve as the blueprint for the child abuse pediatrics in-training, initial certification, and maintenance of certification examinations. This outline identifies for all important stakeholders (eg, prospective candidates, diplomates, the public, training programs, professional associations) the knowledge areas being measured by these exams.

This outline takes effect on March 1, 2024. All child abuse pediatrics examinations administered after this date will adhere to the specifications within this outline.

DEVELOPMENT OF THE CHILD ABUSE PEDIATRICS CONTENT OUTLINE

The initial draft of this content outline was developed by a diverse, representative panel of 12 practicing child abuse pediatricians. The panel identified the knowledge required of child abuse pediatricians in clinical practice and categorized that knowledge into content domains and subdomains. All board-certified child abuse pediatricians (N = 366) were then invited to provide feedback via an online survey. A total of 131 child abuse pediatricians rated the relevance of the content domains and subdomains. The survey also collected open-ended comments from respondents in order to identify any important content areas that were not included in the initial draft.

The survey results were used to make final revisions to the outline and to establish the exam weights (ie, the percentage of exam questions associated with each content domain). A combination of the average recommended exam weights for each content domain and the relevance ratings for content areas within each content domain were used to create the exam weights which helps to ensure that ABP's child abuse pediatrics exams are measuring the full breadth of knowledge required for clinical practice.

CONTENT DOMAINS AND SUBDOMAINS

The knowledge for safe and effective practice as a child abuse pediatrician has been categorized into 16 content domains, presented in the table below. Within each domain, a set of content subdomains has been identified that provide a more detailed breakdown of the knowledge areas that may be assessed (beginning on page 4). Each exam question included on a child abuse pediatrics exam (in-training, initial certification, and maintenance of certification) is classified according to the content domain and subdomain to which it is most closely aligned. If an exam question does not align with one of the content subdomains within this outline, it is removed from the question pool and is not included on an exam.

Child Abuse Pediatrics Content Domains	
Physical Abuse	1. Head and Spine Trauma
	2. Cutaneous Injuries
	3. Musculoskeletal Injuries
	4. Child Fatalities
	5. Other Physical Abuse
	6. Conditions that May Be Mistaken for Physical Abuse
Sexual Abuse or Assault	7. Types of Sexual Abuse
	8. Genital and Anal Findings
	9. Infections
	10. Other Sexual Abuse or Assault
Neglect or Other Maltreatment	11. Types of Neglect
	12. Other Maltreatment
General Child Maltreatment	13. Development, Behavior, and Mental Health
	14. Mandatory Reporting, Medical Ethics, and Legal Principles
	15. Principles of Health Systems, Health Equity, and Population Health
	16. Core Knowledge in Scholarly Activities

UNIVERSAL TASKS

To help ensure the clinical relevance of child abuse pediatrics exams, the panel of child abuse pediatrics subspecialists also identified a set of four universal tasks, described in the table below, that reflect the primary ways in which child abuse pediatrics knowledge can be applied in clinical practice. Each exam question is classified according to the universal task to which it is most closely aligned. If an exam question does not align with one of the universal tasks, it is removed from the question pool and is not included on an exam.

Universal Tasks for Child Abuse Pediatrics	
Universal Task	Description
1. Basic Science and Pathophysiology	Applying knowledge of anatomy and clinical interpretation of injury mechanisms and outcomes
2. Epidemiology and Risk Assessment	Recognizing incidence, prevalence, risk, and protective factors of child and adolescent maltreatment
3. Assessment and Diagnosis	Applying knowledge of guidelines for obtaining history, performing physical examination and appropriate evaluation (including photo documentation), interpretation of medical findings, formulating a differential diagnosis, and reaching a medical assessment
4. Intervention, Treatment, and/or Management	Formulating comprehensive and culturally informed intervention and/or management plan, including medical documentation that communicates forensic findings to non-medical professionals, recognizing and managing long-term outcomes

Please note that most, but not all, exam questions are classified into one of the universal task categories. Questions that fall within any content subdomain pertaining to an injury, disease, disorder, syndrome, or condition encountered by child abuse pediatricians will receive a universal task classification. Those subdomains to which the universal tasks apply are denoted by a “*” throughout this content outline.

A sample test question has been provided to illustrate how items are classified into content domains/subdomains and universal tasks.

SAMPLE QUESTION

A child abuse pediatrician is evaluating a 3-year-old girl brought to the clinic by child welfare. She was recently placed in foster care due to concerns for both physical and sexual abuse. She has non-patterned bruises on her forehead, ear, lower back, and lower extremity.

Which of the following bruising sites is most associated with abuse in this child?

- A. Ear
- B. Forehead
- C. Lower back
- D. Lower extremity

Correct answer = Ear

Item Classification	
Content Domain/Subdomain†	2. Cutaneous injuries B. Bruises
Universal Task	3. Assessment and Diagnosis

†Note: Content domain/subdomain 2.B can be found on page 4 of this document (within the detailed content outline section).

DEVELOPMENT AND CLASSIFICATION OF EXAM QUESTIONS

Although the field of child abuse pediatrics is continually evolving, the content domains and subdomains within this outline should be viewed as broad categories of knowledge that are likely to remain relatively stable over time. The detailed knowledge within the content domains and subdomains, however, is likely to change as the field continues to advance. Because exam questions may assess a child abuse pediatrician's knowledge of a specific element within a content domain/subdomain, it is important to note that it is the responsibility of the test taker to ensure that his or her knowledge within each knowledge area is current and up to date.

In order to ensure all child abuse pediatrics exam questions are current and up to date, the ABP follows a rigorous item development and approval process. Each exam question is written by a board-certified practitioner or academician who has received training on how to write high quality exam questions. Each question is classified according to the content domain/subdomain to which it is most closely aligned and according to the universal task to which it is most closely aligned.

Questions that do not align with a content domain/subdomain and, if applicable, a universal task are not included in the question pool and are not included on an exam.

Once a question has been written, it is then discussed and revised, if necessary, by the ABP's Subboard of Child Abuse Pediatrics, a diverse panel of practicing child abuse pediatricians. During the revision process, each question is also reviewed multiple times by a medical editor to ensure accuracy and by staff editors who standardize question style, format, and terminology; correct grammar; and eliminate ambiguity and technical flaws, such as cues to the answer.

Once the subboard has approved a question, it is included in the question pool and is made available for future exams. All approved questions in the pool, including questions that have been used previously on an exam, are reviewed periodically for accuracy, currency and relevance.

Exam Weights

The table below indicates the exam weights (ie, the percentage of exam questions associated with each content domain) for the ABP's child abuse pediatrics exams. Please note that the weights reflect the content of a typical exam and are approximate; actual content may vary.

	Content Domain	Exam Weight
Physical Abuse	1. Head and Spine Trauma	10%
	2. Cutaneous Injuries	10%
	3. Musculoskeletal Injuries	9%
	4. Child Fatalities	3%
	5. Other Physical Abuse	5%
	6. Conditions that May Be Mistaken for Physical Abuse	6%
Sexual Abuse or Assault	7. Types of Sexual Abuse	7%
	8. Genital and Anal Findings	7%
	9. Infections	5%
	10. Other Sexual Abuse or Assault	6%
Neglect or Other Maltreatment	11. Types of Neglect	8%
	12. Other Maltreatment	6%
General Child Maltreatment	13. Development, Behavior, and Mental Health	5%
	14. Mandatory Reporting, Medical Ethics, and Legal Principles	5%
	15. Principles of Health Systems, Health Equity, and Population Health	4%
	16. Core Knowledge in Scholarly Activities	4%
	Total	100%

Detailed Content Outline

Note: Subdomains to which the universal tasks apply are denoted by a “*” throughout this content outline.

Domain 1: Head and Spine Trauma

- A. Skull fracture*
- B. Intracranial hemorrhages*
- C. Parenchymal injury (including primary versus secondary injury)*
- D. Extracranial injury (eg, fractures, contusions)*
- E. Spine and spinal cord injury*
- F. Retinal injury*
- G. General abusive head trauma topics (eg, epidemiology, prevention, sequelae, and radiology)

Domain 2: Cutaneous Injuries

- A. Sentinel injuries*
- B. Bruises*
- C. Bites*
- D. Burns (contact, scald, flame, chemical, etc.)*
- E. Other skin trauma (eg, lacerations, abrasions, incisions, injuries to the nail, scars, scalp)*

Domain 3: Musculoskeletal Injuries

- A. Skeletal development and bone healing*
- B. Skeletal injuries*
- C. Fracture specificity for abuse*
- D. Muscle and subcutaneous injuries*

Domain 4: Child Fatalities

- A. Sudden unexpected infant death/SIDS/unsafe sleep*
- B. Postmortem evaluation and findings

Domain 5: Other Physical Abuse

- A. Visceral injuries (eg, hollow organ, solid organ, pancreatic, cardiac, pulmonary)*
- B. Maxillofacial, neck, dental, and oral/oropharyngeal injuries*
- C. Strangulation*
- D. Ocular injuries (eg, orbital and frontal bone fractures, periorbital and eyelid ecchymoses, subconjunctival hemorrhages, corneal injury)*

Domain 6: Conditions that may be Mistaken for Physical Abuse

- A. Accidental trauma*
- B. Bleeding disorders*
- C. Birth injuries*
- D. Skeletal disorders*
- E. Skin conditions*
- F. Metabolic or genetic disorders*
- G. Anatomical/developmental variants (benign extra-axial fluid of infancy, accessory cranial sutures, nutrient vessels, subperiosteal new bone formation)*
- H. Cultural healthcare practices

Domain 7: Types of Sexual Abuse

- A. Prepubertal victims*
- B. Adolescent victims*
- C. Acute sexual assault event*
- D. Commercial sexual exploitation of children (CSEC)
- E. Drug-facilitated sexual assault (DFSA)

Domain 8: Genital and Anal Findings

- A. Normal anatomy*
- B. Variants of normal anatomy*
- C. Medical conditions, including dermatological*
- D. Trauma*

Domain 9: Infections

- A. Infections caused by sexual contact (eg, HIV, syphilis, gonorrhea, chlamydia, trichomonas)*
- B. Infections not related to sexual contact (eg, vaginitis, genital ulcers caused by other viruses or conditions)*
- C. Infections that can be spread by non-sexual or sexual transmission (eg, HPV, Molluscum, HSV)*
- D. Sequelae or complications of anogenital infection (eg, pelvic inflammatory disease, infertility)*

Domain 10: Other Sexual Abuse or Assault

- A. Grooming behaviors
- B. Forensic evidence collection
- C. Female genital mutilation/cutting (FGM/C)*
- D. Other bodily, non-genital injuries*
- E. Assessment of seized child sexual abuse material (CSAM)

Domain 11: Types of Neglect

- A. Physical*
- B. Educational
- C. Emotional*
- D. Medical/dental*
- E. Supervisory
- F. Nutritional (abnormal growth)*
- G. General neglect (eg, epidemiology, prevention, and sequelae)

Domain 12: Other Maltreatment

- A. Psychological maltreatment*
- B. Medical child abuse*
- C. Infants/children affected by parental substance use, including in utero substance exposure*
- D. Intimate partner violence
- E. Torture
- F. Human trafficking

Domain 13: Development, Behavior, and Mental Health

- A. Normal physical development, neurodevelopmental and behavioral milestones
- B. Normative and problematic sexual behaviors in children
- C. Sexual violence in adolescence

- D. Screening, recognition, and initial management of common mental health comorbidities (eg, PTSD, depression, suicidality, self-harm, anxiety)
- E. Mental health treatment strategies (eg, trauma-focused cognitive behavioral therapy, parent-child interaction therapy)
- F. Adverse childhood experiences (ACEs) and toxic stress
- G. Disclosure process
- H. Appropriate use of minimal facts interview, medical interview, and forensic interview
- I. Perpetrator characteristics

Domain 14: Mandatory Reporting, Medical Ethics, and Legal Principles

- A. Civil and criminal processes for child protection
- B. Mandatory reporting and barriers to reporting
- C. Expert testimony (eg, recusal, referral, qualifications)
- D. Confidentiality (eg, HIPAA, legal and ethical limits)
- E. Medical ethics regarding consent and assent
- F. Interdisciplinary collaboration including child fatality, child advocacy center, and hospital team or peer reviews

Domain 15: Principles of Health Systems, Health Equity, and Population Health

- A. Impact of social determinants of health on child maltreatment, and long-term physical and mental health
- B. Impact of social determinants of health, racism, and implicit bias on healthcare and child welfare systems' responses to child maltreatment
- C. Impact of global health threats and emergencies (eg, violence, natural disasters, climate change, pandemics) on child maltreatment
- D. Special populations (eg, foster/kinship care, children with disabilities, household contacts)

Domain 16: Core Knowledge in Scholarly Activities

- A. Principles of biostatistics in research
- B. Principles of epidemiology and research design
- C. Ethics in research
- D. Quality improvement
- E. Federal data sources (eg, National Child Abuse and Neglect Data System, National Incidence Study)