Communication in Cases of Child and Youth Maltreatment

Facilitator Version

CanMEDS Competencies: Advocate, Communicator

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Goal

The purpose of this session is to discuss some considerations regarding how and when to talk to children, youth, and parents about concerns of child maltreatment.

Resources

In preparation for this session, review of the VEGA module below is highly encouraged. The videos will be referenced in the discussion questions.

- **VEGA Project Education Module** on Recognizing and Responding Safely to Child Maltreatment
    - To access this module, you will need to create a free account by visiting: https://vegaproject.mcmaster.ca/. Click "Register now" and follow the subsequent prompts.
    - Once you have created an account, go to: https://vegaeducation.mcmaster.ca. Log-in, then scroll to Section 3 titled "Recognizing and Responding Safely to.." and then click "Child Maltreatment".

Preamble

Some initial questions for consideration when we are thinking about communication in cases of child and youth maltreatment are:

1) Who am I?
2) What's my role?
3) Where am I? (e.g. Am I at a community hospital? Outpatient office? Tertiary care centre?)
4) Where is the family? (e.g. Are they still in the clinic? Have they left? Are they in the ED?)
5) What has made me worry about child maltreatment?

The answer to these questions will likely affect how/if you will discuss your concerns with a child and their family. Each child maltreatment case requires a review of these questions to decide how best to proceed. That being said, there are over-arching principles that can be considered throughout any difficult conversation in pediatrics, including those pertaining to child maltreatment.

Cases

We will use a few case vignettes to consider how to talk to children and their families about concerns of maltreatment.

Case 1:

You are the general pediatrician on call at a community hospital. You receive a consultation from the emergency department physician for a 4-month-old male with tachypnea and a fever. A chest x-ray was completed to rule out pneumonia which demonstrates multiple healing rib fractures. The child is in the emergency department with his parents. The emergency department physician tells you that the parents have not reported any history of trauma and the child is not yet rolling. The emergency department physician has not discussed the chest x-ray findings with the family but has let them know that the infant will be seen by you, the pediatrician.

Case 2:
You are the general pediatrician working at a local pediatric walk-in-clinic. You pick up the chart of a 9-year-old male. The nurse's note says that the child has been brought in by his parent because of a headache and ringing in his ears. It also says that the child's parent took the nurse aside to report that the while in the waiting room, the child disclosed that earlier this evening his grandparent "hit me in the face when I wasn't listening".

Case 3:
You are the pediatric emergency department physician working at a tertiary hospital emergency department. You pick up the chart of a 5-year-old female. The triage note says that the child has been brought in by her primary caregiver because she returned from another family member's home with "redness" of her genitals. Her caregiver is also concerned as she has been seen touching her genitals a few times recently.

Case 4:
You are a general pediatrician working in a community office practice. You review your consultations for the day and see that you have been referred a 14-year-old female for low mood. The referring physician notes that her parent is very concerned that she is experiencing bullying as "everything changed" when the adolescent returned from a sleepover party 2 months ago.

Questions & Discussion Points

When you review the VEGA module, you will learn the framework of "consider, suspect, and exclude" as it pertains to your level of concern for child maltreatment. Consider which of those words best describes your concern for each case vignette.

Before jumping into the case discussion, considering asking your group if they have had any child maltreatment cases that this LCC called to mind, and if they wanted to discuss/debrief with the group.

Case 1 Questions:

1. Which of the "consider, suspect, or exclude" words best fits with Case 1? (e.g. what is your level of concern about child maltreatment?)

This case vignette should lead learners to "suspect" maltreatment or at the very least to "consider" maltreatment. A pre-mobile infant with fractures and no history of trauma raises significant concern for inflicted trauma.

2. As you imagine yourself preparing to see the family, what is going through your mind?

This question is intended to draw out some of the (understandable) discomfort we feel as clinicians when we know we are entering a difficult encounter. Feel free to explore with the learners why they feel uncomfortable and if they have ever seen a similar case/how they or their preceptor dealt with their discomfort.

3. Will you discuss the chest x-ray results? If so, how?

Best practice would certainly be to review the x-ray with parents, however again this can be very anxiety-provoking. It will be important to highlight that as a learner this type of activity is best done by the MRP (or with the MRP in the room for a senior learner when they have been able to pre-brief and debrief the encounter). Another consideration to discuss with the group is how to have this conversation in a way that is non-judgmental and does not assume

that this must be abuse and who/if anyone in front of them is aware of what happened. A neutral statement such as, "Based on my assessment, [infant] is doing well and appears healthy (if this is accurate). When we did the chest x-ray to look for pneumonia, it did not show a lung infection. It did show multiple fractures of the ribs. We need to admit [infant] while we do some more tests to try and understand why [infant's name] has rib fractures."

You review the history with the family and there is no history of trauma. During your examination, you also notice a faint yellow bruise on the infant's upper arm. The parents report that they have never seen this bruise before. You consider that the presence of both the unexplained bruise and unexplained fractures are very concerning in this pre-mobile infant. You determine that you need to call Child Protection Services.

4. Will you tell the parents about your call to child protection? If so, will you tell them before or after you call?
   Best practice would certainly be to tell the parents prior to this call. The only exception to this would be if doing so would place the infant or anyone else (including the pediatrician) at risk of harm. This is seldom the case but should be considered, nonetheless. In such a case, it may be appropriate to tell the parents after the call.
   As discussed above, this is best done with neutral statements. An example could be, "When I see the types of injuries that [infant's name] has, it makes me worry that someone has hurt your child. Whenever I have that worry, it's my legal duty/professional responsibility, to call a child protection agency to help us work together and figure out what happened to your child. I will be doing that after I leave the room." Always ask the parents if they have questions and be cautious not to falsely reassure them/tell them things you don't know, e.g. specifics about what child protection will/will not do.
   Another thing to consider is making a statement like, "I will tell them exactly what I told you". A statement like this helps provide parents with just a bit more power in a situation where they likely feel powerless and vulnerable.

Consider reviewing the VEGA videos in section 7 of the module demonstrating one way to talk to families about calling child protection.

Case 2 Questions:

1. Which of the "consider, suspect, or exclude" words best fits with Case 2? (e.g. what is your level of concern about child maltreatment?)
   This case vignette should lead learners to "suspect" maltreatment given that there is a disclosure. Irrespective of whether the injury lead to the child's symptoms, the child has made a disclosure of being hit and therefore physical maltreatment should be suspected.
2. This child has made a disclosure to his parent that he was hit by his grandparent. Should you ask/interview the child about this event to confirm the disclosure before calling child protection? Why or why not?
   There is no need to ask the child any further questions about the disclosure as all that is required for a child protection referral is "suspicion" of maltreatment (e.g. a concern that a child has experienced harm or is at risk of harm). In fact, it's important not to ask a child further questions if you have enough information to reach the threshold for reporting. As pediatricians, we are not trained in forensic interviewing. It could contaminate the forensic process to have an untrained clinician ask unnecessary questions of child. It is absolutely appropriate to ask the child about their physical symptoms, however. The purpose of such questions is to provide them with adequate medical care, not to decide if a child protection referral is warranted.
3. What is the "threshold" for referrals to child protective services?

See above. One important concept is that the clinician does not need to "prove" that maltreatment occurred. A suspicion is sufficient to meet the threshold for a call to a child protection agency. It is then the agency's responsibility (sometimes along with the police and the court system) to prove/disprove this suspicion.

4. Should you ask the parent any questions about this disclosure prior to making a referral to child protection? Why or why not? If yes, who should be in the room?
   It would be very reasonable to ask the parent for details regarding the disclosure to ensure that the best information is provided to the child protection agency. This should be done without the child in the room so as not to further traumatize them. Another possibility would be to offer to place the call with the parent present if they are comfortable with that.

Consider reviewing the VEGA videos in section 7 of the module demonstrating a telephone referral to child protective services. It may also be useful to review the videos at the end of section 4 which demonstrate one way to ask a child about a mark that you see if they have not already made a disclosure to a trusted adult.

Case 3 Questions:

1. Which of the "consider, suspect, or exclude" words best fits with Case 3? (e.g. what is your level of concern about child maltreatment?)
   This vignette may lead learners to "consider" maltreatment, given the parental concern. That being said, the differential for genital redness is vast and includes medical conditions (e.g. vulvovaginitis, dermatitis, etc) Genital self-stimulation is very common in young children and is normal and developmentally appropriate behaviour. That being said, I don't think we have enough information to "exclude" maltreatment.
2. You need more information about this case to decide if you need to call child protection. Who will you get this from – the child? The parent? Both? Discuss your rationale.
   In this case, the child is very young (5 years) and the concern is primarily from the parent. I would suggest discussing the concerns with the parent, and specifically taking a medical history to think through the relevant differential for genital redness. I often find it helpful in these cases to specifically ask the parent what they are worried about. If they report that they are worried about abuse because of genital redness and the child has vulvovaginitis, reassurance is likely appropriate. If they report that they are worried about sexual abuse because of the self-stimulation, education is appropriate regarding normal development. If, however, they are worried about sexual abuse because of other information, this may tip the scales towards the necessity for a child protection report (e.g. a disclosure).
3. If you aren't sure if something is reportable, what are some strategies you might use to aid yourself in this decision?
   The goal of this question is to remind learners that it is always possible to anonymously call a child protection agency to ask if something is reportable. Alternatively (or in tandem), the local child maltreatment team can also always be consulted for advice. There are teams like CAAP at most tertiary centres across Canada.

Case 4 Questions:

1. Which of the "consider, suspect, or exclude" words best fits with Case 4? (e.g. what is your level of concern about child maltreatment?)

This vignette may lead learners to "consider" maltreatment. There is, however, a vast differential for this youth's presentation, and although maltreatment is possible, at this point there are far more common etiologies for this youth's presentation.

2. You certainly need more information in this case – the differential for low mood in a teenager is vast. How will you get more information? Who will you ask? Who will be in the room? Consider how you might discuss confidentiality and its limits in this case.
   This is a great opportunity to review confidentiality and its limits with the learners. It's also a good opportunity to discuss adolescent history-taking, time permitting (e.g. SSHADESS framework). Such a history should be taken without a caregiver present, if the youth feels comfortable with this.

The youth discloses that her friend's parent "touched" her at the sleepover party, motioning towards her genitals. She reported that she has felt very isolated and sad since this event. She has not told anyone about this as she is "embarrassed".

3. What will you do next? Who do you need to tell, if anyone? How will you do this? How will you engage this youth in that process?
   This is another great opportunity to discuss confidentiality and its limits, as this is a time where breaking confidentiality is necessary for the youth's safety and for the safety of other children/youth for which this individual may be in a caregiving role. A child protection referral is necessary given that we know this person was in a caregiving role for this youth (supervising parent at a sleepover) and is also a parent of their own children. It is also a good idea to discuss the youth's disclosure with the youth's parent if they provide you consent to do so. One option would be to offer to be present when they have that conversation if they would like that. You can also offer for the youth to be present for the child protection referral if they would like to be. Once again, I recommend telling the youth that you will tell the child protection worker "exactly what you told me" so as to provide them some degree of control over the situation.

Consider reviewing the VEGA video in section 6 of the module demonstrating how to ask a youth about potential child maltreatment.

Supplementary Materials

For further reading on communication in child maltreatment cases:

- Page 43 of ACS Trauma Quality Programs Best Practices Guidelines for Trauma Centre Recognition of Child Abuse, Elder Abuse, and Intimate Partner Violence https://www.facs.org/-/media/files/quality-programs/trauma/tqip/abuse_guidelines.ashx
- Section on Communication and Support (Chapter 3) of The General Medical Council UK Guidelines on protecting children and young people https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/communication-and-support

For further reading on difficult conversations in pediatrics:

- Asnes AG, Shenoy A. The difficult pediatric encounter: insights and strategies for the pediatric practitioner. Pediatr Rev. 2008 Jun;29(6):e35-41. doi: 10.1542/pir.29-6-e35. PMID: 18515334.

For further reading on the epidemiology of child maltreatment in Canada/Ontario:

- MacMillan, HL, Wathen CN. PreVAiL: Preventing Violence Across the Lifespan Research Research Brief: Interventions to Prevent Child Maltreatment. https://cwrp.ca/publications/research-brief-interventions-prevent-child-maltreatment
- Ontario Incidence Study (2018) https://cwrp.ca/publications/ontario-incidence-study-reported-child-abuse-and-neglect-2018-ois-2018

- Canadian Incidence Study of Reported Child Abuse and Neglect (2008) https://cwrp.ca/publications/canadian-incidence-study-reported-child-abuse-and-neglect-2008-cis-2008-major-findings