

Communication in Cases of Child and Youth Maltreatment

Resident 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
 - o 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.
 - o 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. What setting am I in – Ward? Clinic? ED?)
- 4) Where is the family? (e.g. Are they admitted? Are they in the outpatient clinic? Did they leave?)
- 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 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.

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?)
2. As you imagine yourself preparing to see the family, what is going through your mind?
3. Will you discuss the chest x-ray results? If so, how?

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?

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?)

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?
3. What is the “threshold” for referrals to child protective services?
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?

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?)
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.
3. If you aren’t sure if something is reportable, what are some strategies you might use to aid yourself in this decision?

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?)
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.
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? *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:

- MacMillan, HL, Wathen CN. PreVAiL: Preventing Violence Across the Lifespan 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>