The Conversation

Interacting with Parents When Child Abuse Is Suspected

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KEYWORDS

• Child abuse • Forensic interview • Documentation

KEY POINTS

- The physician's role is medical, but medical concerns should always include the patient's safety and, thus, may include forensics.
- Open-ended questions, structured interviews, and active listening skills help provide accurate information.
- Questions should be phrased as simply as possible and pitched to the developmental level of the person being interviewed, whether adult or child.
- It can be hard for doctors to consider maltreatment by a caregiver in the differential, because to do so appears to sacrifice the partnership between parent and clinician.
- Preconceptions and prejudices interfere with accurate information gathering but are almost universal. Taking a history should begin with self-awareness.
- Clear, accurate documentation of history taking and medical decision making is essential to patient care and allows effective transfer of vital information to other agencies involved in guaranteeing the patient's safety.

INTRODUCTION

> *There is no such thing as a baby. If you set out to describe a baby, you will find you are describing a baby and someone.*
>
> *—Donald Winnicott, 1947*

The cooperative partnership of parent and physician in the interest of a child's health is one of the strengths and joys of pediatric medicine. Interactions with the child's caregivers, however, can become problematic when medical providers suspect a child may have been abused or neglected. When the doctor is forced to confront

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the possibility that the child patient may have come to harm through the actions or negligence of a trusted caregiver, trust in the family is shaken, and some difficult conversations lie ahead.

This article reviews some of the challenges and pitfalls in communicating with families when abuse is part of the differential diagnosis and offers some suggestions for improving communication with parents and children in these challenging clinical settings.

TAKING THE HISTORY FROM PARENTS AND CAREGIVERS WHEN ABUSE IS SUSPECTED

When the initial history appears to be at odds with an observed injury, the first step should be to review the history with the caregivers. Beginning with the history of the presenting complaint (injury), the physician needs to know when the child last appeared to be at his or her normal baseline and when after that the child first appeared to be injured. It is useful to ask, "How did you know?" in obtaining this information, distinguishing between what the historian witnessed versus what was told them or deduced logically. It is useful to inquire as to the presence of other witnesses to the event and recording their names if known. To the extent that it is possible, a reliable timeline should be constructed with the caregivers, from the time of the injury event to the child's arrival in the office or hospital.

It is useful to speak to multiple caregivers separately. This separation allows for a comparison of the histories provided and helps to minimize coercion by allowing shy or intimidated witnesses to speak freely.

A thorough review of systems and past medical history may prompt the family to recall other, earlier symptoms and can identify conditions that may prove pertinent to the diagnosis or to subsequent care. Finally, family and social history will help place the child's history in proper context, identifying sources of support and sometimes areas of vulnerability.

When informing the family of the decision to report the case to Children's Protective Services (CPS) or to law enforcement, it is important to be mindful of the effect of this decision on the family and to treat it as an important discussion. The decision to report should be disclosed respectfully but firmly, along with the reasons for the report. It may help to explain that medical providers are required by law to notify the authorities of any inadequately explained injury that occurs to a child. There is widespread confusion and misapprehension about the role and the workings of CPS, and this conversation is a good time to help the family understand what happens next, again, explaining that medical providers work with CPS and police agencies to gather information that may help in our diagnosis and treatment, for example, they can interview others outside of the hospital or visit the scene of the incident. This conversation is a good time to point out that the common goal of parents and professionals is to provide for the child's safety and to prevent future injury.

THE ART OF ASKING

Although knowing *what* to ask is obviously necessary, it is equally important to know *how* to ask the questions to best encourage the free exchange of accurate information.[1] The conversations that ensue after a suspicious injury, especially when there is suspicion of abuse, can be highly emotional for both parties, but the information gathered may be essential to making an accurate diagnosis. It can be helpful to plan the sequence of the interview in advance.