

# Has This Child Been Abused?



## Exploring Uncertainty in the Diagnosis of Maltreatment

Rebecca L. Moles, MD<sup>\*</sup>, Andrea G. Asnes, MD, MSW

### KEYWORDS

- Child abuse • Physical abuse • Sexual abuse • Uncertainty • Bias
- Child protective services

### KEY POINTS

- In cases of suspected child abuse, a clear understanding of the sources for potential uncertainty and a stepwise approach to managing uncertainty are of vital importance.
- Uncertainty in an evaluation for suspected physical abuse may stem from a question of whether a child's presentation is secondary to injury or the result of a medical problem, about whether the cause of an injury is accidental or abusive, and about the timing of the injury.
- An evaluation for suspected sexual abuse can be confounded by uncertainties about the veracity and meaning of a child's disclosure of abuse and the significance of any examination findings.
- In the setting of uncertainty, a consideration of family risk factors and potential strengths may aid the clinician in making a final determination and recommendations for the child's safety.

### INTRODUCTION

The practice of medicine has often been described as an art. Using the term “art” implies that medicine is somehow fluid, moldable, and influenced by the artist's skill level, experiences, emotions, and tools. Medical schools teach raw skills, such as history taking and note writing, in addition to the pathophysiology of disease processes. The art in medical practice lies in the application of these skills and knowledge to a particular patient. Medicine may be viewed as art within which both the physician

---

Disclosures: None.

Department of Pediatrics, Yale School of Medicine, PO Box 208064, New Haven, CT 06510, USA

\* Corresponding author.

E-mail address: [Rebecca.Moles@yale.edu](mailto:Rebecca.Moles@yale.edu)

Pediatr Clin N Am 61 (2014) 1023–1036

<http://dx.doi.org/10.1016/j.pcl.2014.06.009>

[pediatric.theclinics.com](http://pediatric.theclinics.com)

0031-3955/14/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.

and the patient are the artists, working together toward the masterpiece of diagnosis and treatment. In very young or very old patients, the caretakers often become the artists on behalf of the patients.

A necessary and fundamental component of the practice of the art of medicine is uncertainty.<sup>1</sup> Uncertainty is what drives research and new discoveries. If there were no uncertainty in diagnosis and treatment, there would be no need for a second opinion, and no need for clinical trials, case-control studies, or meta-analyses of data. Uncertainty, at its most basic level, is beneficial in medicine. At the level of an individual case, however, uncertainty is challenging, frustrating, and frightening, at times for both the patient and the physician. To admit uncertainty in a diagnosis or treatment plan may lead to a concern for malpractice by the treating physician.<sup>2</sup>

Child abuse cases have unique complexities. A diagnosis of child abuse affects those with whom a child lives, may result in a parent's incarceration, or may force a day-care provider to close her business. Incorrectly diagnosing child abuse as an accident may cause a child to be returned to an unsafe home and suffer additional injuries or death. Studies demonstrating lack of agreement on case etiology among child abuse pediatricians (CAPs) highlight the regular role uncertainty plays for a clinician faced with potential child abuse.<sup>3,4</sup> Primary care medical providers may feel particularly uncertain about all aspects of a child abuse case, from when and if to report to child protective services (CPS), to what to say to parents about reporting, to what medical testing to order, to how to follow a child in the primary care office once CPS has become involved.

The purposes of this article are to define and discuss uncertainty in the case of physical and sexual abuse, and to suggest an approach to cases to assist with managing uncertainty while still providing valuable information to the medical and CPS systems to promote the health and safety of children.

## DEFINING UNCERTAINTY

Medical providers frequently must make important decisions in the care of a patient in uncertain situations. There are countless patient care situations in which uncertainty plays a potent role. Beresford<sup>5</sup> suggested that uncertainty falls into 3 main categories: (1) technical uncertainty, whereby inadequate scientific knowledge exists to predict disease processes or outcomes; (2) personal uncertainty, such as when the medical provider is unaware of the patient's wishes or when personal connection to the patient may affect judgment; and (3) conceptual uncertainty, which occurs when a provider must choose between 2 or more options that are incomparable, such as determining which of 2 complex and seriously ill patients receives an urgent imaging appointment or when trying to predict outcomes of the same procedure in 2 vastly different patients. This article discusses each of these in the context of an evaluation of a child suspected of being a victim of physical abuse.

### *Technical Uncertainty*

---

In cases of suspected child abuse, technical uncertainty plays a role in both the expertise of the individual medical provider and the body of knowledge that makes up the evidence base supporting or refuting a diagnosis of abuse. In cases of suspected physical abuse, a common question facing the clinician is whether the injury the child has sustained is adequately explained by the history provided by the caregiver. Primary care clinicians may be uncertain about how to answer this question because of a lack of training about and experience with injury mechanics in children of varying developmental abilities. CAPs may be faced with a lack of definitive, evidenced-based

Download English Version:

<https://daneshyari.com/en/article/4173797>

Download Persian Version:

<https://daneshyari.com/article/4173797>

[Daneshyari.com](https://daneshyari.com)