

Child maltreatment, Part 1: Recognizing child maltreatment and communicating concerns



Dr Margaret Colbourne

Following the 2014 release of “Lost in the Shadows” from the Representative for Children and Youth, the College of Physicians and Surgeons of BC revisited its guidelines for reporting children in need of protection. Updated standards were published in the 2014 July/August edition of the *College Connector* to remind physicians of their legal obligation to report a child who may be in need of protection, as well as guiding them through specific circumstances that may require notification and the steps required to make a proper report.^{1,2}

As health care providers we bear witness to the challenges our patients and families face while struggling with poverty, domestic violence, mental health issues, and substance dependencies. The conversations we must initiate when our patients and families present in their most vulnerable state are difficult but cannot be

ignored if we are to achieve our goal of optimizing the health and development of our young patients. Once the conversation has begun, we must be knowledgeable about the process for communicating our concerns to the appropriate child welfare workers and engaging our health care colleagues in the subsequent medical and surgical management of these children.

This is the first of a two-part theme issue on child maltreatment.

The first article is a brief update on the Suspected Child Abuse and Neglect (SCAN) teams currently operating in each provincial health authority and describes how they might assist the practitioner in patient management. The development of child abuse pediatrics as a subspecialty within pediatrics, the growing cadre of forensic nurse examiners who may assist with these cases, and the establishment of child advocacy centres in some areas of the province are discussed.

The second article focuses on the significance of bruising in the assessment of child physical abuse. Recent advances in our understanding of child maltreatment suggest relatively minor trauma in some situations can be a marker for more devastating and potentially lethal outcomes. This knowledge is reflected in current evidence-based recommendations for investigation of suspicious bruising in infants and children.

In the second part of the theme issue, coming in the October *BCMJ*, we present the articles “Abusive head trauma: Evolution of a diagnosis” and “The role of diagnostic imaging in the evaluation of child abuse.”

It is simply not possible for any one health care provider or individual to adequately manage the complex and often disturbing issues arising in cases of suspected child maltreatment. Success in the form of early recognition, comprehensive medical assessment, and timely support and intervention is only possible with appropriate communication and collaboration between multiple disciplines.

—Margaret Colbourne, MD
Clinical Associate Professor,
Department of Pediatrics,
University of British Columbia
Medical Director,
Child Protection Service Unit,
BC Children’s Hospital

References

1. Hlady JH, Wilson B. Reporting a child in need of protection—what you need to know. College of Physicians and Surgeons of BC, 2014. Accessed 6 July 2015. www.cpsbc.ca/for-physicians/college-connector/2014-V02-04.
2. College of Physicians and Surgeons of BC. Professional standards and guidelines: Reporting a child in need of protection. Accessed 6 July 2015. www.cpsbc.ca/files/pdf/PSG-Reporting-Child-in-Need.pdf.