

Child maltreatment, Part 2: An informed diagnosis— partners and tools



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Since the publication of Kempe's landmark 1962 article "The Battered-Child Syndrome," health care providers have made great strides in identifying and managing child maltreatment; yet, at times we continue to struggle with the subtleties of early recognition, as well as the subsequent communication and collaboration required across the numerous investigative disciplines.¹

Awareness and early recognition of child maltreatment are first steps in facilitating the health care response to potentially abusive situations. Identification of possible child abuse or neglect is particularly challenging because the history, which traditionally forms the basis of our clinical assessment, may not be reliable.

In this second of a two-part theme issue addressing child maltreatment we present an article aimed at informing physicians of the unprecedented growth in our understanding of inflicted head trauma in children, and an article describing the invaluable assistance that radiologists experienced in pediatric imaging can provide to health care teams.

The first article reviews the evolution of the diagnosis of abusive head trauma in infants and children, provides a brief update on the supporting medical and scientific literature, and discusses aspects of the somewhat surprising medicolegal controversy that appears to have arisen in the courts and in popular media.

The second article highlights the role of radiography in the investiga-

tion of child maltreatment, and emphasizes the need for adequate communication and collaboration with our radiology colleagues to best inform our diagnostic impressions and the conclusions that we subsequently share with criminal investigators.

As physicians we are privileged to share in some of the most significant life-changing moments in the lives of our patients and their families. Discussions with parents about the need to report concerns of maltreatment are among the most difficult conversations physicians may face with their families. Yet, health care providers must recognize that we are not alone, that valuable resources exist in our health and community partners, and that through a concerted effort we can make a difference to the health and safety of infants and children.

It is our sincere hope that the information in this two-part theme issue will help to inform health care providers in BC of a few common and important issues relating to child maltreatment, and serve as a useful tool to facilitate patient management.

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Reference

1. Kempe CH, Silverman FN, Steele BF, et al. The battered-child syndrome JAMA 1962;181:17-24.