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PROTECTING CHILDREN IN THE OFFICE

Conflict of Interest

- Consultant for: Child Protection Branch
- Speaker for: Myself
- Received grant/research support from: Nil
- Received honoraria from: I wish

Objectives

- Review of Manitoba legislation relating to child maltreatment
- Identify subtle findings of abuse
- Develop an approach to physical and sexual abuse of a child

Child Protection Centre

- Inter-disciplinary assessment unit
  - NO forensic interviewing
  - NO long term treatment
- Medical and psychosocial assessments
- Supported by Department of Families, HSC, and Child Health Program

Child Protection Centre

- 4 physicians (2.0 EFT)
- 1.5 nurse clinicians
- 2 psychologists
- 5 social workers
- 1 child life specialist
- 3 administrative support staff
- 1 manager

CPC Medical

- Purpose of assessment
  - Assess and treat injury / infection to child
  - Documentation of injury
  - Assess for underlying medical conditions
  - Provide information to law enforcement, CFS, and the courts

CFS ACT OF MANITOBA

A Child in Need of Protection

- is without adequate care, supervision, or control
- is in the care, custody, control or charge of a person
  - unable/unwilling to provide adequate care, supervision, or control
  - whose conduct endangers or may endanger the well-being of the child
  - who neglects or refuses recommended medical or remedial care

A Child in Need of Protection

- is likely to suffer harm or injury in the home environment
- is abused or is in danger of being abused (including child pornography)
- is subject to aggression or sexual harassment
- being under the age of 12, is left unattended and without reasonable provision for supervision and safety
- is subject, or is about to become subject to an unlawful adoption

What is Child Abuse?

- An act or omission of any person that results in
  - Sexual exploitation of the child
  - Physical injury to the child
  - Emotional disability

Sexual Abuse

- Well-defined in Criminal Code
  - At least 16 specific offences related to child sexual abuse
- All sexual activity without a **valid consent** constitutes a sexual assault:

Sexual Abuse - Consent

- Voluntary
- May not be compromised by physical or mental disability
- Cannot be given by a 3rd party
- Cannot be given to a person in a position of trust, power or authority
- Can be withdrawn at anytime

COMMENTARY

Age of consent for sexual activity in Canada

Steven Bellemare MD

To help protect youth from sexual predators and to fight child sexual exploitation, which has become increasingly prominent in the age of the Internet, the Government of Canada has passed new legislation increasing the age of consent for sexual activity. The new legislation came into effect on May 1, 2008, and aligns Canada's age of consent with that of many other countries.

From 1890 until recently, the age at which a youth could consent to nonexploitative sexual activity was 14 years (1). With the recent change to the criminal code of Canada, the

As before, all nonconsensual sexual activity, regardless of age, constitutes a sexual assault.

Exploitative sexual activity, sexual assault or sexual activity with anyone younger than 12 years of age or between 12 and 16 years of age, except as above, should raise child protection concerns. All Canadian provinces and territories have child protection legislation with mandatory reporting laws for suspected cases of child maltreatment. Because child protection is a provincial matter, each province has slightly different legislations with notable

Sexual Abuse - Consent

- Non-exploitive sexual activity
  - does not involve prostitution or pornography
  - where there is no relationship of trust, authority or dependency
  - **12- <14 yrs** – consent valid where the age difference is no more than **2** years
  - **14- <16 yrs** – consent valid where the age difference is no more than **5** years
  - **>16 yrs** – age is not a factor

Physical Abuse

- Active – non-accidental trauma
- Passive – lack of reasonable supervision that results in physical injury
- Less well-defined in criminal code because of Section 43 (“Correction of a child by force”)
  - No specific charges of “child physical abuse”

Identification of Abuse

- Identification does not mean proof of abuse
- Identification means a reasonable suspicion that a child might be in need of protection
- Identification is based on disclosure and/or physical findings

Reporting of Abuse

- This obligation applies
  - when the information that leads one to suspect abuse is obtained within a confidential relationship
  - to abuse which may have occurred in the past (no time limit) as well as recent abuse
  - regardless of whether or not you believe the child to be in current danger

Reporting of Abuse

- PHIA (Man. June ’98) – outlines legal obligation to confidentiality
- Sec 22(2) allows a physician to release personal health information where use of the information is authorized by an existing enactment of Canada or Manitoba

Protecting Children (Sharing Information Act)

- *For the purpose of providing or planning for the provision of services or benefits to a supported child, a service provider may:*
  - *collect personal information or personal health information about the supported child or the child's parent or guardian from another service provider; and*

Protecting Children (Sharing Information Act)

- *For the purpose of providing or planning for the provision of services or benefits to a supported child, a service provider may:*
  - *collect personal health information about the supported child from a trustee;*
  - *and may use the information for the purpose of providing or planning for the provision of services or benefits to the child.*

Protecting Children (Sharing Information Act)

- CPC has access to this information if all of the conditions are met:
  - The child is ‘supported’
    - In CFS care, or
    - The child or parents are receiving programs or services from CFS
    - The child otherwise meets the definitions of ‘supported’ in the Act

Protecting Children (Sharing Information Act)

- CPC has access to this information if all of the conditions are met:
  - The disclosure is for the purposes of providing or planning for the provision of services or benefits to the supported child
  - The disclosure is in the best interests of the child
  - The disclosure is necessary
  - The disclosure is minimum amount necessary

Protecting Children (Sharing Information Act)

- CPC has access to this information if all of the conditions are met:
  - Includes strengths of child and parents
  - Disclosure is not otherwise prohibited by law
  - The information disclosed is accurate and not misleading

Protecting Children (Sharing Information Act)

- https://www.gov.mb.ca/informationsharingact/service-providers.html

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- A minor injury
  - Visible / detectable
  - Occurred at an age when the infant could not cruise and was unexplained or poorly explained
  - Healing rib fractures are NOT sentinel injures but the bruise on the chest is

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- Studies show that very few pre-cruising infants bruise
  - 1983 Mortimer, PE. Are facial bruises in babies ever accidental?
    - 620 babies < 12 months of age
    - One infant < 9 months had a bruise
  - 1990 Wedgewood J. Childhood Bruising
    - Correlated motor ability with bruising in 56 non-abused children
    - NO bruises in those not yet cruising

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- 1999 Sugar NF, et al. Bruises in infants and toddlers: those who don't cruise rarely bruise.
  - Prospective – bruising in children at well child clinic
  - 2.2% of pre-cruising infants had bruises
  - 0.6% younger than 6 months had bruises
- 2001 Labbe J, et al. Recent skin injuries in normal children.
  - Infants 0-8 months seen in clinic for non-trauma
  - Bruises in 1.2%

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- 2014 Harper NS et al. *Additional injuries in Young Infants with Concern for Abuse and Apparently Isolated Bruises.* J Peds
  - < 6 month olds evaluated for abuse with only a single bruise
  - 23.3% had another injury on skeletal survey
  - 27.4% had injury on neuroimaging
  - Overall >50% had at least one additional serious injury

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- Many papers have documented the escalation of abuse
  - Frena tears and AHT
  - Facial bruising as a precursor to AHT
  - Offender statements regarding chronicity and escalation of violence towards children
- The isolated 'loss of control' is not supported by the literature or confessions

Sentinel Injuries

Murray, S, Sheets, L. *Marks That Matter*. AAP Conference, 2014.

- Sentinel Injuries do not equal abuse
  - They should raise suspicion
  - Should be evaluated by CPC
    - Look for other injuries
    - Assess for medical causes
  - Beware:
    - Implausible explanations (developmental abilities)
    - Blaming the sibling
    - Short falls
    - Bias that the family couldn't possibly abuse their child

Abuse Disclosures

- Spontaneous disclosures require verbatim documentation along with any preceding comments or questions
- Initial response is crucial!
- Reassure the child that talking is okay

Abuse Disclosures

- If possible the child should be interviewed away from the parent
  - May not always be prudent
  - Caregivers can subtly influence the disclosure
  - Some caregivers may be supportive of the accused
- Inform the child that it is required to involve other professionals to ensure his/her safety and well-being

Abuse Disclosures

- Only use open-ended questions
  - Never use leading or suggestive questions
  - Who touched your privates?
  - I know that Uncle Joe hurt you, tell me about it.
- Use developmentally appropriate language
- Avoid urging or coercing children to talk about abuse

Abuse Disclosures

- Remember that this is a MEDICAL interview
  - Obtain information needed to make appropriate medical decisions regarding investigations or treatment
  - Ie. Not relevant to know WHY she drank so much at the party
- A forensic interview will be conducted by those trained in doing so

Abuse Disclosures

- Whenever the possibility of abuse arises 5 important issues should be addressed;
  - Safety of the child
    - Is the child unsafe to go home
    - Is the child in danger of retribution for disclosing
    - Is there concern for coercion regarding the disclosure
    - Any “yes” is a protection emergency and CFS should be notified immediately

Abuse Disclosures

- Whenever the possibility of abuse arises 5 important issues should be addressed;
  - Reporting to CFS
    - Required for all suspicions of maltreatment or child in need of protection
    - ? Custody issues
    - Did the child disclose or the lone parent report?
    - Err on the side of protection and most cases should be reported

Abuse Disclosures

- Whenever the possibility of abuse arises 5 important issues should be addressed;
  - Child's mental health
    - May need immediate assessment prior to forensic evaluation
    - Assess parental support of disclosure – many children are singled out as breaking up the family and/or creating financial strife when the accused is removed from the home

Abuse Disclosures

- Whenever the possibility of abuse arises 5 important issues should be addressed;
  - Need for medical examination
    - Urgent medical assessment for any symptoms of injury or infection – pain, bleeding, or discharge
    - Non-urgent referrals may be made to CPC (call 787-2811)

Abuse Disclosures

- Whenever the possibility of abuse arises 5 important issues should be addressed;
  - Need for forensic examination
    - Forensic examination by SANE nurse for:
      Post-pubescent <120 hours
      Pre-pubescent <72 hours
    - Non-urgent referrals may be made to CPC (call 787-2811)

Abuse “Workups”

- ‘Abuse Workups’ do not RULE OUT abuse
- Skeletal surveys, neuroimaging, liver enzymes, lipase – SCREEN for occult injury
- Differ from a negative sepsis workup which rules out a diagnostic consideration

Abuse “Workups”

- Physicians role in managing child victims of abuse
  - Screen and treat injury
  - Screen and treat infection
  - Screen and treat mental health issues
  - Report to appropriate authorities…
- CFS and law enforcement will investigate abuse and determine safety

Summary

- Do not “prove” abuse
  - Report reasonable protection concerns
- Recognize sentinel injuries as concerning for abuse
- Record, Reassure, and Report abuse disclosures in the office

Thank you!