

After the Report:

Insights from a Pediatric Physical Abuse Follow-up Clinic

*Supporting Families, Amplifying their Stories,
and Reducing the Risk of Reinjury*

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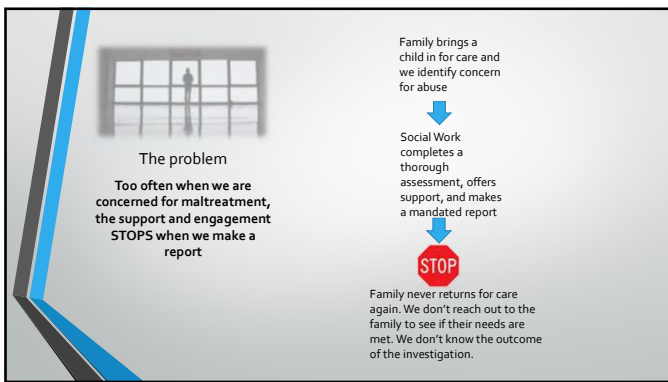
Before we begin...

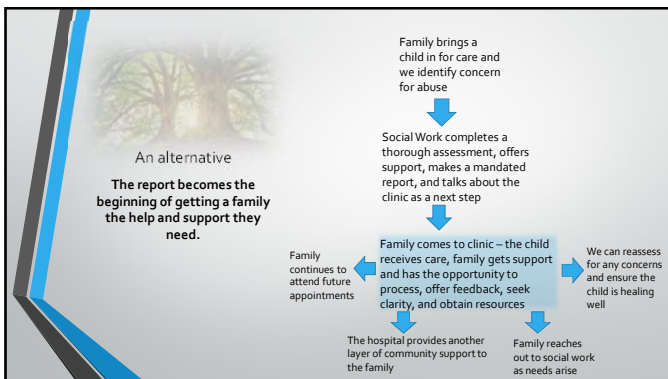
- This presentation will contain some descriptions of physical abuse which are potentially distressing for attendees. There will not be any images depicting abuse.
- Each state has its own mandated reporting laws: you may have differing capacities to communicate with outside agencies after a mandated report is completed.

Objectives of today's presentation

1. Discuss the foundational approach of working with families and engaging them after mandated reports have been made, taking into account the family's perspective.
2. Describe assessment measures to identify safety risks and how to engage families in the process, highlighting the goal of injury prevention.
3. Identify the complexities of working with families when physical abuse is an identified concern, including bias, working with outside agencies, and unknown perpetrators.

Part I: Why have a Follow Up Clinic?





Who are the clinic's patients?

- The clinic serves patients under ten who present to our Emergency Department or are admitted with concern for acute physically abusive injuries that result in a mandated report
- The patient is seen approximately 2 weeks after the initial report was made
- This follow up is voluntary and families can decline

The Numbers

Since the clinic opened social work has seen 509 unique patients and...

- Made 386 follow up calls to families, Children's Services, Law Enforcement, and other community-based agencies
- Made 26 new reports for suspected physical abuse and 7 reports for other concerns
 - The rate of re-reporting physical abuse for patients attending clinic is 5.1%, whereas the general rate of reinjury across the hospital is 12.34%
- Engaged in safety planning with 22 families
- Completed 33 new referrals to needed services like counseling, Legal Aid, Help Me Grow

What happens in clinic?

- The medical team completes a thorough medical work-up: specifics depend on their age and the type of injuries. They determine:
 - Do the injuries we're seeing match the story the caregiver provided?
 - Is the team concerned that these injuries were abusive, or is there another possible explanation that we need to evaluate?
 - Are the injuries healing? Is there concern for a new injury since the last report?
- Psychology assesses need for additional services - there may be a concern regarding developmental milestones or response to trauma
- The child is referred to any needed subspecialties for additional follow up

What about social work?!

Part II: The Social Work Role in Clinic

Social work meets the family where they're at

- Normalizes the family's reaction to mandated reporting and invite feedback
- Asks about the status of any investigations – what have they heard from child welfare or law enforcement? What questions do they have about these systems?
- Assesses the caregiver's perception of the injury – do they understand our concerns? Are they protective?
- Ensures families understand what we will be communicating back to Children's Services and Law Enforcement

We are in a unique position to hear the family's perspective

- "I feel like everything changed and a switch flipped"
- "I feel like I have been stabbed in my motherhood"
- "All eyes are on me, is this to assess to make sure I haven't hurt my kid?"
- "Will we continue to be monitored? Will we do this every time we come to the hospital?"
- "I will never come back."

Themes from families

Families feel...

- ...accused and judged
- ...that we're withholding information from them while sharing very transparently with outside agencies
- ...concerned they receive second-class service because they're labelled Abusers
- ...that Children's Services won't consider possible non-abusive causes because they've place so much weight on hospital reporting

What can we do differently?

- **Don't** use medicalized language to obscure a concern for abuse
- **Don't** block notes simply out of concern for maltreatment
- **Don't** automatically "cut parents out" of communications if they lose custody – instead, slow down, talk to the team, and think about ways to include them *safely* – if possible
- **Do** use teach-back to ensure families understand why we're concerned
- **Do** make sure Children's Services and Law Enforcement have the "full story" – including things that complicate the case and could suggest it's not necessarily an abusive injury

What can we do differently?

- Be transparent about any communication with Children's Services
- Contact caseworkers when families have questions
- Make sure families understand the difference between hospital social work and Children's Services
 - "When does our safety plan end?"
 - "When do the kids get to come back?"

What happens when we're transparent? What happens when we come to clinic to be healers?

Families feel...

- Like they're truly heard
- That they're finally given permission to grieve, to be angry, to express true emotions
- Able to ask questions without judgment
- Willing to bring their children back for care

...And yes, sometimes they still feel angry and still will never come back.

Clinic Success Stories

- A child was seen for a possible fracture concerning for abuse. In follow up, **no** fracture was identified, thus there was no real concern for abuse.
- A baby followed up in clinic after sustaining an abusive brain injury. At the appointment new facial bruising was found. The clinic made reports and the baby was placed out of the home with relatives.
- In countless cases, other safety concerns are identified and we can complete safety planning in the moment (for example, domestic violence concerns or a mental health crisis)

Part III – Takeaways

What may translate to your own role as a mandated reporter?

Steps to take when making a report

- Inform the family you're making a report and explain why you are doing so*
- Write family-facing documentation about reporting*
- Listen to any concerns and allow the family time to process
- Let them know what they might expect as a result of reporting
- Engage in any needed safety planning if the situation merits it
- Plan to follow up with the family to further assess for needs and concerns. Give the family your contact information*

*Unless, in your clinical judgment, there are safety concerns around doing this

Following up after a report is made

LISTEN

- How is their child doing? How is the caregiver doing?
- What was their experience with the mandated reporting process? What has their experience been like with any investigations?
- Offer emotional support – reporting is stressful and often traumatic
- Listen to the family's concerns without being defensive. Give them plenty of time to process, don't rush

Following up after a report is made

GATHER INFORMATION

- Is there any formal safety plan that's been put in place by Children's Services?
- What have they heard from child welfare or law enforcement? What questions do they have about these systems? Are they willing to work with these systems?
- Do they believe that their child experienced maltreatment?
- What actions have they taken to protect their child from any additional harm?

Following up after a report is made

ASSESS FOR UNDERSTANDING

- Do they understand why we are concerned for maltreatment? (Be open to explaining your concerns again)
- Can they describe their child's current medical needs and prognosis?
- Do they understand the difference between your role and that of Children's Services?
- What do they understand next steps to be – regarding the child's medical needs, and regarding any actions from Children's Services or Law Enforcement?
- Do they understand what you will communicate to Children's Services or Law Enforcement as part of following up to your mandated report?

Following up after a report is made

OFFER SUPPORT

- Acknowledge how stressful the experience is
- Give the family space to process concerns and make sure they feel heard.
- Connect them to patient relations or any formal grievance process as necessary
- Assist them in reaching their caseworker if they have questions more appropriate for Children's Services
- Address any barriers to attending follow up appointments
- Make sure they know how to access the medical record if needed

"We need to dispel the myth that empathy is 'walking in someone else's shoes.' Rather than walking in your shoes, I need to learn how to listen to the story you tell about what it's like in your shoes and believe you even when it doesn't match my experiences."

- Brene Brown

