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GPs and Child Abuse: A Pilot Study Report

Acknowledgements

- GPs who gave their time
- RACGP who supported this pilot study with a FMCER grant in 2008-2009

What the literature says

- Doctors (not just GPs) are responsible for 0.2-10.2% all child abuse notifications (2007)
- BEACH (2000-2007) reports 42 per 100,000 encounters with children managed child abuse
- Estimated prevalence 1/10 physical abuse, 1/3 girls (1.6/10 males) experience unwanted sexual activity, 1/10 (4/100 males) attempted or penetrative sexual abuse

Reported Barriers to identifying child abuse

- Diagnosis of exclusion
- Lack of knowledge, evidence & support
- Ongoing relationship with family
- Previous experience with child protection
- Doubts of child protection effectiveness

Method

- 9 GPs in-depth interview
- Difficulties with recruitment resulted in less than the original design 20-30 interviews
- Analysis: qualitative thematic analysis
- Data Management assisted by Nvivo 8
- Ethics approval Monash SCE, with advice from RACGP Ethics

Results

- Difficulties for GPs
- Reporting Experiences
- Ongoing care
- GP Recommendations

Difficulties with identification

- I think that a lot of times doctors don't see what's there. I think that in all forms are quite hard to identify, I don't think there are any easy forms. (Female GP urban)
- I wouldn't report just on suspicion, correct me if I'm wrong, I'm looking for that proof. (Female GP other rural centre)

Difficulties: External Pressure

- Well I get really cross ... with newspaper accounts of poor recognition of sexual abuse. You're always thinking, is this child abuse? I look for a child whose behaviour's gone off, who has abdominal pain, multiple presentations for non specific conditions, behaviour both at home and/or at school going off and a child who seems very distrustful of you, or the child who is all over you inappropriately … I'm bending over backwards. (Female GP other rural centre)

Medical Training: Making a correct diagnosis

- Issues in making a “correct” diagnosis
- Doctors should think about child abuse
- Some required a higher diagnostic certainty before making a report
- Higher diagnostic certainty when reporting than other mandated professionals (Warner and Hansen 1994)

Reporting Experiences

- She was a very, very independent private young girl and all she wanted was some help and some suggestions on how to stop the abuse occurring. [After reporting] She had to talk to lots of strangers about stuff that was very intimate. She found it very, very distressing and didn’t find the outcome she wanted. (female GP small rural town)

Ongoing Care: Working together

- I can actually do a lot of positive things [by reporting child abuse] at a very basic level. I may not solve the big problems … other people can do that (male GP, small rural town)

- ... as a GP you've known this family for X number of years and the relationships have been okay. It would seem to you could provide context above the "reporting facts" (male GP, small rural town)

GP Recommendations

- More prevention and at risk services
- Recognition of their expertise
- Advice and feedback to assist with ongoing care children and the family
- Flexible models of child protection service provision
- Education and training similar to mental health model
- Support services and debriefing for GPs

Ways forward

- Think of child abuse
- Trust your clinical intuition
- Diagnostic certainty is not required
- It is “hard” on families
- Child abuse is “harder” on children
- You can make a difference now and in the longterm ... And others can help.