

How to Write an Effective Impact Statement

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What is an impact statement?

- A report or letter written by a health care provider about a child or children suspected of having been abused;
- Intended to inform future medical care for the child and legal decisions related to the case, including court proceedings.
- May be called by other names.
- Some use the medical record or report with a separate section for the final statement.

Mian M, Schryer CF, Spafford MM, Joosten J, Lingard L. Current practice in physical child abuse forensic reports: A preliminary exploration. *Child Abuse & Neglect*. 2009. 33: 679-683.

Its purpose is to inform, to interpret and to provide an opinion, usually for child protective services or the court. Such a statement may be needed prior to the medical record.

Information contained in the statement

- The CPS worker's name and address
- The name of the patient and the patient's date of birth
- Your role with the patient, and if this is a referral, who referred the patient to you
- The family members you talked with
- What medical records, tests, imaging, etc. you reviewed
- A clear and easy to understand description of the patient's medical issues, the condition of the patient at the time of your examination and any points of medical concern, such as neglect
- The name of other medical professionals involved with the case and their services or diagnosis
- Your professional opinion and diagnosis
- Your name, title and contact information

Components

Introduction

- Describe how you know the patient.
- State the referral source and when you performed an examination or reviewed records.

Body

- Provide the presenting complaint (brief history), describe the physical findings and define the medical issues. List tests performed, treatment given and what tests are pending. Describe the issues that cause concern.
- For neglect situations, describe specific concerns such as missed medical appointments with provider/specialty clinics, non-compliance with medications, poor dietary intake despite counseling, etc.
- Explain the usual mechanism for an injury and whether the history explains the finding. For neglect, discuss normal growth, development and expected parental responses or other effect, depending on the situation.
- Make a statement regarding time frame since the abuse or since the neglect began.

Formulation

- Give your opinion regarding the finding or the patient's general well-being.
- Explain what this opinion is based on (if you can say). Balanced objectivity is necessary but should support your opinion.
- Each injury might best be described separately or under separate headings.
- Depending on the context, "suspicious for" is often less convincing than "consistent with" or "indicates." If you are unsure, "suspicious" allows for uncertainty. In the case of abuse, these words can be used, but words like "unusual" to support the fact that an injury is non-accidental, "highly unlikely" to be accidental or "indicates" non-accidental injury are more persuasive.

Summary

- Explain if the finding is severe or life threatening. Describe the risks due to complications.
- For neglect, describe the negative impact of the parent's inability or unwillingness to follow medical treatment for the child. This should include the range of medical risk factors.

In some cases of physical abuse, sexual abuse, neglect or emotional abuse situations further information not listed here may be required. If there is no concern for abuse, this format may also be adapted to be a letter of support for the parent or guardian.

Documentation Tips

Whenever possible, describe the concerns so that the legal definition is met. For example, for neglect, maltreatment means that a child's physical, mental or emotional condition has been impaired or placed in imminent danger of impairment by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by:

- Failing to provide sufficient food, clothing, shelter, education; or
- Failing to provide proper supervision, guardianship, or medical care (refers to all medical issues including compliance with medical recommendations, including dental, optometric, or surgical care); or
- Inflicting excessive corporal punishment, abandoning the child, or misusing alcohol or other drugs to the extent that the child was placed in imminent danger.

When documenting an opinion in an impact statement regarding neglect, using the words "failed to provide proper supervision" is a powerful statement.

Similarly, the definitions for sexual and physical abuse can be used to assist with terminology. The term child abuse encompasses the most serious harms committed against children. An "abused child" is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury or commits an act of sex abuse against the child. Not only can a person be abusive to a child if they perpetrate any of these actions against a child in their care, they can be guilty of abusing a child if they knowingly allow someone else to do these things to that child.

In both the medical record documentation and any statements provided to police or child protective authorities, be aware of the potential for misinterpretation. Therefore, it is important to discuss the content of your impact statement with these agencies prior to sending them a signed copy.

In addition,

- Avoid jargon
- Create a written chronology of information
- Describe injury by stating facts and estimate degree of force
- Avoid assignment of "intent"
- Differentiate natural disease states
- Differentiate accidental and non-accidental
- Admit uncertainty
- Consider pointing out limitations of the report

David TJ. Avoidable pitfalls when writing medical reports for court proceedings in cases of suspected child abuse. *Arch Dis Child*. 2004 Sep;89(9):799-804.

Say What You Mean

Word or Phrase	Meaning	Misinterpretation	Use instead
Alleged	Legal term meaning suspect	Doubtful or supposed	Describe relationship to child (victim)
Intact	Complete, whole, normal	Untouched	Normal
Rape	Legal term meaning unlawful sexual intercourse	Legal definition is penetration beyond the labia	Describe history or physical findings
Rule out	To eliminate or exclude a possibility	Misread as meaning the diagnosis was eliminated	Document the diagnosis (i.e., abuse)
Reportedly	According to rumor or report	Implies doubt	Describe disclosure, “patient reports”
Suspicious	Distrust or questioning of something	Enough to make a legal report but not proven—just an allegation	Describe why there are suspicions
Consistent with	Scientific word meaning opposite of inconsistent	Legally may represent a higher degree of certainty	“Typical of,” “representative” or “indicative of” are less ambiguous but “consistent with” may be more persuasive
Neither confirms nor denies	Medical information does not help in determining whether the history or suspicions are true	No evidence	State evidence if the behaviors or disclosure are consistent with abuse and the normal exam is consistent with this

Reference: Spafford MM, Schryer CF, Lingard L, Mian, M. Accessibility and order: Crossing borders in child abuse forensic reports. *Technical Communication Quarterly*. 2010; 19(2):118-143.

Impact Statements Should

- Describe the situation and your relationship to the patient.
- Use layman's terms to describe medical issues.
- Clearly define your concerns in terms that are meaningful to the court and child protective services.
- Answer questions that CPS has asked.
- Identify your opinion if you have one, but refrain from outright advocacy if possible.
- Usually outline next steps for medical and/or legal needs.

For further information regarding child abuse definitions, see <http://www.ocfs.state.ny.us/main/cps/critical.asp>.

For possible impressions for sexual abuse, see <http://childabusemd.com/documentation/documenting-diagnosis.shtml>

For more information regarding documentation, see <http://childabusemd.com/documentation/documentation-overview.shtml>.

Sample Wording for a Physical Abuse Impact Statement

Baby X is a 7 month-old male that I examined in the afternoon on May 4, 2011. He was admitted to the pediatric unit at the GCH for evaluation of bruised genitalia. I was asked to consult because of a concern regarding suspected non-accidental trauma.

I reviewed the records from the ED as well as his primary care and birth records.

Baby X had been well until the day that he presented with the bruises. His examination revealed red and purple bruising over his left scrotum and a dark purple bruise under the scrotum. The genital area was very swollen and tender to touch. The baby had some lab tests performed to test for bleeding disorders. These were all within normal limits. However, he was noted to have a very elevated liver function test. This degree of elevation is often associated with abdominal trauma. He had bruises on his forehead and chest (approximately 1 cm in diameter and red in color). He was taken to the operating room to determine if he had a hernia and it was determined that there was no hernia. However, an extensive amount of bleeding was observed in the tissues.

Bruising on this relatively protected area of a diapered baby that is not able to walk, cruise or cause injury to himself and for which there is no history of injury and no medical cause is highly unusual. Bruises to the head and chest of an infant are also suspicious for non-accidental trauma. Based on the information from the parents, the injury most likely occurred on the day the child was brought to the ED.

In my opinion, the baby has suffered from non-accidental trauma. The combination of bruises, evidence of liver trauma and lack of history of accidental trauma indicate that physical abuse has occurred.

Although these bruises were not life threatening in this case, long-term sequelae from genital bruising, such as loss of function of the testes, may occur.

The findings indicate substantial risk of serious physical injury.

Since we were unable to do tests for forensic evidence, it remains uncertain regarding the possibility that the finding of bruises to the genital area represent findings from sexual abuse.

Another Example of Wording for a Physical Abuse Impact Statement

I was asked to consult regarding Baby X, a 10 week-old baby girl that was admitted to the Golisano Children's Hospital PICU today for a severe head injury.

Baby X is critically injured and has suffered significant trauma to her brain. The scans of her brain indicate that she has both subdural and subarachnoid hemorrhages as well as injury to the brain matter. She has retinal hemorrhages in both eyes, with nearly complete retinal detachment on the right eye. She has bilateral rib fractures of lateral ribs (5-7) that appear to be healing. She also has a new fracture of the posterior right 10th rib. She has multiple bruises about her face and neck as well as her buttocks. Elevated liver function tests suggest that she has had abdominal trauma.

It is my opinion that these injuries were inflicted. The multiple injuries, the severity of the injuries and the fact that there are rib fractures indicate that these injuries were not inflicted by a young child. These injuries are very significant and highly unlikely due to accidental causes. **It is anticipated that she will die from these injuries or risks suffering severe brain injury, seizures, loss of developmental abilities and blindness.**

As you know, I recommend that the other children be examined by a physician as soon as possible.

Please contact me if you have any questions.

Sample Wording for No Concern for Physical Abuse

I reviewed the records that you supplied to me regarding Baby X, a 2-month- old male infant who has a fracture of the right clavicle.

The radiology report indicates that the fracture is healing and has a significant amount of new bone formation. I reviewed the X-ray as well, and agree with this assessment. The callous (new bone) formation indicates that it is an old fracture. The findings are consistent with a fracture that may have occurred at birth.

Clavicle fractures commonly occur during birth and are occasionally missed on the newborn examination. Infants generally do not need any special treatment for these fractures and they heal on their own. Clavicle fractures in this age group are rarely caused by any other means (accidental or non-accidental), and therefore, child abuse is unlikely.

The records do not reveal any other concerns or suspicions regarding the health or wellbeing of the baby. There is a history of spitting and probably mild reflux, but the baby is growing well and has kept all of his appointments at the primary care office.

It is my opinion that the clavicle fracture is a birth injury and does not represent trauma due to child abuse.

Please feel free to contact me with any questions.

Sample Wording for a Sexual Abuse Impact Statement

I examined Toddler X, a 3 year-old toddler, on 7/17/10 in the CARE Program.

This was Toddler X's first and only appointment with CARE, although she previously underwent an evaluation by the SANE Program in X county. The history of her behaviors is suspicious for sexual and emotional abuse. For example, the use of such extensive profanity in a two year old is indicative of exposure to the language. Exhibiting fear of adult males (the foster father) is unusual, but may be developmentally appropriate and/or may indicate legitimate fear based on previous experiences with men. Her physical and genital examinations were essentially normal. We performed a test for vaginal GC and Chlamydia (NAAT) and this was negative.

Toddler X's findings indicate a normal examination. This does not rule out the possibility of sexual abuse. For example, tears to the oral, rectal and vaginal mucosa that may have occurred in the past would likely be healed by the time of our examination.

Sample Wording of the Summary for Neglect

In summary, Baby X has been failing to thrive despite his minimal needs as a premature baby and despite his mother's awareness of his needs for special formula. There are concerns about the unexplained knee injury and the mother leaving the clinic without allowing a complete evaluation.

In my medical professional opinion, if Baby X is discharged home to his mother's care he would remain at imminent risk of maternal neglect. It is not advisable to try to institute services for this baby for every single feeding, every pulmonary treatment and emotional contact.

It is clear from this inpatient admission his needs upon discharge would best be met in an out of home placement. The mother has been provided with access to appropriate support services, indeed she has been offered every known service that we have available in our county. However, she has consistently failed to meet her son's nutritional, medical and emotional needs. In my opinion, this baby will thrive in a home where these needs are met on a regular basis.