

Episode: *Author Interview: “How Should Clinicians and Students Cope With Secondary Trauma When Caring for Children Traumatized by Abuse or Neglect?”*

Guest: Colleen E. Bennett, MD, MSHP

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview* series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Colleen Bennett, an assistant physician in child abuse pediatrics and the Medical Director of the Care Clinics at the Children's Hospital of Philadelphia in Pennsylvania. She is also an Assistant Professor of Clinical Pediatrics at the Perelman School of Medicine at the University of Pennsylvania. She's here to discuss her article, coauthored with Dr Cindy Christian, “*How Should Clinicians and Students Cope With Secondary Trauma When Caring for Children Traumatized by Abuse or Neglect?*,” in the February 2023 issue of the Journal, [Child Abuse and Neglect](#). Dr Bennett, thank you so much for being on the podcast. [music fades]

DR COLLEEN BENNETT: Thank you so much for having me today. I look forward to talking with you.

HOFF: So, what's the main ethics point that you and Dr Christian are making in this article?

BENNETT: So, I think the main ethics point is child abuse is really an area that no parent or caregiver ever imagines being part of their life. And so, when these issues come up, whether a child is clearly abused or whether there's a question of abuse, that's incredibly traumatic for families. Parents may be scared. They may be angry. They may be worried. They may be frustrated. And there's a variety of emotions that they may experience that are almost always negative. So, as clinical providers, whether a physician, nurse practitioner, trainee, we come in to talk to them. And what's important to recognize is how traumatizing this is for families and then to recognize our role that we need to be honest and clear about our concerns to families in these difficult encounters. It's important to use language that families understand and to be transparent in our concerns to families. Additionally, it's important to be honest and transparent with investigators. There's times where we can be certain about a diagnosis of abuse, but there's a lot of times where we have uncertainty, and we can't be sure. And so, it's critical that we really convey our honest and transparent diagnoses in a way that it is understandable to families and to investigators.

HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

BENNETT: From a health professions student and trainee perspective, I think it's incredibly important to be aware of the problem of child maltreatment and to take an objective approach to cases where there's concerns for child maltreatment. So, we know that biases exist, and it's important that we really ensure that we care for each child consistently and that we take an objective, careful, and thorough approach in our evaluations to reduce the potential for bias and

erroneous diagnoses. It's also critical that we recognize how challenging these cases may be for trainees and students and also how challenging they may be for families. And so, we as health care providers play an important role in providing compassionate care when addressing these issues with families, as the diagnosis of child abuse can have an enormous impact on a family's life.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

BENNETT: We're living in an era of disinformation and alternate facts in the field of child maltreatment. So, in the courtroom, you may encounter unique theories of causation, both from providers, from families, and the legal system, which bring up many ethical questions about honesty, integrity in courtrooms and in research. So, that's one thing I would consider. And then additionally, I think we would've liked to have expanded more on the emotional impact that this work can have on providers, recognizing that there are some providers who may have their own histories, personal histories of child abuse, and that these cases can be really triggering for them. So, sometimes trainees or students may feel horrified or disgusted, and there are many areas of medicine that are tragic. Talking to families about end-of-life care or cancer diagnoses are really difficult, and this is another one of those areas that is very difficult work in medicine. And so, it can be traumatizing to take care of these families. And I think in our article, it would have been great to have more ability to really expand on how we can help these patients while also addressing our own negative emotions that may come up while providing care. [music returns]

HOFF: Dr Bennett, thank you so much for your time on the podcast today and for you and your coauthor's contribution to the Journal this month.

BENNETT: Thank you so much for having me.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.