Survey of a Pediatric Hospital Staff Regarding Cases of Suspected Child Abuse and Neglect

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Abstract

Background: The suspicion of child abuse and neglect may arise from manifestations such as physical or psychosomatic symptoms, eating disorders, suicidal behavior, impaired parental functioning, etc. Thus the arrival of an abused or neglected child at the hospital provides an opportunity for detecting the problem and beginning a process of change. Optimal utilization of this potential depends on the awareness, diagnostic ability and cooperation of the staff.

Objectives: To assess knowledge about hospital policy, attitudes and actual behavior of hospital staff in cases of SCAN.

Methods: The questionnaire was adapted and distributed to a convenience sample of personnel at a children's hospital. The questionnaire included items on knowledge of hospital policy regarding SCAN, attitudes towards inquiring about cases that appear suspicious, and behaviors in cases in which the respondent was involved. The comparison of responses to specific questions and among members of different professions was analyzed by chi-square test.

Results: Eighty-two staff members completed the questionnaires. Most of the respondents were aware of hospital policy regarding suspected abuse (86.6%), with fewer regarding suspected neglect (77.2%). Physicians were the least aware of these policies, as compared to medical students, nurses and social workers. Although most considered the issue of SCAN a responsibility of members of their own profession, 35.4% considered it primarily the responsibility of the welfare or judicial systems. Over 40% felt uncomfortable discussing suspicions with the child and nearly half felt uncomfortable discussing them with parents. The most often reported reason for this was the sense that they lacked skills or training for dealing with the issue. Despite this, when asked about actual behavior, 94.7% responded that they do try to clarify the circumstances related to the suspicious symptoms. Respondents were more likely to contact the hospital social worker than community resources (91.5% vs. 47.2%).

Conclusions: There is a need to encourage awareness, discourse and training of medical personnel regarding SCAN in order to maximize their potential to identify children at risk.

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In recent years, domestic violence in general and child abuse and neglect in particular have gained increasing public attention, either because societies have become more violent or because awareness and public discourse of the problem have grown [1–4]. In this regard Israel is similar to other western countries, with statistics showing a consistent increase over the last decade in the number of children reported to the authorities because of suspected child abuse and neglect [5]. As part of this trend, health professionals are called upon to contend with cases that arouse such suspicions.

In Israel, in response to societal developments over the past two decades, legal mandatory reporting was stipulated in the 1989 amendment of the penal code (clause 368d). Clinical experience has shown that a hospital is indeed an effective professional framework for the diagnosis of children at risk. As a non-stigmatic and universal service, the ability of personnel to identify children at risk in such a facility is enhanced [6–8]. On the other hand, the clinical presentation of these cases is most often not clear-cut or obvious, and differential diagnosis is necessary. Optimal utilization of the inherent potential in hospitals for the identification of children at risk is dependent on the awareness, alertness and diagnostic ability of staff members, particularly doctors and nurses. Ministry of Health directives (No. 20/90 in 1985 and No. 25/03 in 2003) stipulate intervention procedures that maximize use of the conditions intrinsic to hospitals and require every hospital to appoint a multidisciplinary Child Protection Team to assume responsibility for identification, assessment and reporting of SCAN. At the Sheba Medical Center's Safra Children's Hospital, this team is headed by a social worker and includes a senior pediatrician, nurse and child psychiatrist.

In order to maximize the potential of hospital staff to identify children at risk, it is important to understand the factors affecting staff members regarding the issue of SCAN so that programs for enhancing their effectiveness can be planned. There is a paucity of information regarding factors influencing the behavior and attitudes of Israeli health professionals in the area of SCAN. The most recent of the few Israeli studies revealed by a PubMed search was by Tirosh et al. [9], who examined the attitudes of physicians in northern Israel towards corporal punishment in childhood and their subsequent actions regarding the reporting of child abuse. The study shows that corporal punishment was approved by 58% of the participants and this attitude was found to be significantly associated to reporting behavior.

In light of the above-mentioned legislative and policy changes, along with the central role of health professionals in identifying

SCAN = suspicion of child abuse and neglect

possible cases, the current survey aimed at assessing hospital personnel's knowledge regarding hospital policy, attitudes and willingness to act in cases of SCAN.

Materials and Methods

From January to March 2003, 90 questionnaires were distributed among employees of the Safra Children's Hospital, Sheba Medical Center. An attempt was made to distribute them to staff in each department and among members of the medical and paramedical profession, including students. The questionnaire was completed anonymously.

The questionnaire used in this study was based on one developed by Fein et al. at the University of Pennsylvania [10]. With permission of the authors, it was translated by translation-back-translation method, and adapted for use in this study. The questionnaire includes questions on knowledge of hospital policy regarding SCAN, attitudes towards inquiring about cases that appear suspect, and behaviors in cases in which the respondent was involved.

Statistical analysis

Questionnaires were coded and entered onto a SAS computer program for descriptive analysis. Discrete variables were analyzed by chi-square test, with $P \leq 0.05$ considered statistically significant. For comparison of professional groups, physicians (including residents) were distinguished from medical students since the latter comprised nearly half of that professional group, however nursing and social work students were included with the professionals because of their small number [Table 1].

Results

Subjects

Eighty-two subjects (approximately 91%), comprising about 13% of the hospital staff, completed the questionnaire. Table 1 presents a profile of the study sample. Most were female (79.3%), married and with children (69.5% and 63.4%, respectively). Almost half of the respondents were in the nursing profession (47.5%), and almost one-third comprised physicians or medical students; most were employed in acute inpatient care units (70.1%). There are no data on those who refused to accept the questionnaire or those who took it but did not return it. From informal conversations, those who did not respond did not have the time or considered it a nuisance.

Subjects' experience with SCAN

The mean number of SCAN cases that respondents reported as having been involved in during the past year was 4.8, with a median of 3.0. About one-fifth of the respondents (22.1%) had not been involved in any cases during this period, while a similar proportion (19.5%) had been involved in 10 or more cases.

Table 1. Survey respondents

	No.*	%
Total	82	100.0
Gender		
Male	17	20.7
Female	65	79.3
Age (yrs)		
22–30	33	40.2
31–40	27	32.9
>40	22	26.8
Family status		
Single	22	26.8
Married	57	69.5
Divorced	3	3.7
No. of children		
None	30	36.6
1–2	31	37.8
3+	21	25.6
Profession		
Physician	14	17.1
Medical student/intern	12	14.6
Nurse (incl. 3 students)	39	47.5
Social worker (incl. 2 students)	14	17.1
Other	3	3.7
Departments		
Emergency	10	13.0
Acute Inpatient	54	70.1
Long-term Inpatient	7	9.1
Outpatient clinics	6	7.8
No. of SCAN cases involved in during past year		
Mean 4.8 (SD 7.9)		
Median 3.0		
Range 0–60		

* Not including missing values

Table 2. Knowledge of hospital policy regarding SCAN

Question	No.*	%
Total	82	100.0
Does the hospital have a policy for dealing with children at risk of abuse?		
Yes	71	86.6
No	1	1.2
Don't know	10	12.2
Does the hospital have a policy for dealing with children at risk of neglect?		
Yes	61	77.2
No	5	6.3
Don't know	13	16.5

* Not including missing values

Knowledge

Safra Children's Hospital has a clear policy regarding referral of SCAN cases to the Child Protection Team. The majority of respondents were aware of this policy regarding abuse (86.6%), with a somewhat smaller majority (77.2%) aware of the policy regarding neglect [Table 2]. Analysis of the data by respondent's profession indicated that a significantly greater proportion of physicians were misinformed that there was indeed a clear hospital

Table 3. Attitudes towards dealing with SCAN cases

Question	No.*	%
Total	82	100.0
Family violence is primarily an issue to be dealt with by the welfare or judicial systems rather than by hospital personnel		
Agree	10	12.2
Agree somewhat	19	23.2
Do not agree	53	64.6
Is it the responsibility of persons in your profession **to clarify the circumstances that caused the suspicions?**		
Yes, always	60	73.2
Yes, under certain circumstances	17	20.7
No	3	3.7
Don't know	2	2.4
Of those professionals listed below, whose responsibility is it to clarify the circumstances that caused the suspicious symptoms**		
The social worker on the Child Protection Team	68	82.9
Senior physician	41	50.0
Head nurse	37	45.1
Primary nurse	39	47.6
The physician on the Child Protection Team	34	41.5
The nurse on the Child Protection Team	31	37.8
Resident/treating physician	35	42.7
Other nurse or social worker	3	3.6
None of the above	0	0.0
Do you feel comfortable discussing with the child circumstances regarding the cause of his suspicious symptoms?		
Always/Usually	36	43.9
Rarely/Never	26	31.7
Don't know, no experience	20	24.4
In cases where you don't/wouldn't feel comfortable with this, please note your reasons**		
Concern for hurting the child's feelings	44	53.7
Lack of skills or training	32	39.0
Children usually don't cooperate on this issue	15	18.3
Lack of time to deal with the issue of CAN	11	13.4
Cultural impediments or language problems	10	12.2
Negative professional experience in this field	8	9.8
Personal negative experience in this area	6	7.3
I can't define the reasons	5	6.1
To avoid legal involvements which might arise	4	4.9
Concern for my physical safety	3	3.7
There is nothing we can do about the situation	1	1.2
Even if I report, it won't improve the situation	1	1.2
Do you feel comfortable discussing with the parent/other accompanying person, the circumstances of the symptoms?**		
Always/Usually	36	43.9
Rarely/Never	35	42.7
Don't know, no experience	11	13.4
In cases where you don't/wouldn't feel comfortable with this, why?		
Concern for hurting the person's feelings	42	51.2
Lack of skills or training	36	43.9
Parents usually don't cooperate on this issue	28	34.1
Cultural impediments or language problems	9	11.0
Concern for my physical safety	8	9.8
Negative professional experience in this field	7	8.5
Lack of time to deal with the issue of CAN	6	7.3
To avoid legal involvements which might arise	4	4.9
Personal negative experience in this area	3	3.7
I can't define the reasons	3	3.7
Even if I report, it won't improve the situation	1	1.2
There is nothing we can do about the situation	0	0.0

* Not including missing values

** Respondents could mark more than one option; numbers represent respondents who marked each option.

policy on these issues. Over a third of the physicians (35.7%) and 16.7% of the medical students said either that the hospital had no such policy regarding suspected abuse or they did not know if it did, compared to nurses and social workers (5.1% and 7.1%, respectively, $P = 0.03$). An even greater disparity between physicians and medical students vs. nurses and social workers was found regarding policy on neglect (53.8% and 41.7% vs. 10.8% and 7.1%, respectively, $P = 0.002$).

Attitudes

Over one-third of the respondents agreed/agreed somewhat that family violence is an issue to be dealt with by welfare or judicial systems, rather than within the realm of the hospital staff [Table 3]. On the other hand, when asked specifically about their own profession, nearly all the subjects (93.9%) responded affirmatively, i.e., that it was always, or under certain circumstances, within the responsibility of members of their profession to clarify the suspicion of abuse or neglect. There were no significant differences among the professions on these issues. Regarding the responsibility of specific professionals to clarify SCAN issues, 82.9% considered it within the realm of the social worker who headed the Child Protection Team. This was considerably more than those who noted the next most frequent responses: the senior physician or the departmental head nurse.

Over 30% of the respondents rarely or never felt comfortable discussing suspicions with the child in their care [Table 3]. The most common reasons given for this were concern for hurting the child's feelings and the feeling that they lacked the appropriate skills or training to deal with the issue. These were followed in frequency by the assumption that it was not likely that the child would cooperate in such a discussion, lack of time and cultural or language impediments, which made such a discussion uncomfortable or difficult.

An even larger proportion of the respondents (42.7%) felt uncomfortable discussing the suspicious symptoms with the parent or accompanying adult. The primary reasons given for this were similar to those noted above regarding discussion with the children themselves, although when dealing with the adults, twice as many respondents understandably noted concern for their own physical safety (9.8% vs. 4.9% with children).

Regarding the lack of skills or training to discuss the circumstances with the child, a higher proportion of the physicians and nurses stated this as a reason (42.9 and 51.3%, respectively), as compared to both social workers and medical students (21.4% and 16.7%, respectively, $P = 0.07$). No significant difference between the professions was noted regarding their skill in discussing the issues with the parent or accompanying adult. A significantly higher proportion of physicians and medical students than nurses or social workers reported that the lack of time was an impediment to discussing the circumstances with the child (35.7%, 16.7%, 5.1% and 7.1%, respectively, $P = 0.04$). Interestingly, while none of the physicians or medical students considered the possibility of legal involvement being related to discomfort in discussing the issues with the child, 21.4% of the social workers noted this as a reason ($P = 0.04$).

Table 4. Participants' behaviors regarding SCAN cases

Question	No.*	%
When treating a child for whom the suspicion of CAN arises, do what degree do you take the following steps:		
Try to clarify the circumstances of the presenting symptom		
Always/Usually	72	94.7
Rarely/Never	4	5.3
Try to clarify who or what caused the symptom		
Always/Usually	72	94.7
Rarely/Never	4	5.3
Refer the child to the Child Protection Team or to the hospital social worker		
Always/Usually	65	91.5
Rarely/Never	6	8.4
Try to estimate the degree of risk of repeated/continued injury		
Always/Usually	64	85.3
Rarely/Never	11	14.7
Clarify if there were witnesses, incl. other children		
Always/Usually	59	80.8
Rarely/Never	14	19.2
Discuss with the parent or accompanying person issues relating to the child's personal safety		
Always/Usually	58	77.3
Rarely/Never	17	22.7
Discuss with the child issues relating to his/her personal safety (in an age-appropriate manner & if the conditions allow)		
Always/Usually	46	63.9
Rarely/Never	26	36.1
Provide the child and/or the family information about community resources for prevention or treatment of violence		
Always/Usually	42	58.3
Rarely/Never	30	41.7
Contact community resources for prevention or treatment of violence myself		
Always/Usually	34	47.2
Rarely/Never	38	52.8
When you have referred cases to the Child Protection Team for assessment of SCAN, have you been generally satisfied with the feedback?		
Yes	59	80.8
No (detail)	14	19.2
Never referred a case	34	45.9

* Not including missing values and respondents who had never treated a case

Behavior

Respondents were asked what steps they actually take when facing a case of SCAN [Table 4]. Over 90% reported that they try to clarify the circumstances that caused the suspicious symptoms and who or what may have caused them, as well as referring the case to the Child Protection Team or the social worker. Most respondents also stated that they try to estimate the degree of risk of repeated or continued injury to the child, as well as inquiring about possible witnesses to the event. Over three-quarters noted that they discuss issues relating to the child's safety with the parent or accompanying adult, although fewer discuss these issues directly with the child, even if the child's age and circumstances allow.

Comparison by professional group indicated that physicians were least likely to discuss the suspicious circumstances with the child (only 42.8% always or usually do so), compared to social workers, nurses and medical students (78.6%, 67.7% and 60.0%, respectively). They were also somewhat less likely than the others to attempt to clarify the circumstances, with 3 of the 14 physicians rarely or never doing so, compared to only one among all of the remaining respondents ($P = 0.03$). While all of the social workers would discuss issues concerning the child's physical safety with the parents, and 79.4% of the nurses would do so, only 62.5% of the physicians and medical students would ($P = 0.03$). Approximately one-third of the physicians and the nurses (35.7% and 32.4%, respectively) reported that they would always or usually establish contact with appropriate community resources regarding a case of SCAN, 85.7% of the social workers would do so, as would 71.4% of the medical students ($P = 0.003$).

Of the 39 respondents who had referred cases to the Child Protection Team for clarification, 34 reported being satisfied with the feedback that they received from the team.

Discussion

The current survey was conducted among hospital personnel with regard to their knowledge, attitudes and professional behavior when encountering cases of suspected child abuse or neglect. Results of the survey indicate that the majority of respondents were aware of hospital policy regarding abuse and a somewhat smaller proportion was aware of the policy concerning neglect. Among the professionals who participated in the survey, the physicians were least aware of these policies. Knowledge of reporting laws and procedures has been recognized as a central facilitating factor in reporting SCAN [11].

The issue of SCAN is loaded, and often leads to ambivalent feelings. These were expressed in the finding that despite the fact that while approximately one-third of the respondents considered family violence an issue to be dealt with primarily by the welfare and judicial systems rather than by medical staff, almost all respondents expressed the opinion that it is their responsibility to clarify indications of SCAN. This latter attitude, echoed in other studies, is not necessarily translated into clinical action and may not reflect practice style and decision making [12–14]. This lends added importance to the finding that the majority of respondents considered the social worker heading the hospital's Child Protection Team to have primary responsibility for clarification of circumstances leading to SCAN. The contribution of the team's social workers in medical facilities is important in forming a positive link between systems and improving intra- and inter-agency collaboration and service to clients. Their accessibility in the work setting can encourage hospital staff to act on their suspicions. Perceived social worker professionalism by pediatricians has been found to be significantly associated to higher reporting rates [11].

The main reasons for discomfort in discussing the issue of SCAN with the child or with the parents were concern for hurting their feelings, and a sense of lacking appropriate skills to deal

with the issue, mostly among the medical staff than among the social workers. Similar responses have been reported in studies in various countries [12]. In the present survey, social workers were more concerned about legal involvement than were members of the other professions, a surprising finding considering that physicians generally consider testifying in court in child abuse cases undesirable [12,13].

Greater understanding of the attitudes, knowledge and behavior of hospital staff in relation to SCAN is essential to fully realize the potential in hospital settings for accurate and timely identification of cases. A number of causes, characteristic of the hospital setting, hamper the ability to take advantage of the unique conditions available for promoting this work, such as lack of adequate training on the subject, lack of manpower and high turnover of staff and patients.

The results of this study are similar to those of other researchers [15-19] in highlighting the need for ongoing in-service training. An example of such a program is the "SCAN Round Table" at the Safra Children's Hospital, an open discussion forum that meets regularly and to which all staff members and student trainees are invited to participate in case reviews. These meetings offer the opportunity to develop diagnostic skills in the field of child abuse and neglect and provide a framework for experiential learning and exercise through clinical discussions and participation in the decision-making process of determining reasonable suspicion of children at risk.

The findings of the current survey provide a first step in pointing to gaps in knowledge, impeding attitudes and incorrect procedures that should be addressed in training programs and can contribute to their design and assessment, directing focus on the issues requiring attention and expansion.

The main limitation of this study was that the respondents were drawn from a convenience sample rather than a representative sample of hospital staff. Furthermore, only 13% of hospital staff participated in the study, and a broader distribution of professions, including other paramedic professions such as psychologists and physical therapists, would have offered a broader perspective.

Despite the difficulty in substantiating the findings due to the small sample, it is hoped that the current study, being the first of its kind in an Israeli hospital, will encourage other medical centers to examine the state of knowledge and attitudes of their staff and develop programs accordingly. Further research can provide a view of the situation beyond the local level and contribute to policy planning on the ministerial level.

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