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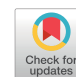
Factors influencing child protection professionals' decision-making and multidisciplinary collaboration in suspected abusive head trauma cases: A qualitative study



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ABSTRACT

Clinicians face unique challenges when assessing suspected child abuse cases. The majority of the literature exploring diagnostic decision-making in this field is anecdotal or survey-based and there is a lack of studies exploring decision-making around suspected abusive head trauma (AHT). We aimed to determine factors influencing decision-making and multidisciplinary collaboration in suspected AHT cases, amongst 56 child protection professionals. Semi-structured interviews were conducted with clinicians (25), child protection social workers (10), legal practitioners (9, including 4 judges), police officers (8), and pathologists (4), purposively sampled across southwest United Kingdom. Interviews were recorded, transcribed and imported into NVivo for thematic analysis (38% double-coded). We identified six themes influencing decision-making: 'professional', 'medical', 'circumstantial', 'family', 'psychological' and 'legal' factors. Participants diagnose AHT based on clinical features, the history, and the social history, after excluding potential differential diagnoses. Participants find these cases emotionally challenging but are aware of potential biases in their evaluations and strive to overcome these. Barriers to decision-making include lack of experience, uncertainty, the impact on the family, the pressure of making the correct diagnosis, and disagreements between professionals. Legal barriers include alternative theories of causation proposed in court. Facilitators include support from colleagues and knowledge of the evidence-base. Participants' experiences with multidisciplinary collaboration are generally positive, however child protection social workers and police officers are heavily reliant on clinicians to guide their decision-making, suggesting the need for training on the medical aspects of physical abuse for these professionals and multidisciplinary training that provides knowledge about the roles of each agency.

1. Introduction

Abusive head trauma (AHT) is the primary cause of fatal child abuse, and the majority of fatal head injuries in children aged less than two years are due to physical abuse (Gill et al., 2009). Morbidity for children who survive AHT is significant; a recent extended follow-up study of children who suffered severe AHT found that 40% presented with serious neurological impairment (Lind et al., 2016). AHT may go unrecognized in up to 30% of cases (Jenny, Hymel, Ritzen, Reinert, & Hay, 1999; Letson et al., 2016; Sheets et al.,

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2013) yet early detection of AHT can save lives; a seminal study indicated that 80% of deaths could have been prevented if AHT was recognized during a prior medical evaluation (Jenny et al., 1999).

Clinicians face unique diagnostic challenges in suspected child physical abuse cases (Leventhal, Asnes, Pavlovic, & Moles, 2014). In common with many areas of medicine, there is no gold-standard diagnostic test for AHT, and the history provided by the caregiver may be inaccurate or deliberately misleading. The stakes are high; if abuse is not identified, children may be re-injured, possibly fatally. Conversely, a wrongful diagnosis of abuse has profound emotional, societal and legal consequences for the families involved. Due to the complex nature of suspected abuse cases, clinicians must work with colleagues from other clinical sub-specialties (e.g. trauma surgeons, neuroradiologists and skeletal radiologists, ophthalmologists), child protection social workers (CPSWs), and professionals from law enforcement. These professionals must work together as a multidisciplinary team, to jointly determine the likelihood of AHT.

Despite this, studies have found that clinicians may lack the confidence to identify abuse (Flaherty et al., 2006), differ in their views of what constitutes a 'reasonable suspicion' or 'reasonable medical certainty' of abuse (Dias, Boehmer, Johnston-Walsh, & Levi, 2015; Levi & Brown, 2005), exhibit biases in their evaluations of AHT related to the family's socioeconomic status and race (Wood et al., 2010), and demonstrate inconsistencies in their investigations and diagnoses of suspected abuse (Anderst, Nielsen-Parker, Moffatt, Frazier, & Kennedy, 2016; Wood et al., 2012). In addition, the validity of AHT/shaken baby syndrome (SBS) as a medical diagnosis is constantly questioned, often falsely predicated on the premise that a "diagnostic triad" of subdural hemorrhages, retinal hemorrhages and encephalopathy defines AHT, and forms the basis of a clinical AHT diagnosis (Elinder et al., 2016; Lynøe et al., 2017; Rorke-Adams, 2011; Squier, 2011).

Much of the evidence regarding the barriers or facilitators to multidisciplinary working or the perceptions of professionals working in multidisciplinary teams in suspected abuse cases has been anecdotal, or has relied on case studies or surveys (e.g. Inkilä, Flinck, Luukkaala, Åstedt-Kurki, & Paavilainen, 2013; Sedlak et al., 2006). Furthermore, while surveys have been used to assess the factors affecting clinicians' decisions to *report* suspected abuse (e.g. Flaherty et al., 2006, 2008; Gunn, Hickson, & Cooper, 2005), these were all conducted in North America, and do not address decision-making processes in suspected AHT specifically. The primary aim of this study was to explore factors influencing decision-making in suspected AHT cases, amongst a variety of professionals involved. The secondary aim was to explore the working relationships between the different professional groups.

2. Methods

This was a qualitative semi-structured interview study. The study methods have been published previously (Cowley et al., 2018). The study received ethical approval from the Cardiff University School of Medicine Research Ethics Committee (Ref: 15/35). This study is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong, Sainsbury, & Craig, 2007); a checklist is included in Appendix 1.

2.1. Participant recruitment

Purposive sampling and snowball sampling were used to recruit participants for this study. We targeted clinicians, CPSWs, legal practitioners, police officers and pathologists involved in suspected AHT cases across south west United Kingdom (UK). A list of potential participants was identified through personal contacts of the research team and organizational websites. Personal contacts and organizations were sent an information sheet to explain the study and were asked to suggest suitable participants for interview. A random selection of individuals from each professional group were then invited to take part. We recruited participants with different levels of child protection experience and seniority (Fig. 1). Individuals were contacted via email, with the exception of judges who were sent formal letters of invitation. In this study the term "clinician" refers to medical doctors and specialist nurses, who were sampled from three teaching hospitals and two district general hospitals across a range of specialties including pediatrics, radiology and neurosurgery. Most participating clinicians were consultants, with the exception of two associate specialists, two trainee doctors and one nurse. Judges had more child protection experience than barristers or solicitors, while forensic pathologists had more child protection experience than the pediatric pathologist. Senior CPSWs and police officers had more child protection experience than their junior counterparts.

2.2. Interview schedule development

The interview schedule was developed by two of the authors (LC and MF), discussed within the research team and revised accordingly (Appendix 2). Questions were derived from the existing research literature on the identification of AHT. The schedule was piloted with a police officer and a clinician, regarding the length, appropriateness, and content, and amended accordingly. The schedule comprised core open-ended questions, prompts and clarifying questions. Interviews explored participants' usual practice and decision-making in head-injury cases where AHT is suspected, and their experiences of multidisciplinary working. It was a guide rather than a definitive list, to allow exploration of additional topic areas that might be raised by participants. Early interview responses influenced questions asked in later interviews; the schedule was updated as data collection and analysis progressed and new topic areas were raised. We also explored the participants' attitudes towards the Predicting Abusive Head Trauma (PredAHT) clinical prediction rule; these results are reported elsewhere (Cowley et al., 2018).

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