



ORIGINAL ARTICLE

A cross-sectional survey of child abuse management knowledge among emergency medicine personnel in Cape Town, South Africa

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ABSTRACT

Introduction: Child abuse is a common condition in the emergency centres of South Africa. It is critical for both prehospital emergency care practitioners and emergency centre-based emergency medicine registrars to be competent in screening, diagnosing, treating, and documenting child abuse. Our goal was to assess the knowledge of child abuse management in a sample of prehospital emergency care practitioners and emergency medicine registrars in Cape Town, South Africa.

Methods: A mixed-methods approach of quantitative and qualitative data was used to survey a sample of 120 participants (30 emergency medicine registrars and 90 prehospital emergency care practitioners: 30 Basic Life Support, 30 Intermediate Life Support, and 30 Advanced Life Support). An expert panel created the survey to ensure content validity and survey questions were designed to assess the perceived and actual knowledge of participants. We hypothesised that there would be significantly higher levels of perceived and actual knowledge in emergency medicine registrars compared to emergency care practitioners. An open-ended question on how participants felt dealing with child abuse was qualitatively analysed using thematic analysis.

Results: There were significant differences in the levels of perceived knowledge (58% of emergency medicine registrars agreed that they felt adequately trained overall, versus 39% of emergency care practitioners; –19% difference, 95% CI –26% to –12%) and actual knowledge (83% of emergency medicine registrars with correct answers, versus 62% of emergency care practitioners; –21% difference, 95% CI –26% to –16%) among participants. Themes that emerged from qualitative analysis included personal distress, retaliation, frustration, medical system frustration, and personal competence concerns.

Discussion: Significant perceived and actual knowledge deficits of child abuse management exist among both emergency care practitioners and emergency medicine registrars in this setting. Future interventions should address the need for guidelines and increased training opportunities to ensure the health and safety of abused children.

African relevance

- Child abuse (physical, sexual, and neglect) is common in South Africa.
- Emergency medicine personnel knowledge in this topic area is not known.
- These personnel are frontline providers in assessing and treating abused children.
- This study is a critical first step in evaluating capacity to manage these cases.

Introduction

Sexual and physical child abuse are common presentations in both prehospital and emergency centre settings. Healthcare providers in these settings play an important role in the recognition, reporting, and management of these abused children. Incidence reports of sexual violence only account for a small percentage of rape cases, as countless cases are never reported to medical or police resources [1,2]. Of the sexual violence cases in South Africa that are reported to police, 40% were under the age of 18 years, and the highest prevalence of rape in various age brackets is seen in the youngest age groups [1,3].

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Significant morbidity and mortality continue to be seen in this population in the emergency setting, including the increased risk of transmission of sexually transmitted infections in the setting of non-consensual intercourse and the increased transmission risk based on the pathophysiology of the paediatric genital tract [4]. The perpetrators of child abuse can include family members, non-relatives in the home, teachers, peers, strangers, and others [5]. When physical abuse is severe or goes unrecognised, it can lead to homicide, which accounts for 0.6% of all childhood deaths in South Africa [6]; approximately 45% of these homicides are preceded by a prior incident of child abuse [7]. Of particular concern is that the estimates of child abuse in most settings are grossly under-reported, with actual incidence up to nine times higher than the reported statistics [8].

Children are especially vulnerable to abuse relative to adults due to multiple factors, including their limited ability to physically defend themselves, limited language capabilities to report abuse, and financial dependence on adults for meeting their daily needs [5]. The first healthcare providers to encounter an abused child are often prehospital emergency care practitioners and emergency centre-based emergency medicine (EM) registrars (physicians training to become specialists, sometimes referred to as residents in other countries). These healthcare providers must have the knowledge of how to effectively handle the disclosure and treatment of child abuse for the physical and emotional well-being of these victims [1,2]. The management of child abuse is critical for both the child's health and the criminal justice system. Unfortunately, many emergency centres lack the essential resources to assist in the process of dealing with child abuse victims. One regional study of 82 emergency departments in the United States (U.S.) showed that only 20% had regular staff training on sexual violence and more than half did not have the resources in place to assist victims who had disclosed about personal sexual violence [9]. Similar statistics on the preparedness of South African emergency centres have not been reported.

Other settings have tested the general knowledge about child abuse in EM residents and found that they have significantly less knowledge than paediatric residents [10]. We are unaware of any similar literature that assesses the level of knowledge of healthcare providers in the prehospital and emergency centre settings in South Africa in the area of child abuse. In this study, we use the term healthcare providers to refer to the combined group of prehospital emergency care practitioners (those in an Advanced Life Support (ALS), Intermediate Life Support (ILS), or Basic Life Support (BLS) role) and EM registrars. The current South Africa curricula for healthcare providers focus primarily on how to treat the abuse from a medical standpoint, but do not cover other aspects of care, such as the disclosure process for paediatric sexual and physical abuse victims. The objective of this study was to determine the level of perceived and actual knowledge of healthcare providers in South Africa regarding paediatric sexual and physical abuse management.

Methods

This research study used a mixed methods approach of quantitative and qualitative data taken from a survey [11].

The participants included healthcare providers within the Cape Town metropolitan area. In order to get responses from people who were in direct contact with patients, full-time lecturers, administrators, emergency medical services control room personnel, and volunteers were excluded. Participation was explained as voluntary and participants were told that they would not receive any payment for taking part in the study. Consent documents were signed by all participants.

One group of participants were emergency care practitioners. As these practitioners can play other roles in the South African healthcare system, only those actively working in the prehospital environment were included. The principle investigator visited the ambulance stations in the Cape Town metropolitan area with the largest call volumes and invited emergency care practitioners at these stations to participate in the study. The principle investigator continued to collect a convenience sample of participants by visiting ambulance stations until 30 participants from each of the three qualification levels of emergency care practitioners (BLS, ILS, and ALS) had been obtained.

The second group of participants were EM registrars. EM registrars attending a Continuing Medical Education workshop on fluid resuscitation were approached for participation in the survey. A sample size of 30 registrars was determined to be adequate to obtain a normal distribution of scores and was deemed to be a representative sample for the Cape Metropolitan area. Participants were given the option of completing a paper-based survey or an identical emailed version of the paper-based survey. Paper-based versions included a consent form. The emailed version required participants to print out the consent form, sign it, scan it, and email it back to the principal investigator.

We created a new survey instrument, as a study in this content area was not available. The questions were initially created by the principal investigator (an ALS Paramedic) according to relevant literature and facts were verified by three registered EM specialists in South Africa [12–14]. The questions were iteratively edited and modified by these EM specialists to assure that they were at the expected level of knowledge for healthcare providers whose job expectations required the appropriate management of children who have been abused. This expert group and review process was performed to ensure face and content validity. A doctoral-level statistician reviewed the questionnaire to ensure best practice principles were in place for the number of surveyed questions and the number of participants in the convenience sample. No pilot study was conducted.

The survey had two sections relating to the assessment of each participant's child abuse knowledge: perceived knowledge and actual knowledge. Topic areas for both sections included the legal, medical, and psychosocial aspects of dealing with a child who has been abused. The first section (Table 1) explored the perceived knowledge of

Table 1

Perceived levels of knowledge of emergency medicine providers in the Western Cape Metropole area regarding the treatment of children who have been physically and sexually abused.

Area	EM Registrars	EMS Personnel (ALS, ILS, BLS)
	Positive response	Positive response
Felt adequately trained to know what is legally required	90%	58.9%
Felt adequately trained to know how to complete the legal documentation	53.3%	33.3%
Felt adequately trained to know what to say to the child	63.3%	34.4%
Felt adequately trained how to physically interact with the child	70%	41.1%
Felt adequately trained to understand the emotional space of the child	50%	36.6%
Felt adequately trained to know what to say and how to respond to the child	46.7%	37.8%
Felt adequately trained to deal with the practical aspects of treating the patient	63.3%	40%
Felt adequately trained to deal with the psychological aspects when treating a patient	26.7%	28.9%
Knew how to complete the J88 form (Report by Authorized Medical Practitioner on the Completion of a Medico-Legal Examination)	93.3%	N/A
Overall average (excluding the J88 question)	57.9%	38.9%

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