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Brief Communication

Parental perceptions of hospital care in children with accidental or alleged non-accidental trauma

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Introduction

Child abuse and neglect are major problems for children, families, and the providers who care for them. The latest national statistics estimate that more than 794,000 children are reported to be victims of child maltreatment annually (National Clearinghouse, 2007). Although abuse occurs in children of all ages, younger children are at greatest risk. In 2007, 42% of deaths attributed to child maltreatment occurred in children under 1 year of age (National Clearinghouse, 2007). Parents were the perpetrators in most of these fatalities.

Although abused children often interface with the medical system, only 8.4% of reports of suspected child maltreatment are generated from this setting (National Clearinghouse, 2007). Concerns about underreporting have sparked interest in the attitudes and behaviors of healthcare professionals, and their experiences in participating in child abuse evaluations. Studies have revealed that physicians are likely to underreport cases of suspected child maltreatment because of their own values and attitudes toward abuse (Bain, 1963). Emotional distress, anger regarding the diagnosis, and confusion about their specific role in the child protection process may cause physicians to avoid involvement in child maltreatment cases (Bannon & Carter, 2003; Morris, Johnson, & Clasen, 1985). In a recent national survey of pediatricians, Flaherty et al. (2006) found that negative experiences with child protective services also influence physicians' decisions to report suspected abuse (Jones et al., 2008).

To date, research examining attitudes within the medical system with respect to child abuse evaluations have focused on healthcare professionals, and their roles as mandatory reporters. There has been no data on the experience of families who undergo child abuse evaluations in the medical setting, and how these evaluations affect their overall experience with

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Table 1
Family questionnaire.

1.	Do you feel that your child has received good medical care during his/her hospitalization?
2.	Do you feel as though the hospital staff has been thorough in informing you of your child's condition?
3.	Do you feel that you and your family members have been treated with respect?
4.	Do you feel as though the hospital staff has been honest in informing you of your child's condition?
5.	Do you feel that your child's diagnosis/reason for hospitalization has affected the way you are treated by hospital staff?

the healthcare system. The tense circumstances under which child abuse evaluations take place may evoke strong emotions among family members. For example, parents may feel as though they are treated like "criminals" and looked upon as untrustworthy. Alternatively, they may misinterpret the words and actions of healthcare providers due to their vulnerable state of mind and feelings of guilt or fear. Studying the beliefs and attitudes of these families is critical to achieving a better understanding of the behaviors and responses that healthcare professionals witness among family members during child abuse evaluations, and to improving the overall care delivered to them, whether or not an ultimate determination of abuse is made.

Method

Sample

The study population consisted of 120 families of children younger than 6 years of age admitted to a large urban children's hospital between January and September of 2005 with traumatic injuries. Families were identified through a daily review of inpatient admissions to the trauma service with the trauma nurse practitioners. Patients were hospitalized on the general pediatrics ward, pediatric intensive care unit, and surgical floor. Surveyors were blinded to child maltreatment concerns and given the names of children who were medically stable. Parents were approached prior to discharge and consented for participation in an anonymous questionnaire about hospital care. Approval for this research was obtained from the hospital Institutional Review Board.

Measures

A questionnaire was developed specifically for this study using a focus group comprised of physicians and social workers, and was modified based on their input to enhance readability and reliability. Demographic data were collected for each family surveyed. Questions included age of child/parent, sex of child/parent, race, education of parent, type of insurance (as an indicator of socioeconomic status), and number of children in household. Parents were then asked questions related to communication with staff, adequacy of medical care, and satisfaction with care (Table 1). Responses were rated using a five-point Likert scale and recorded as either strongly agree, agree, neutral, disagree, or strongly disagree.

After patient discharge, a chart review was performed to determine the type of injury each child suffered. Both anatomical location of injury and injury type were recorded. This information was added to a compilation of demographic data.

To compare families in bivariate analysis, three groups were identified within the study population. Families whose children were admitted with no concern for abuse ("no concern" group), those who underwent a child abuse evaluation in the hospital with no diagnosis of abuse ("consult" group), and those whose injuries were evaluated and found to be suspicious for or diagnostic of abuse ("abuse" group). A child abuse evaluation in the hospital was defined as either an inpatient social work consult or SCAN (Suspected Child Abuse and Neglect) team consult. Cases which received a child abuse evaluation were reviewed with the medical director of the SCAN team to determine whether they belonged in the "consult" versus "abuse" group. All children in the "abuse" group were referred to child protective services and to law enforcement for investigation of injuries.

Statistical analysis

Data were described using means (with standard deviation) for continuous variables and frequencies for categorical variables. Univariate analyses were used to compare the responses to survey questions with the clinical group in which the child was placed (no concern, consult, or abuse). In performing bivariate analyses, responses gathered from the "no concern" group were used as a control against which data from the other two groups were compared. Responses to questions about attitudes and perceptions were dichotomized for most questions at the "strongly agree" category to maximize cell size in bivariate analysis. All statistical analyses were performed using Stata software (Stata Corp, College Station, TX).

Results

A total of 120 families of children under 6 years of age with traumatic injuries were enrolled in the study. Half of the children (53%) and almost all of the abused children (92%) were less than 3 years of age. No racial or gender differences were found among the three patient groups. Parents of children in the "abuse" group were less likely to surpass a high