



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Are negative/unrealistic parent descriptors of infant attributes associated with physical abuse?

Audrey Young^{a,b,1}, Mary Clyde Pierce^{a,b,*}, Kim Kaczor^b, Douglas J. Lorenz^c,
Sheila Hickey^d, Susan P. Berger^{a,b}, Suzanne M. Schmidt^{a,b}, Amanda Fingarson^{a,b},
Kristine Fortin^{e,f}, Richard Thompson^{g,h}

^a Northwestern University Feinberg School of Medicine, 225 E. Chicago Ave., Chicago, IL 60611, USA

^b Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave., Chicago, IL 60611, USA

^c Department of Bioinformatics and Biostatistics, School of Public Health and Information Sciences, University of Louisville, 485 E. Gray St., Louisville, KY 40202, USA

^d Department of Social Work, Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave., Chicago, IL 60611, USA

^e Division of General Pediatrics, The Children's Hospital of Philadelphia, 3401 Civic Center Blvd., Philadelphia, PA 19104, USA

^f Department of Pediatrics, Perelman School of Medicine at the University of Pennsylvania, 3400 Civic Center Blvd., Philadelphia, PA 19104, USA

^g Richard H. Calica Center for Innovation in Children and Family Services, Juvenile Protective Association, 1707 N Halsted St, Chicago, IL 60614, USA

^h Baylor College of Medicine, 6621 Fannin St, Houston, TX 77030, USA

ARTICLE INFO

Keywords:

Physical child abuse
Attributions
Screening tool

ABSTRACT

Parents' perceptions of child behavior influence their responses to the child and may be important predictors of physical abuse. We examined whether infants 12 months of age or younger who were described with negative or developmentally unrealistic words were more likely than other infants to have been physically abused. As part of a prospective observational multicenter study investigating bruising and familial psychosocial characteristics, parents were asked to (1) describe their child's personality, and (2) list three words to describe their child. Four independent raters coded parent responses using a qualitative content analysis, identifying descriptors of infants and classifying each as positive, neutral, or negative/unrealistic. A medical expert panel, blinded to the psychosocial data, separately categorized each case as abuse or accident. We then analyzed the potential association between negative/unrealistic descriptors and abusive injury. Of 185 children enrolled, 147 cases (79%) were categorized as accident and 38 (21%) as abuse. Parents used at least one negative/unrealistic descriptor in 35/185 cases (19%), while the remaining 150 cases (81%) included only positive or neutral descriptors. Of the infants described with negative/unrealistic words, 60% were abused, compared to 11% of those described with positive or neutral words ($p < .0001$; age group-adjusted OR = 9.95; 95% confidence interval [3.98, 24.90]). Though limited by sample-size, this pilot study informs future work to create a screening tool utilizing negative/unrealistic descriptors in combination with other predictive factors to identify infants at high risk for physical child abuse.

1. Introduction

More than 1700 children die from abuse and neglect each year, with nearly one-half of these deaths occurring in children less than

* Corresponding author at: Ann & Robert H. Lurie Children's Hospital of Chicago, Box 62, 225 E. Chicago Avenue, Chicago, IL 60611, USA.

E-mail address: mpierce@luriechildrens.org (M.C. Pierce).

¹ Present address: Department of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave., Chicago, IL 60611, USA.

one year of age (Child Abuse & Neglect Fatalities, 2017). Unfortunately, child abuse often goes unrecognized and unreported. Early identification of infants at risk for abuse is critical not only to treat current injuries but also to intervene, preventing future injuries of potentially greater severity (Jenny, Hymel, Reinert, & Hay, 1999) Sheets et al. found that 27.5% of severely abused infants had previous, unrecognized injuries from physical abuse in their medical histories (Sheets et al., 2013) New tools are clearly needed to help medical providers better identify infants at risk for abuse. A first step in creating a useful screening tool is to identify potential case characteristics that have both significance and clinical utility.

One potentially predictive characteristic relates to parents' causal attributions, or the way that parents perceive and explain the reasons for child behaviors. Previous studies looking at causal attributions in distressed parent-child relationships have shown that abusive mothers, compared to non-abusive mothers, attributed more hostile intent to their children's actions and also demonstrated more physically aggressive behavior (Azar, 1989; Bauer & Twentyman, 1985; Bousha & Twentyman, 1984; Dadds, Mullins, McAllister, & Atkinson, 2003). Similarly, we postulate that parents' expectations and perceptions of child attributes strongly influence their responses to their children, and thus may be important predictors of risk for physical abuse.

To better understand the influence of parental conceptions and their potential association with abuse, we examined data from interviews with parents regarding their infants' attributes. Our goals were to measure the frequency with which parents used negative/unrealistic words to describe their infants, and to determine whether infants described with negative/unrealistic words were more likely to have been physically abused than infants described with only positive or neutral words.

2. Methods

2.1. Bruising clinical decision rule (BCDR) main study

The data used in this pilot study were drawn from a prospective observational multicenter study, known as the BCDR study, which investigated bruising in young children and caregiver psychosocial characteristics to distinguish between accidental and non-accidental trauma. The methodology of the BCDR study has been described in detail elsewhere (Pierce et al., 2016; Thompson et al., 2017). Briefly, study participants included patients under four years of age who were found to have bruising or skin injury on initial physical exam. Patients were enrolled via two pathways: pediatric emergency departments (PEDs) and child abuse assessment teams. For patients enrolled through PEDs, parental consent was obtained prior to study participation. Consent was waived for patients undergoing an abuse evaluation. All data collected were part of the standard of care evaluation; no additional information was obtained for research purposes. For all enrolled patients, data were obtained by caregiver interview and medical record review. IRB approval was obtained at all participating sites.

2.2. Case categorization by the medical expert panel (MEP)

A nine-member panel of multidisciplinary injury experts including four child abuse pediatricians, four pediatric emergency medicine physicians, and a bioengineer subsequently reviewed the history of injury, physical examination, and test results of each identified subject. This compilation of reviewed data was referred to as the subject's "case" file. Using pre-defined criteria, each case was categorized as *clinically determined abuse*, *clinically determined accident*, or *indeterminate* by members of the MEP. Only cases classified by the expert panel as clinically determined abuse or accident were included in our final analysis. Importantly, the MEP was blinded to the psychosocial data including personality descriptors when classifying cases. This strategy was designed to minimize potential biases in decision-making regarding the compatibility of history and physical exam characteristics based on psychosocial risk factors that are associated with but not necessarily causal for abuse (Keenan, Cook, Olson, Bardsley, & Campbell, 2017).

2.3. Data collection procedure

Trained study staff conducted standardized parent interviews using the Psychosocial Assessment Screening Tool (PAST) (Pierce, Kaczor, & Thompson, 2014) for both PED-enrolled patients and patients enrolled through the child abuse assessment teams. This PED-based screening tool was first developed and piloted in conjunction with social workers, psychologists, and emergency medicine and child abuse experts. The PAST is utilized by our child abuse assessment teams as part of their standard of care and includes questions about the child from the parent's perspective. As part of this tool, parents were asked to (1) describe their child's personality and (2) list three words to describe their child. Families whose primary language was not English were interviewed through certified interpreters. Parents' responses were documented verbatim in free text, and all information was de-identified.

2.4. Attributes study

For our pilot study examining the predictive value of parents' negative or unrealistic descriptors of infant attributes, we included children from the BCDR study who met all of the following criteria: (1) 12 months of age or younger; (2) parent(s) answered at least one of the PAST questions related to child's personality; (3) enrolled between January 2012 and May 2014; and (4) categorized by the MEP as *clinically determined accident* or *clinically determined abuse*.

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