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Original article

Detection of the awareness rate of abuse in pediatric patients admitted to emergency medicine department with injury

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ABSTRACT

Objective: It was aimed to investigate whether neglected and abused pediatric patients are properly recognized and reported by emergency physicians in the emergency department (ED).

Methods: This prospective study was conducted on patients between 0 and 6 years of age presenting with trauma to ED. Patients were examined again by an emergency medicine specialist independent from the physician who did the first intervention during clinical follow-up phase after notification of patients presenting with trauma to emergency physician. Asked radiological examinations and clinical follow-up were performed. The suspected abuse evaluation form, consisting 12 items, which was formed by considering the forms used in previous studies was used to examine the awareness of physicians in cases of abuse suspicion.

Results: A total of 126 patients were included in our study. 54% of cases (n = 68) were male and mean age was determined to be 31.3 ± 18.9 months. It was found that no judicial records were written to 35.7% (n = 45) of our patients and that 11.1% (n = 5) of these patients were hospitalized. In 51.1% (n = 23) of patients without judicial records, multiple suspected abuse findings were identified. According to evaluation of first physician, it was found that 75.9% (n = 41) of discharged patients had no judicial records and was not considered as neglect and abuse.

Conclusion: We conclude that detection rates of abuse can be increased by developing child abuse screening forms and ensuring the continuity of the necessary training programs.

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1. Introduction

According to the first article of the Convention on the Rights of the Child, a person below the age of 18 is defined as a child.¹ Child abuse and neglect which is not known to what extent it is present

in the society is a serious health problem, because most of it remains hidden and their victims keep silent.²

Many abused children do not receive medical attention. Compared with the general children population, abused children are frequently brought to the emergency department before they are diagnosed as being abused.³ Prevention of recurrent or identified abuse at an early stage is necessary to limit the long-term effects of the abuse. Unfortunately, these children do not get diagnosed in the emergency department, despite their frequent use of emergency services.⁴ When abused children return to their homes without a good assessment, it was observed that 5–10% of patients were killed in the later stages and 35–50% were exposed to serious injuries.⁵ Physicians have a very important role in the

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identification and treatment of child abuse.⁶ Therefore, physicians should keep in mind child abuse as a differential diagnosis every time.

In this study, it was aimed to investigate whether neglected and abused pediatric patients are properly recognized and reported by emergency physicians in the emergency department.

2. Materials and methods

This prospective study was conducted on patients between 0 and 6 years of age presenting with trauma to Adana Numune Training and Research Hospital Emergency Department between 1 September 2011 and 1 September 2012 regardless of their judicial records status. Study was initiated after obtaining ethical approval. Consents were taken from the parents of all patients enrolled in the study. Patients over the age of 6 and who did not give informed consent were excluded. Patients with received consents were included in the study.

Patients were examined again by an emergency medicine specialist independent from the physician who did the first intervention during clinical follow-up phase after notification of patients presenting with trauma to emergency physician. Asked radiological examinations and clinical follow-up were performed.

Age, gender, type of admission to the emergency room, type of event, presenting complaints, type of injury, area of injury, traumatic lesions occurring after injury, transferred clinic (surgical/medical section), kinship of caregiver, number of individuals in the family, presence of any step parental, prior hospital admission due to same complaint of the patients were investigated by a form. The suspected abuse evaluation form, consisting 12 items, which was formed by considering the forms used in previous studies was used.⁷ With this form, awareness of physicians was examined in cases of abuse suspicion.

Mean, standard deviation, minimum–maximum, median, proportion and frequency values were used in descriptive statistics of the data. The distribution of variables was checked with Kolmogorov–Smirnov test. Mann–Whitney U and chi-square tests were used for the analysis of qualitative data. Categorical variables (such as age, gender) were summarized as mean and standard deviation and chi-square test statistic was used for comparison of categorical measurement. SPSS 21.0 software package was used for analysis.

3. Results

A total of 126 patients between 0 and 6 years of age who admitted with trauma were included in our study. Fifty-four percent of cases (n = 68) were male and mean age was determined to be 31.3 ± 18.9 (95% confidence interval) months.

Eighty-seven point three (n = 110) percent of cases were found to admit due to accidental injury. While falls from height was the most common reason with a rate of 36.5% (n = 46), it was followed by poisoning with 27.7% (n = 35), assault with 12.7% (n = 16), traffic accidents with 10.3% (n = 13), burns with 9.5% (n = 12) and stab injuries with 1.6% (n = 2). 20.6% of patients (n = 26) was found to be hospitalized to the surgical departments. One hundred and eight (85.7%) of these patients were found to be accompanied by mothers (Table 1).

Sixty-nine (n = 87) percent of cases suffered external injuries after trauma and older lesions were found in 1.6% (n = 2) of all patients. Extremity fractures were present in 3.9% (n = 5) of patients.

It was found that no judicial records were written to 35.7% (n = 45) of our patients and that 11.1% (n = 5) of these patients were hospitalized. In 51.1% (n = 23) of patients without judicial records,

Table 1
Characteristics of emergency trauma patients.

Age group (months)	
0–24	51 (40.6%)
25–48	57 (45.2%)
48–60	18 (14.2%)
Gender (male)	68 (54%)
Event type	
Accident	110 (87.3%)
Assault	16 (12.7%)
Event cause	
Fall from height	46 (36.5%)
Poisoning	25 (19.8%)
Stab wound	2 (1.6%)
Assault	16 (12.7%)
Traffic accident	13 (10.3%)
Burn	12 (9.5%)
Other	7 (5.6%)
Multi trauma	5 (3.9%)
Old lesion	2 (1.6%)
Extremity fracture	5 (3.9%)
Treatment outcome	
Discharged from the emergency department	83 (65.8%)
Hospitalization to the clinic	39 (30.9%)
Referral to another hospital	3 (2.3%)
Left voluntarily	1 (0.8%)
Hospitalization department	
Surgical service	26 (20.6%)
Pediatrics service	13 (10.3%)
Judicial record status of cases	
Judicial	81 (64.3%)
Not Judicial	45 (35.7%)
Past history of admission to emergency department with complaint of trauma	40 (31.7%)
Past history of admission to emergency department with complaint of other reasons	54 (42.8%)
Accompanying person during emergency department admission	
Mother	108 (85.7%)
Father	34 (26.9%)
Sibling	7 (5.5%)
Caregiver	3 (2.3%)
Other	20 (15.8%)
The presence of another injured in the incident	8 (6.3%)
The number of family members of patients	
Nuclear	21 (16.6%)
Large	105 (83.3%)
Findings of abuse	
None	43 (34.1%)
Single findings	23 (18.2%)
Multiple findings	60 (47.6%)

multiple suspected abuse findings were identified. Two of these cases were found to be beaten (Table 2).

Thirty-one point seven (n = 40) percent of patients were found to have already been admitted to the emergency room due to trauma and 30% (n = 12) of those were found to have multiple trauma.

When the children were evaluated in terms of abuse and neglect, positive findings were detected in 65.9% (n = 83) of cases. While 23 cases had only one positive finding, multiple positive findings were found in 60 cases. While “carelessness, indifference and neglect” was in the first place in 76 cases, it was followed by “frequent admission to emergency department in patient’s previous records” in 34 cases and “the family’s contradictory behavior and expression” in 29 cases (Table 3).

In this study, regarding type of events, 87.3% (n = 110) of cases were found to admit because of the accident. When the cases were examined in detail and suspected abuse evaluation form was considered, multiple suspected abuse was found in 47.6% (n = 60) of these cases.

According to evaluation of first physician, it was found that 75.9% (n = 41) of discharged patients had no judicial records and was not

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