



<b>Title</b>	<b>Performance of Screening Tests for Child Physical Abuse in Accident and Emergency Departments</b>
<b>Agency</b>	NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom; Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk
<b>Reference</b>	Volume 12.33. ISSN 1366-5278. <a href="http://www.nchta.org/project/1413.asp">www.nchta.org/project/1413.asp</a>

## Aim

To determine the performance of screening tests for physical abuse in injured children attending accident and emergency (A&E) departments in the United Kingdom.

## Conclusions and results

We examined 7383 articles, retrieved 448 papers, and included 66 studies in the reviews, including 11 unpublished studies. The quality of studies was poor.

We found consistent evidence that physical abuse is common, and affects about 1 in 11 children in the UK each year. Based on weak evidence we estimated that physical abuse accounts for only 1 in 100 injury attendances at A&E (equivalent to about 0.2 physically abused children attending A&E per 100 children in the community/year). These figures suggest that just fewer than 1 in 50 physical abuse episodes present to A&E. We found clear evidence that physically abused children attending A&E are missed, but performance of the clinical screening assessment was poorly quantified. No test was highly predictive of physical abuse. We found no clear evidence that repeated A&E attendance or type of injury were predictive of physical abuse.

## Recommendations

Few physically abused children present to A&E, and some abused and injured children may not receive the medical care they need. Improving the clinical screening assessment or adding a community liaison nurse is likely to be more useful than protocols, except where the pediatric expertise of assessors is minimal. Without more experienced assessors, improvements in detection will be at a cost of increased referrals and could overwhelm capacity.

## Methods

See Executive Summary link at [www.nchta.org/project/1413.asp](http://www.nchta.org/project/1413.asp).

## Further research/reviews required

- 1) Well-designed, large-scale studies should evaluate the effectiveness of assessments currently used in A&E to identify abused children and initiate appropriate interventions. In particular, the role and effectiveness of the community liaison nurse warrants further research.
- 2) Studies need to evaluate the feasibility, acceptability, and effectiveness of new tests, eg, direct questioning of school-age children about injuries, assessment of bruising on the head and face, timing of attendance at A&E, information from the cumulative record of healthcare use, and information from agencies outside health.
- 3) Monitoring is needed of the incidence of abuse identified by professionals working with children and how this changes over time. National data on reasons for child protection registration should be extended to referrals to social services and analyzed alongside studies of abuse identified by professionals to determine how much is referred.