Author's response to reviews

Title: Facilitators and barriers to screening for child abuse in the emergency department

Authors:

Eveline CFM Louwers (e.louwers@erasusmc.nl)
Ida J Korfage (i.korfage@erasusmc.nl)
Marjo J Affourtit (m.affourtit@erasusmc.nl)
Harry J de Koning (h.dekoning@erasusmc.nl)
Henriëtte A Moll (h.a.moll@erasusmc.nl)

Version: 4 Date: 18 July 2012

Author's response to reviews:

BMC Pediatrics
To Romeo Atienza Jr
BioMed Central Editorial Office
Direct dial +31 (0) 10 70 43 056
Fax number +31 (0) 10 70 38 475
Room number
E-mail e.louwers@erasusmc.nl
Our reference
Date July 17, 2012

Concerning 1733310722697481; Requirements for improved detection of child abuse and overcoming barriers to reporting

Dear Dr. Romeo Atienza,

First of all we would like to thank you for the opportunity to resubmit our paper after revisions, and the reviewers for their comments regarding our manuscript. We think that the manuscript improved significantly by these comments. We are happy that our manuscript is being considered for publication in BMC Pediatrics.

We addressed the concerns of the reviewers and are pleased to send you a revised version of our manuscript. Attached please find our point-by-point response to the comments of the reviewers.

We look forward to your response in due course.

Yours sincerely, also on behalf of the co-authors,

E.C.F.M. Louwers
Response to reviewer comments

We thank the reviewers for their comments. We have carefully considered and included these comments into the manuscript, and feel that the manuscript has substantially improved. The edits we made to our manuscript are indicated below in italic.

Reviewer VT: It seems that there is a bias in the selection of the sample. It is necessary to explain how the interviewed persons are selected. There are included 7 Hospitals and 33 professionals of different categories. How have decided the participants of every Hospital?

Authors’ response: We agree with the reviewer that this could be more clarified and we made some changes in the methods part, p.3. We also added a reference with more details considering our study.

As part of the study ‘Screening for child abuse in EDs, implementation of an optimal protocol’ interviews were held with 27 professionals who were all related to at least one of the seven participating hospitals in the province of South-Holland, the Netherlands (8). The hospitals included one university (urban) children’s hospital, four urban teaching hospitals, and two rural periphery hospitals. At their office, we interviewed members of four professions; nine senior physicians (seven pediatricians and two surgeons), six members of the hospital Board, six ED nurses and six ED managers. These professions were selected because of their direct involvement in the detection of child abuse in the ED or their responsibility concerning child abuse policy. From these 27 interviews, facilitators of and barriers to detection of child abuse were extracted.

Reviewer VT: There are professionals with two interviewers and others with one. The reason has to be explained in methods
Authors’ response: We clarified this by moving the second sentence from the results to the methods and added an explanation for the occasional presence of a second interviewer (p. 4).

In 11 interviews a second researcher was (IK or MA) present. Reasons for this were twofold: to train the first interviewer (EL) and to underline the importance of some of the interviews: these were the interviews with six members of the hospital Board, and with the implementation expert.

Reviewer VT: The category of the interviewed experts has to be explained in methods, not in results.
Authors’ response: We thank the reviewer for this comment and changed this, see p. 3 and 4.

In the second phase of the study, these facilitators/barriers were presented to five child abuse experts and one implementation expert for their advice on how to tackle the barriers. These child abuse experts were a pediatrician with expertise in prevention of child abuse, a forensic pediatrician, a child abuse attendant, a forensic nurse specialized in child abuse detection, and a senior child abuse researcher specialized in child abuse prevention.

Reviewer VT: In the discussion it is detailed: “None of the participating hospitals had a structured training program for the detection of child abused children”; nevertheless, this information does not appear in the results
Authors’ response: We do think this appears in the results, please see the following sentences at page 6:

D. Professional development (propositions 9, 10): In all hospitals the pediatricians provided some training on recognizing and dealing with child abuse, albeit sporadically and without a structured program. In one hospital, all staff had recently received intensive training in detecting child abuse.

Reviewer SM: While the question posed, ie the facilitators and barriers to screening for Child Abuse in the ED is valid, there is insufficient detail in the methods to render the results valid at present. Firstly - this work was conducted one year prior to the introduction of the national policy on screening, and thus it is not clear to what extent, or for how long, screening was taking place in the hospitals surveyed. In the results, there is mention of the SPUTOVAMO tool in use in five hospitals, although some modified it. 1. What screening, if any, was taking place in the other two hospitals? 2. How long had screening been undertaken in each hospital prior to the staff being surveyed? 3. As you mention high staff turnover, had the staff interviewed been working in these hospitals for a minimum of six months prior to the interview? Without this information, it is impossible to draw meaningful conclusions from the results.
Authors’ response:

We thank the reviewer for her comments and will clarify this in the methods and results.
Considering the reviewer’s points 1-3, please see below:

1. What screening, if any, was taking place in the other two hospitals?
   Authors’ response: In the two hospitals which were not using a SPUTOVAMO there was no screening for child abuse at all. We clarified this in the results, p. 5:
   At the time of the interviews, screening for child abuse by completing a SPUTOVAMO form (or a similar checklist derived from SPUTOVAMO) was conducted in 5 of 7 participating hospitals; 2 hospitals did not screen for child abuse because of disagreement about its usefulness or about the profession that should complete the screening instrument.

2. How long had screening been undertaken in each hospital prior to the staff being surveyed?
   Authors’ response:
   Unfortunately we do not know exactly how long screening had been undertaken in each hospital but in most hospitals more than one year.

3. As you mention high staff turnover, had the staff interviewed been working in these hospitals for a minimum of six months prior to the interview?
   Authors’ response:
   The staff we interviewed was all senior and had been working for more than six months in the hospitals, we added this information to the methods, p. 3:
   At their office, we interviewed members of four professions; nine senior physicians (seven pediatricians and two surgeons), six members of the hospital Board, six ED nurses and six ED managers.

Reviewer SM: Secondly - More detail needs to be given regarding the questions used, the basis for the number of subjects chosen from each discipline, and how the 'themes' were identified, as the scant detail at present makes it very difficult to interpret.

1. The number of each type of professional is given in the abstract, but not the main manuscript. In the abstract you refer to two surgeons ( paediatric?) but these are not alluded to in the methods. Were these senior or junior doctors? 2. How did you arrive at the number of professionals surveyed, and can you split your results by professionals? You allude to this in the text, but no details are given. 3. Is it valid to compare the views of two surgeons with 7 pediatricians and 6 nurses? 4. Were the ED managers included with the Board members for the purposes of questions relating to Child Protection referrals? If not, is this because they are clinicians? Needs clarifying. 5. You talk about a two phase process, what questions were asked on the first occasion? Although you state 27 interviews were conducted, all your results are based on 33, which includes your very specific 'propositions'. What was asked in the generic interview at the beginning? 6. How did you select the range of hospitals chosen, and how do you think this has influenced your results? 7. Why did you include two hospitals that do not appear to be screening at all?
Authors’ response: We agree with the reviewer that more details will make the manuscript more clear. We made changes as well in the methods as in the results to answer the questions mentioned above. We also added a reference with more details of our study to clarify the study design.

Considering the reviewer’s points 1-7, please see below:

1. The number of each type of professional is given in the abstract, but not the main manuscript. In the abstract you refer to two surgeons (paediatric?) but these are not alluded to in the methods. Were these senior or junior doctors?
Authors’ response: This is now clarified in the methods, p. 3:

At their office, we interviewed members of four professions; nine senior physicians (seven pediatricians and two surgeons), six members of the hospital Board, six ED nurses and six ED managers.

2. How did you arrive at the number of professionals surveyed, and can you split your results by professionals? You allude to this in the text, but no details are given.
Authors’ response: The interviews were part of a large implementation study in seven hospitals representing the Dutch situation. We selected the most important professionals responsible for screening for child abuse in emergency departments and invited them all for an interview. Because of time restraints unfortunately we could not interview all professions in one of the seven hospitals. Results can be split by professionals, but we believe it would made the manuscript unnecessary long and unwieldy.

3. Is it valid to compare the views of two surgeons with 7 paediatricians and 6 nurses?
Authors’ response: We only reflected all the answers given by the professionals as groups, and did not (statistically) compare them with each other, therefore we think it is valid.

4. Were the ED managers included with the Board members for the purposes of questions relating to Child Protection referrals? If not, is this because they are clinicians? Needs clarifying.
Authors’ response: We interviewed all professionals individually and not as a group, so the ED managers were not included with the Board members. Some ED managers were clinicians some were not.

5. You talk about a two phase process, what questions were asked on the first occasion? Although you state 27 interviews were conducted, all your results are based on 33, which includes your very specific 'propositions'. What was asked in the generic interview at the beginning?
Authors’ response: Overall, 33 interviews were conducted. In the first phase we asked 27 professionals who were working in the hospitals, questions on the themes mentioned in the first part of the results called the Child Abuse Framework, see p. 5. In the second phase we interviewed 6 experts on the
facilitators and barriers diluted from the interviews in the first phase, written in the second part of the results called Expert opinions on p. 6. This is explained in the methods, see p. 3:

In the second phase of the study, these facilitators/barriers were presented to five child abuse experts and one implementation expert for their advice on how to tackle the barriers. These child abuse experts were a pediatrician with expertise in child abuse, a forensic pediatrician, a child abuse attendant, a forensic nurse working in the child abuse field, and a senior child abuse researcher.

6. How did you select the range of hospitals chosen, and how do you think this has influenced your results?

Authors’ response: We selected hospitals aiming for diversity in location (urban versus more rural), type of organisation (children’s hospital versus teaching hospital versus peripheral hospitals), and screening history (no screening versus use of any screening). We think the seven hospitals in our study that are spread across the province of South Holland, are representative for the Dutch situation since we included the largest university children’s hospital, four urban teaching hospitals, and two rural hospitals. We now shortly explain this in the methods (p. 3), and added a reference with more details on the study design:

As part of the study 'Screening for child abuse in EDs, implementation of an optimal protocol' interviews were held with 27 professionals of the seven participating hospitals in the province of South-Holland, the Netherlands (8). These included one university (urban) children’s hospital, four urban teaching hospitals, and two rural hospitals.

7. Why did you include two hospitals that do not appear to be screening at all?

Authors’ response: The interviews were part of a large implementation study in seven hospitals representing the Dutch situation. The interviews were done at the start of the study before the implementation was conducted, and were done to evaluate the current situation and to find out what was needed in practice to improve detection of child abuse. In selecting hospitals we had aimed for diversity in, among other aspects, screening history.

Reviewer SM: Thirdly - in the discussion, you fail to discuss your results in the context of previous published work on screening in paediatrics (e.g. for developmental delay, specific diseases etc) or in a related discipline (e.g. obstetrics where there is extensive literature). Likewise, in the discussion, you do not address the limitations of your study - mixed professionals with varying experience of Child Protection, survey conducted prior to mandatory screening thus uncertainty as to how many children actually screened, managers and Board members views also likely to be influenced by the lack of a national policy.

Authors’ response: We thank the reviewer for her comments and we extended the discussion with information on previous published work on screening for child abuse, see p. 7, and a paragraph on limitations, see p. 8.

p. 7 Previous studies have shown that screening for child abuse in emergency departments is effective to increase the detection of suspected child abuse, but a
validated protocol or screening instrument is lacking (8, 12-15).

p.8 Limitations to be mentioned for this study are that the interviews were conducted before the Health Care Inspectorate published its report. However, the themes in the interviews were almost entirely consistent with the themes in the report. Questions on registration and information, however, were lacking in the interviews.

Reviewer SM: Minor essential revisions: The title states 'requirements for improved detection' but this study did not address how many children are being detected, any consequences of non detection etc, thus could not encompass this point. It should be simply titled to include what it actually does address, namely facilitators and barriers to screening the ED.

Authors’ response: We thank the reviewer for this comment and changed the title and short title.

Title: Facilitators and barriers to screening for child abuse in the emergency department

Reviewer SM: The methods in the abstract state that 'resulting list of facilitators/barriers was subsequently discussed with five experts in child abuse and one implementation expert.' yet in the results within the main text, these interviews are combined with the original 27, and all 33 are presented as if they were separate interviews addressing the same points. The abstract and the text must be consistent, otherwise the reader is mislead.

Authors’ response: We are sorry if this was not completely clear, however, we did not combine the results of interviews. At page 5 you can find results of 27 interviews with health care professionals, and at page 6 and further the results of 6 interviews with experts are to be found.

Reviewer SM: The final sentence of the introduction mentions 'detection' but it was not part of this study to evaluate 'detection' of child abuse in the ED, and no results of same are given, thus this should be omitted.

Authors’ response: We agree with the reviewer that screening is a better word choice than detection and we changed it in the background, see p.3.

In the present study, ED professionals in Dutch hospitals were interviewed about the quality of child abuse detection in EDs, with the aim to define facilitators/barriers to screening for child abuse, and to make recommendations to optimize the screening for child abuse at EDs.

Reviewer SM: Methods: Were these Paediatric or general ED departments?

Authors’ response: The university hospital is a pediatric ED, the others are general EDs. We clarified this in the methods, p. 3.

The hospitals included one university (urban) children’s hospital, four urban teaching hospitals, and two rural periphery hospitals.

Reviewer SM: The detail re the use of SPUTOVAMO should be given in the
methods, not there results.
Authors’ response: We agree in this with the reviewer and moved the specific sentence to the methods, p. 4.

The SPUTOVAMO is a Dutch injury registration checklist developed to detect child abuse in an early stage (9).

Reviewer SM: Details of how the themes were identified, e.g. did you stop interviewing when no new themes were arising?
Authors’ response: As indicated in the methods (p. 4), the interviews were semi-structured and the themes were structured beforehand in all interviews.

Reviewer SM: A number of aspects are unique to the Netherlands, and need explaining for an international audience e.g. what is the Child Abuse Centre, and what is their role? What is a Forensic Paediatrician / nurse, and what is their role? This could be added as an electronic appendix or given in your final 'legend of terms'.
Authors’ response: We thank the reviewer for this advice and added a ‘legend of terms’ to the manuscript, see p. 9.

Legend of terms
Child Abuse Centre = the competent authority in the Netherlands that is responsible for taking care of cases of (potential) child abuse. They explore the cases of suspected child abuse and take care of adequate aid if necessary. All kinds of professionals as well as citizens can voluntary report suspected child abuse to the CAC, there is no mandatory reporting in the Netherlands
Child Abuse Teams = multidisciplinary teams in hospitals that deal with child abuse policy and assist hospital staff when child abuse is suspected.
Forensic paediatrician and nurse = experts in the field of forensic pediatrics, working at a national independent forensic institute.

Reviewer SM: Results: the opinion of the implementation expert is simply generic, and not specific to the use of a Child Abuse Screening tool - if there were no specific reflections on this tool, or your responses, then I would omit this data.
Authors’ response: In the interview we focused on the implementation of our screening protocol with the implementation expert, although it might seem generic, we think this is relevant information in this paper.

Reviewer SM: Discussion Likewise, ‘In general, this was promoted by a supportive Board, the presence of a child abuse attendant, a protocol for suspected child abuse or an appropriate screening instrument’ is this what you found, or this is what those surveyed felt would be beneficial?
Authors’ response: These facilitators were mentioned in the interviews and summarized by us as most important to fulfill the criteria of the Child Abuse Framework of the Dutch Health Care Inspectorate.
Reviewer SM: ‘Implementation of a national protocol for an appropriate procedure when child abuse is suspected, including a screening instrument applicable for all children, is required but is not yet available’ These are two different things, one relates to screening one to the response to a positive screen. Do not confuse, what is the purpose of this statement?
Authors’ response: The purpose of this statement is to clarify which aspects of child abuse prevention and detection are required by the Dutch Health Care Inspectorate, but were not available yet. We changed the sentence to make this clearer, see p. 8.

Implementation of a national screening protocol, including a screening instrument applicable for all children and an appropriate procedure for situations when child abuse is suspected, is required but not yet available (13). Developments are ongoing and the validity of various screening instruments is currently being investigated.

Reviewer SM: The limitations of this work should be dealt with in full, not stated as in "The interviews were conducted before the Inspectorate published their report. However, the subjects in the interviews were almost entirely consistent with the subjects in the report. Questions on registration and information were lacking in the interviews." Also the ‘report’ mentioned here should be appropriately referenced.
Authors’ response: We thank the reviewer for these comments and extended the discussion with a paragraph on limitations, see p. 8. We also added a reference to the report.

Limitations to be mentioned for this study are that the interviews were conducted before the Inspectorate published its report. However, the themes in the interviews were almost entirely consistent with the themes in the report. Questions on registration and information, however, were lacking in the interviews (4).

Reviewer SM: References: As the main report referred to is in Dutch, is there an online English version that your readers could access? There are no references to any other work on implementation, barriers or facilitators to etc, which is a major deficiency.
Authors’ response: Unfortunately there is no English version of the report of the Dutch Health Care Inspectorate. Since the book of Grol on implementation is also in Dutch, we added an English reference, see p. 7:

The following steps are based on the model of Grol et al. (10-11)

Reviewer SM: Grammar and use of English: The word Casuistry is confusing in this context, could this be reworded?
Authors’ response: We thank the reviewer for this comment and changed the word casuistry into cases.

Reviewer SM: The term 'caregivers' is used to refer to parents or carers with legal responsibility for their children. I suggest that you replace this throughout
with 'health professionals' or some such to avoid confusion.
Authors' response: We changed the term caregivers in health professionals throughout manuscript.

Reviewer SM: Also some minor grammatical errors, e.g. inappropriate use of plural tense in the discussion, needs correcting.
Authors' response: We carefully read the manuscript again and made some grammatical changes in the text.