Reviewer's report

**Title:** Requirements for improved detection of child abuse and overcoming barriers to reporting

**Version:** 3 **Date:** 27 June 2012

**Reviewer:** SAbine Maguire

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Overall comments: This is an important question being asked in one of the few countries that operates a national policy with regards to screening all children attending the ED for suspected abuse. Thus the survey conducted is of interest to readers internationally, and could assist in developing national screening policies. Some key information is currently missing however, which would be required to achieve this impact.

Major Compulsory Revisions: 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. What screening, if any, was taking place in the other two hospitals? How long had screening been undertaken in each hospital prior to the staff being surveyed? 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.

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. 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? 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. Is it valid to compare the views of two surgeons with 7 paediatricians and 6 nurses? 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. 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? How did you select the range of hospitals chosen, and how do you think this has influenced your results? Why did you include two hospitals that do not appear to be screening at all?
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.

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.

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.

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.

Methods: Were these Paediatric or general ED departments? The detail re the use of SPUTOVAMO should be given in the methods, not there results. Details of how the themes were identified, e.g. did you stop interviewing when no new themes were arising? 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'.

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.

DiscussionLikewise, ‘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? ‘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?
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.

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. Grammar and use of English: The word Casuistry is confusing in this context, could this be reworded? 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. Also some minor grammatical errors, e.g. inappropriate use of plural tense in the discussion, needs correcting.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests