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Referrals to a hospital-based child abuse committee: a comparison of the 1960s and 1990s[☆]

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Abstract

Objective: Although reports of child maltreatment have increased yearly since national data were first collected in 1976, little information is available about changes in the characteristics of children reported. Therefore, to examine changes over time in recognition and reporting in a medical setting, we compared referrals to a hospital-based child abuse committee in the late 1960s and early 1990s.

Design: Retrospective, cross-sectional review of medical records and logs of the hospital's child abuse committee.

Settings: Ambulatory, emergency, and inpatient services at Yale-New Haven Hospital.

Patients: Medical records were reviewed for 101 of the 165 children referred to the child abuse committee in 1968–1969 (early group) and 107 of the 843 children referred in 1990–1991 (late group). Cases of sexual abuse were excluded.

Results: Referrals for nonsexual abuse cases increased from 80 children per year in the early group to 181.5 per year in the late group; the late group was characterized by a larger number of newborn referrals (1% vs. 52%, $p < .001$). When non-newborns were compared, the two groups were similar with respect to gender and race, but the late group had fewer patients with private insurance (31% vs. 12%, $p < .05$). The late group also had more female-headed households (32% vs. 67%, $p < .05$) and more parents with a history of substance abuse (4% vs. 49%, $p < .001$). Excluding newborns, who were all classified as “at-risk,” the types of problems were classified as abuse (41% early vs. 29% late), neglect (41% vs. 35%), and “at-risk” (16% vs. 35%). Although the types of injuries were similar: superficial injuries (20% vs. 16%), burns (9% vs. 8%), and fractures (6% vs. 4%), fewer maltreated children suffered physical injuries in the late group (71% vs. 49%, $p < .05$).

Conclusions: A substantial change has occurred in referrals to the hospital's child abuse committee for abuse or neglect. Most referrals have become socially high-risk newborns and children

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or children with minimal injuries. This shift is likely due to broader definitions of maltreatment and earlier recognition of troubled families. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Epidemiology; Child maltreatment; Hospital-based

Introduction

Since national data were first compiled in the 1970s, reports of child maltreatment in the United States have increased substantially. In 1976 there were 669,000 reports to child protective service agencies around the country (American Association for Protecting Children, 1987) compared with almost 3.2 million children in 1997 (Wang & Daro, 1998). This marked increase in reporting is likely due to a number of factors, including changes in the definition of maltreatment over time, better recognition by clinicians and other mandated reporters, and increases in the true prevalence of the phenomenon (Leventhal, Horowitz, Rude, & Stier, 1993; Sedlak & Broadhurst, 1996). Approximately 9% of all reports of maltreatment come from medical settings (US Department of Health and Human Services, Children's Bureau, 1998), and most seriously injured cases are evaluated in hospitals. Little information, however, is available about changes over time in the characteristics of children evaluated for maltreatment in hospital settings. To examine changes over a period of two decades, we therefore compared the medical records of children listed in the child abuse registry of an urban, tertiary-care hospital in 1968–1969 and 1990–1991.

Methods

We conducted a retrospective review of cases of child maltreatment evaluated at Yale-New Haven Hospital (YNHH) during two periods of time: 1/1/68–12/31/69 (the early group) and 1/1/90–12/31/91 (the late group). The first time period was chosen to represent the early hospital-based approach to maltreatment, and the second period to represent a more current approach. A hospital-based child abuse (or DART—Detection, Assessment, Referral, and Treatment) committee was established in 1967 (Rowe, Leonard, Seashore, Lewiston, & Anderson, 1970) and meets weekly to discuss cases of suspected maltreatment. The team consists of hospital-based pediatricians, social workers, nurses, a child psychiatrist, and a lawyer. By 1990–1991, the team was expanded to include a representative of the local child protective service agency and the Visiting Nurse Association.

The hospital provides primary care to a large underserved community in New Haven and serves as a tertiary-care referral center for the region. To determine whether the number of patients served by the pediatric service changed from the 1960s to 1990s, we examined the hospital's annual reports for 1968–1969 and 1990–1991. Yearly, the numbers of deliveries (4,700–5,000) and pediatric discharges (3,600–4,300) were about the same during the two different time periods. The total numbers of general pediatric and emergency department patients also were similar (27,000–30,000), but the site of the visits changed so that there were more visits to the Primary Care Center in the 1990s.

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