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## The impact of a management protocol on the outcomes of child abuse in hospitalized children in Hong Kong

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### Abstract

**Objective:** To study the outcomes of children hospitalized for suspected child abuse before and after the implementation of a management protocol in a hospital in Hong Kong.

**Study period:** Two 2-year periods before (1994–1995) and after (2002–2003) the implementation of the protocol in 1998.

**Methods:** This is a retrospective hospital chart review in which the patients' characteristics, the use of laboratory and radiological examination, abuse substantiation and official registrations are compared between the two study periods.

**Results:** There were 109 and 320 patients admitted for evaluation of child abuse for the periods 1994–1995 and 2002–2003, respectively. Children in both periods were similar in sex ratio, proportion of severe forms of child abuse, rates of abuse substantiation and inclusion in the Child Protection Registry. After the implementation of a management protocol, there has been a significant drop in the proportion of children subjected to investigations such as blood counts (86% vs. 16%,  $p < .001$ ), clotting study (75% vs. 9%,  $p < .001$ ), and skeletal survey (78% vs. 6%,  $p < .001$ ). The average length of hospital stay also dropped from 15.3 days to 6.1 days ( $p < .001$ ).

**Conclusions:** There has been an almost threefold rise in the number of child abuse cases handled at the hospital during the 10-year interval. With the implementation of a management protocol, only a small proportion of children need laboratory investigations or skeletal survey without any drop in abuse substantiation and official registration. The length of hospital stay has also been significantly reduced.

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**Keywords:** Child abuse; Clinical protocols; Disease management; Hospitalization; Interdisciplinary communication; Patient care team

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## Introduction

With the increasing awareness of the occurrence of child abuse and neglect in the community, professionals dealing with child health and welfare in Hong Kong have been working more closely on the management of child maltreatment since 1990 (Mulvey, 1997). However, reporting of child abuse is not mandatory (Social Welfare Department, 1999). Children who are suspected to have been abused are often brought to the pediatric departments of public (government subsidized) hospitals during the initial management because community-based crisis centers are not available and primary health care is not prepared to handle this problem. Public hospitals are easily accessible and they provide a comprehensive service led by well-qualified specialists in pediatrics, surgery, psychiatry, and other supporting professionals. The hospitals also serve as temporary safety havens for the suspected victims. Thus, in Hong Kong, the management of the majority of suspected cases of child abuse involves hospitalization.

### *Child abuse and the pediatrician in Hong Kong*

In Hong Kong, most pediatricians involved in the care of hospitalized children for child abuse evaluation are not experts in child protection, and specific guidelines outlining the clinical care, investigation and long-term care of child maltreatment are not available. Abused children are hospitalized on the same pediatric wards and share the same teams of doctors and nurses with other children who are suffering from acute medical problems like asthma and urinary tract infection. Junior staff often provide the initial assessment and ordered ancillary investigations at the time of admission. Without a clear understanding of the dynamics and mechanisms of physical maltreatment, pediatric residents often err to over-investigate when they are confronted by such patients, making the hospitalization another traumatic experience for those children. Nonetheless, the sharp increase in child abuse cases reported to the authorities in Hong Kong in the past 10 to 15 years has drawn the attention of a group of pediatricians working in the public hospitals who have developed an interest in the area of child abuse. In 1996, they formed the Medical Coordinators on Sexual Abuse and subsequently changed their title to Medical Coordinators on Child Abuse (MCCAs). The MCCAs became the pivotal persons within their own institutions to strengthen the clinical management of maltreated children (Hong Kong Medical Coordinators on Child Abuse, 2003).

### *Devising a protocol for management of child abuse*

Because of the lack of a standardized approach and prevailing misconceptions in the handling of child abuse, the MCCAs in Tuen Mun Hospital developed a uniform management protocol to manage the medical needs of the child victims as well as defining the roles of individual professionals and their collaboration. The protocol, implemented in 1998, aimed to standardize the procedures needed in the hospital to evaluate children who might have been maltreated (Lee, Lee, Ou, & So, 2000). The essence of the protocol includes: (1) designation of specified pediatricians, nurses, and medical social workers to coordinate the management of all cases of suspected child abuse; (2) facilitation of early communication between the hospital staff and the community professionals, such as social workers from the child protection team and the police, where important information can be exchanged before the multidisciplinary case conference; (3) emphasis of the importance of medical history and physical find-

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