

Early Detection Of Child Abuse In Pediatric Emergency Departments

A Nationwide Survey Study

Tal Solomonica^{1,2} ,Eyal Heiman³ ,Asaf Schaham³ ,Batel Rechavi Bernstein³ ,Yuval Barak-Corren^{4*} & Ravit Alfandari^{2*}

¹Haifa District Health Office, Ministry of Health, Haifa, Israel

²School of Social Work, University of Haifa, Haifa, Israel

³Pediatric Emergency Department, Shaare Zedek Medical Center, Jerusalem, Israel

⁴Pediatric Cardiology, Schneider Children's Medical Center, Petah Tikva, Israel

*Co-senior authors



Introduction & Objectives

- Early detection of child abuse (CA) in pediatric emergency departments (PEDs) is a critical yet complex task, shaped by a range of individual, organizational and systemic factors.
- This study aimed to explore the current state of CA identification in Israeli PEDs by examining the experiences, attitudes, and perceived challenges of healthcare professionals involved in managing suspected cases.
- The findings are intended to inform the future development of a clinical decision support (CDS) system designed to enhance early detection practices.
- To our knowledge, this is the first systematic national study addressing CA identification practices within Israeli PEDs.

Methods

A quantitative cross-sectional study was conducted using a structured online questionnaire assessing professional confidence, identification practices, and decision-making strategies related to suspected CA.

Results

Study Cohort

A total of 179 healthcare professionals from Israeli PEDs participated: 45% physicians, 41% nurses, and 14% social workers. Participants (20–64 years, M = 40.4, SD = 9.8) were mostly female (75%) and parents (84%).

Previous Experience in Identifying Suspected CA

Among respondents the majority (58%) reported having identified 1–4 cases of suspected CA in the past year.

Perceived Accuracy of CA Identification

Overall, 52% of respondents believed they underestimated the number of suspected CA, 35% felt their estimations were accurate, and 13% believed they overestimated. Underestimation was most common among physicians (60%), while accurate estimations were more frequent among nurses (42%) and social workers (37%).

Predictors of Professional Confidence in Identifying Suspected CA

To identify factors associated with professional confidence a multivariate regression was conducted, two variables emerged as significant predictors: older age, which was associated with higher confidence ($\beta = +0.044$, $p < .05$), and parenthood, which was associated with lower confidence ($\beta = -0.010$, $p = .01$). Professional training, gender, and years of experience were not significant predictors.

Association Between Confidence and Identification Frequency

Ordinal regression revealed a significant positive association between professional confidence and CA identification: Higher confidence was linked with an increased likelihood of identifying suspected CA ($B = 0.821$, $p < .001$).

Decision-Making Processes and Use of Electronic Health Record (EHR) System in Suspected CA

- Most participants reported relying on informal consultation—primarily with senior physicians (51%), social workers (47%), or child protection teams (45%). Formal resources such as EHR systems and protocols were less frequently used.
- The majority of the respondents (55%) expressed moderate to high confidence in the potential of computerized decision aids (e.g., alerts or prompts) in supporting CA identification.

Recommendations to Improve CA Identification

Participants emphasized three key areas for improving CA identification in PEDs:

- Technological Measures:** Integration of alerts, structured screening tools and family-level data into the EHR.
- Training and Education:** Mandatory workshops and ongoing learning across all clinical roles.
- Cross-Systems Communication:** Strengthening working relationships with social services and improving referral protocols.

Conclusions

- Healthcare professionals’ confidence in identifying suspected CA in PEDs primarily shaped by individual characteristics, particularly age and parental status, rather than by professional training or experience.
- Higher confidence levels were significantly associated with an increased likelihood of identifying suspected CA.
- Formal tools such as EHR systems and protocols were used infrequently to guide decision-making.
- Participants expressed moderate to high confidence in the potential of computerized decision aids to improve detection.
- Overall, findings support the development of CDS systems to strengthen CA identification practices.

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