

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Analysis of acute presentations for child protection medical assessments in a large, culturally diverse metropolitan setting |
| AUTHORS | Hotton, Paul; Raman, Shanti |

VERSION 1 - REVIEW

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| REVIEWER | Hawkrigg, Sharon Fiona Stanley Hospital Paediatrics Perth, Australia Competing interests: Nil |
| REVIEW RETURNED | 15-Jun-2017 |

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| GENERAL COMMENTS | Excellent and relevant article, most important as it will help form service delivery as well as hopefully drive other similar institutions to address their service delivery in this area also. One question - wording of 2nd point in "What this paper adds:" - it says "there are various in health" should this be variations? |
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| REVIEWER | Ray, Samiran Great Ormond Street Hospital, London UK Competing interests: NIL |
| REVIEW RETURNED | 19-Jun-2017 |

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| GENERAL COMMENTS | <p>The problem with most child maltreatment based retrospective analyses is the lack of denominator data. In this case, while children are referred to the clinic acutely, are there possibly other cases of child maltreatment who will present to other care areas within the region? For example do children not present to emergency rooms with acute trauma (e.g. fractures, burns) which will need more immediate medical care, and bypass the clinic? The authors mention this as a limitation, but may need to make this more apparent in the methodology. The manuscript would be strengthened if the authors had numbers of children referred to social services from areas other than the CM clinic, although I appreciate this was not part of their intended study.</p> <p>The authors have claimed a few times that their study is novel as it is 'first of its kind' to describe the health needs and social outcomes following the acute presentation of children for CM assessment. However as evident from their reference list, this may not be as novel as stated. Also, as I mention above, the authors do not describe the needs and outcomes of all assessments in their region – only those who present to their clinic, which is unlikely to be exhaustive. I suggest the authors tone down this claim.</p> |
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| | <p>Specific comments:</p> <p>Paragraphs 2 and 3 in the introduction could be combined – currently the order of statements lack logical flow. This study does not aim to demonstrate the validity of ED screening tools for example.</p> <p>In paragraph 3 the authors suggest a previous audit based change in practice – although referred to, can the authors expand on the changes made?</p> <p>The study is referred to as an audit – as there are no standards against which the outcomes are measured, strictly speaking, this is a service evaluation.</p> <p>Analysis – the authors use mean and t-tests to compare ages. Are the ages normally distributed? If not (and it would be safer to assume not as this is not the case for most paediatric presentations), then I would recommend using medians and non-parametric tests.</p> <p>The authors suggest that certain ethnicities are over-represented in their cohort – can they give an estimate of the population make up in their region? This should be available from census data.</p> <p>The threshold for referral for SA and PAN assessments will be different – this may explain why more children assessed for PAN are likely to have concerns for inflicted injury. The authors should acknowledge this.</p> <p>There is a discrepancy between the number of examinations refused between tables 2 and 3 – please clarify.</p> <p>The discussion is long and can be edited down further.</p> <p>Page 6 Line 41 ‘Our data will go some way towards addressing this gap, and is the basis of another service improvement project that we have carried out in SWS’ I am not sure how the authors justify this statement – how do these data help understand the over-representation of certain populations in their cohort? Can the authors elaborate on the changes proposed?</p> <p>Page 7 Line 27: I think the authors may be stretching their data to fit a pre-conceived notion: do the numbers of the children allowed home with their parents not just reflect the proportion of children with suspicion of maltreatment in each group?</p> |
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VERSION 1 – AUTHOR RESPONSE

Response to Comments

1. wording of 2nd point in "What this paper adds." - it says "there are various in health" should this be variations?

We have addressed the wording and changed various to differences in health

2. In this case, while children are referred to the clinic acutely, are there possibly other cases of child maltreatment who will present to other care areas within the region? For example, do children not present to emergency rooms with acute trauma (e.g. fractures, burns) which will need more immediate medical care, and bypass the clinic?

We have added two sentences in the methodology to address this:

Only children referred to this hospital service were analysed. Other children within SWS that may have presented to other services within the area were not included in this study.

3. The authors have claimed a few times that their study is novel as it is 'first of its kind' to describe the health needs and social outcomes following the acute presentation of children for CM assessment.

We have removed and rephrased.

4. Paragraphs 2 and 3 in the introduction could be combined – currently, the order of statements lack logical flow. This study does not aim to demonstrate the validity of ED screening tools for example.

We have deleted that sentence from the introduction: "There are screening tools used by EDs to help identify maltreated children. However, the evidence for the use of these tools is not conclusive,¹⁵ and EDs may not be the ideal setting for CM assessments.¹⁶ "

5. In paragraph 3 the authors suggest a previous audit based change in practice – although referred to, can the authors expand on the changes made?

We have included a sentence around Joint clinics:

which included the establishment of a joint clinic made up of community paediatricians, social workers, and sexual assault physicians. A model of collaborative multi-disciplinary clinical assessments for acute CM in one hospital (a non-tertiary pediatric hospital) setting was established.

6. The study is referred to as an audit – as there are no standards against which the outcomes are measured, strictly speaking, this is a service evaluation.

We have changed 'Audit' to Service evaluation or study

7. Analysis – the authors use mean and t-tests to compare ages. Are the ages normally distributed? If not (and it would be safer to assume not as this is not the case for most paediatric presentations), then I would recommend using medians and non-parametric tests.

We used mean and standard deviation used for ages, chi square and t-tests were used for differences in proportions.

8. The authors suggest that certain ethnicities are over-represented in their cohort – can they give an estimate of the population make up in their region? This should be available from census data.

We have added in actual figures from 2011 census data rather than just the reference. Data from 2016 is not yet fully available.

9. The threshold for referral for SA and PAN assessments will be different – this may explain why more children assessed for PAN are likely to have concerns for inflicted injury. The authors should acknowledge this.

We have added in a sentence to address this:

However, the threshold for referral for SA and PAN assessments are different and may reflect the difference between SA and PAN concerns for suspicious/definitive injury. SA may present via the child's disclosure whereas physical abuse may present with concerns around physical signs and suspicious injuries that need investigation

10. There is a discrepancy between the number of examinations refused between tables 2 and 3 – please clarify.

This have been corrected

11. The discussion is long and can be edited down further.

The discussion has been edited

12. Page 6 Line 41 'Our data will go some way towards addressing this gap, and is the basis of another service improvement project that we have carried out in SWS' I am not sure how the authors justify this statement – how do these data help understand the over-representation of certain populations in their cohort? Can the authors elaborate on the changes proposed?

We have edited the sentence:

Our data is the basis of another service improvement project that we have carried out in SWS,34 to help understand that gap.

13. Page 7 Line 27: I think the authors may be stretching their data to fit a pre-conceived notion: do the numbers of the children allowed home with their parents not just reflect the proportion of children with suspicion of maltreatment in each group?

We have removed the Sentence:

'while the majority of children seen for SA were discharged into parental care'

14. Delete "Who is at risk " from title

Done

15. Do not use abbreviations in the abstract, what is known and What this study adds

Abbreviations removed

16. Discussion delete first 2 sentences and shorten dramatically

Deleted

VERSION 2 – REVIEW

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| REVIEWER | Ray, Samiran Great Ormond Street Hospital, London UK Competing interests: NIL |
| REVIEW RETURNED | 24-Jul-2017 |

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| GENERAL COMMENTS | Thank you for making the changes according to suggestions - I do believe that it strengthens the paper. However I still am concerned about the use of parametric statistical tests (mean values and t-tests): age is often non-normally distributed in presentation based cohorts in paediatrics - a point you allude to in the manuscript. I would therefore strongly advocate using median values and the Mann-Whitney U test. I do not believe it will make a big difference to the outcome of your study, but it will give statistical validity. I hope you will re-consider. |
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VERSION 2 – AUTHOR RESPONSE

"You MUST change to median and Mann-Whitney U test as your data are not normally distributed"

This has been addressed and new calculations have been included in the paper as directed.

Thank you again for your time in editing and reviewing.

Paul