

**FROM THE CHILD ABUSE RECOGNITION EXPERIENCE STUDY (CARES):  
EXPERT REVIEW OF PRIMARY CARE PROVIDERS REPORTING OF CHILD**

**PHYSICAL ABUSE** Robert D Sege, MD PhD<sup>1</sup>, Emalee Flaherty, MD<sup>2</sup>, Lori Lyn Price<sup>1</sup>, Eric Slora, Ph.D.<sup>3</sup> and CARES Study Group<sup>3,4</sup>. (Sponsored by Robert D Sege,) <sup>1</sup>Institute for Clinical Research & Health Policy Studies, The Floating Hospital for Children at Tufts-New England Medical Center, Boston, MA, United States; <sup>2</sup>Pediatrics, Children’s Memorial Hospital, Chicago, IL, United States; <sup>3</sup>AAP, PROS, Department of Research, Elk Grove Village, IL, United States and <sup>4</sup>National Medical Association (NMA) PedsNet, Washington, DC, United States.

**Background:** The Child Abuse Reporting Experience Study (CARES) described the experience of 434 PROS or National Medical Association PedsNet primary care providers (PCPs) assessments of 15,003 injured children, including 1683 cases in which the PCP identified suspicion of abuse.

**Objective:** PCPs reporting of suspected child physical abuse was compared to the decision of child abuse experts who performed a case review. Although there is no gold standard in the diagnosis of child abuse, the sensitivity and specificity of PCP decisions, compared to expert case review, was computed.

**Design/Methods:** A subsample of 97 injury cases seen by PCPs participating in CARES was selected for further study. Telephone interviews with PCPs conducted 6 weeks after an injury visit were used to construct clinical vignettes. 5 child abuse experts each reviewed all vignettes and assessed whether or not a child protective service (CPS) report should be filed. Disagreements among experts were explored via conference call; no agreement was reached on 5 cases, leaving 92 for further analysis.

**Results:** The experts agreed with the PCPs reporting decisions in 77 (84%) of the cases. The experts indicated that 2 of 29 reported cases should not have been, while 13 of 63 non-reported cases should have been reported, including 7 for which the PCP did not have high suspicion of abuse [table]. Compared to expert reviewers, PCPs thus had 68% sensitivity and 96% specificity in child abuse reporting.

**Conclusions:** Although PCPs and child abuse experts usually agreed about child abuse reporting decisions, PCPs were less likely to report suspected child physical abuse than were child abuse experts during subsequent case review.

PCP v. Expert Abuse Reporting		
No. Cases	Expert NR	Expert Report
PCP NR	50	13
PCP Report	2	27

PCP=Primary Care Provider; Report = Report filed with state CPS; NR = Not reported