

Background:

10% of children are victims of abuse in developed countries (*Gilbert, Lancet 2009*)

Emergency departments (ED) are key actors (*Tursz A. et al, Rev Prat 2011*)

One of the **barriers** to report children at risk of abuse to :

- the child protective services (**social report SR**) and/or
- the prosecutor’s offices (**judicial report JR**)

is the **fear to be mistaken**.

Objectives:

To describe the reported cases of children suspected of abuse in one pediatric ED and their social and judicial outcomes.

Patients & Methods :

Retrospective analysis of visits of children:

- 0 to 18 years old
- in one academic pediatric ED
- between January 2015 and December 2016
- that were followed by a SR or a JR.

Data collection:

Electronic medical records and contact with the child protective services and the prosecutor’s offices.

Results :

From the 313 SR and JR peromed in the hospital from 2015 to 2016, 180 **(60%)** were from the ED **(0.17% of ED visits)**.

Table 1. Characteristics of the 180 visits with a social or judicial report.

n = 180	
Female	53%
Median Age (min-max)	4.4 y (19days-17,3y)
Previous visit in an ED	47%
Previous reports	26%

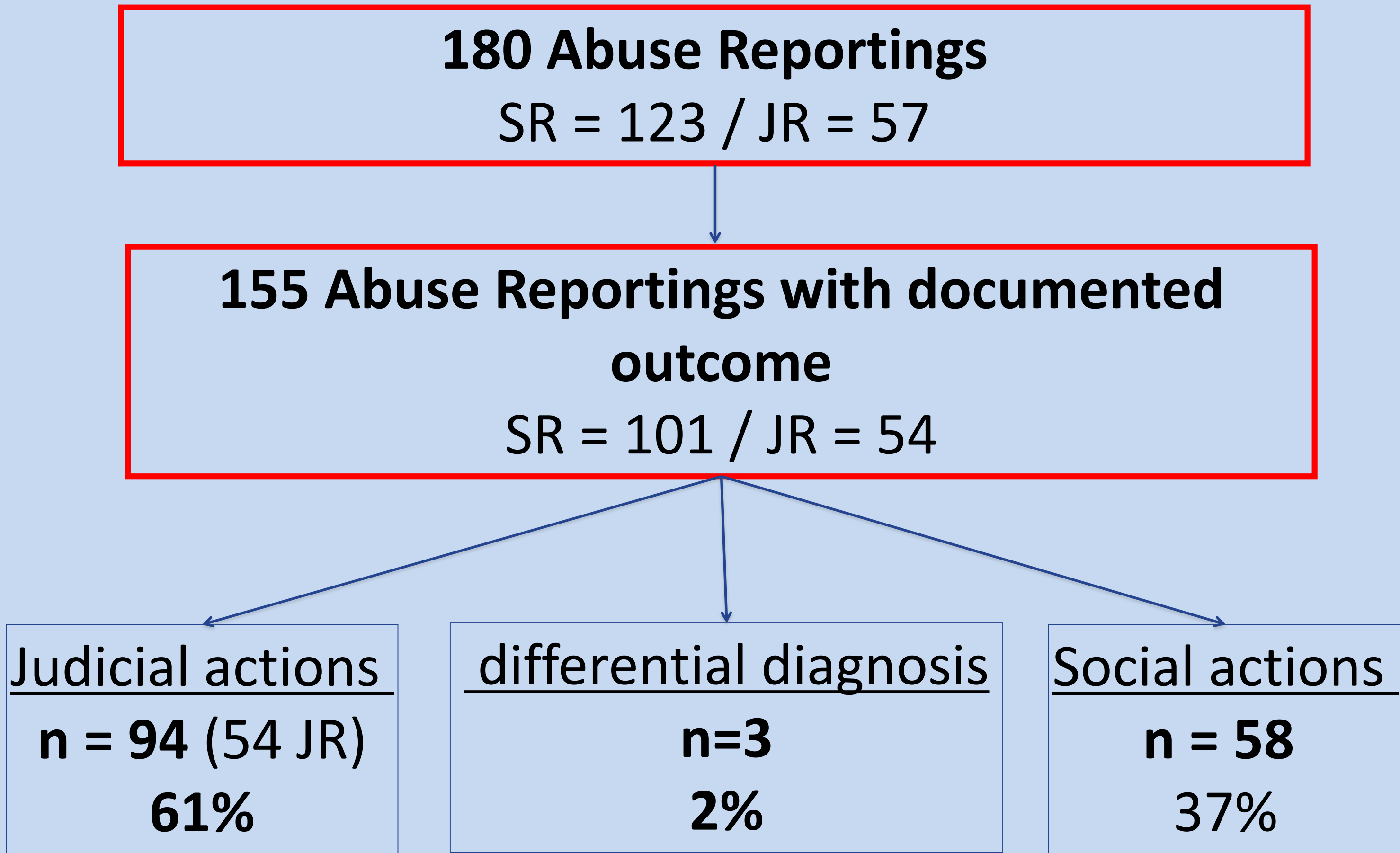


Figure 1. Outcome of the ED visits with a social or judicial report.

Conclusion:

- Most of the SR and JR performed during the study period resulted in social or judicial measures.
- Moreover, the differential diagnoses of child abuse in children with a SR or a JR were extremely low.
- However, the prevalence of SR and JR in our pediatric emergency department was low.

Perspectives :

These results should encourage physicians that suspect child abuse **to report it**, while developing an interdisciplinary cooperation.

It should also endorse researchers and projects that aim to improve child abuse detection, management and follow-up.