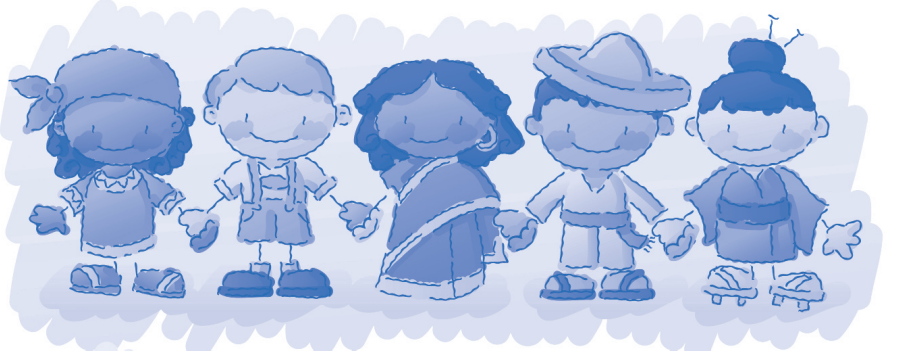
Chapter 8

General discussion



The goal of this thesis was to investigate whether the detection of child maltreatment at the Emergency Department (ED) could be improved by using a new protocol, called the Hague protocol, that aims to detect child maltreatment on the basis of parental characteristics.
Research shows that detecting child maltreatment based on child characteristics at the ED (e.g. age, repeat attendance and injury type) is not sufficiently accurate to be considered a reliable screening tool (Woodman et al., 2010). Therefore the goal was to develop an additional method for the detection of child maltreatment at the ED based on parental characteristics (The Hague protocol). This thesis reports on the effectiveness of the Hague protocol. It specifically concerns the predictive value of the Hague protocol, its implementation, the origins of the false negatives, the potential need to expand the protocol, the family support offered after referral, and the potential avoidance of the ED by parents as a result of implementation. Each of these issues has been addressed in a separate chapter of this thesis.

Tangible effects of these studies; Current state of affairs and future developments

Tangible effects

As a result of the promising outcomes of the research reported in this thesis, ZonMw granted the project group an extra financial impulse, providing the opportunity to implement the Hague protocol at all Dutch EDs and RCCANs in the Netherlands. This implementation has been completed.

After the first results of our study were made public at the beginning of 2013, the government of the Netherlands introduced an amendment in Dutch Law (appendix II) to make the detection of child abuse using parental characteristics, as outlined in the Hague protocol, mandatory for all professionals in the regular and mental health care sectors as well as those in the fields of social work and for professionals working in judicial institutions (Wet Meldcode 2013). This was followed by a national implementation. Currently all Dutch EDs, general practitioners' out of office co-operatives and ambulance services have started implementing these guidelines.

The government named this new approach 'Kindcheck' (Child Check) and expanded the categories of parental characteristics and the group of professionals. If a (para-) medical professional treats an adult patient or client who has severe mental, physical, social, or

financial problems (e.g. no housing), the professional is mandated to check the child's safety and well-being. This can be done by: 1) referring the children to the RCCAN in accordance with the guidelines of the Hague protocol (the RCCAN then takes over the responsibility) or 2) checking the child's safety and well-being, and if needed, arranging appropriate support services without involvement of the RCCAN. In the latter case, the professional remains responsible for the child's well-being until confirmation is received that the child and/or the parents have been accepted by the designated support services. By making this approach mandatory by law, the Dutch Government is the first in the world with legislation that leverages parental characteristics to detect child maltreatment.

In June 2013, we were awarded a 'Pearl' by ZonMw. This is an award for a study that yields striking results, is in line with current developments, and provides a fitting response to a question or problem in health care. We also received a grant in 2013 from the Ministry of Health, Welfare and Sports to implement the protocol (now named Child Check or Kindcheck) at all Dutch ambulance services and General Practitioners' out of office co-operatives.

Future developments

Because of the expansion of the parental groups and the professionals involved, we consider it important to evaluate the effectiveness of this expansion. We are currently negotiating for funding of the research of this effectiveness will start at the end of this year. We are also in contact with hospitals in Germany, which are prepared to start a pilot study on 'detecting child maltreatment at the ED', which includes the guidelines of the Hague protocol. Several Swiss hospitals will also start a pilot of the Hague protocol in 2016. The first hospitals in the United States have shown interest in implementing a pilot of the Hague protocol guidelines at their adult ED's. We hope many other countries will follow. To help determine how preventive these guidelines really are, a randomized control trial to test the effectiveness of the Hague protocol in combination with the outcomes of the provided family support is desirable. Up to now this has not been feasible.

Unsolved problems

Structural monitoring and follow up of the family and child situation are still unsolved issues. Our research showed that prior to referral by the ED, two thirds of these families were already known to organizations on account of their family and domestic problems. As described in chapter six, the only Dutch organization mandated to monitor the situation within six months after help is initiated, is the RCCAN. Professionals in the Netherlands are mandated to act when they fear for the child's welfare or safety. They have more options than only referral to the RCCAN. But if they choose to initiate help without intervention of the RCCAN, these families would be left without any form of monitoring. A solution to this problem could be that even if the professional chooses to initiate help without RCCAN intervention, they should inform the RCCAN about the family situation and the help they have organized. In this way the RCCAN can be held responsible for monitoring and the RCCAN will have a more complete overview of all child maltreatment victims. This could make the RCCAN the National Database, overseeing monitoring, follow up, overlap of services and failure of mobilized support, which could help to reduce recurrences of child maltreatment.

Another potential problem is best illustrated by events in Minnesota (USA) in 1999. A Minnesota legislature amended the definition of child neglect to include child exposure to intimate partner violence. As a consequence, referrals to child protection agencies expanded rapidly. Unfortunately, no state funding was provided and the support system became overloaded, resulting in very long waiting lists (Edleson, Gassman-Pines, & Hill, 2006). To prevent this 'Minnesota-effect' in the Netherlands, future research is necessary to give some insight into whether the expansion of child maltreatment detection guidelines will have the desired outcome for professionals and families and will not lead to flooding of the system. Therefore, we are currently in consultation with the Ministry of Health, Welfare and Sport to start an evaluation of the outcomes of the implementation of the Kindcheck (Child Check) among all the professionals involved. It will also be necessary to focus on a Kindcheck implementation program, similar to the program used for the GPs and ambulance services, to support these professionals during the implementation process.

Final conclusion

The overall conclusion of this thesis is that the addition of the Hague protocol to detect child maltreatment based on parental characteristics, together with the existing protocols based on child characteristics, leads to a significant increase in the identification of children who are victims of child maltreatment. It is striking that many of these children were not known to the Reporting Center for Child Abuse and Neglect (RCCAN) prior to referral by the Emergency Department (ED). The parental categories as described in the Hague protocol's guidelines have a high positive predictive value, a low number of false positives and there is no need to expand the protocol with more parental characteristics. After implementation of the Hague protocol at the ED a small number of child maltreatment cases may be missed (see Chapter 4, Missed cases in the detection of child abuse based on parental characteristics in the emergency department). Fortunately, the reasons for these non-identified cases should be relatively easy to address. When a referral is made to the RCCAN, ED professionals can be assured that the great majority of families are investigated within a reasonable time and they receive adequate support. This study also helps to dispel the myth that if ED professionals refer children to the RCCAN based on parental characteristics that parents themselves will avoid attending the ED.

Overall the combined outcomes of the present studies provide sufficient grounds to conclude that implementing the Hague protocol's guidelines may narrow the gap between the prevalence of child maltreatment and the number of detected child abuse victims. Therefore, we think that other countries may also be encouraged to take a close look at the feasibility of implementing a protocol for detecting child maltreatment based on parental characteristics in addition to their current protocols based on child characteristics. Detection of child maltreatment is critical in order to stop and further prevent this behavior, and to offer help and support to the child and family.