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Detecting child abuse based on parental characteristics: Does The Hague Protocol cause parents to avoid the Emergency Department?

Hester M. Diderich RN, CEN (Researcher) [a,*], Minne Fekkes PhD (Researcher) [b], Mark Dechesne PhD (Associate Professor) [c], Simone E. Buitendijk MD, MPH, PhD (Professor of Women's and Family Health) [d], Anne Marie Oudesluys-Murphy MB, PhD (Professor of Social Pediatrics) [e]

[a] Emergency Department, Medical Centre Haaglanden, Lijnbaan 32, PO Box 432, 2501 CK The Hague, The Netherlands
[b] Department of Child Health, TNO, Wassenaarseweg 56, PO Box 2215, 2301 CE Leiden, The Netherlands
[c] Campus The Hague, Leiden University, Lange Houtstraat 11, 2511 CV The Hague, The Netherlands
[d] Leiden University Medical Centre, Albinusdreef 2, 2333 ZA Leiden, The Netherlands
[e] Social Pediatrics, Willem-Alexander Children's Hospital, Leiden University Medical Centre, Albinusdreef 2, 2333 ZA Leiden, The Netherlands

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ABSTRACT

Objectives: The Hague Protocol is used by professionals at the adult Emergency Departments (ED) in The Netherlands to detect child abuse based on three parental characteristics: (1) domestic violence, (2) substance abuse or (3) suicide attempt or self-harm. After detection, a referral is made to the Reporting Center for Child Abuse and Neglect (RCCAN). This study investigates whether implementing this Protocol will lead parents to avoid medical care.
Method: We compared the number of patients (for whom the Protocol applied) who attended the ED prior to implementation with those attending after implementation. We conducted telephone interviews ($n = 14$) with parents whose children were referred to the RCCAN to investigate their experience with the procedure.
Results: We found no decline in the number of patients, included in the Protocol, visiting the ED during the 4 year implementation period (2008–2011). Most parents ($n = 10$ of the 14 interviewed) were positive and stated that they would, if necessary, re-attend the ED with the same complaints in the future.
Conclusion: ED nurses and doctors referring children based on parental characteristics do not have to fear losing these families as patients.

1. Introduction

Each year, more than 150,000 children worldwide die as a result of maltreatment (Gilbert et al., 2009). Many more suffer lifelong consequences (Felitti et al., 1998) and lasting changes have been reported in their core physiological systems (Schury and Kolassa, 2012). Child maltreatment remains a major public health and social welfare problem, even in high income countries (Keane and Chapman, 2008). In the Netherlands, approximately 19,000 children are reported annually to the Reporting Center for Child Abuse and Neglect (RCCAN) (Jeugdzorg Nederland, 2013). In the USA approximately 6,800,000 children per year are reported to the Child Protective Services (CPS) (US Department of Health and Human services, 2011).

Since the Dutch Healthcare Inspectorate published a report in 2008 on the inadequate detection of child abuse at the Emergency Department (van der Wal, 2008), finding a solution for this became a Government priority. This led to the development of educational material to train ED staff, and to the development of screening instruments for the detection of child maltreatment (Louwers et al., 2012). However, research shows that screening tools based on child markers are not reliable (Woodman et al., 2010).

The Medical Center Haaglanden (MCH) and the RCCAN in The Hague developed a new protocol, the "Hague Protocol", which detects cases of child abuse based on specific characteristics of parents who attend the adult Emergency Department (ED) with their own medical problems (Diderich et al., 2013). The children of these parents will be referred to the RCCAN. The RCCAN specializes in conducting investigations concerning child abuse and neglect and provides voluntary community based services for families. The RCCAN professionals (medical-doctor, social worker and behavioral specialist for children) meet with the parents and the child(ren) within 12 days of the ED referral and evaluate the problems in order to offer

* Corresponding author. Emergency Department, Medical Centre Haaglanden, Lijnbaan 32, PO Box 432, 2501 CK The Hague, The Netherlands. Tel.: +31-70-3302380; fax: +31-70-3302855.
E-mail address: H.Diderich@mchaaglanden.nl (H.M. Diderich).

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appropriate help to the family members. If necessary, the RCCAN can refer the family to the CPS, which has the authority to place children in foster care.

The present research focuses on the implementation of this new protocol to detect child maltreatment at hospital Emergency Departments in the Netherlands. In this study we investigate the effects of implementation of the Hague Protocol at Emergency Departments (ED) regarding avoidance behavior of parents who have an increased chance of being detected for child maltreatment. Implementation of the protocol provides a context to understand more general, universal processes associated with the implementation of new measures for child maltreatment detection.

The Hague Protocol focuses on detecting child abuse at an adult ED on the basis of parental characteristics rather than on the basis of the current guidelines that focus on child characteristics. The Hague Protocol has proven to be very effective, with the number of referrals to the RCCAN rising from 1 to 64 per 100,000 ED patients. Child abuse was confirmed in 91% of referrals (positive predictive value of 0.91; Diderich et al., 2013). In July 2013, the Dutch Ministry of Health, Welfare and Sports made the method of the Hague Protocol mandatory by law for all medical professionals in the Netherlands. The Hague Protocol has already been successfully implemented in all Dutch hospitals, many ambulance services, and General Practitioners offices have also started the implementation process. This year these guidelines will probably be implemented in 11 hospitals in Germany, the first international pilot study. Recently in some hospitals in the United States, the focus on parental characteristics has been added to the existing guidelines concentrating on child characteristics (Horner, 2014).

During the implementation of the Protocol, some medical professionals expressed fear that patients in need of medical care may stay away from the ED to avoid their children being referred, thereby undermining the effectiveness of the Hague Protocol. This fear has also been discussed in several previous studies focusing on experiences of health care professionals when deciding to refer a child to the CPS (Flaherty and Sege, 2005; Flaherty et al., 2000, 2008; Vulliamy and Sullivan, 2000). Avoidance of medical care has been identified as an issue in many different domains. For example, Henderson et al. (2013) reported on avoidance of medical care by people with mental illness. They found that lack of awareness of medical symptoms, ignorance concerning treatment excess, prejudice regarding mental illnesses and the expectation of discrimination by those with mental illness were the main reasons for treatment avoidance. While the first two reasons may be less relevant in the current context, it is clear that prejudice against child abusers and expectations of negative treatment by child abusers may play an important role in a decision to avoid medical treatment at the ED (Henderson et al., 2013). This is in line with a study by Moore et al. (2004) who showed that perceptions of patients on how they are treated are a critical factor in the avoidance of healthcare treatment. The present study specifically focused on avoidance behavior at the ED as a result of the implementation of the Hague Protocol. This study investigates the hypothesis that parents will avoid the ED as a result of implementation of the Hague Protocol.

1.1. The Hague Protocol

The Hague Protocol prescribes how nurses and doctors working at an adult ED can detect child abuse based on three parental characteristics; (1) domestic violence, (2) substance abuse and (3) suicide attempt or self-harm. All patients seen as a result of these problems are asked, in accordance with the protocol, if they are responsible for children under the age of 18 years or if they are pregnant. If this is the case, the children will be referred to the RCCAN, even without the parents' consent.

The current study is part of a large research project that addresses the effectiveness of the Hague Protocol, the number of cases missed by the Protocol, possible additions of parental categories to the Protocol, and the care offered to the families after referral to the RCCAN following detection by the Protocol. The study was submitted for evaluation to the Medical Ethical Committee (number 11–040), who decided that their approval was not required. All these studies have already been published (Diderich et al., 2013, 2014a, 2014b, 2014c, 2014d).

2. Methods

To investigate the impact of the Hague Protocol on ED attendance of parents included in the Protocol's guidelines we carried out a retrospective study. Data were extracted from the ED database of the Medisch Centrum Haaglanden (MCH) hospital. The MCH began implementation of the Hague Protocol in December 2007. We collected data from patients who attended the ED between January 1, 2006 to December 3, 2011. We limited the data collection to those groups of patients (child carers and non-child carers) who were included in the Protocol's guidelines (domestic violence, suicide attempt/self-harm and substance abuse). We searched for the following keywords in the medical diagnosis noted in the electronic patient files; "strangulation", "self-harm", "suicide attempt", "suicide", "self-intoxication", "drugs", "Gamma Hydroxyl Butyrate" or "GHB", "Ecstasy" or "XTC", "Heroin", "Cocaine", "alcohol intoxication", "domestic violence", "partner violence" and "abuse". The medical records found using these keywords were checked randomly as to whether they were indeed part of the patient's medical history. Finally, we compared the total number of patients (child carers and non-child carers) who attended the ED in the 2 years prior to implementation (2006–2007), with the number of patients attending after implementation (2008–2011) (Table 1).

We conducted telephone interviews with parents whose children had been referred to the RCCAN as a result of implementation of the Hague Protocol guidelines to gain more insight into how parents had experienced this new procedure. During a 6 months period (April 1, 2012 to October 1, 2012), 37 referred parents (mother or father), whose children had been referred to the RCCAN, based on the Hague Protocols' guidelines, were contacted by telephone. The parents were phoned 1 week after the RCCAN had contacted them, which was approximately 12 days after the ED referral. It was very difficult to contact the parents by telephone and convince them to take part in the interview. Only 14 parents agreed to participate. The parents were asked questions pertaining to their knowledge about the existence of the protocol and their opinion about the way they had been informed about the procedure (Table 2).

3. Analysis

To compare the number of patients who attended the ED prior to implementation with the number of patients attending after implementation of the Hague Protocol, we calculated for each year the number of patients (child carers and non-child carers) in the specific categories covered by the Protocol who attended the ED per 100,000 ED patients attending for all reasons (child carers and non-child carers). In this way, we corrected for annual fluctuations in absolute number of ED patients.

For this explorative, quantitative study, the results from the telephone interviews were analyzed using SPSS's frequencies function. There was no comparison group.

4. Results

The overview in Table 1 shows no decline in the number of patients included in the Protocol's guidelines, who attended the ED