



A new protocol for screening adults presenting with their own medical problems at the Emergency Department to identify children at high risk for maltreatment[☆]

Hester M. Diderich^a, Minne Fekkes^b, Paul H. Verkerk^b, Fieke D. Pannebakker^b,
Mariska Klein Velderman^b, Peggy J.G. Sorensen^a, Paul Baeten^c,
Anne Marie Oudesluys-Murphy^{d,*}

^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 Advice and Reporting Centre for Child Abuse, Neherkade 3054, 2521 VX The Hague, The Netherlands

^d Social Pediatrics, Willem-Alexander Children's Hospital, Leiden University Medical Centre, Albinusdreef 2, 2333 ZA Leiden, The Netherlands

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ABSTRACT

Identifying child abuse and neglect solely on the grounds of child characteristics leaves many children undetected. We developed a new approach (Hague protocol) based on characteristics of parents who attend the Emergency Department (ED) because they have the following problems: (1) intimate partner violence, (2) substance abuse, or (3) suicide attempt or other serious psychiatric problems. The goal of this protocol is to enable the Reporting Center for Child Abuse and Neglect (RCCAN) to rapidly assess family problems and offer voluntary community based support to these parents. The aim of this study is to assess whether this protocol for screening adults presenting for care in the Emergency Department can identify children at high risk for maltreatment. A before and after study was conducted at 9 EDs in 3 regions in the Netherlands (one intervention region and 2 control regions). During the period January 2006 to November 2007, prior to the introduction of the Hague protocol, from a total of 385,626 patients attending the ED in the intervention region 4 parents (1 per 100,000) were referred to the RCCAN. In the period after introduction of the protocol (December 2007 to December 2011), the number rose to 565 parents from a total of 885,301 patients attending the ED (64 per 100,000). In the control region, where the protocol was not implemented, these figures were 2 per 163,628 (1 per 100,000) and 10 per 371,616 (3 per 100,000) respectively (OR = 28.0 (95 CI 4.6–170.7)). At assessment, child abuse was confirmed in 91% of referred cases. The protocol has a high positive predictive value of 91% and can substantially increase the detection rate of child abuse in an ED setting. Parental characteristics are strong predictors of child abuse. Implementing guidelines to detect child abuse based on parental characteristics of parents attending the adult section of the ED can increase the detection rate of child abuse and neglect allowing appropriate aid to be initiated for these families.

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* Corresponding author.

Introduction

Child abuse is a serious social problem which is difficult to detect despite the large number of victims. A total of 676,569 children per year are reported to the Child Protective Services (CPS) in the USA ([US Department of Health and Human Services, 2011](#)) and in the Netherlands ([Jeugdzorg Nederland, 2012](#)) 19,254 children are reported yearly to the Reporting Center for Child Abuse and Neglect (RCCAN). Prevalence studies from the USA indicate that an estimated 2,905,800 (or 39.5 per 1,000) children were victims of maltreatment in the study year 2005/2006 ([Sedlak, Mettenburg, Basena, Petta, & McPherson, 2010](#)). In the Netherlands, an estimated 119,000 (34 per 1,000) children are victims of child abuse every year ([Alink et al., 2011](#)). The US prevalence study mirrors the Dutch variant because they estimate the same incidences. In both cases the researchers constructed the prevalence numbers by adding the actual number of referrals to the CPS/RCCAN to the number of unsubstantiated and refuted referrals to both organizations. Although definitions of child abuse often vary between countries, which makes it difficult to compare figures, it is clear from these numbers that child abuse is greatly under reported both in the US and the Netherlands.

In the Netherlands the following definition of child abuse is used: “Every form of actual or threatened violence or neglect, whether physical, mental or sexual, inflicted actively or passively, by parents or other persons on whom the child is dependent, where severe damage is caused, or may be caused, to the child in the form of physical or mental injury (Article 1 [Wet op de Jeugdzorg, 2005](#)). Witnessing violence in the home is specifically mentioned as a form of child abuse, in a government statement issued in 2010 ([Meldcode Kindermishandeling en huiselijk geweld, 2013](#)). In the United States the following definition is used “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm” ([The CAPTA Reauthorization Act, 2011](#)).

As the Emergency Department (ED) is the frontline of the hospital, it has been identified as a valuable location for detecting children who are victims of child abuse. All injured children visiting the ED should be screened for physical abuse or neglect using child based screening markers (age, repeat attendance and injury type). However, as research shows, this is not sufficiently accurate to be considered a reliable screening tool ([Woodman et al., 2010](#)). An investigation by the Health Care Inspectorate of the Netherlands found that child abuse and neglect was detected too rarely at hospital Emergency Departments ([Wal van der, 2008](#)). Although systematic screening and training of ED staff concerning child abuse has been shown to be effective ([Louwers, Korfage, Affourtit, de Koning, & Moll, 2012](#)), narrowing the gap between the known prevalence of child abuse and the detection rate in hospitals seem insurmountable. Therefore it is important to look for additional methods to detect child abuse at the ED, preferably using methods with a high predictive value. At the adult section of the ED of the Medical Center Haaglanden (MCH) we suspected, in the case of some parents who visit the ED, that there is a high risk that their children at home may be victims of child abuse or neglect. The specific characteristics of these parents include being a victim of intimate partner violence (IPV), attempting suicide (or having other serious psychiatric disorders) and substance abuse. This hypothesis is supported by studies which indicate that parental characteristics such as alcohol and substance abuse and psychiatric problems are associated with child abuse and neglect ([Dube et al., 2001](#); [Hurme, Alanko, Anttila, Juven, & Svedstrom, 2008](#); [Kelleher, Chaffin, Hollenberg, & Fischer, 1994](#)).

Intimate partner violence (IPV)

IPV can be labeled as an independent stressor/adverse event for children, as a marker for other forms of maltreatment and IPV exposure can be acknowledged as a form of maltreatment itself. While these three concepts are clearly related, they are medically and legally distinct. Witnessing IPV has been defined as “a child being present while a parent or sibling is subjected to physical abuse, sexual abuse or psychological maltreatment, or is visually exposed to the damage caused to persons or property by a family member’s violent behavior” ([Higgins, 1998](#)). Some countries classify witnessing IPV as a special form of emotional maltreatment. However, a growing number of professionals regard witnessing family violence as a unique and independent subtype of abuse ([Higgins, 2004](#)). Regardless of the classification used, research has shown that IPV is directly associated with child maltreatment ([Edleson, 1999](#); [Thackeray, Hibbard, & Dowd, 2010](#); [Wright, Wright, & Isaac, 1997](#)). Children who witness IPV have a high risk of developing psychological problems such as developmental delay and posttraumatic stress disorder ([Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997](#); [Lamers-Winkelmann, De Schipper, & Oosterman, 2012](#); [Wright et al., 1997](#)). In addition, these children are more likely to be abused and neglected. Where boys exposed to IPV are more likely to engage in IPV as adults, girls are more likely to be victims ([Brown & Bzostek, 2003](#)). Felitti found a strong graded relationship between exposure to IPV as a child and multiple risk factors for several of the leading causes of death in adults ([Felitti et al., 1998](#)). This suggests that the impact of this adverse childhood experience can have lifetime consequences for children. Felitti’s study shows the effect of adverse childhood experience, including all forms of child maltreatment on the health and wellbeing in later life. Families with concurrent IPV and child maltreatment issues have high cumulative risk levels and their children are 10 times more likely to be placed in foster care than children of families with low risk levels ([Kohl, Edleson, English, & Barth, 2005](#)). Early identification of IPV may be one of the most effective means of preventing child abuse and identifying caregivers and children who need extra support, care or therapy ([Thackeray et al., 2010](#)).

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