

Hester Diderich: 'Check parental characteristics, prevent child abuse'

Do you have any children? Are they safe? Thanks to Hester Diderich, special-task officer at Haaglanden Medical Centre, these questions are asked to every patient at A&E with a profile which 'raises concerns'. She is now doing a PhD on this Haaglanden protocol, the forerunner of the Child Check.

Merel van Dorp for Augeo magazine

For which patients is the child check applicable?

"The child check is mandatory if any professional is concerned whether an adult patient or client is able to care for a child. These might be patients attending A&E or GP clinics as a result of attempted suicide, mental health problems, domestic violence or substance abuse. Parental characteristics such as these are signs that children might be suffering mistreatment or abuse at home. Haaglanden Medical Centre A&E department has been reporting these parents to Veilig Thuis since the Haaglanden Protocol was adopted in 2007; these are called parent reports."

So, anybody who has a glass too many and prangs their car has to be careful?

"We don't report everybody with a whiff of dope surrounding them, what matters is whether the safety of patients' children is at stake. Substance abuse usually concerns hard drugs, but we are alert if someone appears multiple times with the same symptoms in A&E, or if a partner complains that it is already the umpteenth occasion."

What is progressive about this method?

"Nowhere else in the world is screening of child abuse carried out on the basis of parental characteristics alone, although screening is done on the basis of child characteristics."

Since 2013, all professionals have been required to report children with signs of child abuse to Veilig Thuis. Is that not enough?

"To my surprise, our research shows that 75% of the children revealed as a result of parental characteristics were not known to Veilig Thuis, and that's a lot of children! Furthermore, child abuse was an issue in more than 90% of these cases. Parental characteristics can, therefore, be useful early alerts. Moreover, child signals are sometimes barely noticeable, so checking parental characteristics is very important."

What are you proud of?

"In 2007, we trialled the Haaglanden protocol. In 2011, we started to investigate how it was working, and in 2013 the Child Check was added to the Mandatory Reporting Code for Domestic Violence and Child Abuse Act. That's how quickly things can move if practice, science and politics all share the same goal. The Haaglanden protocol is a great example of something in practice that works, is effective, and supported by staff. In addition, we can prove that it works."

What if you have doubts about the risks to children, or if a patient says he or she has no children, and you suspect they aren't being honest?

"If in doubt, seek advice from Veilig Thuis."

Suppose a patient says that he or she no longer exercises parental authority?

"We can't check that in A&E, so we report it anyway, and explain the situation."

What if someone is unjustly reported to Veilig Thuis?

"This turns out to be the case in just 2% of reports. If the investigation by Veilig Thuis' shows that the concerns were unfounded, they let us know. We then send a letter indicating our regret that the patient has been subject to an unnecessary burden, and ask for understanding. We also explain that the conclusion of the investigation is included in the patient record."

Are there any bottlenecks?

"The A&E department is a secure environment with little hierarchy; it is fairly easy to carry out the child check there. Hierarchy can sometimes pose problems if managers think that certain decisions can only be taken after their approval, which can slow the process."

It is stressful for the ambulance service, because they visit people's homes. The idea is that employees say on the spot if they are going to make a report, but can be complicated if someone is holding a firearm, or threatening visitors with a vicious dog. In such a situation, parents are sometimes told at a later stage about a report being made.

At GP surgeries, things may not run smoothly because of staff changes, full waiting rooms, and the fact that the assessment of any required care is done in a different location than where GPs work. Sometimes there is no follow-up, because of problems in the transfer from A&E to the patient's own GP; perhaps through lack of time, or fear of damaging the relationship with the patient."

Is patient privacy an issue?

"That can be a dilemma for doctors. They may say, for example, 'Patients tell me confidential things, and they have to be able to carry on doing that; so I don't report it.' Or, 'Yes, the woman smokes a joint every day, but she used to snort cocaine. We don't want to disturb these improvements by making a report.'"

Would asking about other major events, such as divorce, financial problems or constantly moving home, help make it easier to identify child abuse?

"I'm not sure, because it would be another load on the shoulders of parents and children, and take more time. In addition, you could get it wrong. In my doctoral research, I studied whether other parental characteristics, such as hyperventilation and gynaecological or cardiac symptoms, increase the risk of child abuse. That was not the case."

What is your advice for medical professionals?

"Get extra training. Follow a course or do some e-learning, including legal issues: what is allowed, and how should it be put in writing? In addition, let go of the idea that you are causing patients enormous problems if you let them know your concerns as a professional. At Haaglanden, we rarely get complaints, and even if we do, the problem is not the fact that we have informed Veilig Thuis, but the way we have told parents about it."