

Implementation with the help of mandated training and e-learning



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Convention on the Rights of the Child

As a doctor you feel responsible for the health and welfare of your patients. Domestic violence threatens people's health and welfare. As a doctor you are in a special position to be able to catch the often hidden signs of domestic violence and carefully address them.

You are supported in this by the United Nations' International Convention on the Rights of the Child. This lays down that children have the right to be protected against violence.

The convention also states that the interests of the child weigh heavier than those of adults, for example, when you believe you have a duty of confidentiality about possible abuse which is being perpetrated by your adult patient.

One person's rights are someone else's duty. When the rights of children are being transgressed, it means that everyone has to do something about this. The Convention on the Rights of the Child warrants that you take action whenever there are any signs that a child may not be safe!

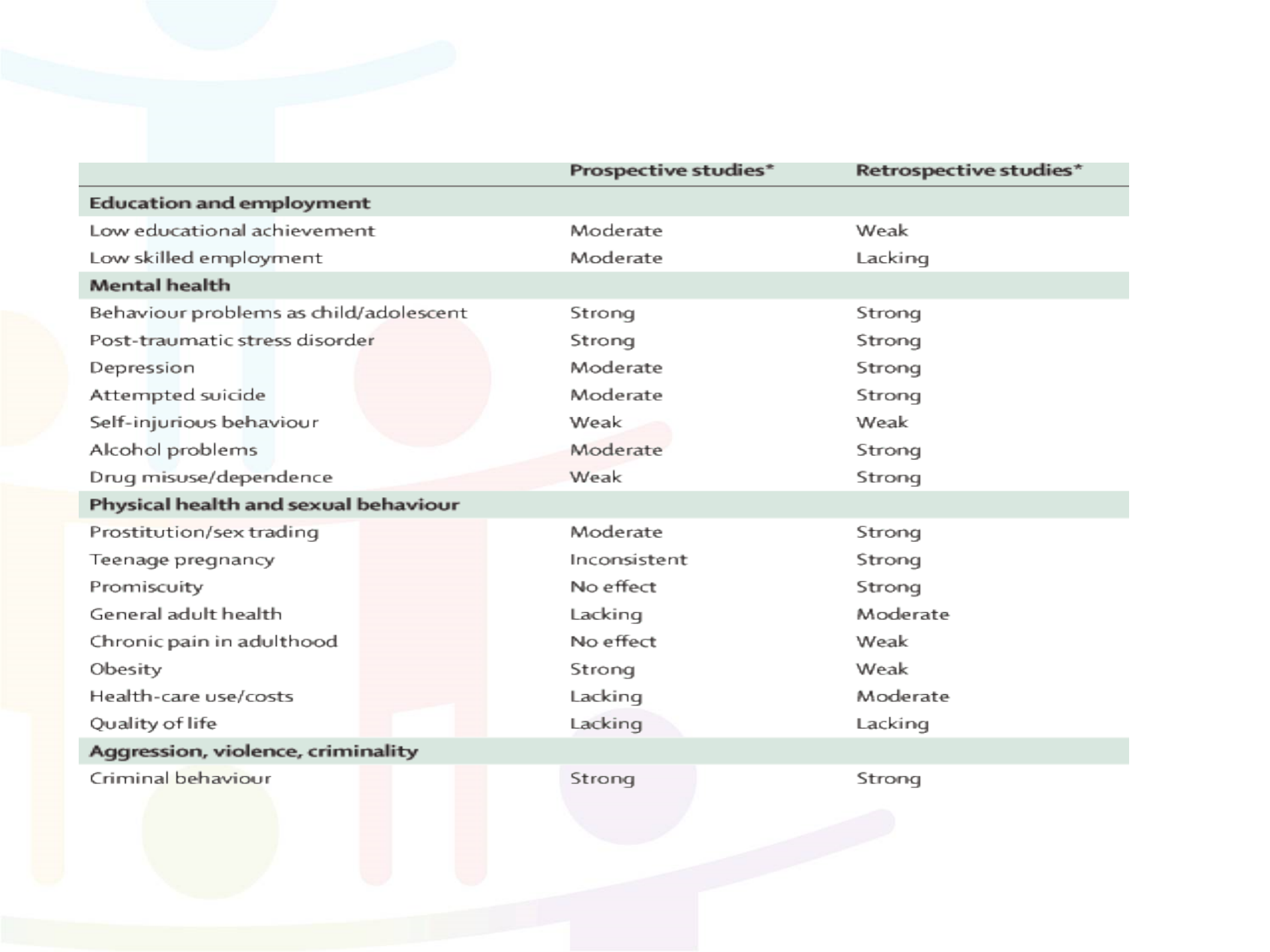




VIOLENCE AGAINST CHILDREN IN EUROPE

- In Europe 1 in 10 children is maltreated, the greatest violation of children's rights in Europe
- Up to 80 % of maltreatment takes place at home, perpetrated by caregivers; a hidden epidemic
- Violence in children's life leads to more violence.
- Violence endangers all aspects of children's development, from physical health to educational performance.

(sources: The Lancet series on child maltreatment 2010)



	Prospective studies*	Retrospective studies*
Education and employment		
Low educational achievement	Moderate	Weak
Low skilled employment	Moderate	Lacking
Mental health		
Behaviour problems as child/adolescent	Strong	Strong
Post-traumatic stress disorder	Strong	Strong
Depression	Moderate	Strong
Attempted suicide	Moderate	Strong
Self-injurious behaviour	Weak	Weak
Alcohol problems	Moderate	Strong
Drug misuse/dependence	Weak	Strong
Physical health and sexual behaviour		
Prostitution/sex trading	Moderate	Strong
Teenage pregnancy	Inconsistent	Strong
Promiscuity	No effect	Strong
General adult health	Lacking	Moderate
Chronic pain in adulthood	No effect	Weak
Obesity	Strong	Weak
Health-care use/costs	Lacking	Moderate
Quality of life	Lacking	Lacking
Aggression, violence, criminality		
Criminal behaviour	Strong	Strong

**Most child maltreatment
goes undetected and unreported**



**For too many children violence is a chronic
condition**

Child abuse screening in hospitals



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Child based markers

1. Inflicted injuries: Maltreatment as the cause of injury is estimated to be **1% to 5%** the injured children attending the ER.

2. Accidental injuries: (supervisory) neglect can be an important signal of neglect, and is a cause of an unknown number of accidental injuries of children.

3. (older) physical signs of abuse and neglect: Doctors and nurses are in a special position to notice (older) physical signs of abuse and neglect, although these signs weren't the reason for the ER visit (e.g. bruises)

Parent based markers

4: (dysfunctional) interaction Doctors and nurses have the possibility to observe (dysfunctional) interaction and behaviours between parents and children during a moment of stress

5: screening high risk parents: parents in need of medical help because of injuries resulting from domestic violence, suicide attempts, (hard) drugs and alcohol intoxication or automutilation.



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Percentage of hospitals with a sound score

Subject	Percentage	
	2007	2009
Policy at the level of Board of Directors	37	90
Policy ER-department	79	100
Presence of a CAN-team	45	87
Presence of special-task employee	21	36
Consultation with AMK	41	83
Presence of screening instruments and protocols	75	88
Training programme	8	28
Registration use of screening instruments	19	33
Registration of CAN suspicion	47	88
Registration of amount of advice sought from AMK	30	39
Registration of amount reports to AMK	44	74



1 2 3

Case study Eva

The first screening question: does the complaint match the explanation given for it and this child's stage of development?



- ☐ Yes
- ☐ No
- ☐ Can not say

Your answer...

OK





1

2

3

Case study Eva

The first screening question: does the complaint match the explanation given for it and this child's stage of development?



Yes



No



Can not say

Explanation

It is not possible to say. The medical anomalies found are deep-seated and concentrated in a particular area. This could be consistent with falling downstairs. More information is needed to be able to say anything about this.





1 2 3

Case study Eva

The second screening question is: have the parents reacted adequately in the time between the incident and now?



- ☐ Yes
- ☐ No
- ☐ Can not say

Your answer...



OK





1 2 3

Case study Eva

The second screening question is: have the parents reacted adequately in the time between the incident and now?



Yes



No



Can not say

Explanation

The correct answer is yes, based on the explanation given by the parents medical help was quickly sought.





1 2 3

Case study Eva

The third screening question is: is the explanation for the injury the same when the case history is taken (again)?

☐

Yes

☐

No

☐

Can not say

Your answer...



OK





1 2 3

Case study Eva

The third screening question is: is the explanation for the injury the same when the case history is taken (again)?



Yes



No



Can not say

Explanation

No, in the second interview the father added an important new piece of information to his statement; his daughter must have fallen on the heel of a shoe. The case history (anamnesis) is therefore not consistent.







Successful e-learning programme on the detection of child abuse in Emergency Departments: a randomised controlled trial

A E F N Smeekens, D M Broekhuijsen-van Henten, J S Sittig, et al.

Arch Dis Child published online January 12, 2011

doi: 10.1136/adc.2010.190801

What this study adds

- ▶ This study evaluates the change in performance in case simulations and in self-reported self-efficacy after an e-learning programme in the area of child abuse.
- ▶ Moreover, this educational programme has been evaluated by using a randomised controlled methodology: with an investment of 2 h e-learning, performance in a simulated case regarding the recognition of child abuse was measurably improved in nurses working in an Emergency Department.



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>80% of Dutch hospitals have been using our E-training

	2006	2009	2013
Training on CAN for Hospital Staff (amount of hospitals with an acceptable score)	8	28	82
Notifications on CAN, ranking of Hospitals	4	3	1
% of CAN advice coming from Hospitals	3,4%	7,97%	12,27%

Hospitals: The situation today



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Impact in 5 years time:

- Double amount of cases reported
- Triple amount of requests for advice

Through the proven effective combination of:

1. Reporting Code
2. Systematic implementation of screening instruments,
3. Implementation of continuing training on large scale
4. Monitoring by the Health Inspectorate

Take home message



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Improve your knowledge and skills



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Follow our free online course 'Residency
training child abuse and neglect'

link valid until October 31th

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