
Vision



LANDELIJK EXPERTISE
CENTRUM
KINDERMISHANDELING

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VISION LECK

In the past year, LECK has again shown that it plays an important role in injury interpretation in case of suspected child abuse. LECK distinguishes itself from all other medical-forensic expertise in the country by combining medical-forensic expertise and paediatric expertise. The added value of this is apparent from the fact that in 40% of cases, abuse could be excluded with near total certainty. In these cases, 20% were associated with disease or normal variation. Knowledge of disease is typically present within medical disciplines, and much less common among forensic-medical experts. In 22% of cases, child abuse was concluded to be likely to almost certain. In 18,5% of cases, child abuse was concluded to be possible. This category, which is subject to most uncertainty, was 33% in 2015. This means that LECK can be increasingly certain in its conclusions on the likelihood of abuse.

In 2016, a significant increase of 43% took place in the number of advisory cases (from 132 to 189), whereas the number of face-to-face consultations dropped. In the opinion of LECK, a child should be examined at a local facility, and if possible only one medical examination should take place. Most consultations were with children who had already been admitted to one of the LECK locations.

Apart from paediatrics and forensic medicine, 14 different disciplines were involved in the cases where LECK issued advice and/or provided face-to-face patient consultation.

LECK is able to fulfil its role owing to the infrastructure of academic hospitals, which house all necessary disciplines, as well as the close cooperation with the NFI. LECK now has 3 locations. The referrer and advisees mainly come from the provinces where the LECK locations are. LECK's cooperation with Child Safety Doctors and regional forensic doctors also makes the detection of injury possible on a regional level. When it comes to the determination of the cause of injury, however, the combination of paediatric and forensic medical expertise is always preferable.

When abuse has been reported to the police, consultancy by LECK is no longer in question. The documentation of injury and the acquisition of samples will then be in the hands of the responsible agents within the forensic medical sphere. LECK is of added value mainly in the first two steps of the Child Abuse Reporting Code, when there is still doubt about the nature of the injury or signal with regard to the existence of external, non-accidental causes, in view of a possible suspicion of child abuse.

LECK offers its counsel on a 24/7 basis, as well as instant care for children whose injuries need to be interpreted and/or who are suspected to be victims of child abuse. 23% of all cases present themselves outside of office hours. The cases that are reported outside of office hours are relatively more severe, in the sense that confirmed abuse seems more common (about a third of cases). To protect these children as well as any siblings, immediate safety measures are crucial. These requests cannot wait until office hours recommence. This would be unsafe for the children involved, unethical towards the parents, and frustrating for the referrer. In these cases, additional expertise is often necessary (for instance, from forensic radiology).

In 2017 and 2018, LECK will focus on quality control. All centres will therefore be visited by external auditors. Additionally, LECK will endeavour to raise more awareness among medical professionals who are potential advisees, especially among general practitioners. The sooner a suspicion of child abuse is

disproved or confirmed, the sooner adequate protection may be provided. LECK always indicates when Child Protection Services (*Veilig Thuis*) need be consulted or notified. LECK cooperates closely with Child Safety Doctors, by means of shared educational programmes as well as by shared case study meetings. There is an on-going dialogue between LECK, Zorginstituut Nederland, the Ministry of Health, Welfare and Sport, and the workgroup Forensic Medical Child Care about the future financing of LECK and its future position as an institution. It is expected that the final financial and organisational structure will be decided upon in the course of 2018.

If the question of child abuse arises in a child on findings on physical exam, both paediatric as well as forensic medical expertise is mandatory in order to correctly interpret these findings. In the past years, time and effort has been spent in strengthening the field of paediatric forensic medical expertise (PFME). Unfortunately, except for children who are the victim of recent child sexual abuse, this largely has been an unsuccessful endeavour.

By combining the strength of its partners the Dutch Expertise Centre for Child Abuse aims to deliver an integrated paediatric and forensic medical diagnostic approach.

The Dutch Expertise Centre for Child Abuse is the first centre that integrates paediatric and forensic medical expertise and care to children in whom child abuse is suspected. With this integration we, in close collaboration with other organisations, strive to contribute to the welfare of children.

Our combined approach enables the Dutch Expertise Centre for Child Abuse to provide a diagnostic process that complies to the highest standards and decreases the risk of inadvertently incorrect interpretations of physical findings.

Within the Dutch Expertise Centre for Child Abuse specialised paediatricians and forensic physicians, who on a daily basis work with potential child abuse victims, work together. Not only these doctors are involved but also other medical specialists are part of this collaborative effort if necessitated to adequately differentiate and diagnose physical findings. This combined approach ensures that the diagnostic process adheres to the highest level of quality available in the Netherlands. This collaboration ensures that the risk for misdiagnosis is minimised.

PURPOSE

Besides the main purpose of offering integrated paediatric forensic medical expertise the Dutch Expertise Centre for Child Abuse has several other purposes:

- Education: Members of the Dutch Expertise Centre for Child Abuse are involved in educational activities both on a local as well as a (inter)national level. On a yearly basis the Dutch Expertise Centre for Child Abuse organises a one day theme based symposium focussed on child abuse. Twice a year a local mini symposium is organised in one of the four centres participating in the Dutch Expertise Centre for Child Abuse.
- Research: Individual members of the Dutch Expertise Centre for Child Abuse are deeply involved in research in the field of child abuse. The Dutch Expertise Centre for Child Abuse aims to implement multi-centre studies in the participating centres. An overview of publication published by collaborators of the Dutch Expertise Centre for Child Abuse can be found [here](#).

OBJECTIVES

The objective of the Dutch Expertise Centre for Child Abuse are:

- Organizing and executing a Dutch Expertise Centre for Child Abuse.

- Offering (tele)diagnostic to physicians and other healthcare workers to support in cases where findings have raised the suspicion of potential child abuse. The primary case load consists of cases of physical abuse and neglect, sexual abuse and paediatric condition falsification. Collaborating and initiating the development and implementation of national guidelines in the field of child abuse.
- Performing research in the field of child abuse.
- Development and maintenance of a national database in which all cases of the Dutch Expertise Centre for Child Abuse and the advice given are collected.
- Improve collaboration and knowledge transfer between parties involved in the field of child abuse.
- Development and implementation of education in the field of child abuse.

PREAMBULE

In the execution of the above mentioned objectives the Dutch Expertise Centre for Child Abuse bases all its functions on the [convention on the rights of the child](#) (1989), with special attention to article 39, dealing with the right of care for the victims:

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

In other words: in all cases where the Dutch Expertise Centre for Child Abuse is involved the welfare of the child is the primary concern. This is in keeping with article 3 of the convention on the rights of the child.

Principles of the Dutch Expertise Centre for Child Abuse

- Maximal transparency towards the child and its family.
- Minimal burden to the child and its family during the diagnostic process.
- Minimizing the number of physical exams to the child.
- Caregivers are requested to deliver the relevant information, thus reducing the burden to child who doesn't have to tell his or her story multiple times.
- The child's privacy is warranted, only the known information that is essential for the purpose of the Dutch Expertise Centre for Child Abuse is shared with the involved parties.
- The Dutch Expertise Centre for Child Abuse is an expertise centre. All criteria needed to fulfil this objective are stated in the quality criteria documentation.
- The Dutch Expertise Centre for Child Abuse primary function is advise. The aim is to provide decentralised care near to the child and its caregivers.
- The Dutch Expertise Centre for Child Abuse can also serve as a consultation base. If locally or regionally insufficient expertise is available the Dutch Expertise Centre for Child Abuse can provide outpatient care in one of the university paediatric centres.
- The Dutch Expertise Centre for Child Abuse strives towards complete transparency. All relevant documentation is downloadable from our website.

- The Dutch Expertise Centre for Child Abuse discusses all cases on a weekly basis in a telephone conference. This ensures quality control for all our advices given.
- Dutch Expertise Centre for Child Abuse primary aim, as stated above is to advice on the manner and cause of findings in cases of suspected child abuse. If it cannot be excluded that a finding is attributed to child abuse, the referrer needs to contact 'Veilig Thuis' (this in keeping with the guideline of the Royal Dutch Medical Association).

In DECCA's vision collaboration is key in guarding the safety of children, first with the child and his/her family, second with referrers and third with regional partners.