

aftERcare.

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Child maltreatment is a major social problem with many adverse consequences. A substantial number of maltreated children is not identified by health care professionals. To improve identification of maltreated children in hospitals, a new hospital-

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON21771

Bron

Nationaal Trial Register

Verkorte titel

aftERcare

Aandoening

child maltreatment
domestic / intimate partner violence
substance abuse
suicide attempt

Ondersteuning

Primaire sponsor: Academic Medical Center

Overige ondersteuning: Stichting Kinderpostzegels Nederland
Gemeente Amsterdam

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcomes of the registry study is: The proportion of the children identified as being maltreated.

The primary outcome of the cohort study are the psychosocial outcomes of children.

Toelichting onderzoek

Achtergrond van het onderzoek

Evaluation of a hospital-based guidance policy for children whose parents present at the emergency department because of domestic violence, substance abuse and/or a suicide attempt: Study protocol.

Background:

Child maltreatment is a major social problem with many adverse consequences. A substantial number of maltreated children is not identified by health care professionals. To improve identification of maltreated children in hospitals, a new hospital-based policy is developed. In this policy, all adults who present at the emergency department because of domestic violence, substance abuse and/or a suicide attempt are asked whether they have children in their care. If so, parents are coerced to visit the outpatient pediatric department together with all their children. During this visit, problems are evaluated and voluntary support can be arranged. The aim of this study is to assess: 1) psychosocial outcomes of the children and 2) supportive care pathways that are initiated as a result of this policy.

Methods:

We will conduct a prospective registry study including all children 0-17 years who are referred according to the Amsterdam policy during one year. Information about care pathways will be provided by different health care organizations. Furthermore, all children and parents that give informed consent are included in a multi-center, prospective cohort study, involving questionnaires on psychosocial complaints. Outcomes will be assessed at baseline and 1-year follow-up. Primary outcome measures are: psychosocial outcomes in children and the type of and compliance with supportive care pathways for children and parents.

Discussion:

This is the first study to evaluate this hospital-based guidance policy. The most important

strength of this study is the use of multiple measures and informants, combined with follow-up. The most important limitation is the expected selection of patients that are willing to participate in the prospective cohort study. The registry part of the study will provide information about a non-selective group. Results of this study will be used to improve the current policies.

Doel van het onderzoek

Child maltreatment is a major social problem with many adverse consequences. A substantial number of maltreated children is not identified by health care professionals. To improve identification of maltreated children in hospitals, a new hospital-based policy is developed. In this policy, all adults who present at the emergency department because of domestic violence, substance abuse and/or a suicide attempt are asked whether they have children in their care. If so, parents are coerced to visit the outpatient pediatric department together with all their children. During this visit, problems are evaluated and voluntary support can be arranged. We hypothesize that the children who are identified in the Amsterdam policy experience serious psychosocial problems and can benefit from supportive care, either for themselves or for their parents. Furthermore, we hypothesize that in the Amsterdam policy, the majority of children and parents are compliant with supportive care on a voluntary basis.

Onderzoeksopzet

Baseline and 1 year follow-up.

Onderzoeksproduct en/of interventie

Only usual care. Questionnaires will be administered at baseline and 1 year follow-up, to children >7 years, parents and health care providers.

Contactpersonen

Publiek

Meibergdreef 9
Eva Hoytema van Konijnenburg
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 5665675

Wetenschappelijk

Meibergdreef 9
Eva Hoytema van Konijnenburg

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

We intend to include all children aged 0-17 years old, who are referred to the outpatient pediatric department of any of the 6 hospitals in Amsterdam, the UMCG or the Maasstad ziekenhuis because of a presentation at the emergency department of their parent(s) because of one or more of the following indications: domestic violence, substance abuse and/or a suicide attempt between August 1st 2012 and April 30th 2014.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Only for cohort study:

1. No informed consent;
2. Insufficient knowledge of Dutch language.

There are no exclusion criteria for the registry study.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-08-2012
Aantal proefpersonen:	200
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	20-03-2013
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3742
NTR-old	NTR3913
CCMO	NL40541.018.12
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

Hoytema van Konijnenburg, E. M. M., Sieswerda-Hoogendoorn, T., Brilleslijper-Kater, S. N., van der Lee, J. H., Teeuw, A. H. New hospital-based policy for children whose parents present at the ER due to domestic violence, substance abuse and/or a suicide attempt. *European Journal of Pediatrics* 2013 Feb;172(2):207-214