Summary

Study background

The ‘Children Safe at Home’ action plan, which concluded at the end of 2010, and a new action plan, which was published on 28 November 2011, outline how the government wants to deal with child abuse. Detection, reporting, prevention and action play an important role in this approach. As part of the child abuse plan, professionals can call upon forensic medical expertise when child abuse is suspected. An investigation will be conducted to explain the origin of the injuries, and it can be determined whether the child has been physically or sexually abused.
In 2011, the Safety Investigation Board (*Onderzoeksraad voor de Veiligheid*) found that there is a lot of room for improvement, particularly in the area of forensic medicine, in the fight against child abuse. Forensic medical expertise is called upon when physical and sexual abuse are suspected in the case of physical injury. When child abuse is suspected, good interpretation of physical injury can determine whether the child has been physically or sexually abused.

In order to strengthen the child abuse plan with sufficient and available forensic medical expertise, the Ministry of Security and Justice and the Ministry of Health, Welfare and Sport (VWS) have commissioned a study into the supply and demand of forensic medical expertise when child abuse is suspected.
The first goal of the study is to compose a social map of the forensic medical expertise on behalf of the child abuse plan. This map is needed to shed light upon how the forensic medicine field is organised. A second goal of this study is to clarify to what extent the supply and demand of forensic medical expertise are attuned and what improvements are necessary in this regard. The State Secretary of Security and Justice has promised the Lower House of Dutch Parliament that this study will be completed by the end of 2011.

Study approach

The study was conducted from September to December 2011 and, over this short period of time, the following sources of information were used:

- An internet survey participated in by eight professional groups of potential consumers of forensic medical expertise. This survey was completed by 298 respondents; 29 respondents were contacted by telephone and asked a number of farther-reaching questions.
- Information collection among 11 providers of forensic medical expertise. Registration data was retrieved from the service delivered by the providers of forensic medical expertise in the first half of 2011 and interviews were conducted with employees of these providers. In addition to the registration data, 32 dossiers of cases involving injury and suspected child abuse were examined.
- Lastly, three experts in forensic medicine were interviewed and a discussion was conducted with the working group for improving utilisation of forensic medical expertise (formed in response to the Safety Investigation Board report).

Supply side

Firstly, the study provides an overview of the supply side, dividing forensic medical expertise into three frameworks:

- Within the **medical framework**, doctors can call in forensic medical expertise when considering follow-up steps in the case of suspected child abuse (e.g. whether or not to report to the Child Abuse Counselling and Reporting Centre, hereinafter referred to as AMK).
- Within the framework of the **AMK investigation**, AMK doctors can call upon forensic medical expertise when considering whether to refer the case to the Child Welfare Council (*Raad voor de Kinderbescherming*) or voluntary services and/or to report it to the police.
- Within the **legal framework,** the police can call upon forensic medical expertise on behalf of a criminal investigation prompted by injury to a child. The public prosecutor can call upon forensic medical expertise as part of criminal proceedings.

The table below provides an outline of the services offered by the various providers. It makes a distinction between the implementation or acquisition of forensic medical expertise within the three frameworks:

Overview of forensic medical expertise in the supply chain

	Child abuse teams at general hospitals	Child abuse teams at academic hospitals	AMK doctors	Forensic doctors/ Formedex expertise centre	Forensic Outpatient Clinic for Child Abuse (FPKM)	Netherlands Forensic Institute (NFI)	Other specialists
Medical framework							
• Consultation/advice (possibly in case evaluation)	XX	XX	XX	X	XX	X	XX
• Injury investigation	XX	XX	-	-	X	-	-
AMK investigation							
• Consultation/advice (possibly in case evaluation)	XX	XX	N/A	X	X	X	X
• Injury investigation	XX	XX	N/A	-	X	-	-
• Dossier investigation	-	-	-	X	-		-
Legal framework							
• Consultation/advice	-	X	XX	XX	XX		X
• Injury investigation	-	-	X[1]	XX	-[2]		-
• Dossier investigation	-	-	XX	XX	XX		X
• Post-mortem investigation	-	-	X	X[4]	XX		X

X= type of expertise is provided to some degree
XX= type of expertise is provided to significant degree

In addition, a few new initiatives have recently been developed, such as the Multidisciplinary Centres for Child Abuse in Leeuwarden and Haarlem. At these centres, professionals from the medical sector, care sector and legal sector work together. These centres take a multidisciplinary approach to child abuse. The idea is also that they will develop further into knowledge centres. In October 2011, the Maastricht Forensic Institute also become a new provider of forensic medical expertise.

Demand side

Medical framework
Doctors primarily seek expertise from colleagues. General practitioners and youth health care doctors report dealing relatively little with children with injuries and suspected child abuse, and therefore usually do not seek expertise in response to children with injuries. In cases in which they do seek expertise, they primarily consult a paediatrician or the AMK doctor and the child abuse official within their own organisation. Based on the internet study, it is not possible to estimate the demand for forensic medical expertise at a national level for these professional groups.
Doctors at hospitals (Emergency Department doctors and paediatricians) report that they primarily consult with the child abuse team or the child abuse official at their hospital, a colleague and/or the AMK doctor. Only in cases that are complex or involve sexual abuse do they seek expertise from expertise centres in hospitals and/or forensic doctors at the Municipal Health Services (GGD) or the Forensic Outpatient Clinic for Child Abuse (FPKM). The estimated demand for forensic medical expertise among these doctors is between 600 and 1600. From the data, we can also infer that some of this is acquired from the AMK doctors.

As part of an AMK investigation
As part of their investigation on children with injuries, almost all doctors at the AMK seek forensic medical expertise from colleagues, expertise centres, forensic doctors and the FPKM. Advice and consultation are primarily sought. The estimated national demand for forensic medical expertise is between 340 and 1,000 (based on data gathered from 80 AMK doctors).

As part of the legal framework
Until recently, when child abuse was suspected in cases of children with injuries, seeking forensic medical expertise was not part of the standard working procedure of the Child Welfare Council. Based on the results of the internet survey, the Council primarily seeks advice and consultation from the AMK doctors. For the Council, it is not possible to estimate the national demand for forensic medical expertise with respect to child abuse.

The respondents among the police report seek advice and consultation from the AMK and forensic doctors and report the application for injury and dossier investigations to the FPKM and NFI. Due to the design of the questionnaire for police employees (anonymous and with various respondents in a region), there is a possible overlap between the respondents in a region and not all respondents have the same amount expertise in this area. As a result, it is not possible to reliably estimate the demand for this type of expertise.

The respondents at the public prosecutor have primarily requested dossier investigations from the NFI and FPKM and, to a lesser extent, forensic doctors. In this regard, however, we see a clear distinction between officers in the area of domestic violence and those in the area of forensic investigation. The former group is relatively more likely to request an injury investigation. An estimate of the demand is between 55 and 360 for the domestic violence officers and between 40 and 210 for forensic officers. There is a possible overlap between the children dealt with by both types of officers. Consequently, adding both estimates together automatically leads to an overestimation.

Satisfaction with supply
In general, the recipients of forensic expertise are satisfied with the way in which their demand for expertise is met by providers.

Friction in matching supply and demand

Anticipated increase in demand
From both the medical framework and as part of AMK investigation, the increasing focus on child abuse has led to a large number of requests for expertise. Some providers, as well as AMK doctors, expect that this will ultimately put a lot of pressure on capacity. In 2011, a rising trend was already observed in the amount of advice, consultations and reports at the AMK. This also has to lead an increase in the enlistment of external forensic medical expertise. Based on quantitative estimates, an increase in the demand for advice and consultation is primarily expected.

Unclear and insufficient funding
Within the medical framework, it is a problem that no separate funding has been arranged for child abuse teams at hospitals. The way in which child abuse teams are set up depends on the decisions of hospital boards regarding the use of budgets. Only screening children for injuries can be declared based on the DBC. This is not sufficient and, what's more, it can only be used if children are actually examined (and therefore not in the case of evaluation or consultation).

In addition, there is also a sticking point within both the medical and AMK framework that no separate budgets are available for calling upon external expertise (e.g. FPKM, NFI or Formedex) as part of the investigation. Currently, external experts finance consultation and advice from their own funding. Dependency on the volunteerism of these experts makes the system fragile.

With respect to the legal framework, various financing flows are available (i.e. criminal budget, legal fees budget, pilot financing for external investigation and SLA NFI), but the sticking point here is that each corps supervisor is free to divide the allotted criminal budget as desired, and priority is not always given to forensic medical investigation when child abuse is suspected. The extent to which this occurs is unclear. There is still no separate funding available for the Child Welfare Council for bringing in forensic medical expertise. The use of such expertise by the Council is relatively new and has not yet been incorporated into their standard working procedure.

Unfamiliarity with the supply
The professionals from the medical sector and the AMK's confidential doctors have an insufficient view of the range of forensic medical expertise available. The acquisition of expertise in the medical sector occurs primarily by means of networks. A clear social map and referral structure which provides a place for forensic medical expertise is lacking. The present study has laid the basis for a social map.

Waiting periods and turn-around times
The legal framework features long waiting periods and turn-around times, particularly with respect to dossier investigation. The main sticking point

here is obtaining medical information. Hospitals can decide themselves whether to deliver medical information for forensic investigation. There are no clear national agreements on this issue. In addition, waiting for dossiers and appointment by the examining judge delay the process.
In addition to this external fixed waiting period, the internal turn-around time for dossier investigations is often long. This is a problem for the turn-around time of the criminal treatment of issues and is sometimes a reason for the police or public prosecutor not to request expertise. The turn-around times are affected, among other things, by the way in which dossiers are delivered to experts. Dossiers are often so poorly organised that this causes experts to lose a lot of time.

Limited number of experts with specific expertise
The number of experts in forensic medicine who can also act as expert witnesses in a case is limited. This can be problematic, particularly when a case requires a second opinion or reassessment.
If a particular case has already been assessed by the relevant expert, further expertise must be sought abroad.

Accessibility of AMK doctors
Doctors, especially those in the emergency department, may at any time be confronted with children who have injuries which raise the suspicion of child abuse and they may therefore sometimes need to consult with an AMK doctor. This is currently not possible in all regions outside office hours.

Possible solutions according to parties concerned

Based on suggestions from recipients, providers and interviewed experts, the following paragraphs discuss a number of possible improvements in matching supply and demand.

Increasing forensic awareness among doctors
The respondents (recipients, providers and experts) from the medical sector are of the opinion that every child must be examined head-to-toe in case of injury and suspected child abuse. Moreover, the injuries must be recorded in such a way to allow a forensic doctor with specific expertise in the field of child abuse make an assessment at a later time. A joint decision can then be made as to whether a forensic injury examination is necessary. An important condition for this is increasing forensic awareness among doctors by focusing more on forensic medicine in their training. In the specific courses on child abuse for paediatricians and emergency department doctors (WOKK and SOK), specific attention is already being paid to recording injuries and describing them understandably and anatomically correct.
At this time, one-fourth of paediatricians have taken the WOKK course. Given that the course is being made obligatory, the expectation is that all paediatricians will ultimately have taken it.

Increasing the number of forensic doctors with expertise in the area of child abuse
There are approximately 200 forensic doctors in the Netherlands. The number of forensic doctors who have expertise in the area of child abuse is unknown, but it is estimated that this number is limited. According to the experts interviewed, it is necessary for more forensic doctors (as well as doctors in general) to be trained in this area. If more experts are available, it

will be easier to achieve 24-hour accessibility and national coverage, the increasing demand for advice and consultation can be met and waiting period and turn-around times can be shortened. In connection with this, it is necessary to formulate quality criteria and registration requirements for these experts. Most experts call for a centrally organised programme. According to the experts and providers, doctors who are eligible for a position providing specific expertise in the area of child abuse include forensic doctors, paediatricians and AMK doctors.

Regulations about the transfer of medical information
According to experts from the medical sector, the AMK and the legal sector, a major sticking point that must be prioritised pertains to regulations about the transfer of medical information. This is currently not well organised nationwide. Hospitals can decide on this independently. The experts believe that improvement in this area can improve the turn-around times for the legal framework. It is also necessary that this is arranged as a condition for multidisciplinary cooperation in dealing with and assessing child abuse.

Multidisciplinary approach
According to the experts interviewed, a multidisciplinary assessment is necessary in the case of suspected child abuse in order to be able to take decisions about medical follow-up steps, the child's safety, assistance for the child and family and legal follow-up steps (e.g. reporting it to the police, criminal prosecution).
The experts also find that forensic medical expertise must also be given a place within this multidisciplinary approach.