Chapter 7

Impact
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The current dissertation has highlighted some important gaps in the investigation of cases of alleged child abuse by Safe Home in the Netherlands. The previous chapters described some of the current shortcomings in Dutch child protection work and offered recommendations for improving practice. This impact chapter will discuss the (societal) implications of the discussed research findings. A number of scientific and clinical implications have been mentioned in previous chapters of this dissertation, particularly in Chapter 6 (General Discussion). The present chapter will focus on the overarching importance of distributing the relevant knowledge (relevance), to whom this knowledge applies (target group), the importance of adequate implementation and how the knowledge can be shared among professionals (sharing).

Relevance

The importance of evidence-based practices in child protection work has been illustrated throughout the previous chapters. Evidence-based tools, such as the NICHD protocol for interviewing alleged victims of child abuse and the CARE-NL for structured child abuse risk assessment, have been constructed to facilitate child protection professionals in performing their statutory tasks. Evidence-based interview protocols, such as the NICHD interview, provide guidance to professionals, and thereby aim to minimize the chance of false positives (concluding a child was abused, while actually this was not the case) or false negatives (concluding the child was not abused, when the child in fact was abused). In cases where the investigation has resulted in the conclusion that the child has been abused, a structured risk assessment on the other hand, is aimed to prevent future child abuse by investigating the current risk factors. These risk factors can subsequently be targeted in treatment to minimize the chance of future child abuse.
Impact

In the field of child protection, mistakes need to be prevented as much as possible. Decisions in these cases can have far-reaching consequences (for example, out-of-home placement of the child) and a large impact on the lives of those involved. Since the stakes are high, decisions in Child Protective Services (CPS) need to be made with all due consideration and caution.

Prior research has demonstrated that the NICHD protocol improves professionals’ interviewing skills and increases the amount of relevant information the child provides. Thus, increasing the quality of child investigative interviews improves the investigation of alleged child abuse cases. Throughout the past years, we have trained multiple groups of professionals that conduct investigative interviews with children in their daily practice. In the period 2017-2020, we trained three groups of professionals working at Safe Home, each group with approximately 12 participants. These three-day trainings were organized at Maastricht University. From 2020-2022, we trained three groups of professionals (again, with an average of 12 participants each) who work at Safe Home, but also at other organizations in Dutch child protection, such as the Council for Child Protection (in Dutch: Raad voor de Kinderbescherming) and family guardians working for youth care services (in Dutch: Gecertificeerde Instelling). Furthermore, professionals from other disciplines, such as (family) lawyers, mediators, psychotherapists and psychologists also participated. All of these professionals share in common that they are all in need of guidance on how to interview children about events that may have happened to them (so-called ‘fact-finding’).

The NICHD trainings from 2020 onwards were provided online (via Zoom) because of the ongoing COVID pandemic. Each training was given by at least three trainers from a larger pool of trainers: Professor dr. Corine de Ruiter, Professor dr. Henry Otgaar, forensic psychologist Danique van Bragt, MSc (2017-2020), legal psychologist Aniek
Leistra, MSc and forensic psychologist Brenda Erens, MSc. Professor de Ruiter and Professor Otgaar had been trained in June 2016 by Dr. David La Rooy, who gave them permission to train other professionals in the NICHD protocol in the Netherlands. After each three-day training, two feedback sessions of 2h each were scheduled at approximately 6 and 12 weeks post training. Before each feedback session, participants were asked to send anonymized transcripts of child interviews to the trainers for feedback purposes. During the feedback sessions, interview transcripts were discussed among the group of NICHD interviewers. We asked participants to reflect on each other’s transcripts and discuss the difficulties they might have experienced during their use of the protocol. We provided feedback on the individual transcripts and calculated the proportion of invitations, directive, option-posing and suggestive questions for the substantive phase of the interviews. Participants could ask questions and make comments. Professionals indicated during our feedback sessions that the NICHD training provided them with important knowledge on children’s memory, and that they became more aware of their own way of (suggestive) questioning.

Because of the lack of standardization regarding child forensic interviewing at Safe Home on the one hand, and the success of the implementation of the NICHD protocol at Safe Home in South Limburg (Zuid-Limburg) on the other hand, the National Safe Home network has started a discussion on the desired practice of conducting child forensic interviews on a national level in 2021. This has led to an exploratory investigation in which the NICHD protocol has been proposed as the preferred method for child forensic interviewing at both Safe Home and the Council for Child Protection (ter Beek, 2021). At present (April 2022), a nationwide implementation of the NICHD protocol is in a preparatory phase. This is an important step in improving current practices towards a more
evidence-based approach to child abuse investigation in the Netherlands.

Furthermore, implementing the NICHD protocol at Safe Home has changed the manner in which Safe Home Zuid-Limburg collaborates with the police. In some child abuse cases, the police have requested Safe Home to conduct a NICHD interview with a child or the police and a professional from Safe Home conducted the child investigative interview together. These were all alleged child abuse cases in which criminal evidence was insufficient for the police to investigate the case, or cases in which there was a suspicion of child (sexual) abuse because of disclosures by the child. The fact that the police and Safe Home have started to join forces in these cases is a very positive development, especially because this is the desired way of collaborating, and quite contrary to the present guidelines for cooperation in such cases (as described in more detail in Chapter 1).

As described in Chapter 4, our findings showed a lack of risk factors from the CARE-NL (an evidence-based risk assessment tool) in the investigated Safe Home case files. Structured risk assessment is important in child protective work to estimate the risk for future child abuse and to develop a suitable risk management plan for an individual case. Our findings have fueled a discussion at Safe Home South Limburg to invest in training their professionals in an evidence-based risk assessment tool (CARE-NL). This is now incorporated in the educational plan for Safe Home South Limburg 2022-2023.

**Target Group**

The field of child protection touches upon a broad range of disciplines and the research and recommendations discussed in the current dissertation are therefore relevant for different professional disciplines and organizations. It is evident that organizations that conduct child abuse investigations, such as Safe Home and the Council for Child Protection, but also the
police, benefit from evidence-based practices. This also applies to professionals working at local municipalities that receive referrals from Safe Home after their investigation has been completed. The current dissertation has focused mainly on improving the current practice of Safe Home, but the recommendations from our studies (see Chapter 6) are also of relevance to other organizations that work on similar child abuse cases (such as the Council for Child Protection and the local municipalities).

Apart from these (partner) organizations, there are other professional disciplines that might benefit from using the evidence-based practices described in this dissertation, especially evidence-based child forensic interviews and structured risk assessment instruments. These include professionals that come into contact with cases of possible child abuse and/or who offer treatment or guidance to families, such as family mediators, mental health professionals, (family) lawyers and social workers. For example, professionals from multiple disciplines have indicated, after following our 3-day NICHD training, that they valued working with the NICHD protocol and received more relevant information from conducting NICHD child interviews in their daily work compared to their prior practices. This indicates that professionals who have different backgrounds may benefit from training in an evidence-based investigative interview protocol.

**Implementation**

Successful implementation of new evidence-based methods in organizations that makes a long-lasting impact requires intensive effort and dedication of the involved professionals. Professionals have to adapt new methods in their daily practice and need to let go of old habits. Organizations, such as Safe Home, that want to incorporate new evidence-based methods, should be fully engaged in this process and embrace the transition their
professionals are going through. As discussed in Chapter 6, this requires a learning organization with engagement of all levels in an organization, including its managers. The process of improving practice should be facilitated by the organization in terms of time and resources. For example, professionals should receive ample time to learn a new evidence-based method, such as an interview protocol. This not only requires a multi-day training, but also multiple feedback sessions and enough time to practice the newly acquired interview skills in daily practice. The organization needs to facilitate video-recording and safe storage of the interviews. Professionals need to be given support with verbatim transcription of the interviews for feedback purposes. Changing and improving practice requires continuous effort, commitment and attention from the organization as a whole to make a long-lasting impact on society.

Sharing Knowledge

Because many professionals from different disciplines may become involved in cases of (alleged) child abuse cases, it is of vital importance that science-based knowledge and successful experiences are shared. Only then, organizations and professionals can learn from each other and can change current practice. Sharing relevant knowledge in this field can be achieved in different ways. The first way is by publishing in (academic) journals relevant for the field, to reach other academics working in the (international) field of CPS. However, this will probably not reach the majority of professionals that work in child protection and perform the hands-on casework. It is therefore important that best practice methods experiences are also shared through other channels. For example, by using networks such as the National Safe Home network or the National network for behavioral scientists of Safe Home. We have given presentations to these networks throughout the past Impact
years to inform them about our research projects at Safe Home in South-Limburg.

Another way of distributing knowledge was achieved by presentations at the Academic Workplace established by the Municipal Health Service South Limburg (GGD Zuid-Limburg) to foster academic exchange. The Academic Workplace regularly organizes themed gatherings (for example, on the topic of child abuse) where professionals who conduct research are encouraged to present their work. These gatherings bring together different disciplines, including medical doctors, behavioral scientists and social workers. The connections within the Academic Workplace have also ensured that Safe Home now works more closely with other departments of the Municipal Health Service, including the department of Knowledge and Innovation.

We have also connected with other institutions and professionals by means of the meetings with the advisory committee of our ZonMw NICHD research project. This included several meetings where professionals from Defence for Children, the Dutch Youth Institute (Nederlands Jeugdinstituut; NJj) and the Ministry of Health, Welfare and Sports were represented. They provided valuable input for our research project. Because of these connections, we were able to learn from their experiences before and during our research project. Finally, knowledge can also be shared online. Throughout the past years, we have shared our academic publications and NICHD training offerings via various websites, such as www.conflictscheiding.eu and www.nichdprotocol.com. We also distributed the progress of our project via (internal) newsletters.

However, it would be a good development to create a new online website dedicated to improving current practices in Dutch CPS. This could be a place to bring together different developments and knowledge related to child protection, such as ongoing research projects and empirical findings, but also offerings for training in evidence-based
practices. This website could provide an online (chat) platform and serve as a virtual space for professionals to connect and ask each other questions. For example, professionals who are trained in the NICHD protocol might benefit from using each other’s expertise when they encounter certain difficulties in their work. Sharing knowledge and experiences in this accessible way may facilitate professionals in using evidence-based practices and may foster the change that is needed.