

## THE CONFIDENTIAL DOCTOR IN THE NETHERLANDS

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In this article I tell you something about my experience as a confidential doctor concerning child abuse and neglect in the Netherlands. Perhaps the following question will arise: should not every doctor be confidential for his work. Why this special name? The answer is: every doctor must be a man, whom you can trust. He does not need the title.

We have taken this special name "confidential" for a doctor, who will be the man between people in danger and people who wish to help, but do not know how to. Especially for efficient help by child abuse and neglect we need such a man between.

The main problem for doctors, nurses, social workers and so on is the professional secret.

The main problem for friends, neighbours, family, etcetera, is the fear to help and thus to lose their friendship with the family. In many cases the result is: no help at all.

Formerly in our country - just as in many others - nobody knew anything about child abuse in general; the only cases which came to the public eye, were the horrible ones such as the death of children after abuse by the parents.

We used to read without emotion in the papers: a child has died, the father is put into prison and without any further consideration we simply read-on to the current affairs. We asked no questions about the cause and we had no problems concerning the family.

The beginning of the change in our attitude to child abuse started by the publications of C. Henry Kempe.

Our secretary of State for Social Affairs and Public Health took the initiative for consultation with colleagues and with various medical organisations in order to find a solution for this problem. They knew about the compulsory notification of child abuse in the United States under their Reporting Laws. They knew about the possibility of waiving professional secrecy in cases of child abuse in France. Finally they concluded, that professional secrecy should not be maintained if it precluded helping the child or the whole family. They decided to try an experiment using a trustworthy person as a go-between between doctors, the general public and the child plus family in danger. So the special confidential doctor was born.

Everyone, who has problems concerning a case of child abuse or neglect can consult him personally or by phone. Then, together with the doctor, they will try to find a solution for this case.

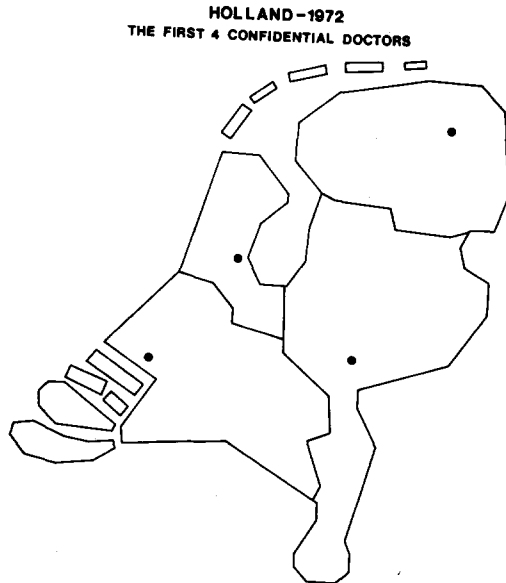
No need to worry about their names; the confidential doctor has his professional secrecy! He will try to find help without divulging any names.

In 1972 we started with experiments with four doctors; at the moment we have ten. The confidential doctor is appointed by the Minister of Public Health and Environmental Hygiene and the Minister of Justice jointly. Each doctor has an office, which is usually in or around the building of the Council for Child Protection - but with his own telephonenumber and postal address.

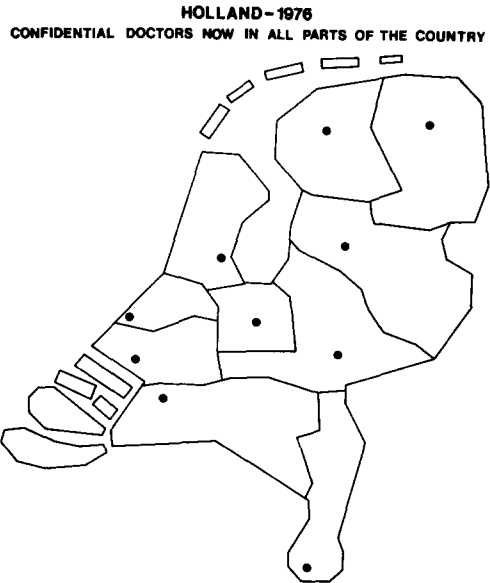
The first task is to act as a reporting station and advise anyone confronted with, or with suspicion of, child abuse or neglect. In acute emergencies first aid can be given. Our experience is that only approximately 30% of the cases are reported by colleagues. The other 70% come from relatives, friends, neighbours, social workers, teachers, the Council for Child Protection, the police or from the parents or the child itself.

If assistance has not been offered they endeavour to get this started. If certain agencies giving aid already have contact with the family, they try to coordinate and, if necessary, guide the aid.

The first figure shows the situation as it was some years ago (1972), 4 doctors.



The next figure shows the situation as it is at this moment: ten doctors spread over the country



With the third figure I show you the position of the confidential doctor. The General Practitioner wants to help, but does not (professional secret). The family etc. wants to help - but they do not (afraid for troubles). The confidential doctor will start to help. He serves as a link in a chain. He is the missing link.

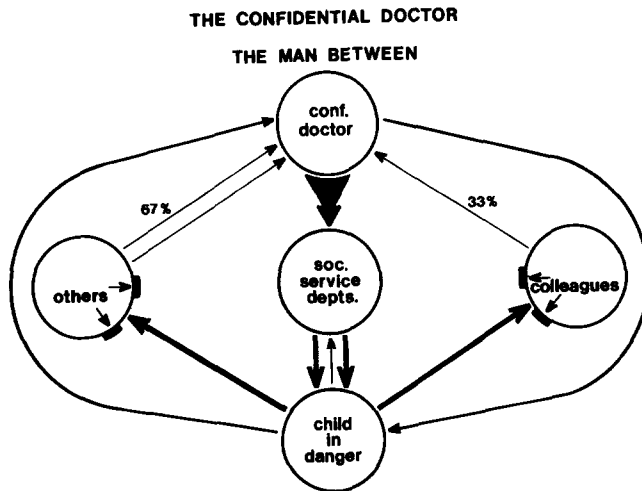
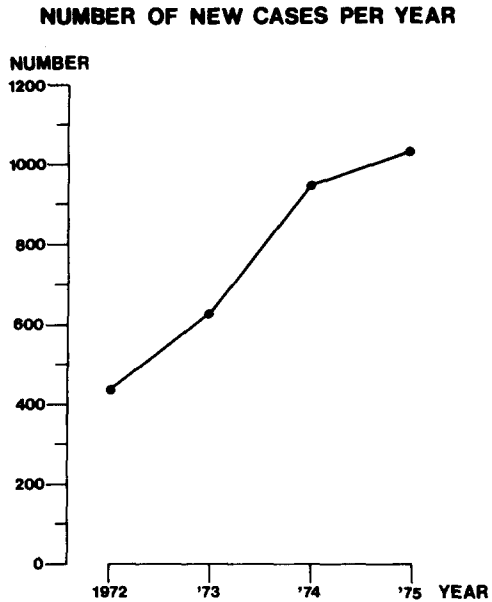
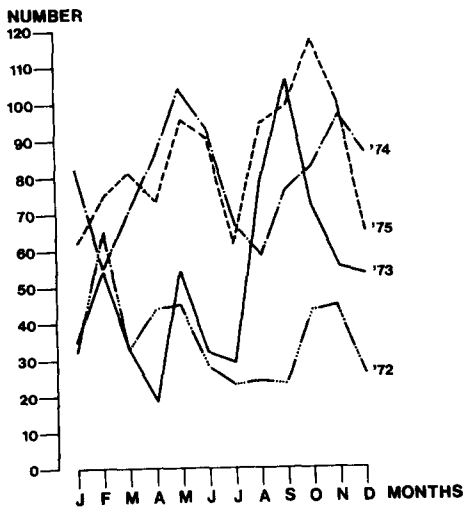


Figure 4 is a graph showing the number of reported cases during the last four years. The curve shows a significant rise during the first years.

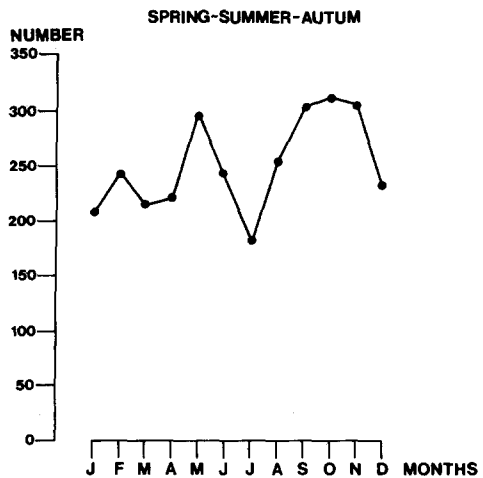


Figures 5a and 5b: These are the same figures but now divided into months; there is a clear rise in the spring and in the autumn, but I do not know the reason why.

**FREQUENCY OF CHILD ABUSE BY MONTH**



**FREQUENCY OF CHILD ABUSE BY MONTH (4 YEARS TOTAL)**



The second task is to collect data to obtain insight into the extent and the background of the child abuse or neglect phenomenon. From each case that is reported data is recorded anonymously. An annual report is published of the data thus obtained. We need facts to enable us to improve the help. We also need facts to study the possibility of prevention. Prevention is better than cure. The second task must precede the science of the phenomenon.

The third task is to attend to organisational after - care with the results of the initial assistance. In this way the help can be modified and adjusted if, and when necessary. A final word about the time available.

The confidential doctor has to do this work in addition to his own medical practice and - as you can well imagine - this presents difficulties: thus he needs help. Fortunately the government has given help in several ways:

- 1) in providing a highly qualified secretary, who is responsible for the administration and the general coordination;
- 2) a skilled social worker who plays an important part in diagnosing the cases and also in giving suitable counsel;
- 3) a lawyer, who is of course indispensable for the legal problems.

Together with the doctor these people form a team resembling the child abuse consultation team, which I was fortunate enough to meet in Denver.

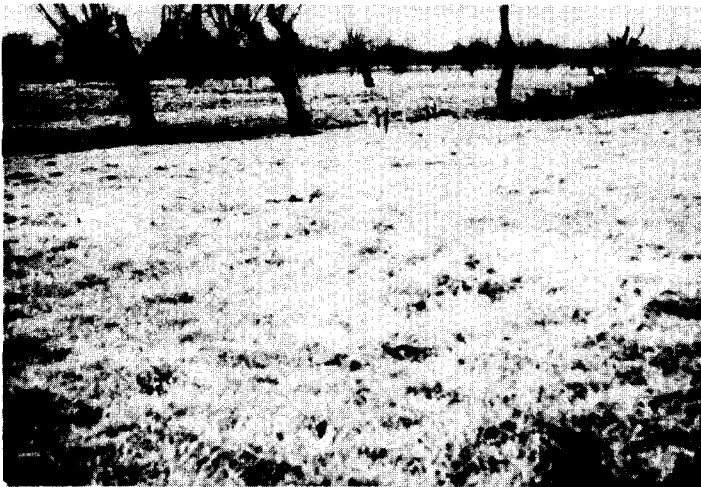


Here are the roots of all my knowledge of child abuse and neglect. During working hours the doctor has his own medical practice whilst the others are available in the office. Nevertheless there is a 24 hour telephone system available for urgent cases - these being especially for the doctor. That is the reason why in 1976 a second confidential doctor was appointed in every office as a substitute. In conclusion we have the idea, that this work in organised help for the maltreated child is only the first step on a long road.

Finally I will show you the last pictures:



The first one is a beautiful picture of our country, the grass is green, it seems healthy. But look at the same picture and now taken with another lens.



You will see that there are other colours. The grass seems not so healthy; ill? These photographs have shown you symbolically the reality of child abuse. You will agree that you can only help if you can see. You can only see if you have the right glasses. My wish is that this congress will enable the right glasses to be used all over the world - and thus making the first step towards reaching efficient help for child abuse and neglect.