Violence against women: do not forget their children!

The Lancet Series on violence against women and girls, while providing a global perspective on the subject and exploring possible preventive measures, fails to place enough emphasis on the extent to which violence affects the children of these women. According to our experience, many women admit that they have been victims of intimate partner violence only when it has been established that their children have been abused. When a mother is a victim of intimate partner violence, her children are at a great risk of both physical and psychological abuse. In the Netherlands being a witness of intimate violence has recently been classified as a form of child abuse.

Women who are victims of intimate partner violence regularly attend hospital Emergency Departments but often do not reveal the cause of their injuries. However, experienced staff should be able to explore this issue in a sensitive, safe manner. In 2008, we introduced a programme (Hague Protocol) aimed at patients attending the Emergency Departments for injuries suspected to result from intimate partner violence. They are asked whether they are responsible for the care of children. If this is the case, a voluntary community child welfare agency subsequently contacts the family within 2 weeks to discuss the problem and organise the necessary support. This programme has been rolled out over the whole of the Netherlands. Worries that this might lead to avoidance of the Emergency Departments were proved to be unfounded. Health systems can help women and children who are victims of violence.

We declare no competing interests.

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Improving paediatric care in the community

Children treated in different European countries continue to have very variable outcomes, which should concern us all. Among several factors that might affect these outcomes, organisation of primary care services for children and training programmes for primary care clinicians are likely to be important factors.

The European Academy of Paediatrics believes that children have an unquestionable right to health, safety, and wellbeing. Children have the right to access the highest possible standards of health-care services and facilities, both in primary health care and when they need specialised care. Any restriction of provision of appropriate care would contradict article 24 of the UN Convention on the Rights of the Child.

Paediatric primary care is an academic and scientific discipline dealing with all issues affecting the health and wellbeing of infants, children, and adolescents from birth to adulthood (usually defined as age 18 years) in the context of their family, community, and culture. The primary clinician, ideally a paediatrician, is the first contact for children until they reach adulthood, and is thus responsible for provision of comprehensive and continuing care throughout infancy, childhood, and adolescence.

Paediatric care in both primary-care and hospital settings needs special knowledge, ethics, empathic behaviour, and access to services, including disease prevention and health promotion. These aspects are therefore mandatory for all paediatric training—especially for provision of services to outpatients in the community—both for paediatricians and family doctors.

The European Academy of Paediatrics strongly advocates a structured and accountable paediatric training programme for all doctors providing first-line care to children in primary care and, when possible, recommends that paediatricians should be providers of paediatric primary care.

When family doctors provide primary health care, we encourage close collaboration with paediatricians and adequate continued training in both paediatrics and primary care. All children need timely access to professional paediatric advice, which should be available in the community and link to specialised care in hospitals.

We declare no competing interests.

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