



3rd European Conference on Child Abuse and Neglect

Date: 25 – 27 May 2016

De Meervaart, Amsterdam, the Netherlands

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Accreditation

Accreditation is granted by:

- Nederlandse Vereniging voor Kindergeneeskunde (16 pt)
- NvvP Nederlandse Vereniging voor Psychiatrie (16 pt)
- Accreditatie Bureau Sociale Geneeskunde (16 pt)
- VVAK (vertrouwensartsen) (15 pt)
- SKjeugd (1 pt)
- The European Accreditation Council for Continuing Medical Education (EACCME)UEMS (18 pt)

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Username EUCCAN

Password neglect

Welcome

Dear colleagues, members and friends,

On behalf of the conferencecommittee, it is our pleasure to welcome you to the 3rd European Conference on Child Abuse and Neglect.

For the third time the Academic Medical Center Amsterdam and Netherlands Forensic Institute and the University Medical Center Utrecht, organises the 3rd European Conference on Child Abuse and Neglect. We are very proud that we are able to offer you an innovative and attractive scientific program about the consequences of Child abuse and neglect.

In this conference we bring together a wide range of specialists in the field of child abuse and neglect, ranging from paediatricians to social workers to lawyers. The aim of our conference is, first of all, to present to the audience a state-of-the-art overview of this difficult field of expertise in health care. Secondly, we hope that by bringing together an international audience, cross-border cooperation can be established and attendees will form international social and professional relations.

We are pleased to welcome you in Amsterdam – the beating heart of the Netherlands.

Thank you for joining us and bringing your expertise to our gathering. Not only the outstanding scientific program but also every single congress participant with his or her individual input will contribute to the success of this joint conference.

We hope you will leave this conference not only with new ideas and examples of good practise but also with new networks and colleagues who together will continue to make a difference to the lives of children who are abused and neglected.

Welcome to Amsterdam!

Rian H. Teeuw

Paediatrician, expert in Child Abuse & Neglect

Child Abuse & Neglect Team

Emma Children's Hospital / Academic Medical Center Amsterdam

Programme Wednesday 25 May 2016

Red Hall 09.00 – 12.30 General topics

- 09.00 – 09.10 **Opening and Welcome**
Organizing Committee
- 09.10 – 09.30 **Welcome**
E. van der Laan, Major of Amsterdam and chairman Task Force Child abuse
- 09.30 – 10.30 **Neglected child neglect**
Lenneke Alink, Professor of Forensic family studies, Leiden University, Leiden, The Netherlands
- 10.30 – 11.00 **Coffee break**
- 11.00 – 11.45 **Evidential power of physical findings in child sexual abuse**
Wouter Karst, Forensic physician, Netherlands Forensic Institute, The Hague, The Netherlands & Loes van den Berg, Pediatrician, Helse Nord-Trøndelag Sykehuset Levanger, Levanger, Norway
- 11.45 – 12.30 **The impact of ongoing threat of war and violence on parents and children**
To be discussed
- 12.30 – 13.30 **Lunch**
- 12.45 – 13.30 **Poster SLAM Sessions** – moderator *Marie-José van Hoof*
- 13.30 – 16.30 **Focus sessions**
- 16.30 – 17.30 **Welcome reception**

13.30 – 16.30 Focus sessions, simultaneous

Aspects of sexual abuse	
13.30 – 14.15	Performing a physical examination in child sexual abuse: Why and how? <i>Wouter Karst, Forensic physician, Netherlands Forensic Institute, The Hague, The Netherlands</i>
14.15 – 15.00	Signs of child sexual abuse, inter- and intra rater reliability <i>Thekla Bosschaart, medical doctor Academic Medical Center, Amsterdam, The Netherlands</i>
15.00 – 15.30	Tea break
15.30 – 16.15	The Amsterdam sexual abuse case (ASAC) in day care centers: A study of sexual abuse in very young children <i>Esther van Duin, Child psychologist, PhD, Academic Medical Center, Amsterdam, The Netherlands</i>
Psychosocial aspects of abuse and neglect	
13:30 - 14:00	One-year follow up of children of parents attending hospital emergency departments after intimate partner violence, substance abuse or suicide attempt <i>Eva Hoytema van Konijnenburg, Physician-researcher, Academic Medical Center, Amsterdam, The Netherlands</i>
14:00 - 14:30	Emotional neglect, parent-child interaction and language development in young children of parents with psychosocial problems <i>Maj Gigengack, PHD Student, Academic Medical Center, Amsterdam, The Netherlands</i>
14:30 – 15:00	Effects of a community approach to domestic violence in the G4 <i>Bas Tierolf, Senior Researcher, Verwey-Jonker Instituut, Utrecht, The Netherlands</i>
15:00 - 15:30	Tea break
15:30 - 16:15	Improving the parental relationship enhances safety for children <i>Karin Wagenaar, clinical psychologist, family therapist, EFT therapist, Pro Persona, Utrecht, The Netherlands</i>
Judicial aspects of abuse and neglect	
13:30 – 15:00	Investigative interviewing of child witness by the Dutch police <i>Jannie van der Sleen, Kinterview recherche psychologist, forensic psychologist, The Netherlands</i>
15:00 - 15:30	Tea Break
15:30 - 16:15	What happened to you? (Interviewing young children during police investigations) <i>Bob Nolet, police detective, Bureau Zedenpolitie Amsterdam, The Netherlands</i>

Workshop Photo Documentation (max. 15 persons, 45 minutes)

In this workshop of 45 minutes the principles of photo documentation will be explained.

After a short introduction of the method (technical settings and sequence of photography) you will get the opportunity to shoot your own set of photographs of a (fictitious or real) injury. Feedback will be given by experienced medical forensic photographers.

The focus is to improve your images for both medical and forensic purposes, by following strict procedures (also helpful when someone else actually takes the photographs, eg. a medical or police photographer).

Afterwards you will receive a mnemonic (in English): a 'credit card' with a short checklist.

Huub Nijs & Peter Varkevisser

Only place for 15 persons per 45 minutes.

Times: 13.30 – 14.15 h or 14.15 – 15.00 h or 15.30 – 16.15 h

Programme Thursday 26 May 2016

Red Hall 09.00 – 12.30 General topics

- 09.00 – 09.05 **Opening and Welcome**
Organizing Committee
- 09.05 – 09.50 **Real and unreal controversies in abusive head trauma**
Cindy Christian, Child Abuse Pediatrician, The Children's Hospital of Philadelphia, Philadelphia, USA
- 09.50 – 10.35 **The Other Children: Occult injuries in siblings and contacts**
Daniel Lindberg, Physician (Emergency Medicine & Child Abuse Pediatrics), University of Colorado School of Medicine, Aurora, USA
- 10.35 – 11.00 **Coffee break**
- 11.00 – 11.45 **Abstract presentations**
- 11.45 – 12.30 **Evidence based treatment for young victims of sexual trauma**
Iva Bicanic, clinical psychologist and researcher, University Medical Center Utrecht, Utrecht, The Netherlands
- 12.30 – 13.30 **Lunch**
- 12.45 – 13.30 **Poster SLAM Sessions** – moderator *Michaela Hilhorst*
- 13.30 – 16.30 **Focus sessions**

13.30 – 16.30 Focus sessions, simultaneous

Aspects of physical abuse and neglect	
13.30 – 14.15	Preventing Abusive Head Trauma in Children <i>Bregje van Sleuwen, research scientist, consultant, TNO, Leiden, The Netherlands</i>
14.15 – 15.00	Metabolic and genet Child Abuse Pediatrician ic mimickers of child abuse <i>Cindy Christian, Child Abuse Pediatrician, The Children's Hospital of Philadelphia, Philadelphia, USA</i>
15.00 – 15.30	Tea break
15.30 – 16.30	Radiology aspects on child abuse <i>Rick van Rijn, Radiologist, Emma Children's Hospital–Academic Medical Center, Amsterdam, The Netherlands</i>
Psychosocial aspects of abuse and neglect	
13:30 - 14:15	Antenatal prevention of CAN <i>Remy Vink, socioloog onderzoeker, TNO, Leiden, The Netherlands</i>
14:15 - 15:00	How can CenteringPregnancy and CenteringParenting contribute to the prevention of child abuse <i>Marlies Rijnders, research-midwife, TNO, Leiden, The Netherlands</i>
15:00 - 15:30	Tea break
15:30 - 16:00	Effect study on VoorZorg, The Dutch Nurse Family Partnership <i>Jamila Mejdoubi, Researcher, Atria, Amsterdam, The Netherlands & Silvia van den Heijkant, Senior Investigator, VUMC, Amsterdam, The Netherlands</i>
16:00 - 16:30	The Empathic brain <i>Christian Keysers, scientist, Netherlands Institute for Neuroscience, Amsterdam, The Netherlands</i>
Judicial aspects of abuse and neglect	
13:30 - 14:15	Follow-up parents on the ER <i>Roely Drijfhout, Content expert, Augeo, Driebergen-Rijsenburg, The Netherlands</i>
14:15 - 15:00	A triage-tool to assess danger and structural unsafety in family systems <i>Linda Vogtländer, child an adolescent psychiatrist, De Forensische Zorgspecialisten, Utrecht, The Netherlands</i>
15:00 - 15:30	Tea Break
15:30 - 16:00	Child abuse in the light of the human rights' convention <i>Wilma Duijst, Forensic physician, Netherlands Forensic Institute, The Hague, The Netherlands</i>
16:00 - 16:45	We need to differentiate and integrate short-term and long-term safety in the family <i>Sander van Arum, Expert consultant, developer & tutor in the field of domestic violence & child abuse, Utrecht, The Netherlands</i>

Workshop Photo Documentation (max. 15 persons, 45 minutes)

In this workshop of 45 minutes the principles of photo documentation will be explained.

After a short introduction of the method (technical settings and sequence of photography) you will get the opportunity to shoot your own set of photographs of a (fictitious or real) injury. Feedback will be given by experienced medical forensic photographers.

The focus is to improve your images for both medical and forensic purposes, by following strict procedures (also helpful when someone else actually takes the photographs, eg. a medical or police photographer).

Afterwards you will receive a mnemonic (in English): a 'credit card' with a short checklist.

Huub Nijs & André van den Bos / Maud Velthoven

Only place for 15 persons per 45 minutes.

Times: 13.30 – 14.15 h or 14.15 – 15.00 h or 15.30 – 16.15 h

Programme Friday 27 May 2016

09.00 – 12.00 Focus sessions, simultaneous

Aspects of physical abuse and neglect		Chairmen: Marie-José van Hoof
09:00 – 09:45	Abusive abdominal injuries: how do you find them and what do you do? <i>Daniel Lindberg, Physician (Emergency Medicine & Child Abuse Pediatrics), University of Colorado School of Medicine, Aurora, USA</i>	
09:45 – 10:30	Challenge your beliefs <i>Patries Worm, pediatrician child abuse counselor, Veilig Thuis Gelderland, Nijmegen, The Netherlands</i>	
10:30 – 11:00	Coffee break	
11:00 – 11:30	Cooperation between medical professionals and public prosecutors in PCF cases <i>Eva Kwakman National Public Prosecutor on domestic violence and sexual crimes, National Public Prosecution Office, Utrecht, The Netherlands</i>	
11:30 – 12:00	Munchausen in court - who is telling tales: the doctor or the suspect? <i>Rob Bilo, Forensic physician and consultant in forensic pediatrics, Netherlands Forensic Institute, The Hague, The Netherlands</i>	
Psychosocial aspects of abuse and neglect		Chairmen: Henrique Sachse
09:00 – 09:45	No kids in the middle <i>Justine van Lawick, clinical psychologist, Lorentzhuys, The Netherlands</i>	
09:45 – 10:30	Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline in Foster Care: VIPP- FC – A pilot study <i>Nikita Schoemaker, PhD student and VIPP-SD trainer, Leiden University Medical Center, Leiden, The Netherlands</i>	
10:30 - 11:00	Coffee break	
11:00 - 11:30	Care for young carers; from neglect to support <i>Els Jonker, Medical specialist for Public Health Care, Dutch Association for Youth Health Care, Deventer, The Netherlands</i>	
11:30 – 12:00	Prenatal child abuse and neglect <i>Noor Landsmeer, Pediatrician social pediatrics, Rivierduinen, GGZ, Leiden, The Netherlands & Inge van Kamp, Rivierduinen, GGZ, Leiden, The Netherlands</i>	
Forensic medical aspects of abuse and neglect		Chairmen: Michaela Hillhorst
09:00 - 09:45	The power of partnership <i>Joke Wiggerink, assistant director and Signs of Safety trainer, Jeugdbescherming Noord, Groningen, The Netherlands & Marieke Vogel, assistant director and Signs of Safety trainer, Jeugd-bescherming Noord, Groningen, The Netherlands</i>	
09:45 - 10:30	Talking about child maltreatment with parents; resolutions approach <i>Annemariëk Sepers, psychologist/psychotherapist/cbt therapist, Rivierduinen, Leiden, The Netherlands</i>	
10:30 - 11:00	Tea Break	
11:00 - 12:00	Combining forensic and pediatric experience: 1 and 1 becomes 3! <i>Ingrid Russel, Pediatrician social pediatrics, UMCU & Rian Teeuw, pediatrician, Academic Medical Center, Amsterdam, The Netherlands & Heike Terlingen, forensic pediatrics, Netherlands Forensic Institute, The Hague, The Netherlands</i>	

12:00 – 13:00 Lunch

12.15 – 13.00 **Poster SLAM Sessions** – moderator Henrique Sachse

Red Room

Red Hall **13.30 – 16.30** **Concluding session**

- 13:00 - 13:45 **Children's Mental Health and Well-Being after parental intimate partner homicide**
Arend Groot, social worker Psychotraumacenter, Univerity Medical Center Utrecht, Utrecht, The
- 13:45 - 14:30 **Why parents might kill their children**
Frans Koenraadt, professor in forensic pscychiatry and psychology, University of Utrecht, Utrecht, The Netherlands
- 14:30 - 15:00 **Tea Break**
- 15:00 - 15:30 **A life full of love and happiness is possible after sexual abuse**
Marianne Kimmel, Coach, Motivational Speaker and Inspirer, ContactSignals, Sint Maarten, The
- 15:30 - 15:45 **Special performance**
- 15:45 - 16:15 **Word of goodbye** *Organizing Committee*

Organizing Committee



Thekla Bosschaart

*PhD-student
Child Abuse & Neglect Team
Emma Children's Hospital / Academic Medical Center Amsterdam*



Sonja N. Brilleslijper-Kater

*Child psychologist, expert in Child Abuse & Neglect
Child Abuse & Neglect Team
Emma Children's Hospital / Academic Medical Center Amsterdam*



Michaela Hilhorst

*Pediatrician, forensic doctor
Emma Children's Hospital / Academic Medical Center Amsterdam*



Marie-José van Hoof

*Child and adolescent psychiatrist and orthopedagogue
TOPGGZ Psychotraumacenter and Mental Health Institute GGZ Kinderen en
Jeugd Rivierduinen*



Wouter Karst

*Forensic physician
Section Forensic Pediatrics, Department of Forensic Medicine
Netherlands Forensic Institute*



Ingrid Russel

*Pediatrician UMC Utrecht location Wilhelmina Children's hospital
and head Expertisecenter Child Abuse*



Henrique Sachse-Bonhof

*Physician of Child Abuse and Neglect, physician of Public Health
Institute for Youth Health Care, department of Child Abuse and Neglect,
Gouda, the Netherlands*



Rian H. Teeuw

*Paediatrician, expert in Child Abuse & Neglect
Child Abuse & Neglect Team
Emma Children's Hospital / Academic Medical Center Amsterdam*

Speakers

prof.dr. L.R.A. Alink, Professor of Forensic family studies, Leiden University, Leiden, The Netherlands

S. van Arum MSc, Expert consultant, developer & tutor in the field of domestic violence & child abuse, Utrecht, The Netherlands

drs. L.R.A. van den Berg, Pediatrician, Helse Nord-Trøndelag Sykehuset Levanger, Levanger, The Netherlands

dr. I.A.E. Bicanic, Clinical psychologist and researcher, University Medical Center Utrecht, Utrecht, The Netherlands

R. Bilo MD, Forensic pediatrics, Netherlands Forensic Institute, The Hague, The Netherlands

A. van den Bos, Photographer, Netherlands Forensic Institute, The Hague, The Netherlands

T.F. Bosschaart MD, Medical doctor, Academic Medical Center, Amsterdam, The Netherlands

C. Christian MD, Child Abuse Pediatrician, The Children's Hospital of Philadelphia, Philadelphia, USA

R.J. Drijfhout M.A., Content expert, Augeo, Driebergen-Rijsenburg, The Netherlands

mr.drs. W.L.J.M. Duijst, Forensic physician, Netherlands Forensic Institute, The Hague The Netherlands

E.M. van Duin PhD, Child psychologist, Academic Medical Center, Amsterdam, The Netherlands

M.R. Gigengack MSc, PHD student, Academic Medical Center, Amsterdam, The Netherlands

A.G. Groot, Social workshop/researcher, University Medical Center Utrecht, Utrecht, The Netherlands

S. van den Heijkant, Forensic physician, VU Medical Center, The Hague, The Netherlands

dr. E.M.M. Hoytema van Konijnenburg PhD, Physician-researcher, Amsterdam Medical Center, Amsterdam, The Netherlands

P.J. Jonker MD, Medical specialist for Public Health Care, Dutch Association for Youth Health Care, Deventer, The Netherlands

I. van Kamp, Pediatrician social pediatrics, Rivierduinen, GGZ K en J, Leiden, The Netherlands

W.A. Karst MD, Forensic physician, Netherlands Forensic Institute, The Hague, The Netherlands

prof. C.M. Keysers, Scientist, Netherlands Institute for Neuroscience, Amsterdam, The Netherlands

drs. M. Kimmel, Coach, Motivational Speaker and Inspirer, ContactSignals, Sint Maarten, The Netherlands

prof.dr. F. Koenraadt, Professor of forensic psychiatry and psychology, University of Utrecht, Utrecht, The Netherlands

mr. E.H.G. Kwakman, National Public Prosecutor on domestic violence and sexual crimes, National Public Prosecution Office, Utrecht, The Netherlands

mr. E.E. v.d. Laan, Major of Amsterdam, the Netherlands

drs. E.A. Landsmeer, Pediatrician social pediatrics, Rivierduinen, GGZ K en J, Leiden, The Netherlands

drs. M.J. van Lawick, Clinical psychologist, Lorentzhuis, Haarlem, The Netherlands

D. Lindberg MD; Assc. Prof., Physician (Emergency Medicine & Child Abuse

Pediatrics), University of Colorado School of Medicine, Aurora, USA
J. Mejdoubi , Researcher, Atria, Amsterdam, The Netherlands
H.G.T. Nijs MD.PhD, Forensic physician, Netherlands Forensic Institute, The Hague, The Netherlands
B.N. Nolet MCI, Police detective, Bureau Zedenpolitie Amsterdam, Amsterdam, The Netherlands
prof.dr. R.R. van Rijn MD. PhD, Radiologist, Emma Children's Hospital – Academic Medical Center, Amsterdam, The Netherlands
dr. M.E. Rijnders, Research-midwife, TNO, Leiden, The Netherlands
drs. I.M.B. Russel, Pediatrician social pediatrics, University Medical Center
drs. J.W. Sepers, Psychologist/psychotherapist/cbt therapist, Rivierduinen, Leiden, The Netherlands
J. van der Sleen MSc, Recherche psychologist, forensic psychologist, Kinterview, The Netherlands
dr. B.E. van Sleuwen, Research scientist, consultant, TNO, Leiden, The Netherlands
drs. A.H. Teeuw, Pediatrician, Academic Medical Center , Amsterdam, The Netherlands
drs. H.C. Terlingen, Forensic pediatrics, Netherlands Forensic Institute, The Hague, The Netherlands
drs. B. Tierolf, Senior Researcher, Verwey-Jonker Instituut, Utrecht, The Netherlands
P. Varkevisser, Photographer, Netherlands Forensic Institute, The Hague, The Netherlands
M. van Velthoven , Photographer, Netherlands Forensic Institute, The Hague, The Netherlands
drs. R.M. Vink, Sociologist and researcher, TNO, Leiden, The Netherlands
M. Vogel, Assistant director and Signs of Safety trainer, Jeugdbescherming Noord, Groningen, The Netherlands
L. Vogtländer MSc, Child an adolescent psychiatrist, De Forensische Zorgspecialisten, Utrecht, The Netherlands
drs. C.L.A. Wagenaar, clinical psychologist, family therapist, EFT therapist, Pro Persona, Utrecht, The Netherlands
J. Wiggerink, assistant director and Signs of Safety trainer, Jeugdbescherming Noord, Groningen, The Netherlands
P.I.M. Worm, pediatrician child abuse counselor, Veilig Thuis Gelderland, Nijmegen, The Netherlands

Abstract speakers

dr. Al-Eissa, Ministry of National Guard Health Affairs, ??, ??

dr. M.M. Almuneef , Ministry of National Guard Health Affairs, ??, ??

M.B. Bachmann Associate Professor, Texas Christian University, Fort Worth, USA

Citak Tunc Gulseren MSc, Uludag University Health School, Bursa, Turkey

L.E. Cowley, Cardiff University, Cardiff, United Kingdom

A. Custers MD MSc, Maastricht University Medical Centre (MUMC), Maastricht, The Netherlands

Davidson-Arad Bilha, Tel Aviv University, Tel Aviv, Israel

F.J.F. Dr. Freysteinsdóttir, University of Iceland, Reykjavík, Iceland

dr. G. Harel PhD, Ashkelon Academic College, Ashkelon, Israel

drs. F.N. Kamphuis, De Viersprong, Amsterdam, The Netherlands

R. Op den Kelder, MSc, University of Amsterdam, Amsterdam, The Netherlands

B.S. Kors, University of Tennessee , Knoxville , USA

prof. K. Mwaba, University of Western Cape, Cape Town, South Africa

D.E. Olazábal PhD, Facultad de Medicina, Montevideo, Uruguay

B. Pol, van MSc, Maastricht University, Maastricht, The Netherlands

dr. M.J.L. Prevoo, Leiden University, Leiden, The Netherlands

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dr. A. Stokes, National University of Ireland, Maynooth, Kildare, Ireland

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M.H. van de Merwe MD, Maasstad Hospital, Rotterdam, The Netherlands

R.M. Vink, TNO, Leiden, The Netherlands

prof. S.W. Worthy, Metropolitan State College of Denver, Denver, CO, USA

Neglected child neglect?

Prof.dr. L.R.A. Alink

Neglect is the most common type of child maltreatment. Yet, it often does not receive the attention it needs. This lecture will address questions such as: How many children are victims of neglect? How can we measure neglect? What are the risk factors and consequences? Can we prevent it?

We need to differentiate and integrate short-term & long-term safety in the family

S. van Arum MSc

Traditionally present and short term safety in relationships with a high risk of relapse in violence or abuse are managed by police and/or child protection services. Structural long-term safety is the aim of services in the field of probation and mental health. The two types of services have always been separate and poorly integrated. The ongoing decentralization of the Social Domain in the Netherlands provides an opportunity to develop a staged approach for which we developed an innovative triage-tool to be used by child protection services to assess danger and to indicate which further services are needed for high-risk cases. By implementing this tool a multidisciplinary, interagency process is being created that consecutively addresses safety, risk factors for relapse in abuse and recovery from traumatic events by all family members. Implementation of this process has been and is a difficult but rewarding process.

Evidence based treatment for young victims of sexual trauma

dr. I.A.E. Bicanic

Victims of sexual abuse often experience PTSD(symptomatology). If a traumatized child or adolescent is capable of talking about what he or she has experienced, then it is advised to begin an evidence-based trauma-focused intervention for PTSD. However, in practice, children are often not treated according to treatment guidelines. The discrepancy between guidelines and clinical practice will be discussed as well as implications on long term.

Munchausen in court - who is telling tales: the doctor or the suspect?

R. Bilo MD

Interdisciplinary cooperation is a 'conditio sine qua non' in cases of suspected child abuse. Boundaries between disciplines must be broken in the interest of children and families. Interdisciplinary cooperation requires a way of communicating that is understandable and usable for all cooperating partners. It should be prevented that partners assume that they mean the same when they use certain terms, while in fact they use different definitions of those terms. Therefore the starting point must be to reach agreement about the definition of the used terms before intervening in a family.

In fabricated and induced illness (FII), formerly known as Munchausen syndrome by proxy, there may be parental behavior which qualifies without any doubt as a punishable act, eg. withholding of nutrition, poisoning or smothering of children. This implies that the information collected by doctors to reach the "diagnosis" FII gets the status of possible proof of a punishable act, when this type of parental behavior is judicially interpreted in civil or criminal procedures. If this is the case, miscommunication should be prevented in the interest of children and families. The findings during the medical evaluation will have to be translated by doctors in understandable and usable terms, if these findings are used in court procedures.

This lecture discusses some of the reasons for miscommunication between medical and judicial professionals in suspected cases of FII and gives examples of the translation of the medical information in understandable and usable terms.

Signs of child sexual abuse, inter- and intra rater reliability

T.F. Bosschaart MD

Only little is known so far about the signs of Child Sexual Abuse (CSA), especially in young boys. In 2010 Amsterdam was alarmed by what is now known as the 'Amsterdam sexual abuse case' (ASAC). In a special outpatient clinic 130 young children were evaluated for signs of sexual abuse. Through qualitative analyses the signs and symptoms of the evaluated children are examined. The preliminary results of this research will be presented.

Real and unreal controversies in abusive head trauma

C. Christian MD

Abusive head trauma is the leading cause of mortality and morbidity related to child physical abuse. There is much scientific controversy related to many issues in this field, some of which are legitimate debates, and others that are less so. This session will review some of the medical-legal controversies related to the diagnosis of abusive head trauma- both real and unreal controversies.

Objectives: By the end of this lecture, the participants will: Better understand the literature regarding the mortality related to short falls. Recognize the scientific literature that supports shaking as a mechanism of brain injury in infants. Understand the literature on lucid intervals in abusive head trauma.

Metabolic and genet Child Abuse Pediatrician ic mimickers of child abuse

C. Christian MD

The accurate diagnosis of child abuse is critically important for the protection of children and their families. Physicians who care for children are routinely faced with injuries and other medical findings that might represent child abuse or other common or uncommon medical diseases. This talk will review a number of metabolic and genetic diseases that mimic child abuse and abusive head trauma, and will highlight more universal clues that suggest medical illness rather than trauma.

Objectives: By the end of this lectures, the participants will:

Recognize clinical clues to diseases that may mimic child abuse. List laboratory tests that are used for screening for alternative diseases in cases of suspected abuse. Develop strategies for balancing medical and child welfare investigations as a mandated reporter

Follow-up parents on the ER

R.J. Drijfhout M.A.

After working some years in youthcare , dealing with families with educational problems, I swift to working for the Advice and Reporting Centre on Child abuse (AMK) where I worked for fifteen years, investigating reports of child abuse and working with reported families, children and their network. A major component was to advise and train professionals in detecting (and dealing with) signs of child maltreatment and communicating concerns with parents and children.

Child abuse in the light of the human rights' convention

mr.drs. W.L.J.M. Duijst

Child abuse is a matter of human rights. In recent years the ECHR has published a number of verdicts on the subject of child abuse. In these verdicts the ECHR clarifies the way in which a case of (assumed) child abuse has to be approached. A case has to be handled without delay and the investigation has to be thorough and prompt. The protection of the child has to be the first and most important consideration.

In this presentation the rights of the parents and the child are elucidated. The aim of the presentation is to make the first step towards implementation of the verdicts of the ECHR into the everyday work of the professional who has to deal with a case of child abuse.

The Amsterdam sexual abuse case (ASAC) in day care centers: A study of sexual abuse in very young children

E.M. van Duin PhD

In the so called 'Amsterdam sexual abuse case' (ASAC) of 2010, numerous infants and very young children, mostly boys, were victimized by a daycare employee. To date, little research is available on the consequences of sexual abuse at a very young age. A longitudinal study was set up to investigate the consequences of the abuse on the children and their family. Preliminary results of the first assessment that took place in 2013 will be presented.

Emotional neglect, parent-child interaction and language development in young children of parents with psychosocial problems

M.R. Gigengack MSc

Psychosocial problems such as domestic violence, a suicide attempt or substance abuse are common. Children growing up in families with these problems might be at risk of emotional neglect.

Emotional neglect can have serious negative consequences on the development of children. In young children, a language delay and a disturbed parent-child interaction may be indicators of emotional neglect. To study this, we compared these two indicators in young children age two to seven years of families with psychosocial problems and of families without these problems.

The results of this study will give an insight into the consequences of parental psychosocial problems on young children.

Children's mental health and well-being after parental intimate partner homicide

A.G. Groot

Parental intimate partner homicide is very shocking, both for the children who lose a parent and for those in their immediate environment. Often children lose both parents, their home and their immediate social environment at once. The homicide itself is often extremely violent. After an intimate partner homicide, drastic decisions about children's future are made by professionals who may only be exposed to this type of case once or twice in their career. There is a need for evidence-based practice guidelines to assist with these complex decisions. The goal of our study was to examine the impact of parental intimate partner homicide for children and caregivers. We also wanted to give the children and their caregivers a voice. In this presentation we share the results of our study as well as our clinical practice.

Effect study on VoorZorg, The Dutch Nurse Family Partnership

S. van den Heijkant & J. Mejdoubi

Background

Expectant mothers and young mothers are vulnerable to intimate partner violence (IPV)[1–3]. IPV is associated with physical injury, heart problems, gastrointestinal diseases, psychosocial problems, substance abuse, sexual risk behavior, suicide attempts, and mortality [4,5]. IPV during pregnancy

increases a mother's risk of adverse pregnancy outcomes and the likelihood that her children will develop conduct problems[6,7]. Parents involved in an aggressive relationship are more likely to abuse their child [8]. For children, both experiencing abuse and witnessing abuse are forms of child abuse. It is estimated that among young adult women, IPV is more prevalent than it is among adult women. Pregnant adolescents are approximately six times more likely to be victim of violence by a dating partner compared with their non- pregnant peers[9]. Among pregnant adolescents the prevalence of IPV ranges from 5% to 38%[10]. To protect at- risk mothers and their children from the health and developmental risks of IPV, early intervention is important, if possible, during pregnancy.

Targeted interventions designed to prevent or reduce IPV victimization and perpetration are scarce[11,12]. The Nurse- Family Partnership (NFP), developed by D. Olds et al., is a well-known nurse home visitation program that has been tested in three randomized controlled trials (RCT) with young high-risk pregnant women[13]. The trials were conducted in three distinct populations in the United States (US): Elmira (New York), Memphis (Tennessee) and Denver (Colorado)[14–17]. The NFP has proven effective for the prevention of adverse child health outcomes including child abuse. The Denver trial detected program effects on IPV at four year follow-up [18,19]. The Elmira trial also reported program effects on IPV [13]. Olds et al. showed that home visitation programs designed to prevent child abuse and neglect have limited effectiveness if the mother is currently experiencing IPV[20]. Because of the strong links between IPV and child abuse and neglect it is important to study whether nurse home visiting is effective at reducing IPV. Langhinrichsen-Rohling et al. conducted a preliminary test of an IPV prevention program among a small group of high-risk inner-city pregnant adolescent girls in which they found an effect on IPV perpetration and victimization[21].

In the Netherlands, the NFP was translated into the Dutch language and adapted to be integrated into the Dutch health care system. Although the adapted program, VoorZorg, is the first evaluation of the NFP outside the US, other adaptations of the program are currently being evaluated in England, Canada and Australia. VoorZorg consists of 40-60 structured

home visits with young pregnant women by well-trained nurses, from pregnancy until the child is two years of age. Primary outcome measures of the Dutch RCT are smoking cessation, birth outcomes (birth weight and pregnancy duration), breast feeding, child development, IPV and child abuse [22]. The objective of the current study is to assess the effect of VoorZorg on addressing self-reported IPV victimization and perpetration among young, low-educated pregnant women and mothers compared with young mothers receiving the usual care in the Netherlands.

For the complete article [click here](#).

One-year follow-up of children of parents attending hospital emergency departments after intimate partner violence, substance abuse or suicide attempt

dr. E.M.M. Hoytema van Konijnenburg PhD

A new protocol identifies children whose parents visit the emergency department due to intimate partner violence, substance abuse or a suicide attempt, and refers these families to support services. This is a one-year follow-up study, aiming to evaluate wellbeing of children and parents and involvement of support services in the year after the emergency department visit. Data were gathered from child protective services and parent- and child self-reports.

Care for young carers; from neglect to support

P.J. Jonker MD

Young carers are at risk of overburden, mental problems and an unfavourable school career. Even though it concerns many children, Young Caring is often a blind spot for the outside world, including teachers, social workers and medical professionals! And even though quite often emotional neglect is imminent, the reality of young carers stays unseen. In this workshop the features of Young Caring are brought into the spotlight through cut-outs of the award-winning documentary series Tough Cookies. We ponder on risks and pitfalls, investigate our possibilities to change their situation and share good practices.

Prenatal child abuse and neglect

I. van Kamp & drs. E.A. Landsmeer

Pregnancy is a life event and as such a vulnerable period in a woman's life. Maltreatment in pregnancy is a broad concept and frequently appears to be a shameful and hidden problem. The mother can be abused herself in childhood and pregnancy and childbirth can trigger her own sexual traumas. Depression, anxiety and stress may have negative effects on pregnancy outcome and on the essential mother-child binding process. But pregnant women can also neglect their own health and self-care and thus jeopardize the health of the baby, by taking drugs, smoking, using alcohol etc. Domestic violence is another huge problem, that especially in pregnancy will often remain unremarked. The importance of talking about all those subjects will be emphasised. Some psychiatric problems of the mother (or father) can enlarge the maltreatment.

And last but not least, also sexual abuse at any moment in pregnancy may lead to adverse effects on mother and child

In this workshop we will in an interactive way -by means of illustrative cases-talk about the consequences of neglect and abuse in pregnancy and what to do when you come across these problems.

Evidential power of physical findings in child sexual abuse

W.A. Karst MD & drs. L.R.A. van den Berg

The interpretation of medical findings in prepubertal children examined for a suspicion of sexual abuse need to be based on the medical literature. Getting an overview of the literature is difficult, because in a lot of studies the methodology is inadequate or the results between studies are incomparable. An overview of the literature will be given.

Performing a physical examination in child sexual abuse: Why and how?

W.A. Karst MD

A physical examination for the evaluation of child sexual abuse needs to be performed by a trained physician. What techniques need to be used to be able to examine all relevant anatomic structures in a reproducible way? And what forensic and medical issues need to be considered?

The Empathic brain

prof. C.M. Keysers

One of the most remarkable features of human interactions is our intuitive sense that the people around us have intentions, sensations and emotions like our own. In this presentation, I will review evidence that mirror-neurons and brain regions involved in controlling our own actions, sensations and emotions become vicariously activated while we see or hear those of others. This shows that we have an empathic brain: a brain that understands others by empathically putting ourselves into the shoes of the people around us.

A life full of love and happiness is possible after sexual abuse

drs. M. Kimmel

Marianne shares her personal story of sexual abuse by her father. She was abused till she was nine years old. At that age the abuse stopped, after she experienced her greatest trauma: being raped by her father and his friends. She will open up about the effect the sexual abuse had on her life. How it influenced her at almost each aspect of her life; relationships, eating, friends, work. She will give you an insight into the life of someone who experienced sexual abuse and take you on the journey from the past to the present: towards a life full of love and happiness.

Why parents might kill their children

prof.dr. F. Koenraadt

In this presentation we will discuss the special position of killing one's children compared to other fatal (domestic) crimes. Human aggression and impulsiveness play a role. The epidemiology and motives and the influence of a mental disorder in these cases will be presented and compared with results from international empirical research. Pre trial forensic mental health assessment and court decisions will be discussed.

Cooperation between medical professionals and public prosecutors in PCF cases

mr. E.H.G. Kwakman

In zaken rond kindermishandeling is optimale samenwerking tussen alle betrokken actoren van groot belang. In complexe kindermishandelingzaken – zoals PCF – kan het zijn dat er 5 of meer instanties betrokken zijn, die allen onderzoek doen naar wat er gebeurd is en waarom. Ook zijn er diverse mogelijkheden om de veiligheid van betrokken kinderen op de korte of lange termijn te bewerkstelligen. Zo kan er gekozen worden voor (strafrechtelijke) maatregelen tegen de ouders – waaronder verplichte hulp – maar ook voor onder toezicht stellingen of tijdelijke opname in een ziekenhuis. Niet altijd is iedereen goed op de hoogte van elkaars (on)mogelijkheden en niet zelden wordt er zodanig langs elkaar heengewerkt dat de uiteindelijke doelstelling – het kind duurzaam veilig – niet wordt gehaald. In deze presentatie willen Eva Kwakman (landelijk officier van justitie Huiselijk Geweld en Zeden) en Rian Teeuw (voeg in) u meenemen in de complexiteit van samenwerken aan de hand van een PCF-casus. Eerst zal de casus worden geschetst vanuit het perspectief van de kinderarts. Aansluitend zal vanuit strafrechtelijk perspectief ingegaan worden op de casus en op de algemene mogelijkheden in vergelijkbare complexe zaken.

No kids in the middle

drs. M.J. van Lawick

When parents fight and demonise each other after divorce, children are caught in the middle. These parents live in a truth: I am doing everything I can to rescue my child from this bad other parent. Judges, Child protection, Mediators and others can be involved.

The Lorentzhuis and the KJTC (Child and Juvenal Trauma Centre) developed a program to work with these families and to stop the destructive patterns to get the children out of the middle.

Research on this project is done by the VU (free University of Amsterdam).

Abusive Abdominal Injuries: How do you find them and what do you do?

D. Lindberg MD; Assc. Prof.

Abdominal injuries, while uncommon, can have important medical and forensic significance, and are easily missed by the clinical examination. Risks from ionizing radiation preclude routine imaging. This talk will describe an evidence-based algorithm for occult injury screening that balances injury detection and patient safety.

The other children: Occult injuries in siblings and contacts

D. Lindberg MD; Assc. Prof.

Violence is often a disease that affects the entire household and children who share a home with an abused child are at high risk for occult abusive injury.

This talk will describe which of these "contact children" should have testing for occult injuries, and which tests should be performed.

What happened to you? (Interviewing young children during police investigations)

B.N. Nolet MCI

Sometimes children are victim of a crime and some children witnessed a serious offence that happened to someone else. What information does the police need for their investigations and in which cases must the police interview a young child to gain access to this information?

In some cases the needed information may also be available at other agencies, like hospitals or welfare, but often it takes too much effort to be made available in time.

When necessary the police will interview these children. What issues does the police take into account during the interview, what are the dilemmas and how do we try to get around them?

How can CenteringPregnancy and CenteringParenting contribute to the prevention of child abuse

dr. M.E. Rijnders

Centering is a model of group antenatal care (Pregnancy) and group Youth Health Care (Parenting) aimed at the empowerment and support of parents (to be). During 10 group sessions 10-12 women (and their partners) actively participate in their healthcare. A variety of topics are addressed through discussion and interactive learning. In this presentation this model of care will be explained including how themes such as preparation for parenthood, changes in relationships and abuse are addressed. Feedback of the audience and tips for potential improvements will be very much appreciated.

Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline in Foster Care: VIPP- FC – A pilot study

N.K. Schoemaker MSc

Foster children often have had adverse experiences (e.g. maltreatment) in their birth families, which makes it difficult for them to form an attachment relationship with new parents. A meta-analysis showed that foster children indeed show more insecure disorganized attachment, compared to children in biological families, which is a serious risk for later psychopathology. Foster children often show behavioral signals that are difficult to interpret for foster parents, which in turn makes it hard for foster parents to respond in a sensitive manner. However, research has shown that insecurely attached children can develop secure attachment relationships if their new parents provide them with corrective positive attachment experiences.

Talking about child maltreatment with parents; resolutions approach

drs. J.W. Sepers

Working together with parents in cases of (alleged) child abuse is difficult but possible. 'The Resolutions Approach' is a solution focused therapy. The approach was developed for families who want to reunite in cases of (alleged) abuse and for parents who partially deny the abuse. The approach has been created by Susie Essex and her colleagues and published by Turnell and Essex. In this presentation the approach will be presented on the basis of a case.

Investigative interviewing of child witness by the Dutch police

J. van der Sleen MSc

When interviewing a child witness a police officer should be aware of different aspects: on one hand he should not put pressure on a child to tell what happened or influence the answers of the child. On the other hand it is also the task of a police officer to adjust to each child in such a way that the child is able to tell as complete as possible what (might have) happened. In this workshop Jannie van der Sleen will discuss how the investigative interviews of child witnesses are conducted by the Dutch police. Short video examples will be shown to illustrate this.

Preventing Abusive Head Trauma in Children

dr. B.E. van Sleuwen

Abusive Head Trauma (AHT) is a preventable and severe form of physical child abuse. In The Netherlands, a nationwide campaign has been introduced, focusing on providing all newborn parents and parents-to-be with information describing the dangers of violent shaking and providing alternative responses to persistent infant crying. For this campaign, a short movie and several information materials have been developed, and a nationwide educational program for professionals has been realized. Three studies have been performed into the usability of the materials and the effect of the prevention campaign.

This presentation gives an insight into these studies and the settings and conditions of the nationwide campaign.

Combining forensic and Pediatric experience: 1 and 1 becomes 3!

A.H. Teeuw & drs. H.C. Terlingen & drs. I.M.B. Russel

Physical signs can be indicative for child abuse and should not be missed if present. Interpretation of signs as such can be difficult though and demand for an integrated forensic medical and pediatric perspective. During the workshop cases will be presented in which pediatric diagnosis and child abuse will be demonstrated. It will stress the importance of co-operation between the pediatrician and the forensic doctor.

Effects of a community approach to domestic violence in the G4

drs. B. Tierolf

Does the comprehensive approach to domestic violence in the four major cities of the Netherlands: Amsterdam, The Hague, Rotterdam and Utrecht, has the anticipated effect? The Verwey-Jonker Institute has done research in families where domestic violence occurred for four years. These families were followed for one and a half year with three measurements of different aspects of their home and family situation. The results of this research and of interviews with the families and caretakers are presented along with recommendations for future policies concerning domestic violence in cities.

Workshop Photo Documentation

P. Varkevisser & M. Van Velthoven & H.G.T. Nijs MD.PhD

In this workshop the principles of photodocumentation will be explained. After a short introduction of the method (technical settings and sequence of photography) you will get the opportunity to shoot your own set of photographs of a (fictitious or real) injury. Feedback will be given by experienced medical forensic photographers.

The focus is to improve your images for both medical and forensic purposes, by following strict procedures (also helpful when someone else actually takes the photographs, eg. a medical or police photographer).

Afterwards you will receive a mnemonic (in English): a 'credit card' with a short checklist.

A triage-tool to assess danger and structural unsafety in family systems

L. Vogtländer MSc

How to promote safety in multi-agency collaboration by applying a triage-tool at the entry of the field of domestic violence, child maltreatment and sexual abuse:

1. Assess all forms of violence and unsafety in family relations
2. *Focus on all members of the system*
3. *Ask direct and specific questions that focus on safety and future danger.*
4. *Assess facts, not risks.*
5. *Ask for the history of violence and unsafety.*
6. *Realize assessment and decision - making with colleagues inside and outside the organization.*

Improving the parental relationship enhances safety for children

drs. C.L.A. Wagenaar

In this workshop I will explain the EFT model and how this helps couples to improve their attachment relationship. Working from an attachment perspective gives the therapist a clear map on where to go in the therapy. The focus on the underlying emotions is a powerful tool to soften conflicts. Once the couple relationship is deescalated, safety for children is improved.

The power of partnership

J. Wiggerink & M. Vogel

Partnership means building a relation. A relation with every important person in a child's life. By listening to the child and their parents you get a clear view who the people are they need to make real changes in their situation. The most simple way to create a good working relationship with parents is for the professionals to continually identify and honour the parents for everything they can see that is positive in their everyday care and involvement with their children.

By building partnership we are creating a platform to talk about worries and child abuse in a way that is helping everyone to start thinking in solutions.

Challenge your beliefs

P.I.M. Worm

Pediatricians and other professionals are often faced with the clinical dilemma of 'What is going on?' After all, doctors are trained to believe the history of mothers. When we think 'This does not fit the usual pattern of an organic illness' we should reflect and consult. At that moment we have to consider PCF.

Pediatric Condition Falsification (PCF) can cause significant harm to children. PCF involves a healthy child being presented by a carer (parent or someone who is loco parentis) as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality, and suffering harm as a consequence. There are particular challenges for pediatricians and other professionals in terms of managing PCF.

Abstracts abstractspeakers & Poster SLAM sessions

Prevalence of victimization and poly-victimization of children in Saudi Arabia: Results from ICAST study

dr. Al-Eissa

Background

Multiple forms of victimization (poly-victimization) can occur during childhood resulting harmful effects on health and difficult to reverse. Previous studies focused on individual, relatively narrow categories of victimization (e.g. psychological abuse, physical abuse, sexual abuse, and witnessing family violence), paying less attention to exposure to poly-victimization. Most studies of poly-victimization have been conducted in the United States and in northern European countries. The aim of this study is to determine the prevalence of victimization and poly-victimization among secondary school students in Saudi Arabia.

Methods

A cross-sectional, national survey utilizing ISPCAN Child Abuse Screening Tool Children's Version (ICAST-CH), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in secondary schools in the five main regions of Saudi Arabia. Boys and girls, public and private schools were selected to participate. Students (N=16,010) aged 15-18 years were invited to complete the survey.

Results

Participant's mean age 16.8 ± 0.9 years, and 51% boys. Eighty one percent lived with both-parents, 6.2% with single parent, and 2.5% with step-parent. Most of the participants (89%) reported at least one type of victimization during their lives and 87% during the last year. Psychological abuse (79%) was the most common type of abuse followed by physical abuse (62%), neglect (53%), and sexual abuse (13%). Participants reported an average of 3.5 ± 1.3 victimizations during their lives and 3.2 ± 1.3 victimizations during the last year. Approximately 47% of the sample was considered as poly-victims (experienced 4-6 victimizations) during their lives and 38% during the last year. Poly-victimization was found to be higher in girls, 17-18 years, and living with step-parent ($p < 0.05$).

Conclusions

The results highlight the importance of establishing public policy which encourages the social workers and Child Protection Services to screen poly-victimization in cases of suspected child maltreatment.

Adverse childhood experiences and association with health-risk behaviors and co-morbidities among adults in Saudi Arabia

dr. M.M. Almuneef

Background

Adverse Childhood Experiences (ACEs) have been found to be linked to chronic diseases in adulthood. The aim of this study is to identify prevalence of ACEs and their association with chronic diseases and health-risk behaviors.

Methods

A cross-sectional, national survey utilizing Adverse Childhood Experiences International Questionnaire (ACE-IQ), supported by a grant from King Abdullah International Medical Research Center (KAIMRC) was conducted in 13 regions of Saudi Arabia. Adults (N=10,156) aged ≥ 18 years were invited to participate. Odds ratios were calculated to assess the association between ACE scores and ten outcomes.

Results

Participant's mean age 34.3 ± 11.3 years, and 52% male. Thirty eight percent college educated, employed (51%), and married (59%). Prevalence of neglect (41%), psychological abuse (19%), physical abuse (13%), and sexual abuse (14%). Twenty nine percent had ACE score of ≥ 4 and 11%, 17%, 23%, and 20% was exposed to 3, 2, 1, and 0 ACEs respectively. Compared to participants with 0 ACE, participants who reported ≥ 4 ACE had 2.4, 2.3, 2.1 and 1.9 times the odds of a diabetes mellitus, obesity, hypertension, or coronary heart disease diagnosis respectively. Those reported ≥ 4 ACE were identified as having 6.5 times the odds of an alcohol or a drug problem, and 2.7 times the odds of being a smoker. Regarding mental health disorder, ≥ 4 ACE had 4.7, 4.9, and 5.1 times the odds of an anxiety, depression, and mental illness diagnosis respectively.

Conclusions

Further research is needed to determine whether prevention and early intervention of ACEs might reduce the prevalence of chronic diseases and health-risk behaviors.

Utilizing predictive analytics to forecast child maltreatment

M.B. Bachmann Associate Professor

Background

Tarrant County currently has the highest rate of child maltreatment in Texas, and one of the highest in the US. In 2014, it saw 6,097 substantiated cases of children being physically, sexually, or psychologically abused, neglected, or abandoned. Effective measures to prevent child maltreatment and associated fatalities have been elusive, partly due to the difficulty in identifying the most vulnerable children before they are harmed. This pioneering study utilizes risk terrain data analytics to generate the most accurate prediction model of locations of future maltreatment cases in existence, thereby enabling programs to allocate limited resources in the most effective way.

Methods

The spatial-temporal interactions between substantiated child maltreatment events and associated known risk factors were analyzed using ArcMAP 10.2 and the Risk Terrain Modeling Diagnostic tool (RTMDx). The predictive validity of the optimized risk terrain model (RTM) was assessed with actual child maltreatment cases during the subsequent year.

Results

RTM ranked the relative importance of the six most significant risk factors identified in the optimized prediction model for future incidents of child maltreatment. The resulting model is highly significant and has the highest predictive validity of any model to date. It accurately predicts discrete geographic areas where over 98% of all cases of child neglect, sexual, and physical abuse occurred in the following year.

Conclusions

Risk terrain modeling is an emerging predictive analytics tool which has been successfully adapted to forecasting geographic areas where future incidents of child maltreatment will occur. This novel approach provides the most comprehensive empirical assessment of risk factors for child maltreatment to date and is the first to specify relative and compounded influences. The relative influence of risk factors provides evidence-based theoretical guidance to aid prioritization of risk-mitigating and prevention efforts to improve the safety, health, and wellbeing of children in focused geographic areas.

Preventing Child Sexual Abuse: Body Safety Training Programme for Preschoolers in Turkey

Citak Tunc Gulseren MSc

Background

Body safety training within child-centred, behavioural skills education is fundamental for the prevention of sexual abuse.

Methods

The "Body Safety Training Programme" is an education programme developed by Wurtele (2007) targeting preschool-aged children, with the aim of ensuring children are informed about their body and attain protection skills. A total of 83 preschoolers were included in the experimental and control group sample design. The children to be included in the sample were identified by means of a power analysis and 40 children comprised the experimental group, while 43 children comprised the control group. The "Body Safety Training Programme" was translated into Turkish; following the reliability for content validity was conducted regarding the language and cultural appropriateness, the training program was implemented with the children in the experimental group in seven sessions, in conjunction with the visual "I am the Boss of my Body" book. The "What If Situation Test" (WIST) was administered to both groups before and after the training. The WIST is a test developed by Wurtele, Hughes and Owens (1998) which measures the self-protection skills of preschoolers.

Results

The differences between the pre-test and post-test scores for the sub-dimensions (appropriate touching, inappropriate touching, say, do, tell and reporting skills) and the Personal Safety Scale (PSS) score means for the children in the experimental group were found to be statistically highly significant ($p < 0.001$). The WIST difference mean scores for the sub-dimensions (say, do, tell, report) and the PSS sub-dimension scores between the experimental and control groups were found to be statistically significant ($p < 0.05$). However, there was no significant difference found ($p > 0.05$) between the difference mean scores for the sub-dimension of appropriate touching and inappropriate touching.

Conclusions

The Body Safety Training programme is effective in increasing the child sexual abuse prevention and self-protection skills in Turkish preschoolers.

Determining the Appropriateness of the WIST III with Turkish Preschoolers

Citak Tunc Gulseren MSc

Background

The recognition of sexual abuse and display of protective behaviour by preschoolers is foundational in prevention of sexual abuse. Testing tools appropriate to the developmental stage of children must be used in the assessment of children's skills for recognising sexual abuse and protection from sexual abuse.

Methods

The purpose of the study was to determine the reliability and validity of the WIST III (What If Situation Test) for Turkish culture, which was originally developed by S.K. Wurtele and colleagues (1998). Participants were children of the 3-6 age group attending pre-school education institutions and the sample size was identified by means of a power analysis. 70 children were identified as the sample with 0.85 power and 0.05 type I error according to the power analysis. Language validity, content validity, internal validity coefficient (Cronbach alpha coefficient) and test-retest analyses were conducted in terms of validity and reliability in the scope of efforts for adaptation to Turkish culture.

Results

Firstly, the Kendall $W=0.83$ was found regarding the expert opinions concerning the content validity of the language validity scale. It was found that the Cronbach alpha coefficients were between 0.68 and 0.90 for the scale sub-dimensions of appropriate and inappropriate touching, saying, doing, telling and reporting. The test-retest reliability of the scale was found to be $r=0.89$ and the test-retest reliabilities for the sub-dimensions (appropriate touching, inappropriate touching, say skills, do skills, tell skills and reporting skills) were between $r=0.48$ and $r=0.92$. The test-retest reliability for the Personal Safety Scale (PSS), as having complimentary items to the WIST III, was found to be $r=0.82$.

Conclusions

The WIST is appropriate for Turkish culture and is a reliable and valid testing tool when testing the sexual abuse recognition and protection skills of children aged between 3-6 years of age.

Will a clinical prediction tool for abusive head trauma help or hinder social workers, police and lawyer's investigations?

L.E. Cowley

Background

A clinical prediction tool to estimate the probability of abusive head trauma (AHT) in young children with intracranial injury was derived and validated. We aimed to explore the potential impact of this tool on UK social workers, police, and lawyers.

Method

Qualitative semi-structured interviews were conducted with ten child protection social workers, eight police officers and ten legal practitioners (including four judges), purposively sampled across South West UK. Interviews were recorded, transcribed verbatim and imported into NVivo for thematic analysis (60% were double-coded). Interviews explored current decision-making processes with regards to identifying AHT; participants were then given a demonstration of the tool, and asked for their views on its potential utility and disadvantages, and their interpretations of AHT likelihoods.

Results

Factors influencing decision-making included medical, legal, psychological, professional, family and circumstantial considerations. Social workers and police rely on clinicians to identify AHT, and suggested that the tool would be beneficial at multi-agency meetings as an objective adjunct to their professional judgement, for consideration alongside other factors such as caregiver provided history. Lawyers were uncertain of its usefulness in court, but appreciated its value earlier in the investigative process. Disadvantages included possible over-reliance, and false reassurance from a low score. Respondents preferred a precise % probability of abuse, over broad categories (low, medium, high probability). Social workers recommend multi-agency training by clinicians prior to 'roll out' in practice, to agree accepted risk thresholds, and ensure consistent interpretation of the scores.

Conclusions

Responses suggested that a numerical, evidence-based clinical prediction tool would support the decision-making of social workers, police and lawyers investigating AHT, and provide them with greater confidence in their decisions. Caution was expressed regarding its use in court. Participants advocated multi-agency training on the tool to ensure its appropriate application.

Building a bridge between health care professionals and Safe at Home in case of suspected child abuse

A. Custers MD Msc

Background

Despite the introduction of the mandatory reporting code on domestic violence and child abuse in the Netherlands in 2013, various groups of health care professionals (HCP) seem to under-report child abuse. There may be individual barriers withholding professionals from reporting, but also collaboration and communication with the Advice and Reporting Centres for Domestic Violence and Child Abuse (AMHK, Safe at Home) might leave much to be desired. This study was designed in order to gain insight in this collaboration and to develop a best practice to improve it. A second aim is to investigate personal competences and preferences concerning signalling and dealing with child abuse.

Methods

An online questionnaire was sent to employees of Safe at Home (n=15) and HCP (general practitioners, child and adolescent health care doctors, paediatricians, paediatric neurologists and emergency care physicians, n=626) in South Limburg.

Results

Respectively 13 (87%) and 128 persons (20%) completed the questionnaire. We report the main results. Health care professionals indicate the need for more information about the tasks, responsibilities and expectations of Safe at Home, and further 24/7 attainability. Strikingly, 83% feels incompetent of signaling child abuse and desires additional training. The most common reason for HCP not to report child abuse is that it has already been done by someone else or that aid has already been started.

Safe at home employees indicate that HCP are difficult to get in contact with and that communication could be optimised.

Conclusion

Based on these questionnaires, the collaboration between HCP and Safe at Home is overall considered to be satisfactorily. Nevertheless, the response revealed mutual points for improvement, which were used to develop a best practice. Eventually this may lower the threshold for HCP to contact Safe at Home and lead to a faster approach in cases of suspected child abuse.

Guilt and shame as predictors of maltreatment mothers' empathy, aggressiveness, parental competence and Quality-Of-Life

Davidson-Arad Bilha

Background

Understanding the emotional world of maltreating mothers is an essential part of the variegated efforts to prevent child abuse and neglect. Among the emotions that maltreating mothers, like other mothers -- indeed like other persons -- may experience are shame and guilt. Both these emotions are essential to persons' moral development. They also have a host of consequences, both positive and negative, for persons' feelings and behaviors. The proposed talk will focus on the emotional and behavioral consequences of tendencies to feel shame and guilt among maltreating mothers.

Objective

To examine whether and how the tendencies to feel shame and guilt predict the empathy, aggressiveness, perceptions of parental efficacy, and quality of life of maltreating mothers'. Method –117 mothers who had been assessed as "maltreating" by Israel's social services completed self-report questionnaires.

Results

The greater the mothers' tendency to feel guilt and shame, the greater their empathic distress (one of the components of empathy examined in the study); the greater their verbal, emotional, cognitive, and overall aggressiveness; and the lower their quality of life and parental satisfaction (one of the two components of parental competence examined in the study). The tendency to feel guilt mediated the links between shame, on the one hand, and the mothers' psychological quality of life, aggressiveness, empathic distress, and parental satisfaction, on the other.

Conclusion

The findings highlight the importance of being aware of the implications that feelings of guilt and shame may have for the feelings and behaviors of mothers of children at-risk. They also underscore the need to develop therapeutic interventions to help such mothers work through their feelings of shame and guilt, as a step towards improving their parental competence and reducing the risk to their children.

Murdered children and children who have mothers who have been killed by their partner or former partner in Iceland, during a thirty year period. An explorative study.

F.J.F. Dr. Freysteinsdóttir

Background and method

In this study, sentences from a 30 year period from 01.01.1986 to 31.12.2015 were analyzed, which included a) children who had been killed in Iceland and b) women who had been killed by their partners, former partners, boyfriends or sexual partners and had children.

Results During this time period five children were killed, two by their mother, a new born boy and a 11 year old girl. A girl who was five months old was killed by her father. Finally, two seven year old boys were killed by a 12 year old boy who was not related to them. The children were choked, shaken, stabbed and drowned. Thirteen women were killed during this same time period. Nine of them were killed by their partner or former partner. Seven of them had a total of 12 children. Eight of those 12 children had a father who had killed their mother. In four of the seven cases, the child or children were located at the crime scene when the murders took place or a total of six children. Some of them were in the same room or area where the murder took place.

Conclusion

In this 30 year period, five children were killed. Thus, on the average one child has been killed every six years during this period. During the same time period, ten women were killed by a partner or a former partner. Thus, a women has been killed in Iceland every third year on the average by a partner or former partner. Seven of the women had a total of 12 children. Eight of those children did not only lose their mother, but their father also went to prison or into a protective custody following the incident.

Parenting in the Shadow of Childhood Maltreatment

dr. G. Harel PhD

Parenting in the Shadow of Childhood Maltreatment Dr. Galit Harel, Ph.D.
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Aims

The present study aimed to investigate the impact of childhood experiences of abuse and neglect on parenting in adulthood. The study assumes that experiences of maltreatment affect attachment styles and self-regulation, and that the perception of parenting as stressful and threatening moderates the association between maltreatment and parenting styles. Method: Two hundred and thirteen Jewish and Arab parents of children aged six and under participated in the study and completed five self-report questionnaires assessing parenting patterns, childhood experiences of abuse and neglect, attachment characteristics, self-regulation, and cognitive appraisal of parenthood.

Results

Parents who had experienced childhood abuse and neglect typically displayed insecure attachment, scored lower in emotional control, perceived parenthood as a threat, and were less likely to perceive parenthood as a challenge. In addition, their parental behavior was more negative than that of parents who reported not having experienced abuse or neglect as children. The results also support existing differences between the effects of physical and sexual abuse versus emotional neglect in childhood, whereby parents who experienced physical and sexual abuse reported greater harm to personality characteristics (insecure attachment and self-regulation capacity), and parental behaviors, compared to parents who experienced emotional neglect. The main findings arising from the regression analyses indicate that personal attributes such as nationality (Jewish vs. Arab), childhood experience of neglect, personality traits (attachment characteristics and affect regulation), and cognitive appraisal of parenthood, predict at-risk parenthood. Anxious attachment and childhood neglect moderated the impact of parenthood appraisal on parenting patterns.

Conclusions

The results support the notion of a vicious cycle leading from personality damage inflicted by childhood abuse and neglect to harsh parenting. Interventions providing support for parents who have endured childhood abuse by strengthening their perception of parenting as a challenge rather than a threat are recommended.

Interventions to stop child abuse: treating systemic and individual drivers combined in Multisystemic Therapy for Child Abuse and Neglect

drs. F.N. Kamphuis

Background

It is a big problem that families that struggle with abuse also struggle to get adequate help in regular mental health and childcare facilities. Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) was developed in the United States and has now been introduced in the UK, the Netherlands and Switzerland. This treatment program is designed to treat families that deal with not only violence in their homes, but also a lot of untreated mental disorders.

Methods

40 families that started MST-CAN treatment in the Netherlands were studied to see if abuse had stopped at end of treatment and if there was none after at least 6 months follow-up. We also studied if the children were still living at home after follow-up. We also studied what kind of psychiatric problems are common among these families.

Results

When studying these families it became clear that the incidence of severe mental disorders was very common. Children and parents had a decrease in symptoms after treatment. Outcome was successful in 27 families. Although we struggled with a lot of missing data at follow up, outcome showed that of the 40 families, the 22 of the 27 families that were interviewed 0.5-3 years after follow up had no reabuse and children were living at home. With a drop out of 15.% it seemed that for most family the treatment was acceptable.

Conclusions

Most of the 40 families that underwent treatment benefited from it. It is essential to do more studies to improve interventions that can tackle systemic and individual drivers that cause abuse in families.

The association between psychological traumatization and executive functions in children and adolescents: A meta-analytic approach

R. op den Kelder MSc

Executive functions are of growing interest in the field of psychotrauma. As both traumatization and deficits in executive functioning can have negative effects on children's development, it is important to identify their association. Besides the development of post-traumatic stress disorder, experiencing trauma may be related to lower levels of executive functioning in children and adolescents, across domains of cognitive flexibility, inhibition and working memory.

However, the strength of these associations may be dependent on timing and type of trauma, publication status, study design, and type of measurement instruments. Specifically, we expected that early traumatization has more negative consequences on executive functions than traumatization in adolescence. Furthermore, we expected that exposure to chronic trauma has a stronger negative association with executive functions than exposure to a single traumatic event.

To study the main association between traumatization and executive function and to study the moderator hypotheses described above, we conducted a meta-analysis on studies published between 1990 and 2016 that we retrieved from PubMed, EMBASE, and PsychINFO. Participants in selected studies were aged 4 to 25. In a multilevel analysis, we estimated the main effect size for the relationship between traumatization and executive functions.

Next, we examined significant differences in variances of effect sizes between studies. Preliminary results indicated that there was an association between trauma and executive functioning among children and adolescents. In addition, preliminary results showed there was significant variance in effect sizes between studies – suggesting the importance of testing moderator effects of type of trauma and timing of trauma.

Forthcoming analyses, still underway, will show whether which of the putative moderators explains the variance in effect sizes between studies, and will establish the exact strength of the association between trauma and executive functioning in children and adolescents.

Supervisory Neglect, Externalizing Behaviors, Substance use, and Extended Family Support

B.S. Kors

Neglected children are at risk for problem behaviors in adolescence including substance use. Although the link between child neglect, externalizing problems, and substance use has been documented, longitudinal research is needed to investigate whether potential relational factors may buffer this process.

The present study examines the relations between child neglect subtypes and substance use via engagement in delinquency as well as the protective effect of extended family support.

A sample of 1,180 ($M_{age} = 12.75$; 57.97% female; 52.12% white) youths from the National Survey of Child and Adolescent Well-Being, were examined at three time points: baseline, 18, and 36-months post-baseline. Supervisory neglect subtypes, Lack of Supervision and Lack of Substitute Care, were reported by caseworkers via the Maltreatment Classification System. Youths reported delinquency via the Youth-Self Report, drug use (alcohol, cannabis, cigarettes) via the Drug-Free Schools and Communities Act Scale, and extended family support via the Resiliency Scale.

Lack of Supervision ($\beta = .09$; $p < .05$) and Lack of Substitute Care ($\beta = .14$; $p < .01$) at wave 1 ($M_{age} = 12.75$, $SD = 1.28$) predicted higher rates of delinquency at wave 2 ($M_{age} = 14.01$, $SD = 1.328$).

Younger youths who experienced poor substitute care were at greater risk for delinquency than their older counterparts ($\beta = .09$; $p < .05$).

Delinquency at wave 2 predicted later alcohol ($\beta = .17$; $p < .01$), cannabis ($\beta = .14$; $p < .01$), and cigarette use ($\beta = .11$; $p < .01$) at wave 3. Extended family support moderated the path from delinquency to cigarette use ($\beta = -.10$, $p < .05$) such that delinquent youth with higher family support reported less cigarette use later.

Child neglect poses significant risk for development of substance use behaviors via delinquency in adolescence. Extended family support can buffer risk for development of early substance use in neglected youth.

Child abuse and neglect in South Africa: A review of policy and practice

prof. K. Mwaba

Background

The dawn of multiracial democracy in South Africa in 1994 ushered a period of major social and economic reforms designed to achieve equality and justice for all citizens. Prior to 1994, the majority of children in the country were marginalised and received little attention from the government. Repressive policies of the previous government led to the breakdown of family and community life among the majority black population with children being vulnerable to all forms of abuse and neglect.

Methods

A review of official legislation indicates new policy and legal guidelines have formulated in South Africa since 1994 in order to address child abuse and neglect. Most notable are the following:

- Signing and ratification of international conventions and protocols notably the Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child
 - The national constitution which acknowledges the most basic rights of children in South Africa including the right to protection from neglect and abuse
 - The Criminal Law Amended Act which codifies criminal sexual acts against children and has strong provisions against child prostitution
- Results: South Africa has made great progress in ratifying numerous conventions and protocols related to the protection of rights of children. The country has also embarked on a process of domestic law reform to ensure equal dispensation to all children.

Conclusions

Although the country has made remarkable progress in child policy reform, there are many challenges that remain. Notable among these are effective implementation of the newly enacted child laws and policies.

Child abus and low care predict depressive symtoms and stress in Uruguayan pregnant women

D.E. Olazábal PhD

Many studies show high incidence of depression and stress during pregnancy around the world. Those conditions are associated to preterm birth, low weight of newborns, and pregnancy problems. Child abuse and low parental care during infancy are associated to the appearance of mood disorders in adulthood. There has been no study in the Uruguayan population on the mental health of pregnant women that suffered child abuse or low parental care.

In the current study we investigated whether a history of child abuse and low parental care predicted depressive symptoms and stress during pregnancy. Eighty pregnant women from a heterogeneous Uruguayan population recruited in two health institutions were randomly invited to participate and complete the Spanish versions of the Child Trauma Questionnaire (CTQ), Parental Bonding Instrument (PBI), Edinburgh Postnatal Depression Scale (EPDS), and Perceived Stress Scale (PSS). Thirty three percent of pregnant women suffered some kind of abuse (generally with also low parental care) during their infancy, 33% had low maternal or paternal care but no report of child abuse, and 34% did not suffer child abuse or low parental care. Twenty six percent of pregnant women had depressive symptoms (Edinburgh score >10). EPDS and PSS scores were correlated with emotional abuse (ρ .6 and .4 respectively), maternal (ρ -.5, -.3) and paternal care (ρ -.3, -.4). Logistic regression revealed that depressive symptoms during pregnancy were predicted by emotional abuse and maternal care (R^2 =.16).

Stepwise or Multiple regression revealed that PSS scores were predicted by emotional abuse and paternal care (R^2 =.29, p <.01).

Our study suggested that child trauma and low parental care in women´s family of origin might predict stress and mood disorders during pregnancy. Early screening for child trauma and low parental care could contribute to prevent or mitigate the adverse effects of depression and stress on mothers and fetuses

Knowledge and attitude of professionals in the Netherlands on high-conflict divorces

B. van Pol MSc

During the past years the number of high-conflict divorce (HCD) cases in The Netherlands has increased. When legal and social professionals are confronted with HCD cases, their main task is to serve the best interests of the children involved. HCD is a situation which is potentially detrimental for the development of children. In order to help HCD cases, professionals need to possess the proper, empirical- knowledge, a prerequisite for good communication and effective intervention strategies.

The present study is examined professionals' perspectives of high conflict-divorce cases and compared their views with the empirical evidence-base in the scientific literature. With a 11-item multiple-choice web-survey we tested the knowledge of legal and social professionals (N =863) working in the field of high-conflict divorce. The groups comprised lawyers, child welfare/protection workers, mediators and mental health professionals. Professionals scored on average 6.5 correct responses out of 11. Although this score is above chance level, it does not approach a perfect score, which one would hope from professionals in the field. Legal professionals performed significantly better than social professionals.

Several questions had particularly low correct response rates: e.g. 83% of all professionals grossly underestimated the prevalence of domestic violence/abuse in HCD cases. Our findings show that the current level of knowledge of professionals regarding high-conflict divorce is not adequate. Because of their erroneous beliefs and misconceptions, professionals are likely to make less than optimal decisions in practice. In order to remedy this problem, a project in the region Midden-Brabant was initiated in the fall of 2015.

In conjunction with the High Conflict Forum, Toronto, Canada, professionals from different organizations working with HCD cases will attend a 3-day training on evidence-based practice in HCD. The overall goal of this project is to improve knowledge and skill level to improve the effectiveness of interventions for HCD families.

Methodological Moderators in Prevalence Studies on Child Maltreatment: Review of a Series of Meta-Analyses

dr. M.J.L. Prevo

Insight into effects of methodological characteristics on reported child maltreatment prevalence rates can facilitate the interpretation of results of previous studies and improve the design of future prevalence studies. We reviewed findings from four previous meta-analyses (Stoltenborgh et al., 2011, 2012, 2013a, 2013b) on methodological moderators in self-report prevalence studies on child sexual ($k = 331$, $N = 9,991,748$), physical ($k = 168$, $N = 9,698,801$), and emotional abuse ($k = 46$, $N = 7,082,279$), physical ($k = 13$, $N = 59,406$) and emotional neglect ($k = 16$, $N = 59,655$).

We provide an overview of moderating effects of participant characteristics (e.g. age), sampling method and measurement characteristics (e.g. validation). No characteristic was without influence, but specific characteristics were significant moderators for certain types of abuse and not for others. This implies that the wide range of lifetime prevalence rates reported in the literature can partly be explained by methodological differences.

Our best evidence synthesis (sexual abuse: $k = 4$, $N = 52,749$; physical abuse: $k = 2$, $N = 40,341$; emotional abuse: $k = 6$, $N = 4,029$; emotional neglect: $k = 3$, $N = 3,226$) suggests that depending on the methodological characteristic under consideration a certain prevalence rate can be an over- or an underestimation of the actual prevalence.

Taking the influence of methodological characteristics into consideration and choosing a sound methodology can help to get as close as possible to the actual child maltreatment prevalence.

Neonatal abstinence syndrome - is that abuse an unborn child?

Saftic V MD, PhD

Background

Neonatal withdrawal from drugs of abuse was first described as neonatal abstinence syndrome (NAS) in 1975 by Dr Loretta Finnegan. She described a generalized disorder of hyperirritability of the central nervous system, and vague autonomic nervous system symptoms. Children born to drug addicted mothers have a high risk for developing the withdrawal symptoms. The intensity of symptoms is dependent of type, time and dose of drugs which mothers were using.

Methods

We performed retrospective/prospective analysis of 81 children born from drug addicted mothers in period from 2008 to 2014. We have described characteristics of addicted children, prenatal mothers addiction data, course of gestation and labor, perinatal outcome, and clinical data connected to those children's.

Results

From January 2008 until January 2015, 81 drug addicted pregnant women's were treated at NICU, Tertiary Clinical Center, Zagreb, Croatia. Pregnancy was not controlled at 24.4% women's. Average pregnancy last for 38,5 week (35-41 week). There were 36,3% mothers on Methadon and 48,4% mothers on Buprenorphine. Just before delivery there were eleven mothers on heroin usage and one mother on cannabis. Mothers are tested to Hepatitis C antenataly, and 50% of them were HCV positive. The symptoms were present from day one to eleven. Severely symptom were noticed with 27,2% children and repeated convulsions were present with 12,1% of them. Those children were treated according the Finnegan Neonatal Abstinence Scoring Tool (FNAST). Cranial ultrasound was performed, and with 24,2% children certain pathological findings were present. Average hospitalization time was 22,1 day which give us 1782 hospital days for all rewived children.

Conclusions

Addiction pregnancies present a small but high-risk group according to perinatal and neurological outcome. Further studies are needed to study the possible long-term consequences. Since the long-term effects are still unknown it is necessary to run national registries for prevention and monitoring.

Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline in Foster Care: VIPP- FC – A pilot study

N.K. Schoemaker MSc

Background

Foster children often have had adverse experiences (e.g. maltreatment) in their birth families, which makes it difficult for them to form an attachment relationship with new parents. A meta-analysis showed that foster children indeed show more insecure disorganized attachment, compared to children in biological families, which is a serious risk for later psychopathology. Foster children often show behavioral signals that are difficult to interpret for foster parents, which in turn makes it hard for foster parents to respond in a sensitive manner. However, research has shown that insecurely attached children can develop secure attachment relationships if their new parents provide them with corrective positive attachment experiences.

Methods

To support foster parents in rearing their foster children, the evidenced-based Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) was adapted for foster care (VIPP-FC). The main adaptations are to help the foster parent recognize missing or subtle behavioral signals that are specific for foster children, to respond to these signals adequately, and to enhance the stress regulation of both foster parent and child. After conducting a pilot study, we recently started to test the effectiveness of VIPP-FC in a randomized controlled trial. The results of the pilot study will be discussed here.

Results

Three foster families participated in our pilot study. At the start of the intervention, all foster parents stated that they were worried about the child's attachment and difficult behavior. We noticed improvements in parental behavior (e.g. increases in non-intrusiveness) and child behavior (e.g. increases in responsiveness) during the home visits. All foster parents showed great enthusiasm about the video feedback. Changes in parental and child behavior will be discussed with video fragments.

Conclusion

The pilot study showed promising results for increasing sensitive parenting and sensitive discipline in foster parents to enhance attachment security in foster children.

The diagnostic value of a checklist in screening for child abuse in Out-of-hours Primary Care.

drs. M.C.M. Schouten

Background

The primary aim of this study was to assess the diagnostic value of the screening instrument SPUTOVAMO-R2 (checklist) for child abuse for Out-of-hours Primary Care locations (OPC), by comparing the test outcome with information from Child Protection Services (CPS). Secondary, to determine if reducing the length of the checklist is possible without compromising the diagnostic value.

Methods

All children attending one of the five participating OPC's in the region of Utrecht, the Netherlands, in a year time, were included. The checklist is an obligatory field in the electronic file system and was filled in for all children. CPS provided data on all checklist positives and a sample of 5500 checklist negatives (dataset). The test outcome was compared with a report at CPS in 10 months follow up after the OPC visit.

Results

The checklist was filled in for 50671 children; 108 (0.2%) were positive. Within the dataset, emotional neglect was the most frequent type of abuse reported at CPS (32.8%). The Positive Predictive Value (PPV) of the checklist for child abuse was 8.3 (95% CI 3.9 to 15.2). The Negative Predictive Value (NPV) was 99.1 (98.8 to 99.3). When the length of the checklist was reduced to two questions of the original six questions (SPUTOVAMO-R3), the PPV increased to 9.1 (3.7 to 17.8) and the NPV remained 99.1 (98.7 to 99.3). These two questions are on the injury in relation to the history, and the interaction between and with parents/child.

Conclusions

Nearly all children with child abuse are detected with the checklist, against a high false positive rate. The checklist can be reduced to two questions with a high clinical applicability and comparable diagnostic values (SPUTOVAMO-R3). When the checklist classifies positive, diagnostic work-up is necessary to reduce the high number of false positive cases.

Evaluation of a Life-Skills Programme ('Boost') for Young Care-leavers

dr. W. Sims-Schouten

Background

The primary aim of this study was to assess the diagnostic value of the screening instrument SPUTOVAMO-R2 (checklist) for child abuse for Out-of-hours Primary Care locations (OPC), by comparing the test outcome with information from Child Protection Services (CPS). Secondary, to determine if reducing the length of the checklist is possible without compromising the diagnostic value.

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Evaluation of a community-based wraparound intervention to prevent child maltreatment within high-risk families

dr. A. Stokes

Background

Prevention of child maltreatment is a human rights and global public health priority with long-lasting effects on personal, social and economic outcomes. Wraparound intervention approaches may offer a promising model for addressing the multiple needs of high-risk families. The aim of this study is to assess the development, implementation and cost-effectiveness of an early intervention/prevention wraparound intervention called the Children at Risk Model (ChARM). This newly developed model involves the co-ordination of an evidence-based parenting programme along with and home-visiting and community-based supports, to improve parent-child relationships and reduce child abuse potential among vulnerable families whose children aged 3-11 are at high risk of child maltreatment.

Methods

A multi-centre, randomised controlled trial of the ChARM model for parents of children at risk of maltreatment is currently underway. In total, 150 families will be recruited and randomly allocated on a 1:1 ratio to an intervention group (n=75) or a services as usual group (n=75). Incidences of maltreatment, parent mental health and competency and child well-being are assessed at baseline using standardised psychometric inventories and independent observations. Follow-up data assessments take place at 6- and 12-months post-baseline. An economic analysis and process evaluation will also be conducted. Participant recruitment, data collection and analysis are ongoing. Preliminary statistical analyses of short-term intervention outcomes on parent-reported incidences of child maltreatment and child abuse potential, as well as child behaviour and wellbeing, quality of parent-child relationships, parental stress, mental health and substance use will be reported.

Conclusions

This study is the first evaluation of a wraparound programme designed to prevent child maltreatment, reduce child abuse potential, and improve psychosocial outcomes among high risk families whose children are aged 3-11 years. The findings will make a valuable contribution to the development, implementation and evaluation of multi-component, wraparound interventions in the prevention of child maltreatment.

Stokes, A., M. Furlong, G. Hickey, Y. Lecky, S. Leavy & S. McGilloway (NUI Maynooth, Ireland)

An evaluation a Parent and Infant (PIN) community-based wraparound intervention for vulnerable parents and infants

dr. A. Stokes

Background

Parenting interventions implemented in the earliest years of life (pre-birth to three years) can help improve child wellbeing and reduce risks of maltreatment. This research was undertaken to explore the effectiveness, implementation and cost-effectiveness of a newly developed community-based early parenting strategy, the Parent and Infant (PIN) programme. This program combines a range of developmentally-appropriate supports, delivered in a single intervention process, for parents and infants (0-2 years) and aimed at enhancing parental competence, strengthening parent-infant relationships and improving infant wellbeing and adjustment.

Methods

A large evaluation comprising longitudinal, multi-centre controlled trial is underway with parents and infants (aged 0-2 years). To date, 165 parent-infant dyads have been recruited to an intervention (n=106) and comparison group (n=59). Psychometric and observational measures are used to assess parent self-efficacy and wellbeing, parent-child relationships and child behaviour at baseline (when the baby is 6-12 weeks old) and at follow-up (when the infant is 8 months, 16 months and 24 months old). An economic analysis and process evaluation will also be conducted to assess the cost-effectiveness of the programme and its implementation.

Results

Participant recruitment, data collection and analysis are ongoing. Preliminary statistical analyses of short-term outcomes (when the infant is 8 months old) indicate that the intervention resulted in improvements in the caregiving environment. Emerging themes from the process evaluation relate to parent empowerment, as well as barriers and challenges to programme implementation and effectiveness.

Conclusions

The findings will provide important insights into early parenting services and supports implemented at a community level which can help family wellbeing and positive parent-infant relationships. The research will also make an important contribution to knowledge about the implementation and cost-effectiveness of such programs. Key challenges and avenues for further exploration will be discussed.

Stokes, A., G. Hickey, Y. Lecky, M. Furlong, S. Leavy, S. O'Connor & S. McGilloway (NUI Maynooth, Ireland)

Tools within the chat that contribute to the realignment between guidance and the need of youngsters

I. Van Campenhout

Nupraatikerover.be is a chat box that focuses on minor victims and witnesses of sexual abuse (SA). One of the objectives is to build bridges between youngsters and face-to-face guidance or counseling. The chat conversations show that many chatters are already in guidance or counseling, but do not feel sufficiently helped in case of SA.

Our research focused on the question of which tools and methodologies within the chat contribute to the realignment between guidance and the needs of youngsters. A qualitative analysis was performed using the chat conversations during the period from September 1, 2014 until December 31 2015. 15 out of 92 chatters that received guidance or counseling indicated that they felt to have received inadequate help. The analysis showed that the following methods were effective: a process-based approach, psychoeducation and a self-activating approach.

The process-based approach consists out of several chat conversations with the same chat staff. This is to provide a counterweight to the loss of control and powerlessness that was experienced by the youngster during SA. The analysis showed that this way of working made young people feel safe and experience a sense of control. A working relationship has been built that simplifies the link to face-to-face guidance or counseling.

Psychoeducation lowers the threshold to communication about SA. The fears of not being believed and of abnormality often block the initiatives from the youngster.

The self-activating approach is characterized by the focus on the own possibilities for action during the chat conversations so that the youngsters can take control of their own process. Personalized assistance is given whenever needed, based on the specific needs of the chatter. Additional research is needed to refine the methods so that the chat process can help the youngsters reconnect the guidance or counseling to their needs.

Epidemiology and screening of non-accidental burns in children in a Dutch burn centre

M.H. van de Merwe MD

International estimates of the incidence of non-accidental burns (NAB) in children admitted to burn centres vary from 1% to 25%. Hardly any data about Dutch figures exist. The aim of this study was to evaluate the incidence, treatment and outcome of burns due to suspected child maltreatment in paediatric burns. We described the process of care and outcome, including the accuracy of the SPUTOVAMO screening tool and examined child, burn and treatment characteristics related to suspicions of child abuse or neglect.

A retrospective study was conducted in children aged 0-17 years with a primary admission after burn injuries to the burn centre Rotterdam in the period 2009-2013. Data on patient, injury and treatment characteristics were collected, using the Dutch Burn Repository R3. In addition, medical records were reviewed. In 498 paediatric admissions, suspected child abuse or neglect was present in 43 children (9%). 442 screening questionnaires (89%) were completed. In 52 out of 442 questionnaires (12%) the completed SPUTOVAMO had one or more positive signs. Significant independent predictors for suspected child maltreatment were burns in the genital area or buttocks (OR=3.29;CI:1.43-7.55) and a low socio-economic status (OR=2.52;95%CI:1.30-4.90).

The incidence of suspected child maltreatment requiring the set-up of additional support in our population is comparable to studies with a similar design in other countries. Preference: oral presentation

Practice guidelines on child abuse and neglect

R.M. Vink

The prevalence of child abuse and neglect in the Netherlands is estimated at 34 in every 1.000 children yearly. Many organizations in our country work with a protocol, often based on the national family violence reporting code for professionals. Evidence-based practice guidelines for professional branches, such as social workers and child-psychologists, however are still lacking. A guideline is developed systematically, analogue to clinical guidelines and by AGREE-standards (2009; 2013).

Starting point is the consultation of professionals to determine the bottlenecks and key-questions they encounter in their daily work with families. Systematic literature searches are conducted to find robust evidence based answers. Concepts of the guideline are evaluated by panels of professionals and clients. After authorization by the professionals' associations a pilot implementation is performed. This gives input for final adaptations and do's and don'ts for further implementation. Currently we are developing two guidelines on child abuse and neglect: for professionals working in youth public health care (JGZ) and for social workers, pedagogues and psychologists in youth care (jeugdhulp en -bescherming).

The guidelines will consist of recommendations concerning prevention, risk assessment, screening tools and diagnostic instruments, interventions, programs, what works principles and in general: collaboration with other professionals and parents and effective communication with children and abusive parents. The guidelines will consist of a version for professionals, an online tool and a client version.

Reducing The Effect of Observed Family Violence on Children

prof. S.W. Worthy

This analysis is based on a study conducted by an "alliance" of agencies who serve the non-offending parent/guardian of children who witness domestic violence. Children were assessed pre-treatment and post-treatment using the Child Behavior Checklist. Findings indicated a significant positive change for children responding on the form for children ages 1.5-5 years old in the areas of total score, somatic complaints, sleep problems, attention problems, aggressive behavior, internalizing, and externalizing. Children responding on the form for 6-18 year olds demonstrated significant positive change on the anxiety and depression, thought problems, and attention problems subscales. The findings suggest the importance of early intervention with children who witness domestic violence.

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