Editorial (CAR 29:1)

Driving improvements in child protection and safeguarding practice

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The new decade brings with it the first anniversary of the Association for Child Protection Professionals (AoCPP; the charity was previously known as BASPCAN). The AoCPP charity and membership association aims to improve the lives and safety of children and young people by working with those in the field to provide research, representation, training and support. For example, in March 2019, over 100 practitioners, students and researchers came together in a conference in York to network and discuss some of the latest developments from authors of the third edition of *The Child's World: Good Assessment Practice in Challenging Times* (Horwath and Platt, 2019). Through such work with professionals the organisation has been driving improvements in child protection and safeguarding to influence policy and practice for over 40 years. In November, our fortieth anniversary conference celebrated some of these improvements, along with hearing from practitioners and academics of cutting-edge developments across the UK. Our inter-professional and internationally recognised journal C*hild Abuse Review* has played a central role in these initiatives through its coverage of all forms of child maltreatment research, practice and policy [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN]. C*hild Abuse Review* continues to provide a forum for all professionals working in the child protection and safeguarding field to access the latest international research evidence, practice developments, training initiatives, new books and policy issues. This issue continues this forward drive in examining cutting-edge research on child sexual abuse and filicide.

Systematic reviews and child sexual abuse

Two systematic reviews in this issue examine different aspects of child sexual abuse. The first, by Kirsten van Ham and colleagues (2020) from the University of Amsterdam in The Netherlands,

examines instruments used to assess nonverbal emotional signs in children during an investigative interview for suspected sexual abuse. The review included nine studies (seven originated from the USA) that focus on assessment, observation or a clinical analysis of 'nonverbal emotional signs and symptoms in children and adolescents aged three to 17 years during an interview or conversation for the investigation of CSA, conducted by a medical, forensic or psychological professional' (van Ham *et al.*, 2000, p. XX). Van Ham *et al.* (2020) found that the nine studies all reported different study aims and described eight different instruments to assess nonverbal emotional signs. The instruments were all developed independently and included the coding of videotapes from the original forensic investigative interviews. They also found that study designs were not well reported and that while all the studies discussed the instrument measurement properties, insufficient detail was given for analysis of validity and reliability. The challenges inherent in using assessment tools in child protection is one of the key themes of our 2021 special issue for which we are now inviting abstracts – further details are available on the journal and association websites.

A key finding of van Ham *et al.*'s (2020) review was 'the variability of the abuse verification status of the subjects in the included studies' (p. XX) and an important recommendation is that in future research 'the verdicts on whether or not CSA took place should be based on consensus by a multidisciplinary team of experts in the field of CSA, using a standard set of criteria' (p. XX). These authors call for the development of a single valid and reliable instrument to measure nonverbal emotional signs in children and young people for use during the clinical interview [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN, i.e. '[A] call for the development of a single valid and reliable instrument to measure nonverbal emotional signs in children and young people for use during the clinical interview']. They argue that this is essential to develop the evidence base in the field of suspected CSA. They state that because of the lack of current scientific evidence on this issue, medical and psychological professionals and those working in the courts 'must be careful about drawing any conclusions that are (partly) based on children's and adolescents' nonverbal emotional signs' (van Ham *et al.*, 2020, p. XX).

The second systematic review, by Dongdong Li and colleagues (2020) from the Ministry of Social and Family Development, Centre for Research on Rehabilitation and Protection in Singapore, reports on two meta-analyses conducted to explore child sexual abuse and depression from a developmental perspective. The first meta-analysis sought to examine the relationship between CSA experiences and the age at onset of depression. These researchers found that:

> 'CSA experience is significantly related to an earlier onset of depression [among adult patients with depression] with a moderate effect size… which suggested that sexually abused patients were generally more likely to develop depression at an earlier age.' (Li *et al.*, 2020, p. XX).

Their meta-analysis was based on 13 papers with a total of 8652 patients with depressive disorders. They also found that the only significant moderating relationship was gender with the studies having more females in them reporting larger effect sizes.

In the second meta-analysis Li *et al*. (2020) sought to examine the relationship between the age at CSA onset and the development of depression. This meta-analysis was based on 23 studies with a combined total of 3340 CSA victims. The researchers found that when different study characteristics were taken into account findings were inconsistent:

> 'Earlier CSA onset was found to be significantly related to the risk for depression with a small-to-moderate effect size in studies using female, adult or clinical/community samples and where CSA onset was measured as a continuous age variable. In contrast, this relationship was not found in studies with mixed-gender, younger age or student samples and where CSA onset was measured as a categorical developmental stage.' (Li *et al.*, 2020, p. XX).

The researchers highlight that the mixed findings associated with the age at CSA onset and depression 'caution against the use of a simple linear model' (Li *et al.*, 2020, p. XX) and they advise that <u>further research studies are required to investigate the relationship between CSA at different developmental time periods and depression</u> [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN]. However, Li *et al.*'s (2020) findings have important implications for those working with sexually abused children and young people as they advocate the importance of preventive treatment 'for young CSA victims even if they do not present with depressive symptoms' (p. XX).

What age difference should raise concerns about child sexual exploitation?

Our third paper in this issue (Cook and Mott, 2020) explores the subject of child sexual exploitation (CSE), a topic that we have previously examined in *Child Abuse Review* (Appleton, 2014; Laws and Hall, 2019). Cases of CSE are frequently characterised by a power imbalance between the child/young person and the abuser. A power imbalance often reported is the age difference between the child/young person and the abuser. The paper by Louise Cook from Aneurin Bevan University Health Board, Newport and Alison Mott from Public Health Wales, Cardiff, reports on a study which sought to identify what age difference may be an indicator of CSE risk. The study sought to provide empirical

data on the age difference observed between teenagers (aged 13–17 years) attending a sexual health clinic and their partners, compared with a second sample of 13–17-year-olds and their partners already known to children's social care services as a result of concerns around sexual exploitation. This is an important topic and Cook and Mott (2020) were driven by the fact that there is no clear guidance on what age difference should raise concerns for professionals [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN, i.e. 'There is no clear guidance on what age difference should raise concerns [about CSE] for professionals'].

The study formed part of an evaluation by a sexual health services department.

> 'In Wales, currently, when children are referred to children's services for CSE concerns the Sexual Exploitation Risk Assessment Framework (SERAF) is completed (Clutton and Coles, 2007). The SERAF identifies those at risk and provides an information and intervention pathway for preventing and responding to CSE.' (Cook and Mott, 2019, p. XX).

This database was used to identify the CSE Risk sample (100 cases). The anonymised case notes were examined to identify the young person's age their partner's age and the difference in age between them. These data were then compared with the electronic case records of all 13–17-year-olds who attended a sexual health clinic in southeast Wales during a six-month period in 2015. Cook and Mott's (2020) findings are important in making recommendations on what age cut-offs are likely to be suggestive of CSE risk. Following data analysis, for the 1189 clients for whom age differences were calculated, they concluded 'that an age difference of four years or more for 13–16-year-olds and six years or more for 17-year-olds should alert professionals to the possibility of exploitation' (Cook and Mott, 2020. p. XX). They found that two per cent of teenagers reviewed in a sexual health clinic population had partners meeting these age cut-offs compared with 31.4 per cent of young people where there were already significant CSE concerns. These findings have implications for those multi-agency professionals working with children and young people who may be at risk of CSE. These age cut-offs enable professionals, particularly those with little or no experience of CSE, to consider what age difference may be an indicator of CSE risk and to inform their professional judgements.

Filicide

Our next two papers in this issue examine different aspects of filicide, offering unique insights into this type of fatal child maltreatment [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN]. The papers build on a previous Editorial and Themed issue (Sidebotham, 2013; Brown and Tyson, 2014) and continue *Child Abuse Review's* efforts to advance wider understanding of the nature and circumstances of child maltreatment fatalities. In particular, we have previously highlighted the

need for ‘a wider [conceptual] framework of perpetrator characteristics, and an ecological understanding of the child's world’, including ‘factors in the wider family and environment; and the provision of public and other services to the child and family’ (Sidebotham, 2013, p. 306) The first paper by Sabine Amon from the University of Vienna, Austria and colleagues (2020) is an important contribution to this, examining the psychological, clinical and criminal characteristics of neonaticide focussing on court cases and their verdicts in Austria and Finland. The second by Salmi Razali and colleagues (2020) from Monash University, Melbourne, Australia, explores professionals' views about why women in Malaysia commit filicide.

Amon *et al.*'s paper (2020) describes a register-based study of all known neonaticide cases and their court files (28) in Austria and Finland between 1995 and 2005, with the intention of producing recommendations for judicial guidelines. Cases were gathered by screening death certificates from coroner's departments and analysed alongside associated police files, court files, hospital reports recording offender's treatment history and forensic psychiatric reports. The study focussed on ‘the offence characteristics (place, method, motives), the offender's diagnosis and on the extent these variables influence the judicial outcome’ (Amon *et al.*, 2020, p. XX). They found that in all cases the offence took place at the same place as the delivery and that there were a variety of methods of killing including drowning, suffocation, strangulation, neglect and ‘throwing against the wall’ (p. XX). The 28 cases were committed by 23 offenders, with one offender being responsible for four cases and two offenders for two cases each. Of the 18 offenders who underwent a forensic examination, half (9/18) had a mental disorder diagnosis and 10 showed a deterioration in their mental health status following the neonaticide. ‘Five out of 21 convicted offenders were imprisoned with an average sentence of 1.65 years’ (Amon *et al.*, 2020, p. XX). Of the 18 offenders examined for alleged responsibility of the crime, 14 were regarded as having full responsibility, one to have diminished responsibility and three were not considered responsible. Main motives included ‘unwanted child’ (n=11), ‘no motive’ (n=9), ‘fear of abandonment/negative response from others’ (n=7), ‘mental overload/powerlessness’ (n=5) and ‘religious/cultural/shame’ (n=3). Amon *et al.* (2020) highlight that ‘neonaticides are rare but multifaceted incidents’ (p. XX) with considerable variability in how such cases are examined legally and medically. They conclude the paper by making a series of recommendations that those countries without a neonaticide law might wish to consider, including that ‘investigation of suspected neonaticides be carried out by specialists with knowledge and experience of these crimes’ (Amon *et al.*, 2020, p. XX) and that there should be standardised forensic psychiatric examinations conducted by two independent experts using structured methods.

These findings concur with most of the published literature on neonaticide (Friedman and Resnick, 2009). The circumstances and characteristics of these cases differ from other cases of maternal filicide and typically involve young, single mothers with unwanted pregnancies or, in some cases, denial of pregnancy. In contrast to other maternal filicides, pre-existing mental health problems are less common. However, the motives behind these neonaticides reflect complex social, cultural and psychological factors [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN]. It is certainly not appropriate to label all young mothers with unwanted pregnancies as being at risk of neonaticide. As with other types of fatal maltreatment, a much more nuanced approach is required, both to prevention and to the management and support of suspected cases.

In the next paper Razali *et al.* (2020) report on a qualitative study which they state is the first in Malaysia to investigate filicide from the perspectives of key professionals working in the field including in health, social work and education. Fifteen participants (14 of whom were women) were interviewed and data were analysed using Braun and Clarke's (2006) thematic approach. A key finding of the study was that professionals attributed responsibility for filicide cases predominantly to individual women and girls, 'as a consequence of their failure to comply with social norms and religious teachings; the stigmatised social position of women who are pregnant and unmarried was identified as a contributing factor' (p. XX). Surprisingly, no interviewees talked about the impact of gender-based violence against women and girls. When potential solutions to filicide in Malaysia were explored with participants, responses were largely directed at altering women's and girls' behaviour and improving morality.

Razali *et al*.'s (2020) paper makes interesting and potentially disturbing reading. Research on maternal filicide frequently emphasises the complex circumstances and context behind such events – in particular, the contributions of adverse childhood experiences, domestic violence, mental health problems and social deprivation (Friedman and Resnick, 2009; Klier *et al*., 2019; Sidebotham and Retzer, 2019). Amon *et al*.'s (2020) paper once again highlights these complex social circumstances. In light of that, it is concerning that so much emphasis was placed by Malaysian professionals on the behaviour and morality of the women and girls. It would be all too easy for those of us looking at this through a Western lens to be judgemental without understanding the deep-seated religious and cultural factors contributing to their context, and without recognising the equally deep-seated issues of gender inequality and victim blaming within our own cultures. Razali *et al.* (2020) compare these findings in relation to their previous research with women convicted of filicide in Malaysia (Razali *et al*., 2019) and conclude that interventions that promote social change, improve support to women

and their access to services and change social attitudes might be more effective [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN] than strategies targeting women's behaviour. These are lessons we can all learn from.

Book reviews

This issue concludes with two book reviews. Tanya Davies (2020) reviews *The Impossible Imperative: Navigating the Competing Principles of Child Protection* by Jill Duerr Berrick. This book examines eight fundamental principles within child welfare, including that children should be safe, raised in families and have a say in decisions which affect them. Davies' review suggests that the book is accessible and could be useful to those wanting to expand their understanding of issues faced by child protection workers, although she would have liked to see further guidance around best practice in dealing with child welfare principles. Emily Colbrook (2020) reviews Betsy de Thierry's book *The Simple Guide to Child Trauma: What It Is and How to Help*. In a positive review Colbrook states that this is a very useful introductory text for those working with children who have experienced trauma, combining research evidence with practical child focussed approaches 'that can be used to help a child feel safe and begin to process their trauma' (p. XX). As a children's nurse, she describes how this book has influenced her clinical practice and illustrates the impact of reading and the importance of continual reflection in driving improvements in safeguarding practice.

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