



AWMF S3(+) Guideline

AWMF S3(+) Child abuse and neglect guideline:
involving Youth Welfare and Education Services
(Child Protection Guideline)

11.02.2019

GUIDELINE REPORT

DEDICATED TO INGO FRANKE

Dr. med. Ingo Franke, initiator and project manager for the Child Protection Guidelines, was a passionate campaigner for child protection, the cause he promoted through a range of activities in recent years. The completion of the Child Protection Guidelines was his crowning achievement in his commitment to the topic. Despite the limitations imposed by his illness, he was actively involved up until his death in the development of the guidelines right down to the wording of the recommendations for action: the guidelines bear his unmistakable stamp.

His dedication and strength of purpose have made the Child Protection Guidelines what they are today.

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1 INFORMATION ABOUT THE GUIDELINE REPORT

Child protection and issues relating to child welfare may start as soon as a pregnancy is confirmed, ending with the child's 18th birthday. As a result, there are many contact opportunities between the various services for children, young people and their families. The Child Protection Guideline describes the main "service fields" in relation to youth welfare, medicine, psychology and education. The aim is to describe the points of contact and to formulate recommendations for action for medical child protection, taking the tasks and interplay of the services into account.

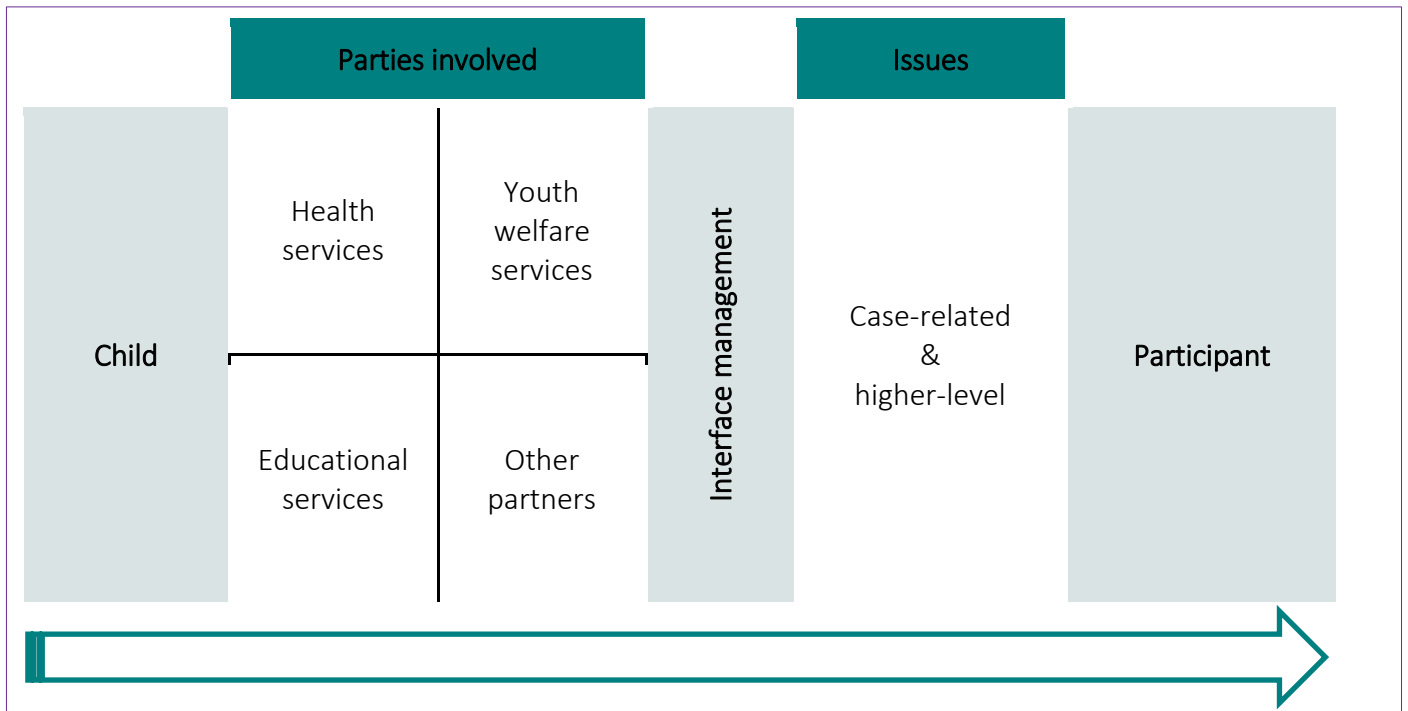


Figure 1. Diagram of the course of action in case of a (suspected) threat to child welfare

The S3(+) Guideline on detection, diagnostics and protection in case of a threat to child welfare has been developed under the leadership of the German Medical Society for Child Protection (DGKiM) in collaboration with 79 specialist societies, organisations, Federal Commissioners and Federal Ministries in the fields of health care, youth welfare and educational services. Figure 2 shows how the partners for child welfare and child protection were grouped with the aim of contributing to improvements in a structured approach and collaboration.

The title wording on the project application was deliberately selected: "Preparation of the AWMF S3(+) Guideline on the abuse and neglect of children, involving youth welfare and educational services (S3(+) GL child protection)". The addition of "S3" to the title demands the highest scientific standards in preparing the guidelines in accordance with the rules and standards of the Association of the Scientific

Medical Societies in Germany (AWMF e.V.) and the “+” indicates the additional aim of involving youth welfare and educational services.

The S3(+) Child Protection Guidelines are subdivided into 23 topic blocks:

MEDICAL IMAGING

DIFFERENTIAL DIAGNOSIS

EMOTIONAL NEGLECT/ABUSE

DEVELOPMENTAL AND BEHAVIOURAL DIFFICULTIES

FORENSIC INTERVIEW

FRACTURES

EARLY RECOGNITION OF FAMILIES' NEED FOR SUPPORT AND ASSISTANCE

CHILD SIBLINGS

HAEMATOMAS

INFORMATION EXCHANGE - PSYCHOLOGICAL WELLBEING AND MENTAL HEALTH OF PREGNANT WOMEN AND PARENTS*

PEDIATRIC CHECK-UPS (KINDER-FRÜHERKENNUNGSUNTERSUCHUNG)

COOPERATION

MANDATORY REPORTING AND INFORMATION EXCHANGE 1&2

NEONATAL ABSTINENCE SYNDROME

OPS 1-945 (DIAGNOSIS IN CASE OF SUSPECTED THREAT TO CHILD WELFARE AND HEALTH)

PARTICIPATION

SCREENING PROCEDURES

SEXUAL ABUSE

CHILDREN AND ADOLESCENTS OF PARENTS* WITH ADDICTION PROBLEMS

PARENTAL THERAPY

EYE EXAMINATION

DENTAL EXAMINATION

**Parents, primary caregiver and attachment figure*

In addition to the short and full-length versions, a version of the guideline has been developed for children and young people, and for social workers and educators. The Guideline Report describes the systematic preparation of the guideline and the evidence and studies used.

1.1 Authors of the Guidelines Report (in alphabetical order)

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Maren Kraft, Master of Health Science Research, Children's Hospital, University Hospital Bonn

Lisa Kurylowicz, Master of Public Health, Children's Hospital, University Hospital Bonn

Frauke Schwier, Consultant Paediatric Surgeon, Children's Hospital, University Hospital Bonn

1.2 Editors

The AWMF S3(+) Guideline is issued by the Child Protection Guidelines office, Centre for Child Health, University Hospital Bonn. The guidelines office staff are listed in Section 3, Composition of Guidelines Group.

When selecting guidelines staff, particular focus was placed on their professional context and range of experience. The fact that a spectrum of professions was represented during the entire development process reflects actual practice in the work of child protection. In this way, professional expertise and the viewpoints determined by each profession were able to impact the process. Additional experts were consulted when necessary.

1.3 Specialist societies in charge of registering and managing the guideline

Under the coordination and co-leadership of the German Medical Society for Child Protection (DGKiM) in collaboration with the AWMF specialist societies registering the guidelines:

German Society of Pediatrics and Adolescent Medicine (DGKJ)

German Society of Paediatric Surgery (DGKCH)

German Society for Social Paediatrics (DGSPJ)

German Association for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP)

Society for Paediatric Radiology in German-speaking Countries (GPR)

German Society of Legal Medicine (DGRM)

1.4 Guideline funding

Preparation of the guidelines was funded by the Federal Ministry of Health (BMG) and is based on the recommendations in the final report of the Federal Chancellor's round table on sexual abuse, approved by the Federal Government on 30 November 2011.

1.5 Contact

Up to project completion (February 2019):

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1.6 Citation of the Guideline Report

AWMF S3+ Guidelines on the abuse and neglect of children involving youth welfare and educational services (Child Protection Guidelines), Guidelines Report, 2018, AWMF registration no. 027-069 (this will be supplemented on publication with the relevant link).

1.7 Additional guideline documents

In addition to the comprehensive full version, a shorter version of the guidelines was prepared. Specialised staff and interested adults can access a digital version of the guidelines.

A patients' version is also available both in a text format for children and young people and in the *pilani*-app version. The app provides not only information on children's rights and a self-check questionnaire,

but also a list of potential contacts where children and adolescents can voice their concerns. The children's and adolescents' version is based on a brochure developed by NICE with the collaboration of children and adolescents.

Another version of the guideline that avoids specialist medical terminology is available for specialised staff in the fields of youth welfare and educational services. This version focuses on recommendations for action that clearly describe, above all, management of the interactions between health services, youth welfare and educational services and the structured approach to medical child protection.

All guidelines documents are accessible at the following websites:

- Federal Ministry for Health (BMG) (will be requested on completion of the approvals process)
- [Child Protection Guideline](#)
- [Association of the Scientific Medical Societies in Germany \(AWMF\)](#)
- [German Medical Society for Child Protection \(DGKiM\)](#)
- [pilani - protecting children](#)
- All specialist societies and organisations that participated in preparing the guidelines can provide a link on their websites to the guidelines, once published.

1.8 List of abbreviations

Abbreviation	Explanation
ACE	Adverse childhood experiences
ADAMS	Adams criteria for sexual abuse
AFET	German Federal Association for Parenting Support
AGJ	Association for child and adolescent welfare
AGPPS	Association for paediatric psychosomatics
AGREE	Appraisal of Guidelines, Research and Evaluation
AG ZMG	Association for dental care for people with disabilities or special medical support needs
AKFOS	Interdisciplinary association for forensic odontostomatology
AKWLZ	Association for development of dental medicine teaching
ALTE	Apparent life-threatening events
APD	Association for paediatric dermatology
APK e.V.	Action group for the mentally ill
APSAC	American Professional Society on the Abuse of Children
AWMF	Association of the Scientific Medical Societies in Germany
β-HCG	Human chorionic gonadotropin
BAG ASD/KSD	Federal association of general social services and municipal services
BAG KJPP	Federal Consortium of the Leading Hospital Doctors for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy
BAG KSZ	Federal association of child protection centres
BAYURO	Bavarian Urologist Association
BeKD	German Paediatric Nurses Association
BDNC	German Professional Association of Neurosurgeons
BDP	Association of German Professional Psychologists
BDPM	German Professional Association for Psychosomatic Medicine and Medical Psychotherapy
BGB	German Civil Code
BMFSFJ	Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
BMG	Federal Ministry of Health
bke	German National Conference on Educational Counselling
BKiSchG	German Child Protection Act
BKJ	Professional Association of Child and Adolescent Psychotherapists
BKJPP	Professional Association for Child and Adolescent Psychiatry and Psychotherapy

BPtK	Federal Chamber of Psychotherapists
BRUE	Brief Resolved Unexplained Events
BVF	Professional Association of Gynaecologists
BVF BW	Professional association of gynaecologists in the state of Baden-Wuerttemberg
BVKJ	German Federal Association for Child and Adolescent Behavioral Therapy
BVÖGD	Federal Association of Physicians in German Public Health Departments
BVVP	Federal Association of Contract Psychotherapists
BVVP Hessen	Federal Association of Contract Psychotherapists in the State of Hesse
BW	Regional Association of the state of Baden-Wuerttemberg
BZÖG	Federal Association of Dentists in Public Health Departments
CAC	Child Advocacy Center
cCT	Computed tomography of the head
CDC	Centre for Disease Control
CGS	Clinical Guideline Services
CINHAL	Cumulative Index to Nursing and Allied Health Literature
cMRT	Magnetic resonance tomography of the head
Com Can	Competence Center Child Abuse and Neglect
cp.	compare
Ct	Chlamydia trachomatis
DAG SHG	German association for self-help groups
DAkks	German National Accreditation Body
DBRD	German Association of Emergency Rescue Services
DBSH	German Professional Association for Social Work
DeGPT	German Association of Psychotraumatology
DDG	German Diabetes Association
DGAAP	German Society for Primary Care Paediatrics
DGAKI	German Society for Allergology and Clinical Immunology
DGCH	German Society of Surgery
DGfVT	German Society for Behavioural Therapy Training
DGfE	German Educational Research Association, Subdivision Education and Social Work
DGfPI	German Society for Prevention of Child Abuse and Neglect
DGfS	German Society for Sexuality Research
DGGG	German Society of Gynaecology and Obstetrics
DGHWi	German Society of Midwifery Science
DGIP	German Society of Individual Psychology
DGK	German Cardiac Society

DGKCh	German Society of Paediatric Surgery
DGKiM	German Medical Society for Child Protection
DGKiZ	German Society for Paediatric Dentistry
DGKJ	German Society of Pediatrics and Adolescent Medicine
DGKJPP	German Association for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy
DGMP	German Society for Medical Physics
DGNC	German Society of Neurosurgery
DGPFG	German Society for Psychosomatic Gynaecology and Obstetrics
DGPM	German Society for Psychosomatic Medicine and Medical Psychotherapy
DGPP	German Society of Phoniatrics and Pediatric Audiology
DGPPN	German Association for Psychiatry, Psychotherapy and Psychosomatics
DGPs	German Psychological Society
DGPT	German Society for Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology
DGRM	German Society of Legal Medicine
DGS	German Sociological Association
DGSA	German Association of Social Work
DGSF	German Association for Systemic Therapy, Counselling and Family Therapy
DGSPJ	German Society for Social Paediatrics and Adolescent Medicine
DG-SUCHT	German Society for Addiction Research and Addiction Therapy
DGU	German Society for Trauma Surgery
DGVT	German Association for Behavioural Therapy
DGZ	German Society for Conservative Dentistry
DGZMK	German Society for Dental, Oral and Orthodontic Medicine
DHS	German Centre for Addiction Issues
DHV	German Midwifery Association
DIJuF	German Institute for Youth Human Services and Family Law
DKPM	German College of Psychosomatic Medicine
DKSB	German Child Protection League
DKSB LV NRW	German Child Protection League, Association of the State of North-Rhine-Westphalia
dmf-t	Number of decayed, missing or filled teeth in the primary dentition
DMF-T	Number of decayed, missing or filled teeth in the permanent dentition
DNA	deoxyribonucleic acid
DPKK	German Prostate Cancer Consortium
DpTV	German Association of Psychotherapists

DTGPP	German-Turkish Association for Psychiatry, Psychotherapy, and Psychosocial Health
DTPPP	Association of Transcultural Psychiatry, Psychosomatic Medicine and Psychotherapy in the German-speaking World
DVE	German Association of Occupational Therapists
DVSG	German Association for Social Work in Health Care
EACMFS	European Board of Oro-Maxillo-Facial Surgery
EAU	European Association of Urology
ECC	Early Childhood Caries
EA	emotional abuse
e.g.	for example
EMBASE	Excerpta Medica dataBASE
EN	emotional neglect
EPDS	Edinburgh Postnatal Depression Scale
ERIC	Education Resources Information Center
ESPN	European Society for Pediatric Neurosurgery
et al.	et alii (and others)
EWFT	Association of Educational Science Faculties
FASD	Foetal Alcohol Spectrum Disorder
FHH	Familial hypocalciuric hypercalcemia
GCP	Good clinical practice
GEKO	Federal Ministry of Health's Commission on Genetic Testing
GGFP	German Society for Research and Practice in Community Psychology
GIN	Guidelines International Network
GL	Guidelines
GPA	German Society for Paediatric Allergology
GPR	German Society for Paediatric Radiology
GRADE	Grading of Recommendations Assessment, Development and Evaluation
h	Hour
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HSANs	Hereditary sensory and autonomic neuropathies
HSV-2	Herpes simplex virus type 2
ICD	International Statistical Classification of Diseases and Related Health Problems
ICF	International Classification of Functioning, Disability and Health
IEB-Debra	German Self-Help Group for Epidermolysis Bullosa Patients
incl.	including

INSOFA	experienced specialised professional in this respect
IPP	Institute for Practical Research and Project Consultation, Munich
ISM	Institute for Social Pedagogical Research, Mainz
ISPCAN	International Society for the Prevention of Child Abuse & Neglect
ISPN	International Society for Pediatric Neurosurgery
ISTSS	International Society for Traumatic Stress Studies
KIS	Clinical Information Systems
KJGD	Public Youth Health Care
KJHG	Child and Youth Services Act
KKG	German Act on Cooperation and Information in Child Protection
KKVD	Association of Catholic Hospitals in Germany
PA	Physical abuse
KMK	Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany
KRK	UN Convention on the Rights of the Child
KSF	Child Protection Case
KVN	Association of Statutory Health Insurance Physicians in the State of Lower Saxony
LAG	Working Group on Educational Guidance in the State of Lower Saxony
LFBN	Advisory Board on Psychiatry of the State of Lower Saxony
LMU	Ludwig Maximilian University, Munich
LPK	State Chamber of Psychotherapists
RLP	Rhineland-Palatinate
LupE	Perinatal Survey Form, Ludwigshafen
MüAH	Munich AIDS Service Organisation
MRT	Magnetic Resonance Tomography
N	Size of population
n	Sample size from a population (N)
NAS	Neonatal abstinence syndrome
NAAT	Nucleic Acid Amplification Testing
NAPPA	North German Association for Paediatric Pneumology and Allergology
NACCT	Non-accidental craniocerebral trauma
NG	Neisseria gonorrhoea
NICE	National Institute for Health and Care Excellence
NICHHD	National Institute of Child Health and Human Development
No.	Number
NZFH	National Centre for Early Prevention

ÖGKJP	Austrian Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy
OHCHR	Office of the High Commissioner for Human Rights
OI	osteogenesis imperfecta
OPS	German Operation and Procedure Classification
OR	Odds ratio
p	Significance level
p.	Page
PCR	Polymerase chain reaction
PKC	Prone knee-chest
PKN	Chamber of Psychotherapists of the State of Lower Saxony
PN	Physical neglect
ProPK	Police Crime Prevention of the States and the Federal Government
PTH	Parathyroid hormone
PICO	Patient population, Intervention, Comparison, Outcome
P-SANE	Paediatric Sexual Assault Nurse Examiner
PsycINFO	Literature database
PubMed	Literature database
PV	Positive predictive value
QS	Quality Score
RA	Recommendation for action
RCCAN	Reporting Centers for Child Abuse and Neglect
RCT	Randomised controlled trial
RLP	Rhineland-Palatinate
Rö-SS	X-ray skeletal screening
S	Statement
S1	Classification S1 AWMF Guidelines
S2	Classification S2 AWMF Guidelines
S3	Classification S3 AWMF Guidelines
S-ECC	Severe early childhood caries
SGB	German Social Security Code
SIGN	Scottish Intercollegiate Guidelines Network
SM	Sexual abuse
StGB	German Criminal Code
STI	Sexually transmitted infections
SWGK	Association for Scientific Neurology, State of Saxony

SWI	Susceptibility weighted imaging
TWC	Threat to child welfare
TV	Trichomonas vaginalis
UN	United Nations
U7 bis U11	Preventive medical check-ups for children
VAKJP	Association of Analytical Child and Adolescent Psychotherapists in Germany
WHO	World Health Organization
WS	Spine
25 OHD	25-OH-Vitamin-D3 (Calcifediol)

2 AREA OF APPLICATION AND PURPOSE OF THE GUIDELINES

2.1 Reasons for selection of the guidelines topics

When work started on developing the guideline in late 2014, current, comprehensive, evidence-based guidelines on child protection developed by a range of profession interests simply did not exist.

The three guidelines (see below) published by the AWMF on the topics of neglect or abuse of children and adolescents were not evidence-based and were not agreed upon by a range of professional interests. Apart from AWMF S1 Guideline 064/014 “Suspected maltreatment”, they had expired by the time the project started in 2014:

AWMF S1 GL No. 028/034 “Neglect, Maltreatment, Sexual Abuse” by the German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP), written 1999, revised 2006, expired 2010

AWMF S2 GL No. 071/003 “Child Malteatment and Neglect” by the German Society for Social Paediatrics and Adolescent Medicine (DGSPJ), written 2002, revised 2008, expired 2012

AWMF S1 GL 064/014 “Suspected Maltreatment” by the German Society for Paediatric Radiology (GPR), written 2001, revised 2013, expired 2018

At international level, too, there are no current, evidence-based guidelines that address management of the interface between health care, youth welfare and educational services on the one hand, and involve all three sectors in preparing the guidelines on the other.

The aim of these guidelines, therefore, is to involve youth welfare and educational services in preparing comprehensive, interdisciplinary child protection guidelines at the highest scientific level.

Following the constituent meeting's decision, practice-relevant recommendations for action in medical child protection were prepared to the highest scientific level, oriented on actual cases. The development of the relevant research issues for the literature research was based on case retrieval through the specialist societies involved at this point. A total of 476 actual child protection cases from the various service areas became the basis for the work. This approach meant that the guidelines benefit from a comprehensive range in the field of child protection. An essential element in achieving high-quality, targeted work in medical child protection is interface management with important non-medical specialist fields such as youth welfare and education.

The guideline places its central focus on the child. This is also reflected in the outcomes of the key questions (see 4.6 key recommendations). Accordingly, all recommendations for action relate to the detection and diagnosis of a threat to a child's welfare, or protection from such a threat.

The focus in this context is on the complexity of the different factors influencing threats to child welfare, which can be more comprehensively determined and assessed through the expertise of a range of specialised staff. The participation of children and adolescents also takes into account a range of impact levels, for example the child's welfare, therapeutic effects, and the child's understanding and safety. Care of children and adolescents where a threat to child welfare is suspected or known can be adapted to the individual situation by applying evidence-based recommendations for action, as well as clinical consensus points and statements, taking account of risk-benefit assessments and the child's or adolescent's preferences.

2.2 Guidelines targets

- (1) Increasing specialised staff's confidence in recognising, assessing and taking action in possible cases of different forms of threat to child welfare
- (2) Preparing recommendations for action for the diagnosis of different forms of threat to child welfare
- (3) Preparing recommendations for action in dealing with other professions, in particular in the youth welfare and education fields
- (4) Increasing specialised staff's sensitivity to the participation of children and adolescents in child protection procedures
- (5) Familiarising other specialised staff (from the youth welfare and education fields) and children and adolescents with the procedures followed in the health care field in case of a suspected threat to child welfare.

2.3 Patient target group

The guideline's target group comprises children and adolescents aged 0 to 18 where a threat to child welfare and health is suspected. Unborn children are included in the research target group if maternal context factors are relevant. Consequently, recommendations for action for the family environment are also formulated.

2.4 Service area

The unique feature of this guideline is the description of the interface between the in-patient/out-patient health care field and the youth welfare and educational services.

We have deliberately not included stipulations addressed to the non-medical services. The guidelines aim to determine an evidence-based definition of the health care approach and to present sensible approaches at the relevant interfaces. Consequently, the recommendations for action include collaboration between services and prevention as well as early detection, diagnosis and therapy.

2.5 Addressees

The target group that will apply these guidelines primarily comprises specialised medical staff. In addition, the child protection guidelines are intended to increase the understanding of medical child protection among children and adolescents themselves, as well as actors in all specialist fields and professions that are in contact with children who are suspected of being subject to neglect and/or abuse. The aim is not simply to shape expectations of medical child protection, but rather to strengthen the collaboration of all partners in child protection.

2.6 Period of validity and updating process

The AWMF S3+ Guideline applies until the next update takes place. The next update is planned for December 2023. If an alteration is urgently needed, a new version or addendum can be prepared at an earlier date. The German Medical Society for Child Protection (DGKiM) is responsible for updating the guideline. Comments, suggestions and support in the updating process are expressly encouraged and can be addressed to the DGKiM's head office:

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3 COMPOSITION OF THE GUIDELINE GROUP: PARTICIPATION OF INTEREST GROUPS

3.1 Guideline steering group

The steering group comprised the following specialist societies and organisations (in alphabetical order):

Association of the Scientific Medical Societies in Germany (AWMF) (methodological advice, moderation)
Federal Chamber of Psychotherapists (BPTK)
Federal Commissioner for Data Protection and Freedom of Information (BfDI) (guest status)
German Society of Paediatric Surgery (DGKCh e.V.)
German Medical Society for Child Protection (DGKiM e.V.)
German Society of Pediatrics and Adolescent Medicine (DGKJ e.V.)
German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJPP e.V.)
German Society of Legal Medicine (DGRM e.V.)
German Society for Social Paediatrics and Adolescent Medicine (DGSPJ e.V.)
German County Association (Deutscher Landkreistag)
German Association of Psychotraumatology (DeGPT)
German Society for Paediatric Radiology (GPR e.V.)
National Centre for Early Prevention (NZFH) (Guest status)
Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany (KMK)

Guidelines office staff (in alphabetical order):

Name		Working period
Malou Blesken*	Master of Psychology and Law, Children's Hospital, University Hospital Bonn	April 2015 - June 2018
Dr. med. Ingo Franke*	Consultant paediatrician, Children's Hospital, University Hospital Bonn	Dec. 2014 - 05. June 2018 (†)
Fabio Freiberg	Student assistant	July 2015 – Aug. 2017
Jürgen Freiberg*	Diploma in Educational Social Work, Children's Hospital, University Hospital Bonn	since Dec. 2014
Christine Griego	B.A. Multilingual communication, Children's Hospital, University Hospital Bonn	Aug. 2016 - July 2017
Max Hesse	Student assistant	since Dec. 2017
Juliane Kock	B.A. Multilingual communication, Children's Hospital, University Hospital Bonn	Jan. 2015 – Oct. 2017
Maren Kraft*	Master's in Health Science Research, Children's Hospital, University Hospital Bonn	since Oct. 2016
Lisa Kurylowicz*	Master of Public Health, Children's Hospital, University Hospital Bonn	since May 2016
Laura Lanzrath	B.A. German, Children's Hospital, University Hospital Bonn	Oct. 2017 – Nov. 2018
Michelle Rhode	Diploma in Psychology, Children's Hospital, University Hospital Bonn	since Aug. 2018
Frauke Schwier*	Consultant for paediatric surgery, University Hospital Dresden	since Feb. 2017

* Guidelines office staff were involved in developing the search strategy, the screening and the evaluation of the literature, and collaborated on generating the recommendations for action based on the above.

3.2 Participating Specialist Societies and Organisations

In order to recruit a representative guidelines group, leading specialist societies and organisations were approached from December 2014 onwards and asked to contribute actively to the work on the guideline, or to name additional organisations that could participate. By the end of 2015, leading medical and psychological associations as well as relevant specialist societies and organisations in child and youth welfare and educational services (e.g. Federal Working Group for Youth Welfare Offices of the Länder (BAG LJA); Standing Conference of the Ministers of Education and Cultural Affairs of the Länder of the Federal Republic of Germany (KMK)) were involved in developing the guidelines. The aim of including a

range of specialist societies and organisations was to put together a committee of experts that would reflect the range of child protection partners, enabling them to collaborate in contributing their expertise to the preparation of comprehensive guidelines. A total of 75 specialist societies and organisations were involved from the fields of medicine, youth welfare, education, psychology, and social work. In the medical field, for example, staff specialised in paediatric dentistry and paediatric radiology were involved. In the youth welfare field, we were able to gain the participation of (among others) the manager of Rhineland-Palatinate's Youth Welfare Office, representing the Federal Working Group for Youth Welfare Offices, and qualified psychologists from the German Youth Institute (DJI). In the educational field, for example, the manager of the German National Conference on Educational Counselling (BKE) and, among others, a research assistant for German Federal Association for Parenting Support (AFET e.V.) gave their support to the guidelines. Representing the fields of psychology and psychotherapy, psychologists and psychotherapists of the German Association of Psychotraumatology (DeGPT e.V.), for example, also collaborated on the preparation of the guidelines. In the field of social work, the vice-dean of the Faculty of Social Work (Landshut), representing the German Association of Social Work (DGSA e.V.) was among those who were influential.

We also succeeded in gaining the support and participation of Federal Ministries, Federal Commissioners and the Standing Conference of the Ministers of Education and Culture of the Länder (KMK) in preparing the guideline. One specialist society (the Federal Association of General Social Services and Communal Social Services, BAG ASD KSE e.v.) chose to leave before the guidelines were completed. 71 specialist societies and organisations were involved when the guideline was approved overall. Eight additional actors also supported the process of preparing the guidelines in a consulting role: the Federal Ministry of Health (BMG), the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), the Federal Ministry of Education and Research (BMBF), the Federal Ministry of Justice and Consumer Protection (BMJV), the Federal Government's Commissioner on Narcotic Drugs in the Federal Ministry of Health, the Federal Government's Independent Commissioner for Child Sexual Abuse Issues (UBSKM), the Standing Conference of the Ministers of Education and Culture of the Länder (KMK), and the Federal Commissioner for Data Protection and Freedom of Information. The representatives of the "political" actors who acted as consultants were not eligible to vote in the consensus-finding process. The Federal Ministry for Education and Research (BMBF) gave up its active participation during the process of preparing the guidelines.

Use of the Clinical Guideline Services (CGS) User Group-Portals enabled all participants to be involved in the development of the child protection guidelines from the very start in a transparent way. Mandated

representatives of the participating specialist societies and organisations and representatives of the Federal Ministries, the KMK and the Federal Commissioners were each given their own username and password for the guidelines' online portal. This enabled them to access newsletters, important dates, prepared evidence and previously viewed relevant literature. Mandated representatives were also asked to use the CGS portal to comment on prepared evidence and interim recommendations for action and to vote actively and anonymously on recommendations for action during the Delphi process, in preparation for the consensus conference. The aim of the CGS portal was to ensure that mandated representatives had secure access at all times to a clear, transparent, documented presentation of the guidelines office's scientific work, giving each mandated representative the opportunity not only to passively follow the guidelines development, but to actively contribute and help shape the guidelines.

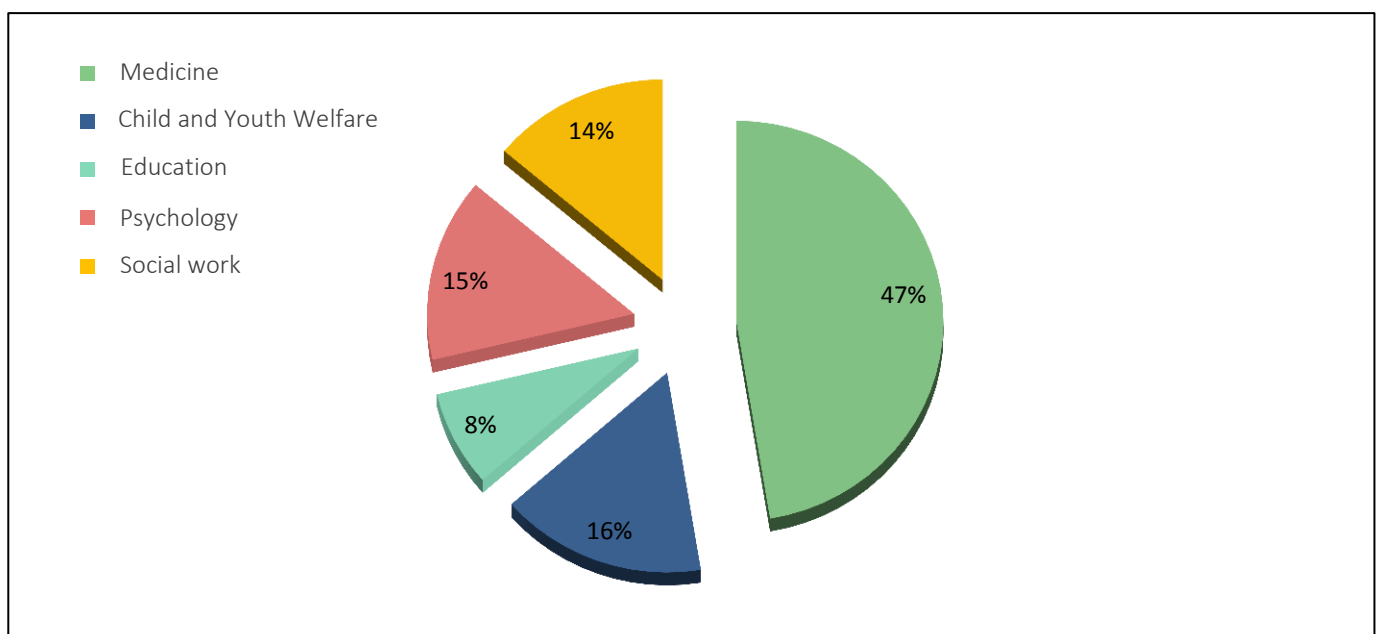


Figure 2 Categories of participating specialist societies and organisations, showing how they classify themselves in terms of service fields (excluding Federal Ministries, Federal Commissioners, AWMF, UBSKM and Council of Victims and Survivors)

The participating specialist societies and organisations, Federal Ministries and Federal Commissioner are listed in the following table.

Table 1 List of Guidelines Group participants (alphabetical order)

	Involved Societies or Organisations	Mandatierte/Vertretung (Ehemalige)
1.	AFET Bundesverband für Erziehungshilfe e. V.	Rainer Kröger/ Dr. Koralia Sekler
2.	Arbeitsgemeinschaft für Kinder- und Jugendhilfe e.V.	Prof. Dr. Karin Böllert/ Angela Smessaert
3.	Arbeitsgemeinschaft Kinder- und Jugendgynäkologie e.V.	Dr. Birgit Delisle
4.	Berufsverband der Frauenärzte e.V.	Markus Haist/ Dr. med. Thomas Bärtling

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| 5. | Berufsverband der Kinder- und Jugendärzte e.V. | Dr. med. Burkhard Lawrenz |
| 6. | Berufsverband der Kinder- und Jugendlichen
Psychotherapeutinnen und -therapeuten e.V. | Dipl. Soz. Päd. A. Matthias
Fink |
| 7. | Berufsverband für Kinder- und Jugendpsychiatrie,
Psychosomatik und Psychotherapie in Deutschland e.V. | (Dr. med. Reinhard
Martens)
Dr. Daniela Thron-
Kämmerer |
| 8. | Berufsverband Kinderkrankenpflege Deutschland e. V. | Silke Seiffert |
| 9. | Betroffenenrat beim UBSKM | Alex Stern
Sonja Howard*
(eine weitere
Betroffenenvertretung
(namentlich dem
Leitlinienbüro bekannt),
(Kristina Holler ¹) |
| 10. | Bundesarbeitsgemeinschaft der Kinderschutz-Zentren e.V. | Jessika Kuehn-Velten/
Arthur Kröhnert |
| 11. | Bundesarbeitsgemeinschaft der Landesjugendämter | Birgit Zeller* |
| 12. | Bundesarbeitsgemeinschaft der Leitenden Klinikärzte für
Kinder- und Jugendpsychiatrie, Psychosomatik und
Psychotherapie e. V. | Prof. Dr. med. Michael
Kölch |
| 13. | Bundeskongress für Erziehungsberatung e. V. | Silke Naudiet/
Jörg Hermann |
| 14. | Bundespsychotherapeutenkammer | Peter Lehndorfer ¹ /
Dr. Johannes Klein-
Heßling ¹ |
| 15. | Bundesverband der Ärztinnen und Ärzte des Öffentlichen
Gesundheitsdienstes e.V. | Dr. Gabriele Trost-
Brinkhues/
Dr. Michael Schäfer |
| 16. | Bundesverband der Vertragspsychotherapeuten e.V. | Dipl.-Päd. Ariadne
Sartorius/
Dipl.-Päd. Helga Planz |
| 17. | Bundesvereinigung Verhaltenstherapie im Kindes- und
Jugendalter | Dr. Maria-Elisabeth Ahle/
Sarah Blank |
| 18. | Deutsche Arbeitsgemeinschaft Selbsthilfegruppen e. V. | Prof. Dr. Raimund Geene |
| 19. | Deutsche Bischofskonferenz | Thomas Vortkamp/
Sylke Schruff |
| 20. | Deutsche Dermatologische Gesellschaft e.V. | PD Dr. med. Hagen Ott |
| 21. | Deutsche Gesellschaft für Ambulante Allgemeine Pädiatrie
e.V. | Dr. med. Ralf Moebus/
Dr. med. Ulrike Gitmans |
| 22. | Deutsche Gesellschaft für Erziehungswissenschaft e.V. | Prof. Dr. Petra Bauer |
| 23. | Deutsche Gesellschaft für Gynäkologie und Geburtshilfe e.V. | Dr. med. Anne Mondal/
Dr. med. Bettina Burghardt |
| 24. | Deutsche Gesellschaft für Hebammenwissenschaft e.V. | Elke Mattern/
Prof. Dr. Ute Lange |
| 25. | Deutsche Gesellschaft für Kinderchirurgie e.V. | Dr. med. Sylvester von
Bismarck/
Frauke Schwier ¹ |
| 26. | Deutsche Gesellschaft für Kinderschutz in der Medizin e.V. | Dipl. med. Hendrik
Karpinski
(Dr. med. Ingo Franke [†] ,
Prof. Dr. Meinolf Noeker ¹) |
| 27. | Deutsche Gesellschaft für Kinder- und Jugendmedizin e.V. | Dr. Bernd Herrmann ¹ |
| 28. | Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, | Prof. Dr. med. Jörg M. |

	Psychosomatik und Psychotherapie e.V.	Fegert/ Prof. Dr. Paul Plener ¹
29.	Deutsche Gesellschaft für Kinderzahnheilkunde e.V.	Dr. Reinhard Schilke/ Dr. Katharina Bücher
30.	Deutsche Gesellschaft für Mund-, Kiefer- und Gesichtschirurgie e.V.	Prof. Dr. Dr. Rudolf Reich/ Caroline Galon
31.	Deutsche Gesellschaft für Neurochirurgie e.V.	PD Dr. Martina Messing- Jünger
32.	Deutsche Gesellschaft für Prävention und Intervention bei Kindesmisshandlung und -vernachlässigung e.V.	Dr. Anette Frenzke- Kulbach*/ Dr. Peter Mosser
33.	Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e.V.	Dr. med. Julia Schellong/ Prof. Dr. med. Anette Kersting
34.	Deutsche Gesellschaft für Psychosomatische Frauenheilkunde und Geburtshilfe e.V.	Dr. rer. nat. Dipl. psych. Antje Bittner/ PD Dr. med. Friederike Siedentopf
35.	Deutsche Gesellschaft für Psychosomatische Medizin und Ärztliche Psychotherapie e.V.	PD Dr. med. Martina Rauchfuß*/ Dr. med. Constanze Raimer
36.	Deutsche Gesellschaft für Rechtsmedizin e.V.	Dr. med. Sibylle Banaschak ¹ / PD Dr. med. Elisabeth Mützel
37.	Deutsche Gesellschaft für Sexualforschung e.V.	Prof. Dr. med. Peer Briken/ Dr. Lisa Rustige
38.	Deutsche Gesellschaft für Soziale Arbeit e.V.	Prof. Dr. Barbara Thiessen/ Prof. Dr. Michaela Köttig
39.	Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin e. V.	Prof. Dr. Ute Thyen ¹ / Dr. Andreas Oberle
40.	Deutsche Gesellschaft für Suchtforschung und Suchttherapie e.V.	Prof. Dr. med. Rainer Thomasius/ PD Dr. phil. Hans-Jürgen Rumpf
41.	Deutsche Gesellschaft für Suchtpsychologie e.V.	Prof. Dr. Michael Klein
42.	Deutsche Gesellschaft für Unfallchirurgie e.V.	Dr. Hedie von Essen/ Prof. Dr. Peter Schmittenbecher
43.	Deutsche Gesellschaft für Urologie e.V.	PD Dr. Sebastian Rogenhofer
44.	Deutsche Gesellschaft für Verhaltenstherapie e.V.	Prof. Dr. Michael Borg- Laufs/ Dipl. Psych. Rudi Merod (Wolfgang Schreck)
45.	Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde e.V. AK Psychologie u Psychosomatik	Dr. Jutta Margraf-Stiksrud
46.	Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde e.V. Interdisziplinärer AK für Forensische Odonto- Stomatologie	Prof. Dr. med. Rüdiger Lessig/ Dr. Dr. Claus Grundmann
47.	Deutsche Hauptstelle für Suchtfragen e.V.	Renate Walter-Hamann/ Kerstin Guderley
48.	Deutsche Krankenhausgesellschaft e.V.	Anja Röske
49.	Deutsche Ophthalmologische Gesellschaft e.V.	Prof. Dr. med. Sabine

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| 50. | Deutsche Vereinigung für Soziale Arbeit im Gesundheitswesen e.V. | Aisenbrey*
Michael Trost/
Jürgen Freiberg |
| 51. | Deutscher Behindertenrat | Prof. Dr. jur. Julia
Zinsmeister |
| 52. | Deutscher Berufsverband für Soziale Arbeit e.V. | Christian Lohwasser/
Anette Plewka
(Michael Leinenbach) |
| 53. | Deutscher Berufsverband Rettungsdienst e.V. | Frank Flake/
Thomas Semmel* |
| 54. | Deutscher Kinderschutzbund e.V. Landesverband NRW | Prof. Dr. Gabriele Flößer*/
Dr. Margarete Müller
(Rebecca Frings-Hemsing,
Martina Huxoll von Ahn) |
| 55. | Deutsche Landkreistag | Jörg Freese |
| 56. | Deutscher Landkreistag Ortenaukreis | Ullrich Böttinger ¹ |
| 57. | Deutscher Landkreistag Landkreis Grafschaft Bentheim | Gunda Gülker-Alsmeier |
| 58. | Deutscher Landkreistag Kreis Steinburg | Karin Kretzschmar |
| 59. | Deutscher Landkreistag - Saarpfalz Kreis | Klaus Guido Ruffing |
| 60. | Deutscher Landkreistag - Erzgebirgskreis | Sandra Pohl |
| 61. | Deutscher Verband der Ergotherapeuten e.V. | Dr. rer. medic. Katharina
Maria Röse,
(Svenja Bergann*) |
| 62. | Deutsches Institut für Jugendhilfe und Familienrecht e. V. | Janna Beckmann,
Stephanie Götte
Katharina Lohse ³
(Dr. Thomas Meysen,
Lydia Schönecker) |
| 63. | Deutsches Jugendinstitut | Dr. Heinz Kindler/
Dr. Mike Seckinger |
| 64. | Deutschsprachige Gesellschaft für Psychotraumatologie e.V. | Dr. Marc Schmid/
Prim. Dr. Katharina
Purtscher-Penz (Prof. Dr.
Dipl.-Psych. Lutz
Goldbeck†) |
| 65. | Ethno-Medizinisches Zentrum e.V. | Ramazan Salman/
Ahmet Kimil |
| 66. | Gesamtverband für Suchthilfe e.V. | (Dr. Theo Wessel*)
Corinna Mäder-Linke/
(Knut Kiepe) |
| 67. | Gesellschaft für Pädiatrische Radiologie e.V. | Dr. med. Mark Born ¹ /
Prof. Dr. med. Brigitte
Stöver |
| 68. | Institut für Sozialpädagogische Forschung Mainz | Dipl. Päd. Ursula Teupe/
Dipl. Päd. Elisabeth
Schmutz |
| 69. | Nationales Zentrum Frühe Hilfen | Mechthild Paul ¹ /
Christine Gerber |
| 70. | Polizeiliche Kriminalprävention der Länder und des Bundes
Kriminaldirektor | Polizeiobererrat Joachim
Schneider/
Dipl. Päd. Monika Johna
(Andreas Mayer/
Viktoria Jerke) |

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| 71. | Rat der Evangelischen Kirche in Deutschland | Angelika Wolff |
| 72. | Vereinigung Analytischer Kinder- und Jugendlichen Psychotherapeuten in Deutschland e.V. gegr. 1953 | Dr. med. Dietmar Borowski/
Dr. phil. Franz Jan Timmermann |
| 73. | Weisser Ring e. V. | (Prof. Dr. Günther Deegener†)
Bernd Holthusen |

Societies, Federal Ministries and Commissions with an advisory² function

- | | | |
|-----|---|---|
| 74. | Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften | Prof. Dr. Ina Kopp ¹
(Dr. Cathleen Muche-Borowski*) |
| 75. | Bundesministerium für Bildung und Forschung | Pari Hosseinipour*/ Mario Dompke* |
| 76. | Bundesministeriums für Familie, Senioren, Frauen und Jugend | Almut Hornschild-Rentsch/
Madeleine Schrade |
| 77. | Bundesministerium für Gesundheit | Dr. Thomas Stracke/
Simone Strecker |
| 78. | Bundesministerium der Justiz und für Verbraucherschutz | Dr. Sarah Eickelmann/
Ministerialrätin Dr. Daniela Goerdeler
(Richterin Andrea Böke*) |
| 79. | Unabhängiger Beauftragter für Fragen des sexuellen Kindesmissbrauchs | Heike Völger/
Julia Hiller
(Dr. Manuela Stötzel,
Agnes Sander) |
| 80. | Ständige Konferenz der Kultusminister der Länder in der BRD | Dr. Christian Böhm ¹ |
| 81. | Die Bundesbeauftragte für den Datenschutz und die Informationsfreiheit | Bertram Raum ¹ /
Anneliese Egginger* |
| 82. | Die Drogenbeauftragte der Bundesregierung im Bundesministerium für Gesundheit | Isabella von der Decken |

¹ Member of the steering group

² Consultative function: the society or organisation is not eligible to vote in the consensus meeting
Former mandated representatives are included in brackets ().

³ Only mandated to participate in the consensus conference

*No declarations of conflicts of interest submitted up to 29 January 2019: Note: only minor influence on guidelines, because no comments submitted or possible via the online CGS guidelines portal and did not participate in the consensus conference.

3.3 Participants representing victims and survivors from the UBSKM's Council of Victims and Survivors

Representatives of victims and survivors from the Independent Commissioner for Child Sexual Abuse Issues (UBSKM)'s Council of Victims and Survivors participated directly in preparation of the guideline. Kristina Holler and Alex Stern contributed their input throughout the entire development process. As representative of the Council of Victims and Survivors, Alex Stern was eligible to vote at the final structured consensus conference.

4 METHODOLOGICAL PRECISION - RESEARCH, SELECTION AND EVALUATION OF SCIENTIFIC EVIDENCE (EVIDENCE-BASED)

4.1 Formulating PICO questions (key questions)

The development of the key questions was case-focused. This procedure was agreed at the constituent meeting attended by all participating specialist societies and organisations. The process entailed taking actual cases of child protection to determine practically relevant key questions.

The first step in achieving this was a case survey in the form of an online questionnaire addressed to the members of the specialist societies and organisations that comprised the guideline group and to other partners in child protection (e.g. lawyers, police). Typical, frequently-occurring, complicated child protection cases emerged through this process. The contributions were recorded, structured and categorised in anonymised form. In the end, 476 actual child protection cases were collected in standardised format. These child protection cases were subjected to a structured evaluation on the basis of a ranking order according to a range of criteria (e.g. case relevance) and consolidated in 20 case vignettes that formed the base for generating case-related superordinate issues and finally, for formulating PICO questions. The median or mean value of applicable poll ratings were taken into account as a criterion for the case vignettes. The guideline's case-oriented approach emphasised their relation to and relevance for practical application. The decisive factor in this context is the direct relation to cases in real life that reflect the authenticity and diversity of child protection cases. The weighting of interface management between health care, youth welfare and educational services is also clear in view of the inter-professional nature of care in practice. The case survey findings also make it possible to express the complexity of the topic.

The key questions were prepared with reference to the PICO scheme. This is used to incorporate important parameters for a specific key question and the related literature research: patient group (P), intervention (I), control group (C) and outcome (O). This process resulted in 254 potential key questions. After consulting with the steering group, the guidelines office undertook a reduction in the number of key questions. For this purpose, inclusion criteria were determined that conformed to the intervention and outcome of the key question:

Intervention

1. Preventing TCW in high-risk families (also preventively)
 - a. High-risk families = domestic violence, substance abuse, mental stress

2. Medical diagnostic steps on suspicion of TWC
3. Approach and procedure in case of suspected TWC
4. Approach and procedure in case of TWC

Outcome (DeDiCoS)

1. Recognising TWC [Detection]
2. Determining the diagnosis [Diagnosis]
3. Confirming the diagnosis [Confirmation diagnostics]
4. Ending the TWC and protecting the child from renewed victimisation [also preventively]

A total of 110 key questions failed to fulfil either the intervention or the outcome criteria and were therefore excluded. This left 144 PICO questions. For both financial reasons and in terms of time, it was impossible to answer all 144 PICO questions, so they were condensed. Key words for individual PICO questions directed the focus to the specific topic, and they were clustered accordingly. If there was a match in both intervention and outcome, the PICO questions were merged. This reduced the total to 33 PICO questions.

To prevent the process from becoming too unwieldy in view of the limited funding and time that restricted the guidelines' scope (including literature research), a further prioritisation process took place through a survey of the guidelines' mandated representatives. This entailed their assessment of the significance of the 33 PICO questions on a scale from 1 (not important) to 9 (important). Due to the guidelines' time and funding constraints, only 23 of the 33 PICO questions could be assessed. 10 PICO questions were excluded due primarily to the low assessment score given by the mandated representatives, but also because they did not really relate to medical child protection. Supplementary information on the process of prioritising the key questions is held in the guidelines office to which relevant inquiries should be addressed. See also Appendix 1. The following key questions were then explored according to a systematic guidelines and literature research (see also section 4.4):

List of the PICO questions on the 23 topic blocks:

MEDICAL IMAGING

Is a standardised extensive radiological diagnosis, including cMRT (with SWI sequence), cCT including the craniocervical junction, ultrasound of the head, eye socket and abdomen including Doppler ultrasound, x-ray skeletal screening including transverse chest images, additional chest x-rays including transverse

images two weeks after the skeletal screening or an additional later cMRT when a cCT has already been carried out, on a child aged 0 to 3 where physical abuse and craniocerebral injury are suspected, more likely to lead to recognition of additional pathological and/or relevant findings or to diagnosis of shaken impact syndrome or physical abuse than injury-specific radiological diagnosis or no such procedure?

DIFFERENTIAL DIAGNOSIS when physical abuse is suspected

Is excluding genetic or other diseases or other causes that may imitate a suspicious injury, fracture or shaken impact syndrome in the case of a child aged 0 to 18 whose welfare is threatened more likely to lead to confirming the diagnosis of child abuse (including shaken impact syndrome) than if genetic or other causes are not excluded?

EMOTIONAL NEGLECT/ABUSE

Does one score for each of the following symptom complexes: somatic symptom complex, psychological symptom complex, and social symptom complex, improve the recognition of emotional abuse and/or neglect in case of emotionally abused and/or neglected children than no score?

DEVELOPMENTAL AND BEHAVIOURAL difficulties

Is a paediatric or other medical or psychological examination to determine difficulty in interpreting emotional expressions in others, and delayed speech, and mood swings, and helpless expressions, and the “feeling that no one can help me” and attachment disorder (insecure and avoidant attachment pattern) and self-assessment as annoyed or angry, or in other cases sad and hurt, and low self-esteem, and little morality, and a tendency to cheat and break rules, in the case of a child whose welfare is (suspected to be) threatened, more likely to lead to establishing a threat to child welfare than the recognition by educators/child care workers of: negativity in play, and difficulty in emotional differentiation, and poorly developed relationships with playmates, and difficulty in interpreting emotional expressions in others, and delayed speech, and mood swings, and helpless expressions, and the “feeling that no one can help me” and attachment disorder (insecure and avoidant attachment pattern), and low self-esteem, and little morality, and a tendency to cheat and break rules? [according to Naughton et al., Emotional, Behavioral, and Developmental Features Indicative of Neglect or Emotional Abuse in Preschool Children: A Systematic Review (2013)]

FORENSIC INTERVIEW

Is a structured interview (forensic interview) by an experienced professional in child protection health care in an initial contact situation in a child protection group or child protection out-patient centre and/or admission as an in-patient to a children's hospital with a child protection group, for a child aged 3 to 10 whose welfare is (suspected to be) threatened, more likely to lead to diagnosing or confirming a diagnosis of a threat to child welfare than the child's spontaneous expression or statement about abuse and/or neglect or admission to a youth welfare institution with a clearing service?

FRACTURES

Is detecting classical metaphyseal fractures, rib fractures, scapula fractures, sternum fractures, spinal process fractures, vertebral fractures, finger fractures, complex skull fractures, pelvic fractures or comminuted fracture, spiral fracture, impression fracture, several fractures, fractures of different ages in a child aged 0 and 18 with an unclear fracture or a fracture that may indicate abuse more likely to lead to diagnosing or confirming the diagnosis of abuse than detecting subperiosteal ossification, clavicle fractures, long bone fractures and simple skull fractures or a transverse fracture, shearing fracture, bending fracture, or longitudinal fracture?

EARLY RECOGNITION OF FAMILIES' NEED FOR SUPPORT AND ASSISTANCE

Does use of a screening form (e.g. LupE, Wilhelm or Anhalts forms) in the maternity clinic and/or deployment of a *Babylotse* (hospital contact persons for families with problems) for new-borns lead to earlier detection of internal family problems and/or mental illness in the mother and of the need for support and assistance than if the above were not applied?

CHILD SIBLINGS

Is presenting siblings to an experienced professional in child protection health care or to a child protection out-patient centre, information from the Youth Welfare Office responsible for the siblings, x-ray screening of siblings or other children under 3 who live in the same household as a child aged 0 to 18 where a threat to child welfare has been confirmed, more likely to lead to a diagnosis of child abuse and/or neglect and/or sexual abuse than not taking the above measures?

HAEMATOMAS

Is determining the distribution pattern and shape of haematomas more likely to lead to confirming the diagnosis of child abuse in a child aged 0-18 with haematomas than determining the number of haematomas?

INFORMATION EXCHANGE IN CASE OF MATERNAL PSYCHOLOGICAL STRESS

Is a mandatory exchange of information between the mother's attending psychiatrist and gynaecologist or the paediatrician in case of a child aged 0 to 3 whose mother is mentally ill more likely to result in avoiding a threat to the child's welfare than no information exchange between the mother's attending psychiatrist and gynaecologist or the paediatrician?

PEDIATRIC CHECK-UPS (KINDER-FRÜHERKENNUNGSUNTERSUCHUNG)

Are the mandatory preventive medical check-ups U7a (age 3) to U9 (age 5) and the additional U10 (age 7-8) and U11 (age 9-10) as suggested by the BVKJ (German Professional Association of Paediatricians) in case of a child aged 3 to 12 whose welfare is threatened more likely to lead to recognising, determining or avoiding a threat to child welfare than no check-ups?

COOPERATION

Is a standardised and structured approach of all those involved in the case from the health care, youth welfare and educational services based on a cooperation agreement, including actively informing about problems at school, involving the school in case research, actively informing about youth welfare measures and actively informing about diagnostic and therapeutic results in case of a child aged 0 to 18 whose welfare is (suspected to be) threatened more likely to lead to recognising, determining or ending the threat to the child's welfare and protecting the child from being revictimised than only one or none of the measures mentioned?

MANDATORY REPORTING (Part 1) AND INFORMATION EXCHANGE (Part 2)

Is reporting and/or mandatory reporting and/or binding information about a (possible) threat to a child's welfare to the Youth Welfare Office by police, school, kindergarten, physician or other persons attending the parents and the child in the case of a child aged 0 to 18 in a high-risk family (see definitions) more likely to lead to prevention (determining/detecting/avoiding) of a (possible) threat to the child's welfare than no report and/or mandatory reporting and/or binding information?

AND

Is reporting by the paediatrician, the physician attending the pregnant drug addict, or the Early Prevention service to the Youth Welfare Office and mandatory exchange of information between health care, youth welfare and educational services in case of a child aged 0 to 18 whose welfare is suspected to be threatened (sexual abuse, emotional neglect, terrible state of teeth, new-born in a high-risk family) more likely to lead to recognising, determining and confirming the diagnosis and/or ending the threat to child welfare and protecting the child from being revictimised than none of the above, or information from the educational service, or no mandatory exchange of information?

NEONATAL ABSTINENCE SYNDROME

Is structured in-patient observation and monitoring of the new-born in a children's hospital (e.g. according to a visit and attachment protocol and e.g. implementing the Finnegan score) and completing the case conference in accordance with OPS 1-945.1 (see definitions) in case of a new-born with a drug-addicted mother whose substance use is unclear more likely to lead to the diagnosis of neonatal abstinence syndrome than none of the measures mentioned?

OPS 1-945 (OPERATIONS PROCEDURE KEY)

Is an OPS 1-945-compliant approach (structured, multi-professional, interdisciplinary, with defined time units, case discussion and case conference, process managed by a paediatrician) in case of a threat to the welfare of a child aged 0 to 18 more likely to lead to a diagnosis of a threat to child welfare than the lack of structured approach?

PARTICIPATION

Is the child's participation, including within an in-patient facility, leading to: complaint, organising contact, longer stay, complaint management, rules for closeness/distance, communication and approach in case of suspected child abuse or neglect for a child aged 0 to 18 whose welfare is threatened more likely to lead to protection from being revictimised and prevention of the abuse or neglect than when the child does not participate?

SCREENING PROCEDURES

Is a specific approach to taking the medical history (see definitions) and the mandatory initial question "Does the injury match the current medical history, the description of the accident and the child's age?", including risk scoring and photo documentation in case of a child aged 0 to 18 with injury or fracture,

more likely to lead to recognising and diagnosing abuse than no specific approach to taking the medical history and/or no risk scoring and/or no photo documentation?

SEXUAL ABUSE

Is determining sexualised behaviour or a video colposcopic examination of the anogenital area with prompt securing of evidence (DNA/sperm), even anonymously, and appraisal of the paediatric gynaecological examination according to ADAMS (2015), diagnosis of sexually transmitted diseases in the initial contact with a sexually abused child aged 0 to 18, including sexually abused adolescents who are unable to consent, more likely to lead to determining or confirming the diagnosis of sexual abuse than none of the measures mentioned?

CHILDREN AND ADOLESCENTS OF PARENTS* WITH ADDICTION PROBLEMS

Is open communication of the parents' suspected addiction problems by those involved in the case from educational, healthcare and youth welfare services in case of an emotionally neglected child aged 0 to 18 whose parents are addicts more likely to lead to ending the emotional neglect than not communicating the parents' suspected addiction problems by those involved in the case from educational, healthcare and youth welfare services?

PARENTAL THERAPY

Is therapy, treatment, involvement of the parents, even if they are accessories or perpetrators, in case of a child aged 0 to 18 whose welfare is threatened more likely to lead to ending the threat to the child's welfare and protecting the child from being revictimised than no parental therapy?

EYE EXAMINATION

Is the prompt eye examination within 24 hours of admission as an in-patient with precise descriptions of retinal bleeding regarding localisation, depth, size, area and number comparing both sides in case of a child aged 0 to 3 with shaken impact syndrome or long bone fracture more likely to lead to recognising or confirming the diagnosis of shaken impact syndrome than no eye examination, or diagnosis of retinal bleeding with no precise descriptions, or a delayed eye examination with assessment of the ocular fundus, taking multilayer retinal bleeding particularly into account?

DENTAL EXAMINATION

Is taking the child to a dentist to exclude the possibility of caries, to exclude a primary underlying disease that leads to caries, to determine whether 4 or more teeth are affected by caries in case of a child aged 0 to 3 or older where physical neglect is suspected more likely to lead to the diagnosis of physical neglect than no visit or only occasional visits to the dentist?

4.2 Use of existing guidelines on the topic

Electronic bibliographic databases and guidelines databases were examined using the search strategy below to find guidelines on medical child protection.

Table 2 Guidelines research on the topic of child protection

	www.g-i-n.net	PubMed	NICE	www.guideline.gov
Date	19 February 2015	03 February 2015	04 February 2015	19 February 2015
Hits	17	196	122	143
Search strategy	Child abuse	"guideline" [Publication Type] OR "guidelines as topic" [MeSH Terms] AND (child [MeSH Terms] OR "child [All Fields]) AND ("abuse" [All Fields] OR "neglect" [All Fields]) AND ("2005/02/06" [PDat]: "2015/02/03" [PDat])	Child abuse	Child abuse
Hits			42	
Search strategy			Child abuse AND neglect	
Hits			33	
Search strategy			Child abuse AND neglect AND guideline	

Of a total of 553 hits, 498 hits were not relevant in terms of content. The remaining 55 relevant publications were filtered for inclusion and exclusion criteria. The findings were presented at the constituent meeting in February 2015. When asked, none of the child protection experts present could add further guidelines on the topic.

Table 3 Inclusion and exclusion criteria for selecting relevant guidelines on medical child protection

		Total hits: 55/553	
Screening for inclusion and exclusion criteria		Exclusions	Remaining hits
Inclusion criteria	• Validity (published no more than five years ago)	52	3/55
	• Written in German, English, French or Dutch	-	3/55
	• Publication type: practice guideline, clinical guidelines, guidelines, consensus statement, recommendation, directive	-	3/55
	• Patient group: children and adolescents (0 to 18)	-	3/55
Exclusion criteria	• Expert opinion	-	3/55
	• Full text publication not available	-	3/55
Remaining hits			3

In addition to the general systematic guidelines search, a systematic topic-specific guidelines search and a manual search were carried out from 2016 onwards for all 23 topic blocks. The systematic guidelines search for each topic block was repeated on 6 August 2018. This search turned up no new relevant hits.

Table 4 Structured guidelines search in the [Guideline International Network](#) database on individual topic blocks (in alphabetical order)

Topic area	Search strategy	Hits	Manual search
Medical imaging	MRI AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
	CT AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	2
	Skeletal survey OR skeletal screening OR skeletal AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
Differential diagnosis in case of suspected maltreatment	Diagnostic AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	2	-
Emotional neglect/abuse	Emotional neglect		
	Emotional maltreatment	-	-
	Emotional abuse		
Developmental and behavioural abnormalities	behavior AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	1	-
Forensic interview	Forensic interview		
	Forensic interview AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Fractures	Fracture AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Early recognition of families' need for support and assistance	Risk family AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	11	-
Child siblings	siblings AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Haematomas	Haematoma OR hematoma AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Information exchange in case of maternal psychological stress	Mental health AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Pediatric check-ups (kinderfrüherkennungsuntersuchung)	Check-up AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
	Examination AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-

Cooperation	Cooperation AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
	Collaboration AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
Mandatory reporting and information exchange	Mandatory reporting AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
	Information exchange AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
Neonatal abstinence syndrome	Neonatal abstinence syndrome		
	Neonatal withdrawal syndrome	-	2
	Maternal drug use		
OPS 1-945	interdisciplinary AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
	multiprofessional AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	1
	structure AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
	protocol AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
Participation of children and adolescents	Child AND participation	-	
	Child AND involvement	1	
	Child AND opinion	-	1
	Child AND case management	-	
	Child AND question	-	
	Child AND communication	1	
Screening procedures	screening AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Sexual abuse	Child AND sexual abuse OR maltreatment	4	3
Children and adolescents of parents* with addiction problems	Addiction AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect		
	Substance related disorder AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Parental therapy	parent AND OR child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Eye examination	Retinal hemorrhages AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	-	-
Dental examination	Dental AND child abuse OR child maltreatment OR sexual abuse OR sexual maltreatment OR child neglect	1	-

Topic blocks and related guidelines are listed below:

Medical imaging

German Society for Paediatric Radiology (GPR) (2017). Radiologische Leitlinie: S1-Leitlinie 064/014 – Verdacht Misshandlung – Bildgebende Diagnostik aktueller Stand 06/2017 [Suspected child – medical imaging, curr

status 06/2017]. (Manual search)

Society and College of Radiographers and the Royal College of Radiologists (2017). The radiological investigation of suspected physical abuse in children. London: The Royal College of Radiologists, 2017. (Manual search)

Differential diagnosis in case of suspected maltreatment

American College of Radiology (2012). Appropriateness Criteria® suspected physical abuse — child.

German Society for Paediatric Radiology (GPR) (2013). Verdacht auf Kindesmißhandlung- Bildgebende Diagnostik [Suspected child – medical imaging]. S2e-LL (GPR). AWMF (DE) - Association of Scientific Medical Societies. 28.02.2013.

Developmental and behavioural abnormalities

American Academy of Pediatrics (2005). The evaluation of sexual abuse in children.

Early recognition of families' need for support and assistance

American Academy of Pediatrics. (2013). Primary care interventions to prevent child maltreatment: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force.

American Academy of Pediatrics Committee on Child Abuse and Neglect and the American Academy of Pediatric Dentistry. (2010). Guideline on oral and dental aspects of child abuse and neglect.

Block, RW & Krebs, NF (2005). Failure to Thrive as a Manifestation of Child Neglect. Pediatrics Nov 2005, 116 (5) 1234-1237; DOI: 10.1542/peds.2005-2032.

Cincinnati Children's Hospital Medical Center. (2010). Best evidence statement (BEST). In children with a history of child abuse or neglect does preparation for medical procedures using medical play vs. no preparation reduce anxiety?

Haute Autorité de Santé. (2011). Repérage et signalement de l'inceste par les médecins: reconnaître les maltraitements sexuelles intrafamiliales chez le mineur. Recommandation pour la pratique Clinique.

Hibbard, RA & Desch, LW and the Committee on Child Abuse and Neglect, and Council on Children. With Disabilities. (2007). Maltreatment of Children with Disabilities. Pediatrics May 2007, 119 (5) 1018-1025; DOI: 10.1542/peds.2007-0565.

Kellogg, N. (2005). The evaluation of sexual abuse in children. American Academy of Pediatrics. Pediatrics. 2005 Aug; 116(2):506-12.

National Institute for Health and Care Excellence (2017). Child abuse and neglect (NG76).

National Collaborating Centre for Women's and Children's Health. (2009). When to suspect child maltreatment. Published by the RCOG Press at the Royal College of Obstetricians and Gynaecologists.

National Institute for Health and Care Excellence Child maltreatment (2009). When to suspect maltreatment in under 18s (CG89).

Suomen Lastenpsykiatriyhdistys ry. (2001). Lapsen seksuaalisen hyväksikäytön epäilyn tutkiminen. Duodecim 2001; 117:224–34.

Neonatal abstinence syndrome

The Federal Government Commissioner on drug-related issues, Federal Ministry of Health (BMG), the German Medical Association (BÄK), German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN): S3-Leitlinie Methamphetamin-bezogene Störungen [Guidelines on

methamphetamine-related disorders], 1st edition, last checked on 24 October 2017. (Manual search)

World Health Organization. (2014). WHO Guidelines for the identification and management of substance use and substance use disorders in pregnancy. (Manual search)

OPS 1-945

Lee et al. (2005). Going to the multidisciplinary case conference for child abuse: A review and guide to the medical practitioner. Hong Kong Journal of Emergency Medicine. (Manual search)

Participation of children and adolescents

Nelson, A. (2014). Cincinnati Children's Hospital Medical Center, Best Evidence Statement: Functional communication training and treatment of problem behavior, 149, pages 1-6, 12/4/12.

Stephenson, M. und Mackey, S. (2012). Parental involvement in their children's postoperative pain management in hospital. JBI Best Practice 16(3) 2012.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. (Manual search)

Sexual abuse

Adams, JA et al. (2018). Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018, Journal of Pediatric and Adolescent Gynecology (2018), doi: 10.1016/j.jpag.2017.12.011. (Manual search)

Crawford-Jakubiak, JE et al. (2017): Care of the Adolescent After an Acute Sexual Assault. In: Pediatrics 139 (3). DOI: 10.1542/peds.2016-4243. (Manual search)

Haute Autorité de Santé. (2011). Repérage et signalement de l'inceste par les médecins: reconnaître les maltraitances sexuelles intrafamiliales chez le mineur. Recommandation pour la pratique Clinique.

Kellogg, ND (2009): Clinical report-the evaluation of sexual behaviors in children. In: Pediatrics 124 (3), pp. 992–998. DOI: 10.1542/peds.2009-1692. (Manual search)

Kellogg, ND & American Academy of Pediatrics Committee on Child Abuse and Neglect (2005). The evaluation of sexual abuse in children. American Academy of Pediatrics.

National Institute for Health and Care Excellence (2017). Child abuse and neglect (NG76).

Suomen Lastenpsykiatriyhdistys ry. (2001). Lapsen seksuaalisen hyväksikäytön epäilyn tutkiminen. Duodecim 2001; 117:224–34.

Dental examination

Guideline on oral and dental aspects of child abuse and neglect. American Academy of Pediatric Dentistry. American Academy of Pediatrics. AHRQ (US) - Agency for Healthcare Research and Quality. Jan 01, 2005.

4.2.1 Selection and evaluation of the guidelines examined

Duplicates were rejected (n=3). After screening the guidelines' titles and abstracts, two further guidelines were excluded (Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014 und American Academy of Pediatrics. (2013). Primary care interventions to prevent child maltreatment: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force.)

The remaining 25 hits from the guidelines research were independently filtered by two guidelines office staff, using inclusion and exclusion criteria.

Table 5 Inclusion and exclusion criteria for topic-specific guidelines on the abuse or neglect of children

Total hits		25	
Screening acc. to inclusion and exclusion criteria		Exclusions	Remaining hits
Inclusion criteria	• Validity (published no more than five years ago) or highly clinically relevant	18	7/25
	• Written in German, English, French or Dutch	-	7/25
	• Publication type: practice guidelines, clinical guidelines, guidelines, consensus statement, recommendation, directive	-	7/25
	• Patient group: children and adolescents (0 to 18), unborn babies, pregnant women and women in childbed, where child welfare was a consideration	-	7/25
Exclusion criteria	• Expert opinion	-	7/25
	• Full text publication not available	-	7/25
Remaining hits		7	

The aim of the final appraisal by guidelines office staff was to classify the guidelines as reference guidelines (for reporting) or as source guidelines (to adapt recommendations for action).

In detail, appraisal of the evidence viewed was carried out by two guidelines office staff in accordance with internationally recognised and commonly used appraisal tools. Strict, very formal methodical stipulations in accordance with AGREE II (Appraisal of guidelines for research & evaluation II, Dec. 2017 update) were applied. The appraisal forms recorded the variability of the guidelines' quality and tested both the methodology and the transparency of the guidelines' preparation.

Appraisal in accordance with AGREE II is organised into six domains:

a. Scope and purpose

1. The overall objective(s) of the guideline is (are) specifically described.
2. The health question(s) covered by the guideline is (are) specifically described.
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

b. Stakeholder involvement

4. The guideline development group includes individuals from all relevant professional groups.
5. The views and preferences of the target population (patients, public, etc.) have been sought.
6. The target users of the guideline are clearly defined.

c. Rigour of development

7. Systematic methods were used to search for evidence.
8. The criteria for selecting the evidence are clearly described.
9. The strengths and limitations of the body of evidence are clearly described.
10. The methods for formulating the recommendations are clearly described.
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
12. There is an explicit link between the recommendations and the supporting evidence.
13. The guideline has been externally reviewed by experts prior to its publication.
14. A procedure for updating the guideline is provided.

d. Clarity of presentation

15. The recommendations are specific and unambiguous.
16. The different options for management of the condition or health issue are clearly presented.
17. Key recommendations are easily identifiable.

e. Applicability

18. The guideline describes facilitators and barriers to its application.
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.
20. The potential resource implications of applying the recommendations have been considered.
21. The guideline presents monitoring and/or auditing criteria.

f. Editorial independence

22. The views of the funding body have not influenced the content of the guideline.
23. Competing interests of guidelines development group members have been recorded and addressed.

In contrast to the SIGN evaluation tool, AGREE II lacks a grading system for evidence level. After calculating the quality score, an averaged percentage can be given that evaluates the guideline as a whole.

$\frac{(\text{Value attained} - \text{Minimum value})}{(\text{Maximum value} - \text{Minimum value})}$	<p>Example:</p> $(53 - 12) / (84 - 12) \times 100 =$ $41 / 72 \times 100 = 0.5694 \times 100 = 57\%$
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Figure 3 Calculating the quality score for guidelines appraisal according to AGREE II

Domain 3 plays a particularly important role in the quality appraisal because it relates to the guideline preparation methodology (incl. systematic literature evaluation). If a guideline fulfils less than 50% of the criteria for this domain, this is a reason to use it as a reference but not a source guideline. Extracts from the source guideline are listed in the long version under the relevant recommendations for action. If it is an expert consensus or a Clinical Consensus Point, this is stated accordingly. In combination with other secondary or primary sources, the reference or source guidelines underpin the Child Protection Guideline's relevant recommendations for action. Seven guidelines were drawn upon for particular recommendations for action and Clinical Consensus Points, four as source guidelines and three as reference guidelines.

Table 6. Appraisal of included guidelines in accordance with AGREE II

Guideline	Domain ^a						QS ^a	Used as reference guideline/source guideline	Topic block (PICO question)	Frequency of guideline use in	
	1	2	3	4	5	6				EBRec ^b	CCP ^c
Adams, JA et al. (2018). Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018, Journal of Pediatric and Adolescent Gynecology (2018), doi: 10.1016/j.jpag.2017.12.011.	100	11.1	19.8	44.4	16.6	50	34	Reference guideline	Sexual abuse	7	1
Austin, MP et al. (2017). Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.	94.4	88.9	93.8	100	100	100	96	Source guideline	Information exchange in case of maternal psychological stress	3	1
Crawford-Jakubiak, JE et al. (2017). Care of the Adolescent After an Acute Sexual Assault. In: Pediatrics 139 (3). doi: 10.1542/peds.2016-4243.	97.2	50	14.6	69.4	29.2	75	45	Reference guideline	Sexual abuse	3	2
The Federal Government Commissioner on drug-related issues, Federal Ministry of Health (BMG), the German Medical Association (BÄK), German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) et al.: S3-Leitlinie Methamphetamin-bezogene Störungen [S3 Guidelines on methamphetamine-related disorders]	77.8	69.4	87.5	86.1	68.8	100	82	Source guideline	Neonatal abstinence syndrome	2	1
Kellogg, ND. (2009). Clinical report-the evaluation of sexual behaviors in children. In: Pediatrics 124 (3), pp. 992–998. doi: 10.1542/peds.2009-1692.	100	44.4	5.2	72.2	33.3	83.3	43	Reference guideline	Sexual abuse	-	1
National Institute for Health and Care Excellence (NICE). (2017). Antenatal and postnatal mental health: clinical management and service guidance.	100	97.2	81.3	94.4	50	58.3	80	Source guideline	Information exchange in case of maternal psychological stress	-	4
World Health Organization. (2014). WHO Guidelines for the identification and management of substance use and substance use disorders in pregnancy.	83.3	52.8	69.8	83.3	83.3	100	76	Source guideline	Neonatal abstinence syndrome	3	1

^a Domain appraisal and quality score (QS) are given in percent

^b EBRec stands for evidence-based recommendation for action

^c CCP stands for Clinical Consensus Point

4.3 Systematic literature research

Search strategies in the following electronic databases: Embase, CINAHL, ERIC, PsycINFO and PubMed were developed based on the PICO questions for the total of 23 topic blocks. In addition, experts were asked about relevant, current literature contributions and reference lists of the literature viewed were examined for relevant articles.

The following tables present search strategies and relevant search terms, the course of the search, information on the search period and if relevant, use of additional sources and hit numbers for each of the 23 PICO questions.

Table 7 Search strategy on the topic block: medical imaging

PICO model				
P	Child aged 0 to 3 where abuse and craniocerebral injury are suspected			
I	Standardised extensive radiological diagnosis including cMRT (with SWI sequence), cCT including the craniocervical junction, ultrasound of the head, eye socket and abdomen including Doppler ultrasound, x-ray skeletal screening including transverse thoracic images, additional thoracic x-rays including transverse images two weeks after the skeletal screening or an additional later cMRT when a cCT has already been carried out			
C	Injury-specific radiological diagnosis or no such procedure			
O	Recognition of additional pathological and/or relevant findings or diagnosis of shaken impact syndrome or abuse			
Database	EMBASE (in Ovid)	CINHAL, Psycinfo & Eric (in Ovid)		PubMed
Date	07 November 2016	19 January 2017		19 January 2017
Hits	228	768		271
Search strategy	1. (child abuse OR child maltreatment).af. 2. battered child syndrome/ 3. (abusive head trauma OR abusive head injury OR non-accidental head trauma OR non accidental trauma OR abusive trauma OR non accidental injury).af. 4. physical abuse.af. 5. (infant OR newborn OR toddler OR child).af. 6. 1 OR 2 OR 3 OR 4 7. 5 AND 6 8. nuclear magnetic resonance imaging/ 9. (cranial MRI OR cMRI).af. 10. (cranial Computer Tomography OR cCT).af. 11. cranial cervical region.af. 12. follow up/ OR atlantooccipital joint/OR computer assisted tomography/ OR subarachnoid hemorrhage/ OR cervical spine/ 13. ophthalmic ultrasound scanner/ OR ultrasound scanner/ OR ultrasound transducer/ OR ultrasound/	1. (MH "Child Abuse+") OR (MM "Munchausen Syndrome By Proxy") OR (MH "Domestic Violence+") OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 2. ("physical abuse" OR ("abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*")) AND (((MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+"))) 3. 1 OR 2 4. "cranial cervical region" OR "cranial ultrasound" OR "orbita" OR (MM "Abdomen+") 5. "atlantooccipital joint" OR "computer assisted tomography" OR (MH "Tomography") OR (MM "Magnetic Resonance Imaging+") OR (MM "Tomography, X-Ray+") OR (MM "Ultrasonography+") OR (MM "Subarachnoid Hemorrhage") OR "cervical	1. (MH "Child Abuse+") OR (MM "Munchausen Syndrome By Proxy") OR (MH "Domestic Violence+") OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 2. ("physical abuse" OR ("abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*")) AND (((MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+"))) 3. 1 OR 2 4. "cranial cervical region" OR "cranial ultrasound" OR "orbita" OR (MM "Abdomen+") 5. "atlantooccipital joint" OR "computer assisted tomography" OR (MH "Tomography") OR (MM "Magnetic Resonance Imaging+") OR (MM "Tomography, X-Ray+") OR (MM "Ultrasonography+") OR (MM "Subarachnoid Hemorrhage") OR "cervical	(((((((((((((((((((((((("Magnetic Resonance Imaging"[Mesh]) OR cranial mri) OR cMRI) OR "Tomography Scanners, X-Ray Computed"[Mesh]) OR (cranial computed tomography OR cCT)) OR cranial cervical region) OR (((follow up) OR follow-up) OR altantooccipital joint) OR computer assisted tomography)) OR "Intracranial Hemorrhages"[Mesh]) OR cervical spine) OR ophthalmic ultrasound scanner) OR ultrasound scanner) OR ultrasound transducer) OR "Ultrasonography"[Mesh]) OR Doppler"[Mesh]) OR (cranial ultrasonography OR cranial ultrasound)) OR "Orbit"[Mesh]) OR "Abdomen"[Mesh]) OR (skeletal screening OR skeletal survey)) OR ((oblique x-ray AND thorax)) OR (((follow up

	<p>14. Doppler flowmetry/ OR color doppler flowmetry/</p> <p>15. cranial ultrasound.af.</p> <p>16. orbita.af.</p> <p>17. abdomen/</p> <p>18. (skeletal screening OR skeletal survey).af.</p> <p>19. (oblique x-ray AND thorax).af.</p> <p>20. (follow-up AND (skeletal survey OR skeletal screening)).af.</p> <p>21. (follow-up AND nuclear magnetic resonance imaging).af.</p> <p>22. (follow-up AND (cranial Computer Tomography OR cCt or cranial MRI OR cMRI OR MRI)).af.</p> <p>23. connect 8 to 22 with OR</p> <p>24. 7 AND 23</p> <p>25. limit 24 to (evidence based medicine OR consensus development OR meta analysis OR outcomes research OR "systematic review")</p> <p>26. limit 24 to (clinical trial OR randomized controlled trial OR controlled clinical trial OR multicenter study)</p> <p>27. 25 OR 26</p>	<p>spine"</p> <p>6. "ophthalmic ultrasound scanner" OR "ultrasound scanner" OR "ultrasound transducer" OR "ultrasound"</p> <p>7. "doppler flowmetry" OR "color doppler flowmetry" OR "colour doppler flowmetry"</p> <p>8. "skeletal screening" OR "skeletal survey"</p> <p>9. "oblique x-ray"</p> <p>10. (MM „Thorax+“)</p> <p>11. „nuclear magnetic resonance imaging“ OR „cranial MRI“ OR „cMRI“ OR "cranial computer tomography" OR "MRI" OR "cCT"</p> <p>12. "follow up" OR (MH "After Care")</p> <p>13. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12</p> <p>14. 3 AND 13</p>	<p>spine"</p> <p>6. "ophthalmic ultrasound scanner" OR "ultrasound scanner" OR "ultrasound transducer" OR "ultrasound"</p> <p>7. "doppler flowmetry" OR "color doppler flowmetry" OR "colour doppler flowmetry"</p> <p>8. "skeletal screening" OR "skeletal survey"</p> <p>9. "oblique x-ray"</p> <p>10. (MM „Thorax+“)</p> <p>11. „nuclear magnetic resonance imaging“ OR „cranial MRI“ OR „cMRI“ OR "cranial computer tomography" OR "MRI" OR "cCT"</p> <p>12. "follow up" OR (MH "After Care")</p> <p>13. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12</p> <p>14. 3 AND 13</p>	<p>OR follow-up)) AND (skeletal screening OR skeletal survey)))</p> <p>OR (("Magnetic Resonance Imaging"[Mesh]) AND (follow up OR follow-up))) OR (((follow up OR follow-up) AND (cranial computed tomography OR cCT OR cranial MRI OR cMRI))) AND (((("Battered Child Syndrome"[Mesh]) OR "Child Abuse"[Mesh])) OR ((physical abuse) OR ((abusive injur*) OR (((((((abusive head trauma) OR abusive head injur*) OR non-accidental head trauma) OR non accidental head trauma) OR non-accidental trauma) OR non accidental trauma) OR abusive trauma) OR non-accidental injur*) OR non accidental injur*)))) AND (("Infant"[Mesh]) OR "Child, Preschool"[Mesh])) Filters: Meta-Analysis; Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Observational Study; Multicenter Study; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study</p>
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Table 8 Search strategy on the topic block: differential diagnosis in case of suspected abuse

PICO model				
P	Child aged 0 to 18 whose welfare is threatened			
I	Excluding genetic or other diseases or other causes that may imitate a suspicious injury, fracture or shaken impact syndrome			
C	Not excluding genetic or other causes			
O	Confirming the diagnosis of child abuse (including shaken impact syndrome)			
Database	EMBASE (in Ovid)	CINHAL, PsycInfo & Eric (in Ovid)		PubMed
Date	07 November 2016	20 January 2017		20 January 2017
Hits	1311	301		397
Search strategy	<p>1. (abusive head trauma OR abusive head injury OR non-accidental head trauma OR non accidental trauma OR abusive trauma OR non accidental injury).af.</p> <p>2. shaken baby syndrome.af.</p> <p>3. shaken infant syndrome.af.</p> <p>4. battered child syndrome.af.</p> <p>5. (Child abuse OR child maltreatment).af.</p> <p>6. (fracture OR bruise OR bruising OR bleeding OR cut OR hemorrhage OR burn).af.</p> <p>7. physical abuse.af.</p> <p>8. (infant OR newborn OR toddler OR child OR adolescent OR teenager).af.</p> <p>9. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7</p> <p>10. 8 AND 9</p> <p>11. genetic disorder/ OR "genetic AND familial disorders"/ OR "inborn error of metabolism"/ OR monogenic disorder/ OR multifactorial genetic disorder/</p> <p>12. metabolic disorder/ OR "disorders of acid base balance"/ OR "disorders of amino acid AND protein metabolism"/ OR "disorders of carbohydrate metabolism"/ OR "disorders of carboxylic acid metabolism"/ OR "disorders of hormone metabolism"/ OR "disorders of lipid AND lipoprotein metabolism"/ OR "disorders of mineral, electrolyte AND metal metabolism"/ OR "disorders of porphyrin AND heme metabolism"/ OR "disorders of purine AND pyrimidine metabolism"/ OR hypermetabolism/ OR "inborn error of metabolism"/ OR metabolic bone disease/ OR protein defect/ OR storage disease/</p> <p>13. bleeding disorder/ OR blood clotting disorder/</p> <p>14. congenital deafness/ OR "congenital disorder of glycosylation type 1"/ OR</p>	<p>1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>2. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>3. "physical abuse" OR "physical maltreatment" OR "emotional maltreatment" OR "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>4. 2 AND 3</p> <p>5. 1 OR 4</p> <p>6. (MM "Syndrome") OR "syndrome" OR (MM "Disease+") OR "disease" OR "disorder" OR "illness"</p> <p>7. "genetic disorder" OR (MH "Genetic Diseases, X-Linked+") OR "genetic and familial disorders" OR "inborn error of metabolism" OR "monogenic disorder" OR "multifactorial genetic disorder"</p> <p>8. "metabolic disorder" OR (MM "Acid-Base Equilibrium+") OR "disorders of acid base balance" OR (MH "Amino Acid Metabolism, Inborn Errors+") OR "disorders of amino acid and protein metabolism" OR (MH "Carbohydrate Metabolism, Inborn Errors+") OR "disorders of carboxylic acid metabolism" OR "disorders of hormone metabolism" OR (MH "Lipid Metabolism, Inborn Errors+") OR "disorders of lipid and</p>	<p>1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>2. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>3. "physical abuse" OR "physical maltreatment" OR "emotional maltreatment" OR "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>4. 2 AND 3</p> <p>5. 1 OR 4</p> <p>6. (MM "Syndrome") OR "syndrome" OR (MM "Disease+") OR "disease" OR "disorder" OR "illness"</p> <p>7. "genetic disorder" OR (MH "Genetic Diseases, X-Linked+") OR "genetic and familial disorders" OR "inborn error of metabolism" OR "monogenic disorder" OR "multifactorial genetic disorder"</p> <p>8. "metabolic disorder" OR (MM "Acid-Base Equilibrium+") OR "disorders of acid base balance" OR (MH "Amino Acid Metabolism, Inborn Errors+") OR "disorders of amino acid and protein metabolism" OR (MH "Carbohydrate Metabolism, Inborn Errors+") OR "disorders of carboxylic acid metabolism" OR "disorders of hormone metabolism" OR (MH "Lipid Metabolism, Inborn Errors+") OR "disorders of lipid and</p>	<p>(((((("Wounds and Injuries"[Mesh])) OR "Hemorrhage"[Mesh]) OR (((("Sexually Transmitted Diseases, Bacterial"[Mesh]) OR "Sexually Transmitted Diseases, Viral"[Mesh]) OR "Sexually Transmitted Diseases"[Mesh]))) AND (((("Congenital, Hereditary, and Neonatal Diseases and Abnormalities"[Mesh])) OR "Deficiency Diseases"[Mesh]) OR "Diagnosis, Differential"[Mesh]) OR pitfalls)) AND (((("Child"[Mesh]) OR "Adolescent"[Mesh]) OR "Infant"[Mesh]))) AND ((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH] OR non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH])) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder)) Filters: published in the last 10 years</p>

<p>“congenital disorder of glycosylation type 1b”/ OR congenital malformation/ OR “congenital disorder of glycosylation type 2”/ OR congenital adrenal hyperplasia/ OR “congenital disorder of glycosylation type 1c”/ OR congenital generalized lipodystrophy/ OR “congenital disorder of glycosylation type 2a”/ OR congenital disorder/ OR “congenital disorder of glycosylation type 1a”/ OR congenital erythropoietic porphyria/ OR congenital bone disease/ OR congenital hydrocephalus/ OR congenital skin disease/ OR congenital central hypoventilation syndrome/ OR congenital pachyonychia/ OR “congenital disorder of glycosylation type 1”/ OR “congenital disorder of glycosylation”/ OR “congenital disorder of glycosylation type 1h”/ OR congenital strabismus/ OR congenital ichthyosiform erythroderma/ OR congenital cataract/ OR “sequence of congenital defects”/ OR congenital blood clotting disorder/ OR congenital hypothyroidism/ OR “congenital disorders of the skin, skin appendages and subcutaneous tissue”/ OR “congenital disorder of glycosylation type 1d”/ OR congenital cornea dystrophy/ OR “spectrum of congenital defects”/ OR congenital glaucoma/ OR congenital blood vessel malformation/</p> <p>15. bone disease/ OR angioosteohypertrophy syndrome/ OR bone atrophy/ OR bone bowing/ OR bone cyst/ OR bone defect/ OR bone deformation/ OR bone destruction/ OR bone erosion/ OR bone fragility/ OR bone infection/ OR bone injury/ OR bone lesion/ OR bone necrosis/ OR bone swelling/ OR bone tumor/ OR congenital bone disease/ OR demineralization/ OR dysostosis/ OR endocrine bone disease/ OR epiphysis disease/ OR exostosis/ OR farber disease/ OR gardner syndrome/ OR hyperostosis/ OR jaw disease/ OR massive osteolysis/ OR metabolic bone disease/ OR osteitis/ OR osteoarthropathy/ OR osteodystrophy/ OR osteophyte/ OR osteosclerosis/ OR pseudarthrosis/ OR skull disease/ OR spine disease/</p> <p>16. rickets/</p> <p>17. differential diagnosis/</p>	<p>lipoprotein metabolism" OR (MH "Metal Metabolism, Inborn Errors+") OR (MH "Iron Metabolism Disorders+") OR "disorders of mineral, electrolyte and metal metabolism" OR "disorders of porphyrin and heme metabolism" OR (MH "Purine-Pyrimidine Metabolism, Inborn Errors+") OR "hypermetabolism" OR (MH "Bone Diseases, Metabolic+") OR "protein defect" OR "storage disease"</p> <p>9. (MH "Blood Coagulation Disorders, Inherited+") OR "bleeding disorder" OR "blood clotting disorder"</p> <p>10. "congenital deafness" OR "congenital disorder of glycosylation" OR "congenital malformation" OR "congenital adrenal hyperplasia" OR "congenital disorder" OR "congenital bone disease" OR "congenital hydrocephalus" OR "congenital skin disease" OR (MM "Congenital Central Hypoventilation Syndrome") OR "congenital pachyonychia"</p> <p>11. "congenital" OR "inherited" OR "inborn"</p> <p>12. 6 AND 11</p> <p>13. (MM "Bone Diseases+") OR (MM "Bone Diseases, Infectious") OR (MM "Bone Diseases, Metabolic") OR (MM "Bone Diseases, Endocrine") OR (MM "Bone Diseases, Developmental") OR (MM "Spinal Diseases") OR (MM "Osteonecrosis") OR (MM "Hyperostosis")</p> <p>14. (MM "Rickets+")</p> <p>15. "vitamin deficiency"</p> <p>16. (MM "Fractures+") OR (MM "Contusions and Abrasions+") OR (MM "Hematoma+")</p> <p>17. 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16</p> <p>18. 5 AND 17</p>	<p>lipoprotein metabolism" OR (MH "Metal Metabolism, Inborn Errors+") OR (MH "Iron Metabolism Disorders+") OR "disorders of mineral, electrolyte and metal metabolism" OR "disorders of porphyrin and heme metabolism" OR (MH "Purine-Pyrimidine Metabolism, Inborn Errors+") OR "hypermetabolism" OR (MH "Bone Diseases, Metabolic+") OR "protein defect" OR "storage disease"</p> <p>9. (MH "Blood Coagulation Disorders, Inherited+") OR "bleeding disorder" OR "blood clotting disorder"</p> <p>10. "congenital deafness" OR "congenital disorder of glycosylation" OR "congenital malformation" OR "congenital adrenal hyperplasia" OR "congenital disorder" OR "congenital bone disease" OR "congenital hydrocephalus" OR "congenital skin disease" OR (MM "Congenital Central Hypoventilation Syndrome") OR "congenital pachyonychia"</p> <p>11. "congenital" OR "inherited" OR "inborn"</p> <p>12. 6 AND 11</p> <p>13. (MM "Bone Diseases+") OR (MM "Bone Diseases, Infectious") OR (MM "Bone Diseases, Metabolic") OR (MM "Bone Diseases, Endocrine") OR (MM "Bone Diseases, Developmental") OR (MM "Spinal Diseases") OR (MM "Osteonecrosis") OR (MM "Hyperostosis")</p> <p>14. (MM "Rickets+")</p> <p>15. "vitamin deficiency"</p> <p>16. (MM "Fractures+") OR (MM "Contusions and Abrasions+") OR (MM "Hematoma+")</p> <p>17. 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16</p> <p>18. 5 AND 17</p>	
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	<p>18. vitamin deficiency/ 19. pitfall.af. 20. ((inherited OR inborn) AND (syndrome OR disorder OR disease OR illness)).af. 21. 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 22. 10 AND 21 23. limit 22 to (evidence based medicine OR consensus development OR meta analysis OR outcomes research OR "systematic review") 24. limit 22 to (clinical trial OR randomized controlled trial OR controlled clinical trial OR multicenter study) 25. 23 OR 24</p>			
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Table 9 Search strategy on the topic block: emotional neglect/abuse

PICO model				
P	Emotionally abused and/or neglected children			
I	A score for the symptom complexes: somatic symptom complex, psychological symptom complex, social symptom complex			
C	No score			
O	Recognition of emotional abuse and/or neglect			
Database	EMBASE (in Ovid)	CINHAL, PsycINFO & Eric (in Ovid)		PubMed
Date	07 November 2016	20 January 2017		20 January 2017
Hits	1018	572		557
Search strategy	1. emotional abuse/ 2. psychological abuse.af. 3. emotional neglect.af. 4. psychological neglect.af. 5. 1 OR 2 OR 3 OR 4 6. (screening tool OR screening OR score OR instrument OR assessment OR checklist OR scoring OR questionnaire OR survey).af. 7. 5 AND 6 8. (Identification OR detect OR detection OR diagnosis OR diagnose OR recognize OR discover).af. 9. 7 AND 8 10. (infant OR newborn OR toddler OR child OR adolescent OR teenager).af. 11. 7 AND 10	1. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 2. "psychological abuse" OR "emotional abuse" OR "emotional maltreatment" OR "emotional neglect" 3. "child neglect" OR "child psychological maltreatment" OR "child maltreatment" 4. 1 AND 2 5. 3 OR 4 6. "screening tool" OR "screening" OR "score" OR "assessment" OR (MM "Scales") OR (MM "Checklists") OR (MM "Clinical Assessment Tools") OR (MM "Psychological Tests") OR (MM "Questionnaires") OR (MM "Life Histories") OR (MM "Behavior Rating Scales") OR (MM "Attitude Measures") OR (MM "Language Tests") OR (MM "Field Notes") OR (MM "Diaries") OR (MM "Daily Logs") OR "checklist" OR "scoring" OR (MM "Surveys+") OR "survey" OR "instrument" 7. identif* OR recogniz* OR recognis* OR detect* OR diagnose OR diagnosis OR discover* OR confirmation OR substantiate* OR confirm 8. 5 AND 6 AND 7 9. 9 NOT sex* Filter: published the last 10 years	1. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 2. "psychological abuse" OR "emotional abuse" OR "emotional maltreatment" OR "emotional neglect" 3. "child neglect" OR "child psychological maltreatment" OR "child maltreatment" 4. 1 AND 2 5. 3 OR 4 6. "screening tool" OR "screening" OR "score" OR "assessment" OR (MM "Scales") OR (MM "Checklists") OR (MM "Clinical Assessment Tools") OR (MM "Psychological Tests") OR (MM "Questionnaires") OR (MM "Life Histories") OR (MM "Behavior Rating Scales") OR (MM "Attitude Measures") OR (MM "Language Tests") OR (MM "Field Notes") OR (MM "Diaries") OR (MM "Daily Logs") OR "checklist" OR "scoring" OR (MM "Surveys+") OR "survey" OR "instrument" 7. identif* OR recogniz* OR recognis* OR detect* OR diagnose OR diagnosis OR discover* OR confirmation OR substantiate* OR confirm 8. 5 AND 6 AND 7 9. 9 NOT sex* Filter: published the last 10 years	(((((((((emotional abuse) OR psychological neglect) OR emotional neglect) OR psychological abuse) OR emotional maltreatment) OR psychological maltreatment)) AND (((("Child"[Mesh]) OR "Infant"[Mesh]) OR "Adolescent"[Mesh]))) AND (((((((((screening tool) OR screening) OR score) OR instrument) OR assessment) OR checklist) OR scoring) OR questionnaire) OR survey)) AND (((((((((identif*) OR recogniz*) OR recognis*) OR detect*) OR diagnose) OR diagnosis) OR discover*) OR confirmation) OR substantiate*) OR confirm) Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study; published in the last 10 years
Expanded search strategy for differential diagnosis				
Database	PubMed acc. to Springer et al., 2015			Hits
Date	02 January 2018			
Search strategy	1. (((((((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH])) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder))))))			9489

1. AND Spina bifida	30
1. AND Rickets	82
1. AND Prenatal cytomegalovirus infection	1
1. AND Prematurity	192
1. AND Leukemia	178
1. AND Anorexia nervosa	293
1. AND Wolcott–Rallison syndrome	0
1. AND Spondyloocular dysplasia	0
1. AND Spondyloepimetaphyseal dysplasia with joint laxity	0
1. AND Pycnodysostosis	2
1. AND Osteoporosis- pseudoglioma	0
1. AND Osteopetrosi	3
1. AND Osteoglophonic dysplasia	0
1. AND Osteocraniostenosi	0
1. AND Mucopolipidosis II	1
1. AND ((Menkes disease) OR Menkes kinky hair syndrome)	16
1. AND McCune–Albright syndrome	2
1. AND Lysinuric protein intolerance	1
1. AND Juvenile Paget disease	0
1. AND Idiopathic juvenile osteoporosis	1
1. AND Hypophosphatemic rickets	5
1. AND Hypophosphatasia	2
1. AND Hallermann–Streiff syndrome	0
1. AND Hajdu–Cheney syndrome	0
1. AND Geroderma osteodysplastica	0
1. AND Gaucher disease	5
1. AND Familial expansile osteolysis	0
1. AND De Barsy syndrome	0
1. AND Congenital insensitivity to pain	10
1. AND Cole–Carpenter dysplasia	0

1. AND Calvarial doughnut hole osteoporosis	0
1. AND Bruck syndrome	1
1. AND Sanfilippo syndrome	2
1. AND ((Glutaric aciduria type II) OR Glutaric acidemia type II)	0
1. AND homocystinuria	1
1. AND ((Congenital Disorders of Glycosylation) OR CDG-Syndrome)	5
1. AND ((methylmalonic aciduria) OR methylmalonic acidemia)	2
1. AND (((Job's syndrome) OR Job syndrome) OR Hyper-IgE syndrome)	2886
1. AND Biliary Atresia	16
1. AND "Turner Syndrome"[Mesh]	9
1. AND "Scurvy"[Mesh]	14
1. AND Pycnodysostosis	2
1. AND Gardner-Diamond syndrome	20
1. AND fibromuscular dysplasia	3
1. AND (((((AV-Malformation) OR Arteriovenous Malformations) OR vascular malformations)) AND cerebral)	17
1. AND (((((AV-Malformation) OR Arteriovenous Malformations) OR vascular malformations)) AND cerebral)	7
1. AND ((aneurysm) AND cerebral)	20
1. AND hydrocephalus	75
1. AND (((carbon) AND monoxide)) AND ((poisoning) OR intoxication))	70
1. AND (((((hypertensive) AND urgency)) OR ((crisis) AND hypertensive)) OR ((hypertensive) AND emergency))	8
1. AND "Vasculitis"[Mesh]	46
1. AND ((congenital) AND Syphilis)	42
1. AND Osteomyelitis	54
1. AND((((infantile) AND cerebral) AND palsy) OR "Cerebral Palsy"[Mesh])	86
1. AND ((chondrodysplasia) OR "Osteochondrodysplasias"[Mesh])	125
1. AND Osteogenesis imperfecta	113

<p>social*).af.</p> <p>24. unsociable.af.</p> <p>25. ((lack OR poor* OR avoid*) adj3 communicat*).af.</p> <p>26. (watchful Or wary OR vigilan*).af.</p> <p>27. (unhappiness OR unhappy).af.</p> <p>28. (overly responsible OR perfectionis*).af.</p> <p>29. attention deficit disorder/</p> <p>30. disruptive behavior disorder.af.</p> <p>31. 29 AND 30</p> <p>32. conduct disorder/</p> <p>33. aggression/</p> <p>34. (((aggression OR aggressive*) adj3 behavio*) OR ((aggression OR aggressive*) adj3 escalat*).af.</p> <p>35. acting out.af.</p> <p>36. out of control.af.</p> <p>37. ((chaotic* OR challenging) adj3 behavio*).af.</p> <p>38. (bully* OR bullie\$).af.</p> <p>39. anger/</p> <p>40. ((destructive* OR disruptive*) adj3 behav*).af.</p> <p>41. Impulsive Behavior.af.</p> <p>42. impulse control.af.</p> <p>43. (impulsive* OR impulsivity OR impulse control).af.</p> <p>44. developmental disorder/</p> <p>45. child development/</p> <p>46. child behavior/</p> <p>47. Personality Development.af.</p> <p>48. ((chang* OR alter* OR deviat* OR transition\$) adj3 personality).af.</p> <p>49. learned helplessness/</p> <p>50. sad.af.</p> <p>51. social behavior/</p> <p>52. (Attention Deficit Disorder with Hyperactivity OR ADHD).af.</p> <p>53. avoidant attention.af.</p> <p>54. (normative adj3 avoidance).af.</p> <p>55. (abandoned OR abandonment\$).af.</p> <p>56. psychological neglect.af.</p> <p>57. (((lack* OR absen* OR fail*) adj3 care*) OR ((lack* OR absen* OR fail*) adj3 childcare)).af.</p> <p>58. (((social* OR emotional* OR psychosocial* OR contact OR psychological*) adj3 deprived) OR ((social* OR emotional* OR psychosocial* OR contact OR psychological*) adj3 deprivation)).af.</p>	<p>18. (psychological OR contact OR psychosocial OR emotional OR social) AND deprivation</p> <p>19. (MH "Dissociative Disorders+")</p> <p>20. (MM "Facial Expression") OR "facial expression"</p> <p>21. "Speech delay or Language delay" OR (MH "Language Disorders+")</p> <p>22. (MM "Reactive Attachment Disorder")</p> <p>23. Emotional skills or Social skills</p> <p>24. "Apparent compliance or Language comprehension deficit or Grasp of reality" OR "cognitive delay or cognitive stimulation"</p> <p>25. "Apparent compliance or Language comprehension deficit or Grasp of reality" OR "cognitive delay or cognitive stimulation"</p> <p>26. (MH "Stress, Psychological+")</p> <p>27. (MH "Growth Disorders+")</p> <p>28. (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered baby"</p> <p>29. maltreat or mistreat or deprive or ignore</p> <p>30. 1 OR 28 OR 29</p> <p>31. 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27</p> <p>32. 1 AND 31</p> <p>33. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>34. 32 AND 33</p>	<p>persecut*) OR "Language Disorders"[Mesh] OR (((perspective taking) OR demanding) OR poor concentration)) OR listless*) OR isolated) OR ((inhibited) OR disinhibited)) OR "Reactive Attachment Disorder"[Mesh] OR ((emotional skills) OR social skills)) OR ((false positive affect) OR touch sensitive)) OR (((apparent compliance) OR language comprehension deficit) OR grasp of reality)) OR immatur*) OR impatien*) OR "Socialization"[Mesh] OR ((cognitive delay) OR cognitive* stimulat*)) OR ((attachment disorder) OR eye contact) OR ((psychological) AND stress)) OR ((stunting) AND growth)) OR stunt* growth) OR hospitalism) OR (((environmental retardation) OR affect deprivation) OR emotional* depriv*)) OR "Failure to Thrive"[Mesh] OR ((failure to thrive) AND (emotion* OR nonorganic OR non-organic)) OR ((failure to thrive) AND (abus* OR neglect* OR maltreat* OR mistreat* OR depriv* OR psych*)) OR (((fail* OR inadequa*)) AND emotional support)) OR ((unkempt) OR ungrounded)) OR "Social Isolation"[Mesh] OR unhealthy appearance*) OR internal-external control) OR ((Internal*) AND extern*)) OR ((anxiety) OR anxious) OR anguish)) OR ((withdrawal) OR apath*)) OR ((indifferen*) OR disinterest*)) OR (((lack* OR low OR flat*)) AND (affect OR emotion*)) OR ((clingy) OR clinginess)) OR (((attention OR affection* OR love)) AND (inappropriate* OR improper* OR unsuitabl*)) AND (((("Adolescent"[Mesh] OR "Child"[Mesh] OR "Infant"[Mesh])) AND (((((((("Shaken Baby Syndrome"[Mesh] OR "Battered Child Syndrome"[Mesh] OR ("Child Abuse"[Mesh] OR "Domestic Violence"[Mesh])) OR ((child abuse survivor) OR child neglect)) OR ((child) AND maltreatment)) OR ((maltreatment) AND psychological)) OR sexual exploitation) OR sexual violence) OR (((((non accidental injur*) OR abusive injur*) OR abusive trauma) OR non accidental trauma) OR non-accidental injur*) OR non-accidental trauma)) OR (((maltreat*) OR mistreat*) OR deprive*) OR ignor*) OR ((emotion* neglect) OR emotion* abus*) OR emotion* harm*)) AND (((clinical OR medical OR psychological)) AND (observation OR assessment OR investigation OR checkup OR check-up OR diagnosis OR diagnostic tool OR assessment tool OR pattern recognition OR detect* OR classification OR risk assessment))</p> <p>Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study; published in the last 10 years</p>
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<p>59. unsupervised.af.</p> <p>60. (temper OR hostile* pr hypervigilant*).af.</p> <p>61. Child Behavior Disorders.af.</p> <p>62. (rage OR raging OR rageful).af.</p> <p>63. attun*.af.</p> <p>64. nonverbal communication/</p> <p>65. Sensory integration.af.</p> <p>66. Dissociat*.af.</p> <p>67. dissociative disorder/</p> <p>68. (Dysregulation OR Affect mirroring).af.</p> <p>69. facial expression/</p> <p>70. Mind-mindedness.af.</p> <p>71. abject relation/</p> <p>72. attachment.af.</p> <p>73. persecute*.af.</p> <p>74. (Speech delay OR Language delay).af.</p> <p>75. Language Disorders.af.</p> <p>76. (Perspective taking OR demanding OR poor concentration).af.</p> <p>77. listless*.af.</p> <p>78. Isolated.af.</p> <p>79. social isolation/</p> <p>80. (Inhibited OR Disinhibited).af.</p> <p>81. Reactive Attachment Disorder.af.</p> <p>82. (Emotional skills OR social skills).af.</p> <p>83. (False positive affect OR touch sensitive).af.</p> <p>84. (apparent compliance OR language comprehension deficit OR grasp of reality).af.</p> <p>85. Immatur*.af.</p> <p>86. impatien*.af.</p> <p>87. socialization/</p> <p>88. (cognitive delay OR cognitive* stimulat*).af.</p> <p>89. (attachment disorder OR eye contact).af.</p> <p>90. (psychological AND stress).af.</p> <p>91. ((stunting AND growth) OR stunt* growth).af.</p> <p>92. Hospitalism.af.</p> <p>93. (environmental retardation OR affect deprivation OR emotional* depriv*).af.</p> <p>94. connect 1 to 93 with OR</p> <p>95. shaken baby syndrome.af.</p> <p>96. battered child syndrome.af.</p> <p>97. child abuse/ OR domestic violence/ OR child abuse survivor/ OR child neglect/ OR child sexual abuse/</p>		
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	<p>98. (maltreatment AND child).af.</p> <p>99. (maltreatment AND psychological).af.</p> <p>100. ((sexual exploitation OR sexual violence) AND child).af.</p> <p>101. ((non accidental injury OR abusive injury OR abusive trauma OR non accidental trauma) AND child).af.</p> <p>102. (maltreat* OR mistreat* OR depriv* OR ignor*).af.</p> <p>103. (emotion* neglect* OR emotion* abus* OR emotion* harm*).af.</p> <p>104. connect 95 to 103 with OR</p> <p>105. (infant OR newborn OR toddler OR baby OR babies OR neonat* OR child OR adolescent OR teenager).af.</p> <p>106. 104 AND 105</p> <p>107. ((Clinical OR medical OR psychological) AND (observation OR assessment OR investigation OR checkup OR diagnosis)).af.</p> <p>108. ((clinical* OR medical* OR psychological*) AND (diagnostic tool OR assessment tool OR pattern recognition OR detect* OR classification OR risk assessment)).af.</p> <p>109. 107 OR 108</p> <p>110. 94 AND 106 AND 109</p> <p>111. limit 110 to (evidence based medicine OR consensus developed OR meta analysis OR outcomes research OR “systematic review”)</p> <p>112. limit 110 to (clinical trial OR randomized controlled trial OR controlled clinical trial OR multicenter study)</p> <p>113. 111 OR 112</p> <p>114. limit 113 to last 5 years</p>		
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Table 11 Search strategy on the topic block: forensic interview

PICO model				
P		Children aged 3 to 10 where a threat to child welfare is suspected		
I		A structured interview (forensic interview) by an experienced professional in child protection health care in an initial contact situation in a child protection group or child protection out-patient centre and/or admission to a children's hospital with a child protection group		
C		A child's spontaneous expression or statement about and/or abuse and/or neglect or admission to a youth welfare institution with a clearing service		
O		Diagnosing or confirming a diagnosis of a threat to child welfare		
Database		EMBASE	CINHAL, ERIC & PsycINFO	PubMed
Search	Date	16 December 2016	18 January 2017	18 January 2017
	Hits	595	168	292
Search strategy		<p>1. shaken baby syndrome.af.</p> <p>2. battered child.af.</p> <p>3. child abuse/ or domestic violence/ or child ause survivor/ or child neglect/ or child sexual abuse/</p> <p>4. (maltreatment and child).af.</p> <p>5. (maltreatment and psychological).af.</p> <p>6. ((Sexual exploitation or sexual violence) and child).af.</p> <p>7. ((non accidental injury or abusive injury or abusive trauma or non accidental trauma).af.</p> <p>8. Munchausensyndrome by proxy/</p> <p>9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8</p> <p>10. structure interview/</p> <p>11. forensic interview.af.</p> <p>12. anamnesis/</p> <p>13. (case history or medical history).af.</p> <p>14. (child abuse specialist or child abuse pediatrician or (Child protection officer or child advocacy center or child protection team)).af.</p> <p>15. ((expert or expertise) and (child abuse or child maltreatment or child neglect or child sexual abuse)).af.</p> <p>16. (Safeguarding and childrens hospital).af.</p> <p>17. cognitive development/ or mental development/</p> <p>18. ((statement or disclosure or comment or expression or remark or report) adj3 (offhand or voluntary or impulsive or spontaneous)).af.</p> <p>19. episodic memory/</p> <p>20. Clearinghouse.af.</p> <p>21. child protection/</p> <p>22. institutional care/</p> <p>23. (Out-of-home care or (state care or children's home or children's emergency shelter or children's accommodation)).af.</p>	<p>1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>2. "emotional maltreatment" OR "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>3. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>4. 2 AND 3</p> <p>5. 1 OR 4</p> <p>6. "forensic interview" OR (MM "Structured Interview") OR (MH "Interviews+")</p> <p>7. "anamnesis" OR "case history" OR "medical history"</p> <p>8. 6 or 7</p> <p>9. "child abuse specialist" OR "child protection officer" OR "child advocacy center" OR "Child protection team"</p> <p>10. "expert" OR "expertise" OR "experienced" OR "skilled"</p> <p>11. (MM "Child Abuse+") OR (MM "Child Abuse, Sexual") OR "child maltreatment"</p> <p>12. 10 AND 11</p> <p>13. 9 OR 12</p> <p>14. 5 AND 8 AND 13</p>	<p>((("Child Abuse, Sexual"[Mesh]) OR ((((((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]))) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder)))))) AND (((((Structured Interview) OR forensic interview) OR abuse interview) OR "Medical History Taking"[Mesh]) OR ("Psychiatric Status Rating Scales"[Mesh] OR "Interview, Psychological"[Mesh] OR "Interviews as Topic"[Mesh]))) AND (((((((child protection team) OR child advocacy centre) OR child advocacy center) OR "Ambulatory Care Facilities"[Mesh]) OR child abuse pediatrician) OR child abuse paediatrician) OR child protection officer) OR child protection officers) OR (child AND protect*)) Filters: published in the last 10 years</p>

	24. 10 or 11 or 12 or 13 25. 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 26. 24 and 25		
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Table 12 Search strategy on the topic block: fractures

PICO model			
P	Children aged 0 to 18 with unclear fracture or fracture that may indicate		
I	Detecting classical metaphyseal fractures, rib fractures, scapula fractures, sternum fractures, spinal process fractures, vertebral fractures, finger fractures, complex skull fractures, pelvic fractures or comminuted fracture, spiral fracture, impression fracture, several fractures, fractures of different ages		
C	Detecting subperiosteal ossification, clavicle fractures, long bone fractures and simple skull fractures or a transverse fracture, shearing fracture, bending fracture, or longitudinal fracture		
O	Diagnosing or confirming the diagnosis of child		
Database	EMBASE (in Ovid)	CINHAL, PsycINFO & Eric (in Ovid)	PubMed
Date	07 November 2016	11 January 2017	11 January 2017
Hits	72	127	67
Search strategy	<ol style="list-style-type: none"> 1. exp child abuse/ 2. exp child protection/ 3. battered child syndrome 4. shaken baby syndrome/ 5. battered baby.af. 6. 1 OR 2 OR 3 OR 4 OR 5 7. (child OR infant OR baby).af. 8. non-accidental injur*.af. 9. non-accidental trauma.af. 10. soft tissue injur*.af. 11. exp physical abuse/ 12. 8 OR 9 OR 10 OR 11 13. 7 AND 12 14. 6 OR 13 15. exp fracture/ 16. 14 AND 15 17. (investigat* adj3 fract*).af. 18. (radiolog* adj3 fractur*).af. 19. (roentgen* adj3 fract*).af. 20. skeletal survey.af. 21. bone scan*.af. 22. isotope bone scan*.af. 23. exp radioisotope/ 24. exp scintigraphy/ 25. exp tomography/ 26. ((paediatric OR pediatric) adj3 radiolog*).af. 27. ((paediatric OR pediatric) adj3 nuclear medicine).af. 28. 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 29. (ageing adj3 fractur*).af. 30. ((dating OR date) adj3 fractur*).af. 31. (pattern* adj3 fractur*).af. 32. healing.af. 33. 29 OR 30 OR 31 OR 32 34. 16 AND 28 AND 33 35. limit 34 to yr="2008 –Current" 	<ol style="list-style-type: none"> 1. TX Child Abuse 2. TX Child Advocacy OR TX child protection 3. TX Battered Child Syndrome 4. TX Shaken Baby Syndrome 5. TX battered baby 6. 1 OR 2 OR 3 OR 4 OR 5 7. TX Soft Tissue Injur* 8. TX non-accidental trauma 9. TX non-accidental injur* 10. TX Physical Abuse 11. TX Child OR infant OR baby 12. 7 OR 8 OR 9 OR 10 13. 11 AND 12 14. 6 OR 13 15. TX fracture* 16. 14 AND 15 17. TX investigat* AND fract* 18. TX radiolog* AND fractur* 19. TX roentgen AND fract* 20. TX skeletal survey 21. TX bone scan* 22. TX isotope bone scan* 23. TX isotope* 24. TX scintigraphy 25. TX tomography 26. TX (paediatric OR pediatric) AND TX radiolog* 27. TX (paediatric OR pediatric) AND TX nuclear medicine 28. 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 29. TX (ageing OR aging) AND TX fractur* 30. TX (dating OR date) AND TX fractur* 31. TX pattern AND TX fractur* 32. TX healing 33. 29 OR 30 OR 31 OR 32 34. 16 AND 28 AND 33 	<p>(((((("Child"[Mesh]) OR "Child, Preschool"[Mesh]) OR "Infant"[Mesh])) AND (((non-accidental injur*) OR non-accidental trauma) OR "Soft Tissue Injuries"[Mesh]) OR "Physical Abuse"[Mesh])) OR (((("Child Abuse"[Mesh]) OR "Child Advocacy"[Mesh]) OR child protection) OR "Battered Child Syndrome"[Mesh]) OR "Shaken Baby Syndrome"[Mesh]) OR battered baby))) AND "Fractures, Bone"[Mesh]) AND (((((((investigat* AND fractur*)) OR ((radiolog* AND fractur*)) OR ((roentgen AND fractur*)) OR skeletal survey) OR isotope bone scan*) OR "Radioisotopes"[Mesh]) OR "Radionuclide Imaging"[Mesh]) OR ("Tomography, X-Ray Computed"[Mesh] OR "Tomography"[Mesh]) OR (((paediatric OR pediatric) AND radiolog*)) OR (((paediatric OR pediatric) AND nuclear medicine))) AND (((((ageing OR aging) AND fractur*)) OR (((dating OR date) AND fractur*)) OR ((pattern) AND fractur*)) OR "Fracture Healing"[Mesh])</p>

Table 13 Search strategy on the topic block: early recognition of families' need for support and assistance

PICO model				
P	New-borns			
I	Use of a screening form (e.g. LupE, Wilhelm or Anhalts forms) in the maternity clinic and/or deployment of a <i>Babytse</i> (hospital contact persons for families with problems)			
C	No use of screening forms or <i>Babytse</i>			
O	Early detection of internal family problems and/or maternal mental illness that pose a threat to child welfare and need for support			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	14 November 2016	5 October 2016	5 September 2016
Hits	264	526	171	435
Search strategy	1. infant/ 2. pregnancy/ OR adolescent pregnancy/ OR first trimester pregnancy/ OR mother fetus relationship/ OR second trimester pregnancy/ OR third trimester pregnancy/ OR unplanned pregnancy/ OR unwanted pregnancy/ 3. newborn.af. 4. screening/ OR diagnostic procedure/ OR investigative procedures/ OR screening test/ 5. assessment.af. 6. questionnaire/ OR data collection method/ OR open ended questionnaire/ OR structured questionnaire/ 7. instrument.af. 8. scale.af. 9. 4 OR 5 OR 6 OR 7 OR 8 10. 1 OR 2 OR 3 11. 9 AND 10 12. child abuse/ OR abuse/ OR domestic violence/ OR child abuse survivor/ OR child neglect/ OR child sexual abuse/ 13. prevention/ OR prevention and control/ OR primary prevention/ OR protection/ 14. 12 AND 13 15. 11 AND 14 16. child maltreatment.af. 17. 12 OR 16 18. 13 AND 17 19. 11 AND 18	1. (MH "Infant+") OR (MM "Infant, Drug-Exposed") OR (MM "Infant, High Risk") OR (MM "Infant, Hospitalized") OR (MM "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 2. ("high risk family" OR "at risk family" OR (MH "Risk Factors+")) 3. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR "child maltreatment" OR "child neglect" OR "emotional neglect" OR "child psychological neglect" OR (MM "Domestic Violence") OR "child exploitation" OR (MH "Shaken Baby Syndrome") OR "battered child" OR "battered child syndrome") 4. 2 AND 3 5. (MH "Mental Disorders+") 6. (MH "Mothers+") 7. 5 AND 6 8. 4 OR 7 9. ("Screening" OR (MH "Health Screening+") OR "assessment" OR (MH "Questionnaires+") OR "instrument" OR (MM "Scales") OR "diagnostic procedures" OR "screening test") 10. (MH "Pregnancy+") OR (MM "Pregnancy Trimesters") OR (MM "Pregnancy, Unplanned") OR (MM "Pregnancy, Unwanted") 11. (MM "Needs Assessment") OR "assistance need" OR (MH "Support, Psychosocial") 12. 9 OR 11 13. 1 AND 8 AND 12	1. exp home visiting programs/ 2. community services/ 3. nurse home visit*.af. 4. 1 OR 2 OR 3 5. prevention.af. 6. exp EXPECTANT MOTHERS/ OR exp MOTHERS/ 7. 4 AND 5 AND 6 8. (Screening OR assessment OR questionnaire OR instrument OR scale).af. 9. 7 AND 8	(((Infant, Newborn [MeSH]) AND (((child abuse [MeSH]) AND (high risk family OR at risk family OR risk factors [MeSH]))) OR (mental disorder [MeSH] AND Mother*)))) AND ((Screening OR assessment OR questionnaire OR instrument OR scale OR Birth clinic OR hospital OR maternity ward OR hospital, maternity [MeSH] OR Birthing Centers [MeSH])) AND (((assistance OR help OR support OR aid OR needs)) AND (((identify OR discover OR diagnose OR diagnosis OR detect OR confirm)) AND (((child abuse [MeSH]) AND (high risk family OR at risk family OR risk factors [MeSH]))) OR (mental disorder [MeSH] AND Mother*))))

Additional (later) search strategies		
Database	Pubmed Turnbull to 2012	Pubmed Turnbull Update 2012-2017
Date	23 February 2017	23 February 2017

Hits	347	162
Search strategy	<pre>((((home) OR visit*)) AND ((drug) OR alcohol)) AND (((infant*) OR pregnancy*) OR newborn))) AND random* Filter: last 5 years</pre>	<pre>(((screen*) AND ((infant*) OR pregnancy*) OR newborn)) AND (maltreatment OR abuse OR neglect))) AND random*</pre>

Table 14 Search strategy on the topic block: child siblings

PICO model			
P	Children aged 0 to 18 where a threat to child welfare has been confirmed		
I	Presenting siblings to an experienced professional in child protection health care or to a child protection out-patient centre, information from the Youth Welfare Office responsible for the siblings, x-ray screening of siblings or other children under 3 who live in the same household		
C	None of the above measures		
O	Diagnosis of child and/or neglect and/or abuse		
Database	EMBASE (in Ovid)	CINHAL, PsycINFO & Eric (in Ovid)	PubMed
Date	4 November 2016	12 January 2017	12 January 2017
Hits	573	187	67
Search strategy	<p>1. shaken baby syndrome.af</p> <p>2. battered child syndrome.af</p> <p>3. child abuse/ or domestic violence/ or child abuse survivor/ or child neglect/ or child sexual abuse/</p> <p>4. (maltreatment and child).af.</p> <p>5. (maltreatment and psychological).af.</p> <p>6. ((sexual exploitation or sexual violence) and child).af.</p> <p>7. ((non accidental injury or abusive injury or abusive trauma or non accidental trauma) and child).af.</p> <p>8. Munchausen syndrome by proxy/</p> <p>9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8</p> <p>10. (substantiated and (child abuse or child maltreatment)).af.</p> <p>11. sibling/</p> <p>12. step-brother or step-sister or step-sibling).af.</p> <p>13. (half-brother or half-sister or half-sibling).af.</p> <p>14. (children adj3 same household).af.</p> <p>15. (foster brother or foster sister or foster sibling or foster child*).af.</p> <p>16. (offspring or descendant or cousin).af.</p> <p>17. 11 or 12 or 13 or 14 or 15 or 16</p> <p>18. 9 and 17</p>	<p>1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>2. "emotional maltreatment" OR "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>3. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>4. 2 AND 3</p> <p>5. 1 OR 4</p> <p>6. "children in the same household" OR (MM "Siblings") OR "brother*" OR "sister*" OR (MM "Child, Foster") OR "foster child*" OR "offspring" OR "descendant" OR "cousin*"</p> <p>7. 5 AND 6</p> <p>8. "Child protection team" OR "Child protection service" OR "Child protective services" OR "outpatient clinic" OR "child advocacy center" OR "child abuse padiatrician" OR "child protection officer"</p> <p>9. "social service*" OR "child welfare service" OR "youth welfare service"</p> <p>10. "skeletal survey" OR "skeletal screening"</p> <p>11. 8 OR 9 OR 10</p> <p>12. 7 AND 11</p> <p>13. "Identificat*" OR "recognize" OR "recognise" OR conspicuous OR notice OR catch attention OR seek OR treat OR handle OR deal with OR information OR informing OR screening OR survey OR detect OR identify OR retrieve</p> <p>14. 7 AND 13</p>	<p>(((((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH])) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder)))) AND (((("Siblings"[Mesh]) OR child in the same household) OR (step sister OR step brother OR half sister OR half brother)) OR ((foster sister OR foster brother OR cousin)))) AND (((((((("Child Protective Services"[Mesh]) OR child protection team) OR ((child advocacy centre) OR child advocacy center)) OR "Ambulatory Care Facilities"[Mesh]) OR ((child abuse pediatrician) OR child abuse paediatrician)) OR (child protection officer OR child protection officers)) OR (skeletal survey OR skeletal screening)))) OR ((child AND protect* AND service*)) OR child protection) OR "Child Welfare"[Mesh])</p>

Table 15 Search strategy on the topic block: haematomas

PICO model				
P	Children aged 0 to 18 with haematomas			
I	Determining the distribution pattern and shape of haematomas			
C	Determining the number of haematomas			
O	Diagnosis of child			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	02 November 2016	15 December 2016	11 January 2017	11 January 2017
Hits	1224	156	111	41
Search strategy	1. (infant OR child*).af. 2. adolescent.af. 3. 1 OR 2 4. (hematoma OR haematoma).af. 5. Bruis*.af. 6. petechiae.af. 7. ecchymoses.af. 8. 5 OR 6 OR 7 9. 3 AND 8 10. limit 9 to yr="2012 – Current"	1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 2. "emotional maltreatment" OR "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive head injur*" OR "abusive head trauma" OR "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*" 3. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 4. 2 AND 3 5. 1 OR 4 6. (MM "Hematoma+") OR "haematoma" OR "Bruis*" OR "petechiae" OR (MM "Ecchymosis") 7. (MM "Diagnosis+") OR "diagnose" OR "Identificat*" OR "recognize" OR "recognise" 8. 5 AND 7 9. "shape" OR "form" OR "pattern" OR (MM "Injury Pattern") OR "distribution" OR "description" 10. 5 AND 6 AND 9 11. 1 AND 6 AND 7 12. 6 AND 9 13. 10 OR 11 OR 12	1. bruise* 2. hematoma* OR haematoma* 3. contusion* 4. Purpura 5. Ecchymosis 6. 1 OR 2 OR 3 OR 4 OR 5 7. child abuse 8. Shaken Baby Syndrome 9. Battered Child Syndrome 10. non accidental trauma OR non accidental injur* OR non-accidental trauma OR non-accidental injur* 11. 7 OR 8 OR 9 OR 10 12. 6 AND 11 13. limit 12 to childhood (birth-12 yrs) 14. limit 12 to adolescence (13-17 yrs) 15. 13 OR 14	(((("Hematoma"[Mesh]) OR "Contusions"[Mesh]) OR "Purpura"[Mesh]) OR "Ecchymosis"[Mesh])) AND (((("Child Abuse"[Mesh]) OR "Shaken Baby Syndrome"[Mesh]) OR "Battered Child Syndrome"[Mesh]) OR (non accidental trauma OR non accidental injur* OR non-accidental trauma OR non-accidental injur*)) Filters: Systematic Reviews; Meta-Analysis; Clinical Study; Clinical Trial; Controlled Clinical Trial; Guideline; Multicenter Study; Pragmatic Clinical Trial; Randomized Controlled Trial; Comparative Study; Child: birth-18 years

Table 16 Search strategy on the topic block: information exchange in case of maternal psychological stress

PICO model				
P	Children aged 0 to 3 whose mother is mentally ill			
I	Mandatory exchange of information between the mother's attending psychiatrist and gynaecologist or the paediatrician			
C	No information exchange between the mother's attending psychiatrist and gynaecologist or the paediatrician			
O	Avoiding a threat to the child's welfare			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	14 November 2016	05 October 2016	05 September 2016
Hits	344	133	47	294
Search strategy	<p>1. (pregnancy OR pregnant OR expectant mother OR mother*).af.</p> <p>2. (mental disorder OR mental disease).af.</p> <p>3. 1 AND 2</p> <p>4. (obstetrician OR gynecologist OR psychiatrist OR pediatrician OR paediatrician).af.</p> <p>5. (information exchange OR sharing OR cooperation OR communication OR collaboration OR program guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation).af.</p> <p>6. 3 AND 4 AND 5</p>	<p>1. "information exchange" OR "sharing" OR "cooperation" OR "communication" OR (MM "Collaboration") OR "collaboration" OR "program guidance" OR "pathway" OR (MM "Practice Guidelines") OR (MH "Protocols+") OR "process" OR "procedure" OR (MH "Diagnosis+") OR "approach" OR "assessment" OR "best-practice" OR "action" OR "strategy" OR "policy" OR "care" OR "network" OR "co-operation"</p> <p>2. "Mandatory" OR "obligatory" OR "forced" OR "compulsory"</p> <p>3. 1 AND 2</p> <p>4. (MH "Psychiatric Care+") OR "psychiatrist"</p> <p>5. (MH "Mothers") OR (MM "Expectant Mothers") OR (MH "Pregnancy")</p> <p>6. (MH "Mental Disorders+") OR "mental illness"</p> <p>7. 5 AND 6</p> <p>8. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") OR "child neglect" OR "child psychological maltreatment" OR "child exploitation" OR "child maltreatment" OR (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>9. "emotional neglect" OR (MH "Factitious Disorders+") OR "abusive trauma" OR "non-accidental trauma" OR "non-accidental injur*" OR "non-accidental injur*" OR "abusive injur*"</p> <p>10. (MM "Child, Preschool") OR (MH "Infant+") OR (MH "Child+") OR (MH "Infant, Newborn+")</p> <p>11. 9 AND 10</p> <p>12. 8 OR 11</p> <p>13. "prevent" OR "prevention" OR "stop" OR end</p>	<p>1. ((pregnancy or pregnant or expectant mother or mother*) and mental disorder).af.</p> <p>2. (obstetrician or gynecologist or psychiatrist or pediatrician or paediatrician).af.</p> <p>3. (information exchange or sharing or cooperation or communication or collaboration or program guidance or pathway or guideline or protocol or process or procedure or diagnosis or approach or assessment or best-practice or action or strategy or policy or care or network or collaboration or co-operation).af.</p> <p>4. 1 AND 2 AND 3</p> <p>5. [limit 4 to (100 childhood <birth to age 12 yrs> OR 120 neonatal <birth to age 1 mo> OR 140 infancy <2 to 23 mo> OR 160 preschool age <age 2 to 5 yrs>)]</p>	<p>(((((Child, Preschool [MeSH] OR Infant [MeSH] OR Infant, Newborn [MeSH]))) AND ((Mother* AND mental disorder [MeSH]))) AND ((information exchange OR sharing OR cooperation OR communication OR collaboration OR program guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation))) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp])))) AND (((obstetrician OR gynecologist OR psychiatrist OR pediatrician OR paediatrician)) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp]))) Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Practice Guideline; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study((((Child, Preschool [MeSH] OR Infant [MeSH] OR Infant, Newborn [MeSH]))) AND ((Mother* AND mental disorder [MeSH]))) AND ((information exchange OR sharing OR cooperation OR communication OR collaboration OR program</p>

		14. 12 AND 13 15. 7 AND 14		guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation))) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp]))) AND (((obstetrician OR gynecologist OR psychiatrist OR pediatrician OR paediatrician)) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp]))) Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Practice Guideline; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study
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Expanded search strategy for information exchange in case of maternal psychological stress

Database	PubMed	
Date	14 December 2017	Hits
Search strategy	<p>(((((((Child, Preschool [MeSH] OR Infant [MeSH] OR Infant, Newborn [MeSH]))) AND ((Mother* AND mental disorder [MeSH]))) AND ((information exchange OR sharing OR cooperation OR communication OR collaboration OR program guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation))) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp]))) NOT (((((((obstetrician OR gynecologist OR psychiatrist OR pediatrician OR paediatrician)) AND ((systematic[sb] OR Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp])))) AND ((((((Child, Preschool [MeSH] OR Infant [MeSH] OR Infant, Newborn [MeSH]))) AND ((Mother* AND mental disorder [MeSH]))) AND ((information exchange OR sharing OR cooperation OR communication OR collaboration OR program guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation))) AND ((systematic[sb] OR</p>	991

	<p>Randomized Controlled Trial[ptyp] OR Pragmatic Clinical Trial[ptyp] OR Practice Guideline[ptyp] OR Observational Study[ptyp] OR Multicenter Study[ptyp] OR Meta-Analysis[ptyp] OR Guideline[ptyp] OR Controlled Clinical Trial[ptyp] OR Comparative Study[ptyp] OR Clinical Trial[ptyp] OR Clinical Study[ptyp])))) Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Practice Guideline; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study</p>	
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Table 17 Search strategy on the topic block: preventive medical check-ups for children

PICO model				
P	Children aged 3 to 12			
I	Mandatory preventive medical check-ups U7a (age 3) to U9 (age 5) and U10 (age 7-8) and U11 (age 9-10) as suggested by the BVKJ (German Professional Association of Paediatricians)			
C	No check-ups			
O	Recognising, determining or avoiding a threat to child welfare			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	4 November 2016	3 October 2016	11 January 2017	11 January 2017
Hits	176	145	120	517
Search strategy	<p>1. shaken baby syndrome.af.</p> <p>2. battered child syndrome.af.</p> <p>3.(child abuse OR domestic violence OR child abuse survivor OR child neglect OR child sexual abuse).af.</p> <p>4. (maltreatment AND (child OR infant OR adolescent)).af.</p> <p>5. maltreatment AND psychological</p> <p>6. ((sexual exploitation OR sexual violence) AND child).af.</p> <p>7. ((non accidental injury OR abusive injury OR abusive trauma OR non accidental trauma) AND (child OR infant OR adolescent)).af.</p> <p>8. Munchausen syndrome by proxy.af.</p> <p>9. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8</p> <p>10. (medical examination OR examination OR clinical examination OR functional assessment OR periodic medical examination).af.</p> <p>11. (early detection screening OR mass screening OR survey).af.</p> <p>12. physical examination.af.</p> <p>13. (checkup OR check-up).af.</p> <p>14. (allergic reactions OR allergies).af.</p> <p>15. (behavior* disorder OR socialization difficulties OR social disorder OR behavioural difficulties OR behavior* disorder OR behavioral difficulties).af.</p> <p>16. (childhood obesity OR (body weight disorder OR obesity OR underweight)).af.</p> <p>17. (language development OR speech development).af.</p> <p>18. (dental abnormalities OR jaw occlusion OR oral abnormalities).af.</p> <p>19. head to toe examination.af.</p> <p>20. (sight test OR eye test OR</p>	<p>1. MH "Child abuse"</p> <p>2. TX child W3 abuse OR TX child W3 maltreatment</p> <p>3. 1 OR 2</p> <p>4. TX medical N5 assessment OR TX medical N5 examination OR TX medical N5 evaluation OR MH ("Physical Examination+") OR TX physical N3 examination</p> <p>5. child* OR infan* OR adolescen* OR toddler OR neonat* OR newborn* OR baby OR babies</p> <p>6. munchausen OR shaken OR neglect* OR batter* OR non-accidental injur* OR maltreatment OR child abuse OR sexual exploitation OR sexual violence</p> <p>7. 5 AND 6</p> <p>8. 3 OR 7</p> <p>9. 4 AND 8</p> <p>10. 4 AND 8</p>	<p>1. MH "Child abuse"</p> <p>2. TX child W3 abuse OR TX child W3 maltreatment</p> <p>3. 1 OR 2</p> <p>4. TX medical N5 assessment OR TX medical N5 examination OR TX medical N5 evaluation OR MH ("Physical Examination+") OR TX physical N3 examination</p> <p>5. child* OR infan* OR adolescen* OR toddler OR neonat* OR newborn* OR baby OR babies</p> <p>6. munchausen OR shaken OR neglect* OR batter* OR non-accidental injur* OR maltreatment OR child abuse OR sexual exploitation OR sexual violence</p> <p>7. 5 AND 6</p> <p>8. 3 OR 7</p> <p>9. 4 AND 8</p> <p>10. 4 AND 8</p>	<p>(((((("Physical Examination"[Mesh]) OR "Early Diagnosis"[Mesh]) OR (((("Child Development"[Mesh]) AND "Psychomotor Performance"[Mesh]) AND "Growth and Development"[Mesh]) OR "Personality Development"[Mesh])) OR (health check up OR health check-up)) OR head to toe examination)) AND (((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]))) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder)))</p> <p>Filters: Systematic Reviews; Meta-Analysis; Randomized Controlled Trial; Pragmatic Clinical Trial; Multicenter Study; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study; Child: 6-12 years; Preschool Child: 2-5 years</p>

	<p>hearing test).af.</p> <p>21. balance.af.</p> <p>22. (physical disease by body function OR abnormal blood pressure OR abnormal posture OR appetite disorder OR asthenia OR balance disorder OR body weight disorder OR consciousness disorder OR constipation OR disability OR dysphagia OR faintness OR fatigue OR functional disease OR growth disorder OR incontinence OR listlessness OR malaise OR micturition disorder OR motor dysfunction OR nutritional disorder OR pain OR pallor OR reflex disorder OR salivation disorder OR sensory dysfunction OR sleep disorder OR speech disorder or weakness).af.</p> <p>23. (gross motor control OR fine motor control).af.</p> <p>24. (cognitive development OR emotional development).af.</p> <p>25. health survey/ OR growth/ OR physical development/ OR body weight/ OR child development/ OR body height/</p> <p>26. 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25</p> <p>27. (Diagnostic OR detection OR identification OR prevention OR diagnosis).af.</p> <p>28. (Child abuse OR child maltreatment).af.</p> <p>29. 27 AND 28</p> <p>30. 9 AND 26 AND 29</p> <p>31. limit 30 to (evidence based medicine OR consensus developed OR meta analysis OR outcomes research OR "systematic review")</p> <p>32. limit 30 to (clinical trial OR randomized controlled trial OR controlled clinical trial OR multicenter study)</p> <p>33. 31 OR 32</p>			
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Table 18 Search strategy on the topic block: cooperation

PICO model					
P	Children aged 0 to 18 whose welfare is at (suspected) risk				
I	The standardised and structured approach of all those involved in the case from the health care, youth welfare and educational services based on a cooperation agreement, including actively informing about problems at school, involving the school in case research, actively informing about youth welfare measures and actively informing about diagnostic and therapeutic results				
C	One or none of the measures mentioned				
O	Recognising, determining or ending the threat to the child's welfare and protecting the child from being revictimised				
Database	EMBASE (OVID)	CINHAL (EBSCO)	ERIC (OVID)	PsycINFO (OVID)	PubMed
Date	31 October 2016	12 December 2016	28 September 2016	07 October 2016	22 August 2016
Hits	455	439	285	1404	736
Search strategy	<ol style="list-style-type: none"> 1. shaken baby syndrom.af. 2. battered child syndrome.af. 3. child abuse/ or domestic violence/ or child abuse survivor/ or child neglect/ or child sexual abuse/ 4. (maltreatment and child).af. 5. (mal treatment and psychological).af. 6. ((sexual exploitation or sexual violence) and child).af. 7. ((non accidental injury or abusive injury or abusive trauma or non accidental trauma) and child).af. 8. Munchausen syndrome by proxy/ 9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 10.child/ 11. infant/ 12. adolescent/ 13. skin bruising/ or brain injury/ or subdural hematome/ or diagnosis/ or injury/ or therapy/ or head injury/ or child abuse/ or abusive trauma.mp. 14. 10 or 11 or 12 15. 13 and 14 16. 9 or 15 17. clinical protocol/ or practice guideline/ 18. file transfer protocol/ 19. communication protocol/ or nursing protocol/ or internet protocol/ or protocol compliance/ 20. procedures/ or "coding classification"/ 	<ol style="list-style-type: none"> 1. (MH "Child Abuse+)" OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Sndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") 2. "child neglect" OR "emotional neglect" 3. "child psychological maltreatment" 4. "child exploitation" 5. (MH "Factitious Disorders+") 6. "child maltreatment" 7. (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 8. "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*" 9. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors(Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight") 10. 8 AND 9 11. "emotional maltreatment" 12. "abusive head injur*" OR "abusive head trauma" 13. 9 AND 12 14. 5 AND 94 15. 9 AND 11 16. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 10 OR 13 OR 14 OR 15 17. (MH "Communication Protocols+") OR 	<ol style="list-style-type: none"> 1. (child abuse or abuse reporting or child abuse reporting or child neglect or child welfare or domestic violence or emotional abuse or failure to thrive or munchausen syndrome by proxy or patient abuse or physical abuse or sexual abuse or verbal abuse or violent crime).af. 2. shaken babay syndrome. af. 3. (psychological and maltreatment).af. 4. (child and non-accidental injury).af. 5. factitious disorder.af. 6. (abusive trauma and (child or infant or adolescent)).af. 7. (non-accidental trauma and (child or infant or adolescent)).af. 8. battered child.af. 9. battered child syndrome.af. 10. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 11. (guidance or pathway or guideline or protocol or process or procedure or approach or conference or meeting or plan or assessment or program or exchange or information or message or notice or note or notification or communication or integration or involvement or result or outcome or finding or conclusion or diagnostic result or therapeutic result or school* or research or 	<ol style="list-style-type: none"> 1. (child abuse or abuse reporting or child abuse reporting or child neglect or child welfare or domestic violence or emotional abuse or failure to thrive or munchausen syndrome by proxy or patient abuse or physical abuse or sexual abuse or verbal abuse or violent crime).af. 2. shaken babay syndrome. af. 3. (psychological and maltreatment).af. 4. (child and non-accidental injury).af. 5. factitious disorder.af. 6. (abusive trauma and (child or infant or adolescent)).af. 7. (non-accidental trauma and (child or infant or adolescent)).af. 8. battered child.af. 9. battered child syndrome.af. 10. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 11. (guidance or pathway or guideline or protocol or process or procedure or approach or conference or meeting or plan or assessment or program or exchange or information or message or notice or note or notification or communication or integration or involvement or result or outcome or finding or conclusion or diagnostic result or therapeutic result or school* or research or 	<ol style="list-style-type: none"> 1. abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (psychological AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder OR risk maltreatment OR risk abuse OR risk neglect 2. guidance OR pathway OR guideline OR protocol OR process OR procedure OR approach OR conference OR meeting OR plan OR assessment OR program OR exchange OR information OR Message OR notice OR note OR notification OR communication OR integration OR involvement OR result OR outcome OR finding OR conclusion OR diagnostic result OR therapeutic result OR school* OR research OR investigation OR inquiry OR teacher OR child care worker OR education OR kindergarten OR pre-school OR child welfare service OR child services OR youth

<p>or "imaging and display"/ or investigative procedures/ or medical procedures/ or "prevention and control"/ or radiological procedures/</p> <p>21. diagnosis/ or diagnostic procedure/ or delayed diagnosis/ or diagnostic accuracy/ or diagnostic error/ or diagnostic reasoning/ or diagnostic test/ or diagnostic test accuracy study/ or diagnostic value/ or differential diagnosis/ early diagnosis/ or incidental finding/ or nursing diagnosis/ or physical examination/ or prenatal diagnosis/prodromal symptom/ or psychiatric diagnosis/ or symptom assessment/</p> <p>22. diagnostic approach route/</p> <p>23. (case meeting or case discussion or case conference).af</p> <p>24. team.af.</p> <p>25. child protection team.af.</p> <p>26. patient care team.af.</p> <p>27. child welfare/ or child protection/</p> <p>28. multidisciplinary.af.</p> <p>29. structure.af.</p> <p>30. teamwork/ or cooperation/</p> <p>31. multiprofessional.af.</p> <p>32. multi-professional.af.</p> <p>33. 31 or 32</p> <p>34. interdisciplinary.af.</p> <p>35. interdisciplinary communication/</p> <p>36. 24 or 24 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35</p> <p>37. pediatric surgeon/ or pediatric surgery/</p> <p>38. child psychiatry/</p> <p>39. pediatrician</p> <p>40. 37 or 38 or 39</p>	<p>"protocol" OR (MH "Protocols+")</p> <p>18. (MM "Practice Guidelines") OR "guideline OR "process" OR "procedure" OR (MM "Policy and Procedure Manuals") OR "case meeting OR (MM" Case Managers") OR (MM "Case Management") OR "guidance" OR "pathway" or "approach"</p> <p>19. (MH "Schools+") OR (MM "Teachers") OR (MH "Education") OR (MH "School Administrators+) OR (MM "Student Misconduct") OR (MH "Student Performance Appraisal+") OR "kindergarten" OR (MM "Child Day care") OR (MM " Child Care Providers") OR (MH "child Care+") OR "youth welfare service" OR "child welfare service" OR "child service" OR "youth welfare office" OR (MM "Community Service") OR (MH "Social Work")</p> <p>20. (MH " Physicians+") OR (MH "Health Personnel+") OR (MM "Community Health Workers") OR (MH "Medical Staff+") OR (MM "Pediatricians") OR (MM "Psychiatrists") OR "child surgeon" OR "pediatric surgeon" OR (MM "surgeons") OR "mental health worker" OR (MH "Mental Health Personnel+") OR (MM "Social Workers") OR "health care setting" OR "paediatric surgeon" OR "pediatric psychiatrist"</p> <p>21."plan" OR "exchange" OR "information" OR (MM "Communication Protocols+") OR (MH "Communication+") OR "involvement" OR cooperation" OR (MM"Cooperative Behavior") OR "integration" OR "colaboration" OR (MM" Callaboration") Or program OR programme</p>	<p>investigation or inquiry or teacher or child care worker or education or kindergarten or pre-school or child welfare service or child services or youth welfare service or youth welfare).af.</p> <p>12. (cooperation or agreement or contract or convention or pact or treaty or arrangement or collaboration).af</p> <p>13 (child surgeon or pediatric* surgeon or paediatric* surgeon or child psychiatrist or pediatric* psychiatrist or paediatric* psychiatrist or paediatrician* or paediatrician or social work* or psycholog* or mental health professional or doctor or allied health personnel or nurse or medical professional or health care setting).af.</p> <p>14. 10 and 11 and 12 and 13</p>	<p>investigation or inquiry or teacher or child care worker or education or kindergarten or pre-school or child welfare service or child services or youth welfare service or youth welfare).af.</p> <p>12. (cooperation or agreement or contract or convention or pact or treaty or arrangement or collaboration).af</p> <p>13 (child surgeon or pediatric* surgeon or paediatric* surgeon or child psychiatrist or pediatric* psychiatrist or paediatric* psychiatrist or paediatrician* or paediatrician or social work* or psycholog* or mental health professional or doctor or allied health personnel or nurse or medical professional or health care setting).af.</p> <p>14. 10 and 11 and 12 and 13</p> <p>15. limit 14 to ((("0410 experimental replication" or "0430 followup study" or "0450 longitudinal study" or "0830 systematic review" or 1200 meta analysis or 1800 quantitative study or 2100 treatment outcome) and (100 childhood <birth to age 12 yrs> or 120 neonTI <birth to age 1 mo< or 140 infancy < 2 to 23 mo> or 160 preschool age <age 2 to 5 yrs> or 180 school <age 6 to 12 yrs> or 200 adolescence <age 13 to 17 yrs>) and last 5 years)</p>	<p>welfare service OR youth welfare office</p> <p>3. cooperation OR agreement OR contract OR convention OR pact OR treaty OR arrangement OR collaboration</p> <p>4. child surgeon OR pediatric* surgeon OR paediatric* surgeon OR child psychiatrist OR pediatric* psychiatrist OR paediatric* psychiatrist OR paediatrician* OR paediatrician* OR social work* OR psycholog* OR mental health professional OR doctor OR allied health personnel OR nurse OR medical professional OR health care setting</p> <p>5. identify OR diagnosis OR diagnose OR stop OR detection OR recognize OR end OR re victimization prevention</p> <p>6. 1 AND 2 AND 3 AND 4 AND 5</p>
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	<p>41. teacher/ or nonmedical occupations/</p> <p>42. primary school/ or high school/ or nursery school/ or school/ or middle school/</p> <p>43. child protection/</p> <p>44. kindergarten/ or school health service/</p> <p>45. cooperation/</p> <p>46. (agreement or (contract or convention or pact or arrangement or collaboration)).af.</p> <p>47. therapeutic result.af.</p> <p>48. social worker/</p> <p>49. health practitioner/ or health care personnel/ or mental health care personnel/ or mental health service/</p> <p>50. physician</p> <p>51. hospital/ or primary health care/ or health care/ or primary medical care/</p> <p>52. medical profession/</p> <p>53. paramedical personnel/</p> <p>4. nurse/ or case manager/ or expert nurse/ or pediatric nurse/ or practical nurse/ or registered nurse/ or staff nurse/</p> <p>55. 17 or 18 or 19 or 20 or 21 or 22 or 23</p> <p>56. 40 or 41 or 42 or 43 or 44 or 44 or 48 or 49 or 50 or 51 or 52 or 53 or 54</p> <p>57. 36 or 45 or 46 or 47</p> <p>58. 55 or 57</p> <p>59. 56 or 58</p> <p>60. 16 or 59</p> <p>61. limit 60 to (clinical trial or randomized controlled trial or controlled clinical trial or multicenter study)</p> <p>62. limit 60 to (evidence based medicine or consensus development or meta analysis or outcomes research or "systematic review")</p> <p>63. 61 or 62</p>	<p>22. 17 OR 18 OR 21</p> <p>23. 19 OR 20 OR 22</p>			
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	<p>24. (early childhood intervention OR midwife).af.</p> <p>25. (school OR teacher OR child care worker OR childcare OR kindergarten OR daycare).af.</p> <p>26. (Identification OR detect OR detection OR diagnosis OR diagnose OR recognize OR discover OR end OR terminate OR stop OR revictimization OR prevent OR recidivism OR protection).af.</p> <p>27. (pediatrician OR doctor OR gynecologist OR obstetrician OR psychiatrist OR addiction specialist).af.</p> <p>28. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 11 OR 23</p> <p>29. (social worker OR Child protective services OR youth welfare service OR dentist OR Health Personnel OR police OR psychologist OR therapist).af.</p> <p>30. suspect*.af.</p> <p>31. 28 AND 30</p> <p>32. (identify OR discover OR diagnose OR diagnosis OR prevent OR detect OR substantiated).af.</p> <p>33. 12 OR 13 OR 14 OR 15 OR 16 OR 24 OR 25 OR 27 OR 29</p> <p>34. 31 AND 32 AND 33</p>	<p>OR "mandatory information exchange" OR (MM "Mandatory Reporting")</p> <p>21. (MH "Police") OR (MH "Education") OR (MH "Schools") OR (MH "Teachers") OR "kindergarten" OR (MH "Day Care") OR (MH "Child Care") OR "child care worker" OR (MH "Physicians") OR (MM "Pediatricians") OR (MM "Physicians, Family") OR (MM "Physicians, Women") OR (MM "Psychiatrists") OR (MH "Health Personnel+") OR therapist</p> <p>22. (MM "Social Workers") OR "Child protective services" OR "Child protection services" OR "Child protection service" OR "youth welfare service"</p> <p>23. 19 AND 20 AND 21</p>		
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Table 20 Search strategy on the topic block: information exchange

PICO model question 29				
P	Children aged 0 to 18 whose welfare is suspected to be threatened (sexual abuse, emotional neglect, terrible state of teeth, new-born in a high-risk family)			
I	Reporting by the paediatrician, the physician attending the pregnant drug addict, or the Early Prevention service to the Youth Welfare Office and the mandatory exchange of information between health care, youth welfare and educational services			
C	None of the above, or information from the educational service, or no mandatory exchange of information			
O	Recognising, determining and confirming the diagnosis and/or ending the threat to child welfare and protecting the child from being revictimized			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	13 November 2016	29 September 2016	08 September 2016
Hits	195	480	701	821
Search strategy	1. shaken baby syndrome.af. 2. battered child syndrome.af. 3. child abuse/ OR domestic violence/ OR child abuse survivor/ OR child neglect/ OR child sexual abuse/ 4. (maltreatment AND child).af. 5. (maltreatment AND psychological).af. 6. ((sexual exploitation OR sexual violence) AND child).af. 7. ((non accidental injury OR abusive injury OR abusive trauma OR non accidental trauma) AND child).af. 8. Munchausen syndrome by proxy.af. 9. risk factor.af. 10. ((Identification OR detect OR detection OR diagnosis OR diagnose OR recognize OR discover) AND (child abuse OR child maltreatment)).af. 11. child abuse/ OR domestic violence/ OR child abuse survivor/ OR child neglect/ OR child sexual abuse/ 12. child protection team.af. 13. child welfare/ OR child protection/ 14. pediatric surgeon/ OR pediatric surgery/ 15. child psychiatry/ 16. pediatrician/ 17. dental caries.af. 18. (high risk family OR at risk family OR risk factors).af. 19. 17 OR 18 20. (report OR notification OR information OR communication OR mandatory information exchange).af. 21. (Drug addict OR drug dependent).af. 22. pregnant.af.	1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+") 2. "child neglect" OR "emotional neglect" 3. "child psychological maltreatment" 4. "child exploitation" 5. (MH "Factitious Disorders+") 6. "child maltreatment" 7. (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 8. "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*" 9. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 10. 8 AND 9 11. "emotional maltreatment" 12. "abusive head injur*" OR "abusive head trauma" 13. 9 AND 12 14. 5 AND 9 15. 9 AND 11 16. (MM "Dental Caries") OR "dental condition" OR "disastrous teeth condition" 17. "high risk family" OR (MM "Infant, Drug-Exposed") OR (MM "Infant, High Risk") OR "at risk family" OR (MH "Risk Factors+") 18. 1 OR 2 OR 3 OR 4 OR 6 OR 7 OR 13 OR 14 OR 15 OR 16 19. 17 AND 18	1. (child abuse reporting or abuse reporting).af. 2. remove duplicates from 1 3. limit 1 to ("0430 followup study" or "0450 longitudinal study" or "0451 prospective study" or "0830 systematic review" or 1200 meta analysis or 1800 quantitative study or "2000 treatment outcome/clinical trial")	(mandatory reporting) AND child abuse

23. pregnancy.af.	20. 18 OR 19		
24. 22 OR 23	21. (MM "Incident Reports") OR (MM "Report Writing") OR (MH "Reports") OR "notification" OR "information" OR "mandatory information exchange" OR (MM "Mandatory Reporting")		
25. 21 AND 24			
26. (early childhood intervention OR midwife).af.	22. (MH "Physicians") OR (MM "Pediatricians") OR (MM "Physicians, Family") OR (MM "Physicians, Women") OR (MM "Psychiatrists") OR "gynecologist" OR "obstetrician" OR "addiction specialist" OR (MM "Addictions Nursing")		
27. (school OR teacher OR child care worker OR childcare OR kindergarten OR daycare).af.	23. (MH "Early Childhood Intervention") OR "centre for early support" OR "centres for early intervention" OR "early help" OR (MH "Midwives")		
28. (social worker OR Child protective services OR youth welfare service OR dentist OR health personnel).af.	24. 22 OR 23		
29. (Identification OR detect OR detection OR diagnosis OR diagnose OR recognize OR discover OR end OR terminate OR stop OR revictimization OR prevent OR recidivism OR protection).af.	25. (MH "Education") OR (MH "Schools") OR (MH "Teachers") OR "kindergarten" OR (MH "Day Care") OR (MH "Child Care") OR "child care worker"		
30. (pediatrician OR doctor OR gynecologist OR obstetrician OR psychiatrist OR addiction specialist).af.	26. (MM "Social Workers") OR "Child protective services" OR "Child protection services" OR "Child protection service" OR "youth welfare service" OR (MM "Dentists") OR (MH "Health Personnel+")		
31. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 11	27. 25 OR 26		
32. 12 OR 13 OR 14 OR 15 OR 16 OR 25 OR 26 OR 27 OR 28 OR 30	28. 20 AND 21 AND 24 AND 27		
33. 10 OR 19 OR 29	29. 20 AND 21		
34. 31 AND 32 AND 33	30. 26 AND 29		
35. limit 34 to (evidence based medicine OR consensus development OR meta analysis OR outcomes research OR "systematic review")			
36. limit 34 to (clinical trial OR randomized controlled trial OR controlled clinical trial OR multicenter study)			
37. 35 OR 36			

The relevant articles are not listed in the prepared evidence, because no consensus was reached on a recommendation for action on the topic "Information exchange and reporting for assessing a threat to child welfare with the Youth Welfare Office". The relevant articles (in alphabetical order) are:

- Krase, Kathryn S.; DeLong-Hamilton, Tobi A. (2015): Comparing reports of suspected child maltreatment in states with and without Universal Mandated Reporting. In: Children and Youth Services Review 50, S. 96–100. DOI: 10.1016/j.childyouth.2015.01.015.
- Lamond D.A.P. (1989) The impact of mandatory reporting legislation on reporting behaviour, Child abuse & neglect 13: 471-480

- Mathews, Ben; Bross, Donald C. (2008): Mandated reporting is still a policy with reason: empirical evidence and philosophical grounds. In: *Child Abuse & Neglect* 32 (5), S. 511–516. DOI: 10.1016/j.chiabu.2007.06.010.
- Mathews, Ben (2014): Mandatory Reporting Laws and Identification of Child Abuse and Neglect. Consideration of Differential Maltreatment Types, and a Cross-Jurisdictional Analysis of Child Sexual Abuse Reports. In: *Social Sciences* 3 (3), S. 460–482. DOI: 10.3390/socsci3030460.
- Mathews, Ben; Lee, Xing Ju; Norman, Rosana E. (2016): Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven-year time trend analysis. In: *Child Abuse & Neglect* 56. DOI: 10.1016/j.chiabu.2016.04.009
- Wekerle, C. (2013): Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. In: *Child Abuse and Neglect* 37, S. 93–101. DOI: 10.1016/j.chiabu.2012.11.005.

Table 21 Search strategy on the topic block: neonatal abstinence syndrome

PICO model			
P	New-born with a drug-addicted mother whose substance use is unclear		
I	Structured in-patient observation and monitoring the new born in a children's hospital (e.g. according to a visit and obligatory protocol and e.g. implementing the Finnegan score) and completing the case conference in accordance with OPS 1-945.1 (see definitions)		
C	None of the measures mentioned		
O	Diagnosis of neonatal abstinence syndrome		
Database	EMBASE (in Ovid)	CINHAL, PsycINFO & Eric (in Ovid)	PubMed
Date	07 November 2016	23 January 2017	23 January 2017
Hits	394	237	551
Search strategy	<p>1. (Neonatal withdrawal syndrome OR Neonatal abstinence syndrome).af.</p> <p>2. (Finnegan score OR Screening OR assessment OR questionnaire OR checklist OR protocol OR programme OR scor*).af.</p> <p>3. 1 AND 2</p>	<p>1. (MM Neonatal abstinence syndrome) OR (Neonatal withdrawal syndrome) OR (Neonatal abstinence syndrome)</p> <p>2. (MM Substance Abuse, perinatal) OR (MM Substance Withdrawal Syndrome) OR substance abuse syndrome</p> <p>3. (MM Infant, Newborn) OR (MM Infant, Low Birth Weight) OR (MM Infant, Drug-Exposed) OR (MM Infant, Hospitalized) OR (MM Infant, High Risk) OR (MM Infant, Premature)</p> <p>4. 2 AND 3</p> <p>5. 1 OR 4</p> <p>6. monitoring OR observation OR process OR protocol OR (MH Multidisciplinary Team+) OR control</p> <p>7. (MM Mother-Infant Relations) OR mother child bond* OR mother baby bond* OR mother infant bond* OR (MM Mother-Child Relations) OR (MM Parent-infant Relations+)</p> <p>8. Finnegan score</p> <p>9. Case conference OR (MH Patient Care Conferences+) OR (MM Clinical Conferences) OR (MM Patient-Family Conferences) OR Case meeting OR (MH Case Management)</p> <p>10. 5 AND 7</p> <p>11. 5 AND 9</p> <p>12. 5 AND 6</p> <p>13. 8 OR 10 OR 12</p>	<p>1. neonatal abstinence syndrome</p> <p>2. Neonatal Abstinence Syndrome [Mesh]</p> <p>3. Infant, Newborn [Mesh]</p> <p>4. ((((((Finnegan score OR scor*) OR screening) OR assessment) OR questionnaire) OR checklist) OR protocol) OR programme) OR program</p> <p>5. (Infant, Newborn [Mesh]) AND 4</p> <p>6. (neonatal abstinence syndrome) OR Neonatal Abstinence Syndrome [Mesh]</p> <p>7. (((lipsitz tool) OR ostrea system) OR rivers scoring scale) OR riley infant pain scale</p> <p>8. 4 AND 7</p> <p>9. 7 OR 4 AND 3 AND (1 OR 2)</p>

Table 22 Search strategy on the topic block: operations procedure key 1-945

PICO-Schema				
P	Children aged 0 to 18 whose welfare is threatened			
I	OPS 1-945-compliant approach (structured, multi-professional, interdisciplinary, with defined time units, case discussion and case conference, process managed by a paediatrician)			
C	No structured approach			
O	Diagnosis of a threat to child welfare			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	12 November 2016	01 August 2016	31 October 2016
Hits	738	210	139	2100
Search strategy	<ol style="list-style-type: none"> 1. shaken baby syndrome.af. 2. battered child syndrome.af. 3. child abuse/ OR domestic violence/ OR child abuse survivor/ OR child neglect/ OR child sexual abuse/ 4. (maltreatment AND child).af. 5. (maltreatment AND psychological).af. 6. ((sexual exploitation OR sexual violence) AND child).af. 7. ((non accidental injury OR abusive trauma OR non accidental trauma) AND child).af. 8. Munchausen syndrome by proxy/ 9. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 10. child/ 11. infant/ 12. adolescent/ 13. skin bruising/ OR brain injury/ OR subdural hematoma/ OR diagnosis/ OR injury/ OR therapy/ OR head injury/ OR child abuse/ OR abusive traum.mp 14. 10 OR 11 OR 12 15. 13 AND 14 16. 9 OR 15 17. clinical protocol/ OR practice guideline/ 18. file transfer protocol/ 19. communication protocol/ OR nursing protocol/ OR internet protocol/ OR protocol compliance/ 20. anticipatory guidance/ 21. patient guidance/ 22. clinical pathway/ OR resource management/ 23. procedures/ OR "coding AND classification"/ OR "imaging AND display"/ OR investigative procedures/ OR 	<ol style="list-style-type: none"> 1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "incest") OR (MM "Rape") OR (MH "Domestic Violence+") 2. "child neglect" OR "emotional neglect" 3. "child psychological maltreatment" 4. "child exploitation" 5. (MH "Factitious Disorder+") 6. "child maltreatment" 7. (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child" 8. "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*" 9. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 10. 8 AND 9 11. "emotional maltreatment" 12. "abusive head injur*" OR "abusive head trauma" 13. 9 AND 12 14. 5 AND 9 15. 9 AND 11 16. 1 OR 2 OR 3 OR 4 OR 6 OR 7 OR 10 OR 13 OR 14 OR 15 17. "child protection team" OR "child welfare service*" OR "child protective service*" 18. (MM "Teamwork") OR multidisciplinary team" OR (MH "Multidisciplinary Care Team+") OR "interdisciplinary team" OR "patient care team" OR (MM "Patient Centered Care") OR (MH "patient Care Conferences+") OR (MH "Patient Care Plans+") OR (MM 	<ol style="list-style-type: none"> 1. factitious disorder by proxy.af. 2. munchausen syndrome by proxy.af. 3. (injury AND child* AND non AND accidental).af. 4. (injury AND child* AND abusive).af. 5. (maltreatment AND child).af. 6. (neglect AND child*).af. 7. (battered AND child*).af. 8. (shaken AND baby).af. 9. (abusive trauma AND infant AND child AND adolescent).af. 10. (abuse AND child*).af. 11. 1OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 12. (guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR defined time frame OR case conference OR case discussion OR case meeting OR assessment).af. 13. (team OR child protection team OR patient care team OR protective service OR child welfare OR multidisciplinary OR structured OR multiprofessional OR interdisciplinary).af. 14. (child surgeon OR pediatric* surgeon OR child psychiatrist OR pediatric* psychiatrist OR paediatric* psychiatrist OR paediatrician* OR social work* OR psychology* OR mental health professional).af. 15. 11 AND 12 AND 13 AND 14 16. limit 15 to ((("0200 clinical case study" OR "0400 empirical study" OR 0430 followup study" OR "0450 longitudinal study" OR "0452 prospective study" OR "0453 retrospective study" OR "0600 field study" OR "0830 systematic review" OR 1200 meta analysis OR 	(abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH])) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder) AND (guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach) AND (team OR multidisciplinary OR structure OR multiprofessional OR interdisciplinary OR defined time frame OR case conference OR case discussion OR case meeting) AND (child surgeon OR pediatric* surgeon OR paediatric* surgeon OR child psychiatrist OR pediatric* psychiatrist OR paediatrician* OR paediatrician*)

	<p>medical procedures/ OR "prevention AND control"/ OR radiological procedures/</p> <p>24. diagnosis/ OR diagnostic procedure/ OR delayed diagnosis/ OR diagnostic accuracy/ OR diagnostic error/ OR diagnostic reasoning/ OR diagnostic test/ OR diagnostic test accuracy study/ OR diagnostic value/ OR differential diagnosis/ OR early diagnosis/ OR incidental finding/ OR nursing diagnosis/ OR physical examination/ OR prenatal diagnosis/ OR prodromal symptom/ OR psychiatric diagnosis/ OR symptom assessment/</p> <p>25. diagnostic approach route/</p> <p>26. defined time frame.af.</p> <p>27. (case meeting OR case discussion OR case conference).af.</p> <p>28. team.af.</p> <p>29. child protection team.af.</p> <p>30. patient care team.af.</p> <p>31. child welfare/ OR child protection/</p> <p>32. multidisciplinary.af.</p> <p>33. structure.af.</p> <p>34. teamwork/ OR cooperation/</p> <p>35. multiprofessional.af. OR multi-professional.af.</p> <p>36. interdisciplinary OR interdisciplinary communication/</p> <p>37. 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27</p> <p>38. 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36</p> <p>39. 16 AND 37 AND 38</p> <p>40. pediatric surgeon/ OR pediatric surgery/</p> <p>41. child psychiatry/</p> <p>42. pediatrician</p> <p>43. 40 OR 41 OR 42</p> <p>44. 39 AND 43</p>	<p>"Age Specific Care")</p> <p>19. 17 OR 18</p> <p>20. (MH "Communication Protocols+") OR "protocol" OR (MH "Protocols+")</p> <p>21. (MM "Practice Guidelines") OR "guideline" OR "process" OR "procedure" OR (MM "Policy AND Procedure Manuals") OR "case meeting" OR (MM "Case Managers") OR ("Case Management") OR "guidance" OR "pathway" OR "approach*"</p> <p>22. 20 OR 21</p> <p>23. 16 AND 19 AND 22</p>	<p>1600 qualitative study OR 1800 quantitative study) AND (100 childhood <birth to age 12 yrs> OR 200 adolescence < age 13 to 17 yrs>) AND last 5 years)</p>	
Expanded search strategy for OPS 1-945				
Database	PubMed			
Date	04. August 2016			Hits
Search strategy	(abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH])) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR			183

	<p>(child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder) AND (guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach) AND (team OR multidisciplinary OR structure OR multiprofessional OR interdisciplinary OR defined time frame OR case conference OR case discussion OR case meeting) AND (child surgeon OR pediatric* surgeon OR paediatric* surgeon OR child psychiatrist OR pediatric* psychiatrist OR paediatric* psychiatrist OR pediatrician* OR paediatrician*) AND systematic[sb] AND "last 5 years"[PDat])</p>	
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Table 23 Search strategy on the topic block: participation

PICO-Schema				
P	Children aged 0 to 18 whose welfare is threatened			
I	The child's participation, including within an in-patient facility, leading to complaint, organising contact, longer stay, complaint management, rules for closeness/distance, communication and approach			
C	The child does not participate			
O	Protection from being revictimized and prevention of the and/or abuse			
Database	EMBASE (in Ovid)	CINHAL	PsycInfo & Eric (in Ovid)	PubMed
Date	25 October 2016	26 October 2016	28 September 2016	26 August 2016
Hits	1233	460	1197	1837
Search strategy	1. shaken baby syndrome.af. 2. battered child syndrome.af. 3. child abuse/ or domestic violence/ or child abuse survivor/ or child neglect/ or child sexual abuse/ 4. (maltreatment and child).af. 5. (maltreatment and psychological).af. 6. ((sexual exploitation or sexual violence) and child).af. 7. ((non accidental injury or abusive injury or abusive trauma or non accidental trauma) and child).af. 8. Munchausen syndrome by proxy/ 9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 10. patient participation/ 11. (involvement or cooperation or inquiry or request or question or opinion or communication).af. 12. (police report or statement).af. 13. complaint management.af. 14. (care or case management or treatment plan or treatment process or treatment design).af. 15. personal safety skills.af. 16. (living arrangement or residence or residence characteristics).af. 17. child custody/ or custodial care/ 18. child access.af. 19. (visitation and child).af. 20. 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 21. protection.af. 22. ((revictimization or revictimisation) and prevention).af. 23. recidivism/	1. (abusive trauma OR non accidental trauma OR non accidental injury OR abusive injury) AND child 2. shaken baby syndrome 3. battered child syndrome OR battered child 4. child abuse 5. child neglect 6. child maltreatment 7. child sexual abuse 8. child exploitation 9 . child psychological maltreatment 10. munchausen by proxy syndrome OR factitious disorder 11. participation OR involvement OR cooperation OR inquiry OR request OR question OR opinion OR communication OR police report OR statement OR relationship OR complaint management OR care OR case management OR treatment plan OR treatment process OR treatment design OR personal safety skills OR living arrangement OR residence OR residence characteristics OR child access OR child custody OR child visitation 12. revictimisation prevention OR revictimization prevention OR protection OR recidivism 13. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 14. 11 AND 12 AND 13	1. (child abuse or abuse reporting or attachment disorders or child abuse reporting or child neglect or child welfare or disinhibited social engagement disorder or domestic violence or emotional abuse or failure to thrive or munchausen syndrome by proxy or patient abuse or physical abuse or sexual abuse or verbal abuse or violent crime).af. 2. shaken baby syndrome.af. 3. (psychological and maltreatment).af. 4. (child and non-accidental injury).af. 5. factitious disorder.af. 6. (abusive trauma and (child or infant or adolescent)).af. 7. (non-accidental trauma and (child or infant or adolescent)).af. 8. battered child.af. 9. battered child syndrome.af. 10. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 11. ((participation or involvement or cooperation) and (inquiry or request or question or opinion or communication or police report or statement or relationship or complaint management or care or case management or treatment plan or treatment process or treatment design or personal safety skills or living arrangement or residence or residence characteristics or child access or child custody)).af 12. (revictimization prevention or protection or recidivism).af. 13. 10 and 11 and 12 14. limit 13 to ("0430	(((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (psychological AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder))) AND ((participation OR involvement OR cooperation OR inquiry OR request OR question OR opinion OR communication OR police report OR statement OR relationship OR complaint management OR care OR case management OR treatment plan OR treatment process OR treatment design OR personal safety skills OR living arrangement OR residence OR residence characteristics[MeSH] OR child access OR child custody [MeSH])) AND ((revictimization prevention OR protection OR recidivism))

	<p>24. 21 or 22 or 23</p> <p>25. 9 and 20 and 24</p> <p>26. limit 25 to (infant <to one year> or child <unspecified age> or preschool child <1 to 6 years> or school child <7 to 12 years> or adolescent <13 to 17 years>)</p>		<p>followup study" or "0450 longitudinal study" or "0451 prospective study" or "0830 systematic review" or 1200 meta analysis or 1800 quantitative study or "2000 treatment outcome/clinical trial")</p> <p>15. limit 14 to last 5 years</p>	
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Table 24 Search strategy on the topic block: screening procedures

PICO model				
P	Children aged 0 to 18 with an injury or fracture			
I	A specific approach to taking the medical history (see definitions) and the mandatory initial question "Does the injury match the current medical history, the description of the accident and the child's age?" including risk scoring and photo documentation			
C	No specific approach to taking the medical history and/or no risk scoring and/or no photo documentation			
O	Recognising and diagnosing child			
Database	EMBASE (in Ovid)	CINHAL	PsycInfo & Eric (in Ovid)	PubMed
Date	31 October 2016	12 December 2016	29 September 2016	5 September 2016
Hits	1790	1251	590	1251
Search strategy	<p>1. shaken baby syndrom.af.</p> <p>2. battered child syndrom.af.</p> <p>3. child abuse/ or domestic violence/ or child abuse survivor/ or child neglect/ or child sexual abuse/</p> <p>4. (maltreatment and child).af.</p> <p>5. (maltreatment and psychological).af.</p> <p>6. (sexual exploitation or sexual violence) and child).af.</p> <p>7. ((non accidental injury or abusive injury or abusive trauma or non accidental trauma) and child).af.</p> <p>8. Munchausen syndrome by proxy.af.</p> <p>9. fracture/ or bone injury/ or arm fracture/ or avulsion fracture/ or clavicle fracture/ or comminuted fracture/ or face fracture/ or fracture dislocation/ or fragility fracture/ or intraarticular fracture/ or joint fracture/ or leg fracture/ or limb fracture/ or multiple fracture/ or open fracture/ or pelvis fracture/ or periprosthetic fracture/ or rib fracture/ or scapula fracture/ or skull fracture/ or spine fracture/</p> <p>10. bleeding/ or abdominal bleeding/ or adrenal hemorrhage/ or application site bleeding/ or bleeding disorder/ or bleeding tendency or brain hemorrhage/ or breast hemorrhage/ or conjunctival hemorrhage/ or digestive system hemorrhage/ or endocardial hemorrhage/ or epistaxis/ or experimental hemorrhage/ or exsanguination/ or</p>	<p>1. MH "Child Abuse+" OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+")</p> <p>2. "child neglect" OR "emotional neglect" OR</p> <p>3. "child psychological neglect"</p> <p>(MH "Child Abuse+" OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR "child maltreatment" OR "child neglect" OR "emotional neglect" OR "child psychological neglect" OR (MM "Domestic Violence") OR "child exploitation" OR (MH "Shaken Baby Syndrome") OR "battered child" OR "battered child syndrome")</p> <p>4. "child exploitation"</p> <p>5. (MH "Factitious Disorders+")</p> <p>6. "child maltreatment"</p> <p>7. (MH "Shaken Baby Syndrome") OR "battered child" OR "battered child syndrome"</p> <p>8. "abusive trauma" OR "non-accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>9. "emotional maltreatment"</p> <p>10. "abusive head injur*" OR "abusive head trauma"</p> <p>11. (MH "Hemorrhage+") OR "bleeding"</p> <p>12. (MH "Burns+") OR (MH "Fractures+") OR (MH "Dislocations+") OR (MH "Contusions and Abrasions+") OR "bruis*"</p>	<p>1. (child abuse or abuse reporting or attachment disorders or child abuse reporting or child neglect or child welfare or emotional abuse or failure to thrive or munchausen syndrome by proxy or patient abuse or physical abuse or sexual abuse or verbal abuse).af.</p> <p>2. shaken baby syndrom.af.</p> <p>3. (psychological and maltreatment).af.</p> <p>4. (child and non-accidental injury).af.</p> <p>5. factitious disorder.af.</p> <p>6. (abusive trauma and (child or infant or adolescent)).af</p> <p>7. (non-accidental trauma and (child or infant or adolescent)).af</p> <p>8. battered child.af.</p> <p>9. battered child syndrom.af.</p> <p>10. (fracture or bruise or bruising or bleeding or cut or hemorrhage or burn).af.</p> <p>11. 1 or 2 or 3 or 4 or o5 or 6 or 7 or 8 or 9 or 10</p> <p>12. ((checklist or screening or protocol or procedure or questionnaire or initial question or diagnostic instrument or inventory) and (((Emergency department or Emergency room or accident) and emergency department) or A&E) and (case history or medical history or injury or fracture or diagnosis or photo documentation or risk factors or protective factors or family characteristics or accident description or accident account or event or child age or child development)).af.</p>	<p>(((((checklist OR screening OR protocol OR procedure OR questionnaire OR initial question OR diagnostic instrument OR inventory OR Emergency department OR Emergency room OR accident and emergency department OR A&E OR case history OR medical history OR injury OR fracture OR diagnosis OR photo documentation OR risk factors OR protective factors OR family characteristics OR accident description OR accident account OR event OR child age OR child development [MeSH]))) AND ((abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (psychological AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder OR fracture OR bruise OR bruising OR bleeding OR cut OR hemorrhage [MeSH] OR burns))) AND ((Identification OR detect OR detection OR diagnosis OR diagnose OR recognize OR discover AND child abuse [MeSH])) Filters: Systematic Reviews; Randomized Controlled Trial; Pragmatic Clinical Trial; Practice Guideline; Observational Study; Multicenter Study; Meta-Analysis; Guideline; Controlled Clinical Trial; Comparative Study; Clinical Trial; Clinical Study</p>

<p>fetal hemorrhage/ or genital bleeding/ or gingiva bleeding/ or hemarthrosis/ or hematemesi/ or hematoma/ or hemopericardium/ or hemoperitoneum/ or hemorrhagic arthritis / or hemorrhagic conjunctivitis / or hemorrhagic fever/ or hemorrhagic hypotension/ or hemorrhagic shock/ or hemorrhoid hemorrhage / or injection site bleeding/ or intraocular hemorrhage/ or lip hemorrhage/ or meningeal hemorrhage/ or mucosal bleeding/ or neonatal hemorrhage/ or obstetric hemorrhage / or operative blood loss/ or oral bleeding/ or pharynx hemorrhage/ or postoperative hemorrhage/ or respiratory tract hemorrhage/ or retroulbar hemorrhage/ or retroperitoneal hemorrhage/ or shwartzman phenomenon/ or skin bleeding/ or spinal cord hemorrhage/ or tumor bleeding/ or urinary tract hemorrhage/ or wound hemorrhage/</p> <p>11. skin bruising/ or contusion/ or hematoma</p> <p>12. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11</p> <p>13. checklist/ or diagnostic procedure/</p> <p>14. screening test/ or screening/</p> <p>15. nursing protocol/ clinical protocol/</p> <p>16. procedures/ or "coding classification"/ or investigative procedures/ or medical procedures/.</p> <p>17. questionnaire/ or open ended questionnaire/ structure questionnaire/</p> <p>18. initial questiona.af.</p> <p>19. diagnostic instrument.af.</p> <p>20. inventory.af.</p> <p>21. emergency ward/ or ward/</p> <p>22. (accident and emergency department) .af.</p> <p>23. emergency health service/</p>	<p>13. (MH"Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>14. 8 AND 13</p> <p>15. 9 AND 13</p> <p>16. 10 AND 13</p> <p>17. 11 AND 13</p> <p>18. 12 & 13</p> <p>19. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 14 OR 15 OR 16 OR 17 OR 18</p> <p>20. (MM "Clinical Assessment Tolls") OR (MH "Patient Assessment+") OR (MH "Patient History Taking+") OR (MH "Physical Examination+") OR (MH "Wound Assessment+") OR (MM "Family History") OR (MM "Family Assessment")</p> <p>21. "clinical protocol" OR (MH "Nursing Protocols+") OR (MH "Questionnaires+") OR (MM "Structured Questionnaires") OR (MM "Open-Ended Questionnaires") OR "questionnaire" OR (MM"Policy and Procedure Manuals") OR "procedure</p> <p>22. Initial question OR (MM "Inventories") OR "screening" OR (MH "Questionnaires+") OR (MM "Open-Ended Questionnaires") OR (MM "Structured Questionnaires")</p> <p>23. (MM "Emergency Service") OR (MH "Emergencies+") OR (MM "Medication History") OR (MM "Patient History Taking") OR "case history OR (MH "Diagnosis+") OR "photo documentation" OR (MH "Risk Assessment") OR "risk score" OR "accident description" OR "accident account"</p> <p>24. "anamnesis" OR "diagnostic Instrument" OR (MH "Checklists") OR "checklist" OR "diagnostic procedure"</p> <p>25. 20 OR 21 OR 22 OR 23 OR 24</p> <p>26. 19 AND 25 AND 26</p>	<p>13. ((Identification or detect or detection or diagnosis or diagnose or recognize or discover) and child abuse).af.</p> <p>14. 11 and 12 and 13</p>	
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	<p>24. medical history/ 25. case history/ 26. medical photography.af. 27. risk factor/ 28. protection/ 29. family size/ 30. accident description.af. 31. accident report.af. 32. event.af. 33. child age.af. 34. apparent life threatening event/ 35. child development/ or postnatal development/ 36. 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 37. ((Identification or detect or detection or diagnosis or diagnose or recognize or discover) and (child abuse or child maltreatment)).af. 38. 12 and 36 and 37</p>			
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Table 25 Search strategy on the topic block: sexual abuse

PICO model				
P	Sexually abused children aged 0 to 18, including sexually abused adolescents who are unable to consent			
I	Determining sexualised behaviour or a video colposcopic examination of the anogenital area with prompt securing of evidence (DNA/sperm), even anonymously, and appraisal of the paediatric gynaecological examination according to ADAMS (2015), diagnostics of sexually transmitted diseases in the initial contact			
C	None of the measures mentioned			
O	Determining or confirming the diagnosis of sexual abuse			
Database	EMBASE (in Ovid)	CINHAL, PsycINFO & Eric (in Ovid)	PubMed	
Date	04 November 2016	13 January 2017		
Hits	776	74		
Search strategy	<p>1. child sexual abuse/ 2. (sexual exploitation AND child).af. 3. patient right/ OR informed consent/ OR patient autonomy/ 4. (victim AND child sexual abuse).af. 5. 3 AND 4 6. (detection OR identification OR diagnosis).af. 7. (sexual* behavior OR sexual* behavior).af. 8. 6 AND 7 9. colposcopy/ OR gynecological examination/ OR urogenital endoscopy/ 10. condyloma acuminatum/ OR condyloma/ OR papillomavirus infection/ OR sexually transmitted disease/ OR giant condyloma acuminatum/ 11. forensic pathology/ OR pathological anatomy/ OR forensic identification/ 12. ((DNA OR sperm OR semen) AND evidence).af. 13. (classification AND sexual abuse).af. 14. (classification AND child sexual abuse).af. 15. Adams classification.af. 16. sexually transmitted disease/ OR condyloma acuminatum/ OR genital herpes/ OR gonorrhoea/ OR granuloma inguinale/ OR lymphogranuloma venereum/ OR syphilis/ OR ulcus molle/ 17. 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 18. 8 OR 17 19. 1 OR 2 OR 5 20. 18 AND 19</p>	<p>1. (MM "Child Abuse, Sexual") OR (MM "Incest") OR (MM "Rape") 2. "sexual exploitation" OR "sexual trafficking" OR "sex trafficking" 3. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 4. 2 AND 3 5. 1 OR 4 6. "Sexualised behaviour" 7. "video colposcope examination" OR "anogenital" OR (MM "Colposcopy") 8. (MM "DNA+") OR "sperm" OR (MM "Semen") 9. "gynaecological" OR "gynecological" 10. "examination" OR "exam" 11. 9 AND 10 12. "Adams classification" 13. (MM "Sexually Transmitted Diseases+") 14. (MM "Diagnosis+") OR "diagnose" OR "Identif*" OR "recognize" OR "recognise" 15. 13 AND 14 16. "unable to give its consent" OR "incapacitated" OR "Patient consent" OR (MM "Patient Autonomy") OR (MM "Patient Rights+") 17. 5 AND 16 18. 6 OR 7 OR 11 OR 12 OR 15 19. 5 OR 17 20. 18 AND 19</p>	<p>1. (MM "Child Abuse, Sexual") OR (MM "Incest") OR (MM "Rape") 2. "sexual exploitation" OR "sexual trafficking" OR "sex trafficking" 3. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 4. 2 AND 3 5. 1 OR 4 6. "Sexualised behaviour" 7. "video colposcope examination" OR "anogenital" OR (MM "Colposcopy") 8. (MM "DNA+") OR "sperm" OR (MM "Semen") 9. "gynaecological" OR "gynecological" 10. "examination" OR "exam" 11. 9 AND 10 12. "Adams classification" 13. (MM "Sexually Transmitted Diseases+") 14. (MM "Diagnosis+") OR "diagnose" OR "Identif*" OR "recognize" OR "recognise" 15. 13 AND 14 16. "unable to give its consent" OR "incapacitated" OR "Patient consent" OR (MM "Patient Autonomy") OR (MM "Patient Rights+") 17. 5 AND 16 18. 6 OR 7 OR 11 OR 12 OR 15 19. 5 OR 17 20. 18 AND 19</p>	<p>(((((Patient autonomy OR patient consent OR patient rights OR unable to consent)) AND (("Child Abuse, Sexual"[Mesh]) OR (((("Adolescent"[Mesh]) OR "Child"[Mesh]) OR "Infant"[Mesh])) AND (sexual exploitation OR sexual trafficking OR sex trafficking)))))) OR (((("Child Abuse, Sexual"[Mesh]) OR (((("Adolescent"[Mesh]) OR "Child"[Mesh]) OR "Infant"[Mesh])) AND (sexual exploitation OR sexual trafficking OR sex trafficking)))))) AND (((("Sexual Behavior"[Mesh] OR sexualized behavior OR sexualised behavior) OR ("Colposcopy"[Mesh]) OR video colposcope examination) OR anogenital) OR ("Semen"[Mesh]) OR "DNA"[Mesh]) OR "Spermatozoa"[Mesh])) OR "Gynecological Examination"[Mesh]) OR Adams classification) OR ("Sexually Transmitted Diseases"[Mesh]) AND ("Diagnosis"[Mesh]) OR ((diagnose OR Identif* OR recognize OR recognise)))))) Filters: Systematic Reviews; Meta-Analysis; Randomized Controlled Trial; Controlled Clinical Trial; Clinical Trial; Multicenter Study; Clinical Study; Pragmatic Clinical Trial; Observational Study; Comparative Study; Guideline; published in the last 10 years</p>

Table 26 Search strategy on the topic block: parents with addiction problems

PICO model				
P	Emotionally neglected children aged 0 to 18 whose parents are addicts			
I	Open communication of parents' suspected addiction problems by those involved in the case from educational, healthcare and youth welfare services			
C	No communication of the parents' suspected addiction problems by those involved in the case from educational, healthcare and youth welfare services			
O	Ending the emotional neglect			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	14 November 2016	07 October 2016	08 September 2016
Hits	67	275	1088	89
Search strategy	<p>1. (information exchange OR sharing OR cooperation OR communication OR collaboration OR program guidance OR pathway OR guideline OR protocol OR process OR procedure OR diagnosis OR approach OR assessment OR best-practice OR action OR strategy OR policy OR care OR network OR collaboration OR co-operation).af.</p> <p>2. (child AND neglect*).af.</p> <p>3. (Drug Dependency OR Drug Addication OR Gambling OR Addiction OR Drug Abuse OR Pathological Gambling).af.</p> <p>4. Substance related disorder.af.</p> <p>5. parents.af.</p> <p>6. emotional neglect.af.</p> <p>7. 2 OR 6</p> <p>8. 3 OR 4</p> <p>9. 1 AND 5 AND 7 AND 8</p>	<p>1. "neglect" OR (MH "Child Abuse+") OR "emotional neglect" OR "physical neglect"</p> <p>2. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MH "Infant, Newborn+")</p> <p>3. 1 AND 2</p> <p>4. (MH "Substance Use Disorders+") OR (MH "Substance Abuse+") OR (MM "Substance Dependence+") OR (MH "Behavior, Addictive+") OR (MM "Food Addiction") OR (MM "Gambling") OR (MM "Internet Addiction") OR "Drug Addiction" OR "Drug Abuse" OR "pathological obsessions"</p> <p>5. (MH "Parents+") OR (MH "Adoptive Parents") OR (MM "Biological Parents") OR (MH "Fathers+") OR (MM "Foster Parents") OR (MH "Mothers+") OR (MM "Single Parent")</p> <p>6. 4 AND 5</p> <p>7. (MH "Communication+") OR (MM "Conversation") OR "face-to-face interaction" OR (MH "Collaboration") OR "information exchange"</p> <p>8. 5 AND 7</p> <p>9. "health care" OR "youth welfare service" OR "child welfare service" OR "Child protection service" OR "Child protective services" OR (MH "Education+") OR "kindergarten" OR (MH "Teachers") OR (MM "Child Care") OR (MM "Child Day Care")</p> <p>10. 3 AND 6 AND 7</p> <p>11. 6 AND 7</p> <p>12. 3 AND 6</p> <p>13. 11 OR 12</p>	<p>1. Communication.af.</p> <p>2. Parents.af.</p> <p>3. (Drug Dependency or Drug Addiction or Gambling or Addiction or Drug Abuse or Pathological Gambling).mp. [mp=ab, ti, hw, id, tc, ot, tm]</p> <p>4.1 AND 2 AND 3</p>	<p>((Communication [MeSH]) AND Parents [MeSH]) AND (Substance related disorder [MeSH] OR Behavior, Addictive [MeSH])</p>

Table 27 Search strategy on the topic block: parental therapy

PICO model				
P	Children aged 0 to 18 whose welfare is threatened			
I	Therapy, treatment, involvement of the parents, even if they are accessories or perpetrators			
C	No parental therapy			
O	Ending the threat to the child's welfare and protecting the child from being revictimized			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	12 December 2016	22 September 2016	19 August 2016
Hits	174	778	1311	455
Search strategy	<p>1. shaken baby syndrome.af.</p> <p>2. battered child syndrome.af.</p> <p>3. child abuse/ or domestic violence/ or child abuse survivor/ or child neglect/ or child sexual abuse/</p> <p>4. (maltreatment and child).af.</p> <p>5. (maltreatment and psychological).af.</p> <p>6. ((sexual exploitation or sexual violence) and child).af.</p> <p>7. ((non-accidental injury or abusive injury or abusive trauma or non accidental trauma) and child).af.</p> <p>8. Munchausen syndrome by proxy/</p> <p>9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8</p> <p>10. therapy/ or counselling/ or early interview/ or emergency treatment/ or intensive care/ or rehabilitation/</p> <p>11. treatment indication/ or treatment outcome / or treatment response/ or treatment planning/ or maternal treatment/</p> <p>12. ((integration or involvement or intervention) and parent*).af.</p> <p>13. witness/</p> <p>14. accessory.af.</p> <p>15. confidant.af.</p> <p>16. offender/</p> <p>17. suspect.af.</p> <p>18. 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17</p> <p>19. (revictimization or prevention or protection or recidivism).af.</p> <p>20. 9 and 18 and 19</p> <p>21. limit 20 to (clinical trial or randomized controlled trial or controlled clinical trial or multicenter study)</p> <p>22. limit 20 to (evidence based medicine or consensus develop or meta analysis or outcomes research or "systematic</p>	<p>1. (MH "Child Abuse+") OR (MM "Child Abuse, Sexual") OR (MM "Munchausen Syndrome By Proxy") OR (MM "Incest") OR (MM "Rape") OR (MH "Domestic Violence+")</p> <p>2. "child neglect" OR "emotional neglect"</p> <p>3. "child psychological maltreatment"</p> <p>4. "child exploitation"</p> <p>5. (MH "Factitious Disorders+")</p> <p>6. "child maltreatment"</p> <p>7. (MM "Shaken Baby Syndrome") OR "battered child syndrome" OR "battered child"</p> <p>8. "abusive trauma" OR "non accidental trauma" OR "non-accidental injur*" OR "non accidental injur*" OR "abusive injur*"</p> <p>9. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+")</p> <p>10. 8 AND 9</p> <p>11. "emotional maltreatment"</p> <p>12. "abusive head injur*" OR "abusive head trauma"</p> <p>13. 9 AND 12</p> <p>14. 5 AND 9</p> <p>15. 9 AND 11</p> <p>16. 1 OR 2 OR 3 OR 4 OR 6 OR 7 OR 10 OR 13 OR 14 OR 15</p> <p>17. (MH "Behavior Therapy+") OR "therapy" OR (MH "Cognitive Therapy+") OR (MH "Psychotherapy+") OR (MH "Behavior Modification+") OR (MH "Relaxation Techniques+") OR "treatment" OR "care" OR "involvement" OR (MH "Rehabilitation+") OR "intervention"</p> <p>18. (MM "Witness, Legal") OR "accessory" OR "confidant" OR (MM "Sex Offenders") OR "offender" OR (MM "Repeat</p>	<p>1. (child abuse or abuse reporting or attachment disorders or child abuse reporting or child neglect or child welfare or disinhibited social engagement disorder or domestic violence or emotional abuse or failure to thrive or munchausen syndrome by proxy or patient abuse or physical abuse or sexual abuse or verbal abuse or violent crime).af.</p> <p>2. shaken baby syndrome.af.</p> <p>3. (psychological and maltreatment).af.</p> <p>4. (child and non-accidental injury).af.</p> <p>5. factitious disorder.af.</p> <p>6. (abusive trauma and (child or infant or adolescent)).af.</p> <p>7. (non-accidental trauma and (child or infant or adolescent)).af.</p> <p>8. battered child.af.</p> <p>9. battered child syndrome.af.</p> <p>10. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9</p> <p>11. (therapy or treatment or care or integration or involvement or intervention or parent or parental involvement or witness or accessory or confidant or offender or perpetrator or suspect).af.</p> <p>12. ((end or stop or finish or re victimization prevention) not substance abuse).af.</p> <p>13. 10 and 11 and 12</p> <p>14. limit 13 to ("0430 followup study" or "0450 longitudinal study" or "0451 prospective study" or "0830 systematic review" or 1200 meta analysis or 1800 quantitative study or "2000 treatment outcome/clinical trial</p> <p>15. limit 14 to last 5 years</p>	<p>therapy OR treatment OR care OR integration OR involvement OR intervention OR parent OR parental involvement OR witness OR accessory OR confidant OR offender OR perpetrator OR suspect</p> <p>AND</p> <p>abusive trauma AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR (non AND accidental AND trauma) AND (infant[MeSH] OR child[MeSH] OR adolescent[MeSH]) OR shaken baby syndrome OR (shaken AND baby) OR battered child syndrome OR battered child OR (child* AND battered) OR (child* AND abuse) OR (child* AND neglect) OR (child* AND maltreatment) OR (psychological AND maltreatment) OR (child* AND exploitation) OR (child* AND non AND accidental AND injury) OR (child* AND abusive AND injury) OR munchausen by proxy syndrome OR factitious disorder</p> <p>AND</p> <p>end OR stop OR finish OR re victimization prevention</p> <p>NOT</p> <p>substance abuse</p>

	review") 23. 21 or 22	Offenders") OR "perpetrator" OR "suspect" 19. (MM "Caregivers") OR (MH "Parents+") OR (MH "Adolescent Parents+") OR (MM "Adoptive Parents") OR (MM "Biological Parents") OR (MH "Expectant Parents+") OR (MH "Fathers+") OR (MM "Foster Parents") OR (MH "Mothers+") OR (MM "Parents, Disabled") OR (MM "Parents of Disabled Children") OR (MM "Single Parent") 20. 17 OR 18 21. 19 AND 20 22. 16 AND 21 23. 16 AND 21 [narrow by Subject Age: - all child]		
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Table 28 Search strategy on the topic block: eye examination

PICO-Schema				
P	Children aged 0 to 3 with shaken impact syndrome or long bone fracture			
I	Prompt eye examination within 24 hours of admission as an in-patient with precise descriptions of retinal bleeding regarding localisation, depth, size, area and number comparing both sides			
C	No eye examination, or diagnosis of retinal bleeding with no precise descriptions, or a delayed eye examination with assessment of the ocular fundus, taking the multilayer retinal bleeding particularly into account			
O	Recognising or confirming the diagnosis of shaken impact syndrome			
Database	EMBASE (in Ovid)	CINHAL	PsycINFO & Eric (in Ovid)	PubMed
Date	31 October 2016	15 November 2016	12 September 2016	27 September 2016
Hits	226	294	140	126
Search strategy	<p>1. (non accidental head injury OR abusive head injury OR abusive head trauma OR non accidental head trauma OR shaken impact syndrome OR shaken baby syndrome).af.</p> <p>2. (infant OR child*).af.</p> <p>3. (fracture long bones OR brain injuries).af.</p> <p>4. (retinal hemorrhages OR eye disease*).af.</p> <p>5. 1 AND 2 AND 3 AND 4</p> <p>6. 1 AND 2 AND 4</p>	<p>1. (MM "Child, Preschool") OR (MH "Infant+") OR (MH "Child+") OR (MH "Infant, Newborn+")</p> <p>2. (MM "Shaken Baby Syndrome")</p> <p>3. "non-accidental head trauma" OR (MH "Eye Hemorrhage+") OR (MM "Eye Injuries+") OR (MM "Retinal Diseases") OR (MM "Eye Diseases") OR "craniocerebral injur*" OR "fracture long bones" OR (MM "Head Injuries") OR (MH "Brain Injuries+") OR "abusive head trauma" OR retinal hemorrhages</p> <p>4. 1 AND 3</p> <p>5. 2 OR 4</p> <p>6. (MM "Inpatients") OR "hospital admission"</p> <p>7. "ocular signs" OR "oculist" OR "eye specialist" OR "examination"</p> <p>8. 5 AND 6</p> <p>9. 5 AND 7</p> <p>10. (MM "Shaken Baby Syndrome") OR "shaken impact syndrome"</p> <p>11. (MM "Diagnosis+") OR "diagnose" OR "Identificat*" OR "recognize" OR "recognise"</p> <p>12. 10 AND 11</p> <p>13. 8 OR 9 OR 12</p>	<p>1. (abusive head trauma or shaken baby syndrome or non-accidental head trauma or shaken impact syndrome).af.</p> <p>2. (retinal hemorrhages or craniocerebral injur* or fracture long bones or head injur*).af.</p> <p>3. eye injur*.af.</p> <p>4. eye disease*.af.</p> <p>5. 2 or 3 or 4</p> <p>6. 1 and 5</p> <p>7. limit 6 to (120 neonatal or 140 infancy <2 to 23 mo> or 160 preschool age)</p>	<p>(((((trauma [MeSH]) AND Child, Preschool [MeSH]) AND infant [MeSH])) AND eye diseases [MeSH]) AND fracture long bones) OR ((shaken impact syndrome) OR (((non-accidental head trauma) OR shaken baby syndrome [MeSH]) OR abusive head trauma)) Filters: Clinical Study; Clinical Trial; Comparative Study; Guideline; Meta-Analysis; Multicenter Study; Observational Study; Pragmatic Clinical Trial; Randomized Controlled Trial; Systematic Reviews</p>

Table 29 Search strategy on the topic block: dental examination

PICO model			
P	Children aged 0 to 3 or older where physical neglect is suspected		
I	Taking the child to a dentist to exclude the possibility of caries, to exclude a primary underlying disease that leads to caries, to determine whether 4 or more teeth are affected by caries		
C	No visit or only occasional visits to the dentist		
O	Diagnosis of physical neglect		
Database	EMBASE	CINHAL, ERIC & PsycINFO	PubMed
Date	17 November 2016	23 January 2017	23 January 2017
Hits	336	107	376
Search strategy	1. child neglect/ 2. physical neglect.af. 3. 1 or 2 4. (child or infant or adolescent or toddler or teenager).af. 5. 3 or 4 6. dental caries/ or tooth disease/ 7. amelogenesis imperfecta/ or tooth malformation/ 8. dental procedure/ 9. mouth hygiene/ 10. dentist/ 11. 6 or 7 or 8 or 9 or 10 12. 5 and 11 13. (Child abuse or child maltreatment).af. 14. 3 or 13 15. 4 and 14 16. 11 and 15	1. (MH "Adolescence+") OR (MH "Child+") OR (MH "Infant+") OR (MM "Minors (Legal)") OR (MH "Infant, Newborn+") OR (MH "Infant, Low Birth Weight+") 2. "child physical neglect" OR (MH "Child Abuse+") OR "child maltreatment" OR "child neglect" 3. 1 AND 2 4. (MM "Tooth Diseases+") OR (MM "Dental Caries") 5. (MM "Amelogenesis Imperfecta+") 6. (MM "Dental Hygiene") OR "mouth hygiene" 7. (MM "Dentists") 8. "dental procedure" 9. 4 OR 5 OR 6 OR 7 OR 8 10. "expert" OR "expertise" OR "experienced" OR "skilled" 11. 2 AND 9 12. (MM "Child Abuse+") 13. 9 AND 12 14. "dental" OR "oral" OR (MH "Tooth+") OR "tooth" OR (MH "Tooth Injuries+") OR (MM "Tooth Fractures") OR (MH "Tooth Abnormalities+") 15. 9 OR 14 16. 3 AND 15 17. 11 OR 16	(((((((("Child Abuse"[Mesh]) OR child maltreatment) OR child neglect) OR physical neglect)) AND (((("Infant"[Mesh]) OR "Child"[Mesh]) OR "Adolescent"[Mesh]))) AND (((("Tooth Diseases"[Mesh]) OR "Tooth Abnormalities"[Mesh]) OR "Dental Care for Children"[Mesh]) OR "Oral Hygiene"[Mesh]) OR "Dentists"[Mesh])

4.3.1 Selection of literature examined

The selection of suitable data sources was carried out independently by two reviewers in the guideline office. The declaration of conflicts of interest is available to all guideline office staff. No conflicts of interest arose.

The resulting hits for all databases were combined for each topic block, and duplicates were removed. After deciding on the inclusion and exclusion criteria for each topic block, the initial screening of title and abstract for each hit took place. The inclusion and exclusion criteria were oriented on the patient group described, the intervention, and the outcome of the PICO question. Finally, a full text screening was carried out for the remaining hits. The two reviewers' selections were compared and in cases where the reviewers disagreed, a third assessor checked the findings. In the final screening, the evidence of the full text selection was checked using SIGN or NICE checklists (see 4.5, evaluation of evidence). Data sources whose quality was very limited due to bias were excluded.

Table 30 Overview of the inclusion and exclusion criteria for the literature selection of the individual topic blocks (in alphabetical order)

	Inclusion criteria	Exclusion criteria
General	<ul style="list-style-type: none"> Full text in German, English, French, Dutch, Portuguese, or Spanish 	<ul style="list-style-type: none"> No full text publication available Studies that examined adults affected as children by abuse, or neglect
Medical imaging	<ul style="list-style-type: none"> Radiological diagnostics of children/adolescents that confirm or exclude the diagnosis of a threat to child welfare[#] Guidelines at S3 level on the topic of x-ray skeletal screening 	<ul style="list-style-type: none"> Reference books Narrative reviews Expert opinion Congress abstracts Case reports No assessment of a threat to child welfare
Differential diagnostics when physical is suspected	<ul style="list-style-type: none"> Studies, case studies and case series that confirm or exclude the diagnosis of child Systematic survey papers on known differential diagnoses of physical 	<ul style="list-style-type: none"> Reference books No assessment of a threat to child welfare No cause given for the child's/adolescent's symptoms as described
Emotional neglect/abuse	<ul style="list-style-type: none"> Intervention: score/measurements for EN/EA Child-centred outcome Related to EN/EA Symptoms of EN/EA 	<ul style="list-style-type: none"> Intervention measures without previous record of EN/EA Only describes parental behaviour Only describes predictors of EN/EA
Developmental and behavioural abnormalities	<ul style="list-style-type: none"> Developmental and/or behavioural abnormalities linked to a threat to child welfare Child-centred outcome 	<ul style="list-style-type: none"> Only describes risks/consequences of EN/EA No child-centred outcome
Forensic interview	<ul style="list-style-type: none"> Child aged 0 to 18 Suspected or confirmed threat to child welfare 	<ul style="list-style-type: none"> Reference books No assessment of a threat to child welfare Congress abstracts
Fractures	<ul style="list-style-type: none"> Confirms or excludes the diagnosis of a threat to child welfare[#] in case of children/adolescents with fractures Retrospective data analyses of children 	<ul style="list-style-type: none"> Reference books Narrative reviews Expert opinion Congress abstracts

	with suspected TCW and where x-ray skeletal screening has been carried out	<ul style="list-style-type: none"> • Case series • Case reports • No assessment of a threat to child welfare
Early recognition of families' needs for support and assistance	<ul style="list-style-type: none"> • Pregnant women or women who have just given birth • Studies with screening form for early recognition of families' needs for support and assistance • RCT or systematic review or meta-analysis <p>OR</p> <ul style="list-style-type: none"> • Children aged 0 to 3 • Early intervention • RCT or systematic review or meta-analysis 	<ul style="list-style-type: none"> • No outcome related to inner-family problem contexts and/or maternal mental illness that constitute a threat to child welfare with early description of the need for help • Reference books • Narrative reviews • Expert opinion • Congress abstracts • Case series • Case reports • RCT that is evaluated in systematic review, if systematic review included
Child siblings	<ul style="list-style-type: none"> • Examination of contact children • Prospective or retrospective study • Suspected or confirmed threat to child welfare for index patient 	<ul style="list-style-type: none"> • Reference books • No assessment of a threat to child welfare • Congress abstracts
Haematomas	<ul style="list-style-type: none"> • Physical examination of children and adolescents with confirmed diagnosis of , a coagulation disorder or healthy children and adolescents • Physical examination focusing on haematomas in children and adolescents with special needs • Studies with children aged 0 to 18 or studies where the data of the age group up to 18 can be separated • Studies with children where physical (PA*) is excluded or confirmed or where PA* was not suspected from the start • Studies with children with confirmed bleeding disorders where the haematoma distribution pattern or lab diagnosis were examined • Studies where the PA* as differential diagnosis in case of cutaneous haematomas or bleeding disorders was subject to interdisciplinary examination 	<ul style="list-style-type: none"> • Reference books • Narrative reviews • Expert opinion • Congress abstracts • Case series • Case reports • Children and adolescents where no description of health and development status is given • Studies where no connection to a PA* was established • Studies in which skin abnormalities were exclusively related to diagnoses other than PA*
Information exchange in case of maternal psychological stress	<ul style="list-style-type: none"> • Unborn children and children aged 0 to 3 whose mother has a mental illness • (Mandatory) information exchange, cooperation, collaboration between gynaecological, obstetric, psychiatric and paediatric fields 	<ul style="list-style-type: none"> • Reference books • Narrative reviews • Congress abstracts
Pediatric check-ups (kinderfrüherkennungsuntersuchung)	<ul style="list-style-type: none"> • Children aged 3 to 12 • Confirmed threat to child welfare • Mandatory preventive measures • Outcome: recognising, determining, avoiding a threat to child welfare 	<ul style="list-style-type: none"> • Reference books
Cooperation	<ul style="list-style-type: none"> • More than one specialised professional from different service areas (e.g. health care, educational services, youth welfare services) involved in the child protection procedure • Child aged 0 to 18 with suspected or 	<ul style="list-style-type: none"> • Reference books • Narrative reviews • Expert opinion • Congress abstracts • Case series • Case reports

	<p>confirmed TCW</p> <ul style="list-style-type: none"> Recognising, determining, ending the TWC or protecting from revictimization 	
Mandatory reporting and information exchange	<ul style="list-style-type: none"> Child aged 0 to 18 with suspected or confirmed TCW Expert opinion Information passed to Youth Welfare Office 	<ul style="list-style-type: none"> Reference books No assessment of a threat to child welfare Information passed to other institutions Police report
Neonatal abstinence syndrome	<ul style="list-style-type: none"> New-born of a drug-using mother New-born of a mother with known drug consumption during pregnancy New-born with withdrawal symptoms Use of scoring instruments to determine withdrawal symptoms in new-borns (e.g. Finnegan-Score) 	<ul style="list-style-type: none"> Reference books Narrative reviews Expert opinion Congress abstracts Case series Case reports
OPS 1-945	<ul style="list-style-type: none"> Full text in German, English, French, Dutch, Portuguese, or Spanish Children and adolescents aged 0 to 18 with injuries or indications of neglect Multi-professional, interdisciplinary team approach Participation of professionals such as paediatrician, psychologist, social worker, etc. Structured approach 	<ul style="list-style-type: none"> Description of training and further training measures Expert opinion Papers on prevention Too specifically formulated or very specialised issue (sexual exploitation interview procedure, sexual abuse only, etc.) Papers on the function and significance of individual professional groups
Participation	<ul style="list-style-type: none"> Child with experience of 	
Screening procedures	<ul style="list-style-type: none"> Children aged 0 to 18 Primary caregivers of children aged 0 to 18 where TCW is suspected due to the reason the caregivers for their attendance Studies with screening instruments to detect a threat to child welfare 	<ul style="list-style-type: none"> Reference books Narrative reviews Expert opinion Congress abstracts Case reports No assessment of a threat to child welfare
Sexual abuse	<ul style="list-style-type: none"> Studies from 0 to 18 Studies of children/adolescents with suspected sexual abuse taking into account the presence/detection of sexualised behaviour, or a video colposcopic examination of the anogenital area with prompt securing of evidence (DNA/sperm) or appraisal of the paediatric gynaecological examination according to ADAMS (2015) 	<ul style="list-style-type: none"> Reference books Narrative reviews Expert opinion Congress abstracts Case reports
Children and adolescents of parents* with addiction problems	<ul style="list-style-type: none"> Studies of families with addiction problems linked to a threat to child welfare Studies with specialised staff whose interventions related to cooperation of systems in cases of families with addiction problems were examined and where there is a link to a threat to child welfare 	<ul style="list-style-type: none"> Reference books Expert opinion Congress abstracts Case reports Case series Not linked to a threat to child welfare

Parental therapy	<ul style="list-style-type: none"> • Parents of a child/children who have experienced abuse, or neglect • Therapy, treatment or involvement of parents in order to <ul style="list-style-type: none"> ○ protect the child from revictimization or ○ end the threat to child welfare 	<ul style="list-style-type: none"> • High risk families • Parents with a child/children who have not experienced abuse, or neglect • Parents with attachment problems, authoritarian upbringing or drug/substance therapy or domestic violence with no child who has experienced abuse, or neglect • Reference books • Narrative reviews • Expert opinion • Congress abstracts • Case series • Case reports
Eye examination	<ul style="list-style-type: none"> • Eye examination of children/adolescents where the diagnosis of a threat to child welfare[#] has been confirmed or excluded • Eye examination of children/adolescents with a defined initial event (e.g. newborn, accidental trauma) 	<ul style="list-style-type: none"> • Reference books • Narrative reviews • Expert opinion • Congress abstracts • Case reports • No assessment of a threat to child welfare • No cause present for an abnormality of the ocular fundus
Dental examination	<ul style="list-style-type: none"> • Children with TCW • Dental examination of the oral health condition • or Definition of dental neglect 	<ul style="list-style-type: none"> • Only children with no TCW • Non-dental examination of oral health (by physician only) • Abstracts/poster presentation • Books

4.3.2 Evaluation of the literature examined

Two members of the guidelines office staff carried out separate independent evaluations of the evidence viewed in accordance with internationally recognised and generally used evaluation tools. The studies' quality and risk of bias were determined using the evaluation tools. Scientific articles such as case control studies, cohort studies, controlled trials, systematic reviews und meta-analyses were evaluated in accordance with the Scottish Intercollegiate Guidelines Network (SIGN) checklist (<http://www.sign.ac.uk/checklists-and-notes.html>). The Methodology Checklist: Qualitative Studies of the National Institute for Health and Clinical Excellence (NICE, January 2009) was used for qualitative studies.

The evidence class was determined on the basis of the studies' qualitative evaluation. SIGN categories were applied to categorise the studies in evidence classes. This ranking system differentiates sources according to study design (meta-analyses and review papers, randomised control studies, cohort studies, non-analytical studies and expert opinions) and the risk of bias.

4.4 Preparing evidence tables

Evaluation of the guidelines and literature searches yielded a total of 205 sources that were used to prepare recommendations for action. The quality of the guidelines and primary publications was evaluated, and the level of evidence determined.

Two reviewers carried out the structured extraction of information from the articles. Preparation of the evidence (see separate document “Evidence Preparation”) took into account (among other things) clinical aspects of the study quality such as e.g. characteristics of the study population, follow-up period and relevance of outcomes. The evidence and key data of the international scientific papers was translated into German. Finally, the evidence tables were checked by the guidelines office. The mandated representatives were asked to look critically at the evidence tables and supplement any gaps in the literature. All mandated representatives could view the literature selection and evidence tables via the CGS online guidelines portal.

Evidence tables of the articles included can be viewed separately in the “Evidence Preparation” document. The articles are correlated according to the topic blocks and listed in each block in alphabetical order by surname of the first author. The evidence tables show the study design and study population with its characteristics and inform the reader about the intervention, the comparator intervention, the main findings, the study quality (risk of bias) and the level of evidence allocated accordingly. The authors’ conclusions and those of the guideline office are given.

4.5 Formulating recommendations and structured consensus-finding

4.5.1 Recommendations, allocating levels of evidence and recommendation levels

Two reviewers independently read and analysed the relevant sources. Based on the findings of the relevant literature, interim evidence-based recommendations for action were formulated independently by the two reviewers, who then merged them. The interim evidence-based recommendations for action were discussed and adapted in the guidelines office before being presented on the CGS online guidelines portal to the mandated representatives for their comments and editing.

Recommendation levels (can/should/shall) were allocated to all recommendations for action. During the consensus conference, both evidence-based recommendations for action as well as clinical consensus points with and without proof of plausibility were agreed. The recommendations are presented in a uniform manner and based on the evidence preparation and the grading criteria listed in accordance with the AWMF. The criteria for evidence-based recommendations for action and clinical consensus points are shown in Table 32.

Table 32 Criteria for evidence-based recommendations for action and clinical consensus points

Description	Recommendation level	Consensus aspects	Consensus	Identifiable by
Evidence-based recommendation for action	Yes	Firm evidence base and consensus aspects (1-6)	Yes	EVIDENCE Level of evidence (LoE) Consensus strength
Clinical consensus point (CCP) with proof of plausibility	Yes	Solid consensus aspects (2-6) and little consistency of study findings (1)	Yes	CCP Level of evidence (LoE) Consensus strength
Clinical consensus point (CCP) without proof of plausibility	yes	Consensus aspects (3-6)	yes	CCP Consensus strength

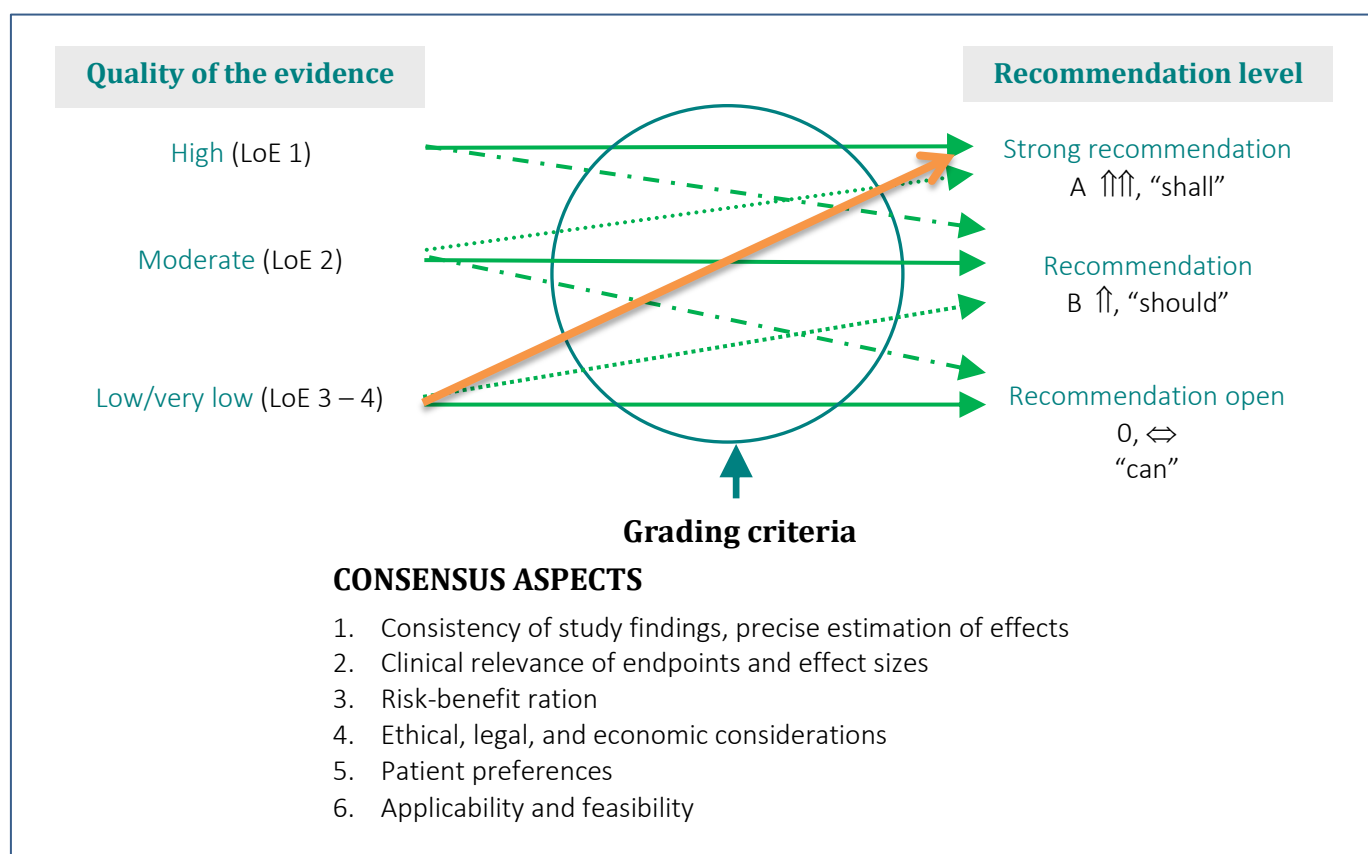
Grading criteria: CONSENSUS ASPECTS (according to AWMF)

1. Consistent study findings, precise estimation of effects
2. Clinical relevance of outcomes and effect sizes
3. Risk-benefit ratio
4. Ethical, legal, economic considerations
5. Patient preferences
6. Applicability and feasibility

Preparation of the evidence followed the levels of evidence classification according to SIGN, which are based on study quality. The evidence viewed – 205 sources - comprises guidelines as well as secondary and primary publications. As described in 4.5 (Evaluating the evidence), the quality of the relevant full texts was examined critically. The level of evidence reflects the evidence quality of the literature appraised and expresses the strength of evidence of the literature viewed. The strength of the evidence is directly related to the recommendation level of a recommendation for action. However, the recommendation level is primarily related to the level of evidence, although other factors are also considered. In this way the consistency of the study findings, clinical relevance of outcomes and effect sizes, risk-benefit ratio, ethical, legal and economic considerations, patient preferences, applicability to the patient target group and the German health system, and feasibility of implementation in everyday practice/the different service areas all influence the recommendation level. Where the reviewers disagreed in the quality evaluation or in determining the level of evidence, a third appraiser was consulted.

Table 33 Level of evidence according to SIGN and relevant examples of study design

Level of evidence	Study design
1++	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1+	Well conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort studies
2+	High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2-	Well conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is casual
3	Case control or cohort studies with a high risk of confounding or bias and significant risk that the relationship is not causal
4	Non-analytic studies (e.g. case reports, case series, surveys, etc.)

**Figure 4** From evidence to recommendation: visualisation of the clinical evaluation as a process of criteria-supported consensus-finding¹

The recommendation level was raised when the grading criteria were fulfilled (see Figure 4). The recommendation level could be changed at any point during the Delphi process up to the consensus

¹ Adapted from AWMF standards for AWMF-Regelwerk Leitlinien: Graduierung der Empfehlungen [guidelines: grading recommendations], accessed on 28 May 2018 at <http://www.awmf.org/leitlinien/awmf-regelwerk/II-entwicklung/awmf-regelwerk-03-leitlinienentwicklung/II-entwicklung-graduierung-der-empfehlungen.html>

conference, based on the mandated representatives' comments, appraisals and agreements. The yellow arrow in Figure 4 indicates that during the grading process, a strong recommendation level for certain recommendations for action was allocated based on strong consensus aspects and a high level of agreement, despite a low level of evidence.

During the consensus-finding phase the mandated representatives used the last four consensus points (see Figure 4) in particular to alter the recommendation level of the interim evidence-based recommendations for action.

The evidence levels, text extracts from the relevant evidence base and consensus strength of each recommendation for action are included in the long version of the guidelines.

A few statements in the guidelines were reduced in level during the consensus conference from "recommendation for action" to "statement", based on consensus aspects. Statements are recommendations underpinned by expert opinions that are not evidence-based. In practice, they comprise e.g. important hints or supplementary information.

4.5.2 Focus on usefulness; impacts of relevant outcomes

The guideline's core focus is on children and adolescents. This is made clear by the endpoints (outcomes) to the key questions (PICO questions) that all relate to recognising, determining and ending threats to child welfare and protection from revictimization. Therefore, all the recommendations for action concern detection, diagnosis of or protection from a threat to child welfare.

All 15 of the guideline's key recommendations are summarised in table form in Section 4.6.

4.5.3 Formal consensus-finding: process and implementation

The formal consensus-finding on the recommendations for action comprised a preliminary vote and structured consensus-finding.

4.5.3.1 Preliminary vote

The interim recommendations for action, evidence preparation and background texts on the 23 topic blocks were made available to the mandated representatives on the CGS online guideline portal for their comments, input and agreement from autumn 2016 to June 2018. The guideline office informed the mandated representatives by email about newly prepared or revised recommendations for action. The CGS online guideline portal was accessible to all mandated representatives at all times.

The aim of the preliminary vote was to involve all mandated representatives in order to supplement the literature researched, and to rework the recommendations for action and background texts for the topic

blocks based on the mandated representatives' expertise and in the light of their comments and suggestions.

The revisions to the recommendations for action and background texts were carried out by the guideline office staff, which represent a range of professions. In individual cases, experts were approached in relation to particular topic blocks.

The mandated representatives had three opportunities to give comments and cast votes on the interim recommendations for action for each topic block, the relevant prepared evidence and the background texts, so each topic block was subject to a review process lasting up to 15 weeks.

The review process for each topic block took place via the CGS online guideline portal and comprised a non-anonymised comment round and two subsequent anonymous Delphi rounds with the opportunity to vote. This gave the mandated representatives the opportunity to agree to each individual recommendation for action, or to disagree, or to determine that the recommendation level be raised or lowered. When necessary, certain recommendations for action were offered for an additional third round of voting. This process yielded interim evidence-based recommendations for action that had been voted on and revised several times.

4.5.3.2 Structured consensus conference

The structured consensus conference took place in the context of a three-day attendance meeting from 18 to 20 June 2018 in Bonn-Bad Godesberg. All mandated representatives were invited to this meeting. In preparation, all mandated representatives received information about the consensus conference, the meetings procedure and the then current wordings of and voting results up to that point on the 150 evidence-based recommendations for action with the evidence preparation. All this information was sent to the mandated representatives by post in printed form. Of a total of 129 mandated representatives, 51 took part in the conference.

Procedure of the structured conference

All presentations and results were shown on three screens. The voting took place anonymously via a TED online voting system.

- One mandated representative of every participating specialist society or organisation received a TED voting device (each specialist society or organisation had one vote). Table 1 shows who was eligible to vote.
- Prof. Ina Kopp was the meeting's neutral moderator. She gave an introduction to the research process that ensured that the recommendations for action were based on systematic evidence and consent.
- The guideline office presented the evidence preparation and recommendations for action for all topic blocks to the mandated representatives.
- A general discussion then took place on each topic block.
- Prof. Kopp read out each recommendation for action individually, after which suggestions for alterations, deletions or additions for that recommendation were contributed, written down and presented for all participants to see (see example, Table 35).
- The state of evidence and the utility of each recommendation for action were also discussed. Some recommendations for action were demoted by agreement to clinical consensus point or statement.
- Finally, the anonymous vote (agree/don't agree) on all suggestions, or the general vote on the recommendation for action, took place using the TED online voting system.
- The voting result (VR) for each individual suggested alteration and for the final vote on the recommendation for action were recorded (see Table 35).
- From this emerged the consensus strength according to the AWMF classification (Table 34) for each recommendation for action, clinical consensus point or statement.

Table 34 Classification of consensus strength according to AWMF

Strong consensus	Agreement of > 95 % of participants
Consensus	Agreement of > 75 - 95 % of participants
Majority agreement	Agreement of > 50 - 75 % of participants
No consensus	Agreement of < 50 % of participants

Table 35 Example of suggested alterations to a recommendation for action

Mandated representatives' suggested alterations	
Delete	<ul style="list-style-type: none"> • Whole recommendation (VR 63: 31%) • For recognition of emotional abuse and/or neglect we refer to recommendations for action 12.1 to 12.9 (VR 64: 66%) • At home and in their environment (VR 66: 63%)
Alterations	<ul style="list-style-type: none"> • Because developmental and behavioural abnormalities observed in children and adolescents could be due to a TCW, but it is not possible to draw a specific conclusion that a threat to child welfare is present, children and adolescents with the relevant abnormalities should* be spoken to in an age-appropriate manner and asked about their wellbeing at home and in their environment (VR 65: 82%) • Background text: questioning does not take place at home. Possible inclusion of undesirable effects.
Alteration to recommendation level	<ul style="list-style-type: none"> •
Additions	<ul style="list-style-type: none"> • Standardised psychometric questionnaires could* be used for this purpose (CCP).

Well-founded dissent

Suggested alterations were systematically voted on. Alterations that reached consensus were adopted. In case of dissent, the matter was constructively discussed in plenum, followed by a final vote.

The guideline group felt the need to discuss many of the recommendations for action. This may be due to the diversity and different professional backgrounds of the guideline group of mandated representatives (participating specialised staff from health care, youth welfare and educational fields). However, all ambiguities and contradictions were clarified in the plenum and a common denominator found, so the foregoing controversial discussions led in many cases to a strong consensus.

Specialist societies and organisations were given the opportunity to cast a special vote if they were unable to support particular statements in the child protection guideline. No special votes were cast. Also, there were no abstentions or “no” votes on the final child protection guideline during the structured consensus conference. Thus, none of the voting specialist societies or organisations withdrew their participation. All recommendations for action were voted on by the participants present.

4.5.3.3 Results of the formal consensus-finding

150 recommendations for action were discussed and voted on at the consensus conference. Of the 150, one recommendation for action was re-worded during the meeting without having failed the preceding Delphi process. Table 36 shows both the number of recommendations for action and statements adopted, and the number of recommendations that were either merged or not adopted.

Thanks to the consensus reached at the consensus meeting, 131 recommendations for action and two statements were adopted in the guidelines texts.

During the guidelines office's editorial reworking the following alterations were made: in the topic block "Information exchange in case of maternal psychological stress", the recommendation for action (24.5) on child participation was demoted to a clinical consensus point, because in the original NICE guideline text (National Institute for Health and Care Excellence (NICE). (2017). Antenatal and postnatal mental health: clinical management and service guidance), a Practice Point that was not evidence-based was translated into German.

4.5.3.4 Adoption of the revised recommendations for action by mandated representatives

The mandated representatives had the opportunity for a final vote on the revised recommendations for action and the child protection guideline as a whole between 15 October and 30 November 2018. To prepare for this vote, the long version of the guideline and the guideline report with the preparation of evidence were made available to them via the AWMF portal. A structured comment form for the long version and the report enabled the guidelines office to systematically record suggested alterations and the reasons behind them. These were evaluated after the participation deadline had passed and fed into the revision of the guideline. Results of the mandated representatives' votes and results of the external appraisal (see 5, External Appraisal and Approval) are shown in Annex 2 of the German version of the Guideline report.

Table 36 Results of the consensus conference relating to recommendations for action and statements

Topic block	Presented at consensus meeting	Adopted in the guidelines text:			Statements	Not adopted (no consensus or were amalgamated)
		Recommendations for action				
		shall	should	can		
Participation	13	10	1	-	-	2
Cooperation	3	1	2	-	-	
OPS 1-945	2	1	1	-	-	
Mandatory reporting and information exchange	1	-	-	-	-	1
Development and behavioural abnormalities	4	-	3	-	-	1
Information exchange in case of maternal psychological stress	5	-	5	-	-	
Parents with addiction problems*	3	1	2	-	-	
Parental interventions*	6	3	1	-	-	2
Screening procedures and thermal injuries	6	5	1	-	-	-
NAS	7	2	3	2	-	-
Pediatric check-ups (kinderfrüherkennungsuntersuchung)	2	1	1	-	-	-
Radiological diagnostics and fractures	27	16	9	1	1	-
Haematomas	7	5	2	-	-	-
Differential diagnoses	8	-	8	-	-	-
Eye examination	5	2	2	-	-	1
Dental examination	8	2	2	-	1	3
Sexual abuse	16	5	11	-	-	-
Forensic interview	5	1	4	-	-	-
Emotional neglect/abuse	11	1	5	-	-	5
Child siblings	4	-	3	-	-	1
Early recognition of families' needs for support and assistance	7	5	1	-	-	1
Total	150	61	67	3	2	17

4.6 Key recommendations

A total of 15 key recommendations were generated, shown in the following table.

Table 37 Key recommendations

Key recommendation	RL*	LoE
<p>Children and adolescents must* be included as participants¹.</p> <p>Participation¹ may have positive effects: it can have therapeutic effects (incl. self-esteem, sense of control, improved relationship between children/adolescents and specialised staff and primary carers/attachment figures involved), increase the effectiveness of an intervention, permit more individualised care, and increase safety by early recognition of , abuse and/or neglect of children.</p> <p>¹Participation in: course of action if a threat to child welfare is suspected[#], communication, rules for closeness /distance, complaint management, organising contact, future location.</p>	A	1-
Specialised staff must* actively listen to children and adolescents before making a decision for the child or the adolescent.	A	3 to 4
Specialised staff must* explain the content of the child protection procedure to the children and adolescents in a suitable way, taking into account the children's/adolescents' state of development and their situation.	A	1 to 3
Specialised staff in health care, youth welfare, legal and educational services should* cooperate in child protection with the aim of recognising, determining and ending the abuse and neglect of children. (cf. § 3 KKG).	B	2++ to 4
Cooperation partners in health care, youth welfare, legal and educational services must* respect the roles, opportunities for action and expertise of the participating professionals.	A	3 to 4
Where a threat to child welfare [#] is suspected, a multi-professional approach (e.g. child protection group in accordance with OPS 1-945) must* be taken during in-patient clarification in hospital in order to confirm or exclude neglect and/or abuse of children.	A	2++ to - 4
General screening of children and adolescents in A&E departments for abuse and/or neglect of children must* not be carried out.	A	2++ to 3
When there are indications of stress, the actual requirements for support and assistance must* be clarified in a personal conversation. Estimating and determining the need demands experience and competent, sensitive appraisal of the circumstances.	A	1++ to 2
Where an addictive disorder of the primary carer/attachment figures is suspected, children and adolescents should* be given the opportunity to express their own opinion of their well-being; the topic of the addictive disorder should be openly addressed in the conversation.	B	2++ to 3
<p>In cases of children and adolescents whose primary caregivers¹ have an addictive disorder, planned and introduced measures should* be discussed with the families and all those involved in the case, so that neglect and/or abuse can be avoided or ended by adequate assistance measures for the children and adolescents, the addicted person and the family.</p> <p>This applies to agreements on the (process) results of:</p> <ul style="list-style-type: none"> • Estimates of the children's or adolescents', the addicted person's and the whole family's need for assistance • Appraisal of the children's and adolescents' well-being or estimate of the threat to child welfare <ul style="list-style-type: none"> ○ Therapies for children and adolescents and/or primary care givers¹ (including obstacles and motivators) ○ Legal proceedings (e.g. right of custody and right to determine the place of residence) ○ Relevant measures introduced <p>¹As well as the primary care giver, this may also refer to an attachment figure who lives in the same household as the children and adolescents.</p>	B	1+ to 4
When adults attend A&E due to domestic violence and/or a suicide attempt or a psychological decompensation and/or substance intoxication the question must* be asked as part of patient screening whether the patient is responsible for an under-age child or children, in order to recognise possible abuse and/or neglect of children. In this case the hospital's social service must* be informed.	A	2++ to 2+

<p>A comprehensive and standardised skeletal survey must* take place if there is good reason to suspect abuse of a child.</p> <p>The following individual images must* be carried out: 1. skull a-p¹; 2. skull lateral view; 3. chest a-p¹; 4. humerus a-p¹ left; 5. humerus a-p¹ right; 6. forearm a-p¹ left; 7. forearm a-p¹ right; 8. hand p-a² left; 9. hand p-a² right; 10. femur a-p¹ left; 11. femur a-p¹ right; 12. tibia/fibula a-p¹ left; 13. tibia/fibula a-p¹ right; 14. foot d-p³ left; 15. foot d-p³ right.</p> <p>Further x-rays must* be taken, depending on the findings in the individual images listed above.</p> <p>A. If no rib fractures were detected, 16. thorax oblique view left and 17. thorax oblique view right must* be taken.</p> <p>B. If one or more fractures have been detected, 18. spine lateral view and 19. pelvic girdle a-p¹ must* be taken.</p> <p>¹anterior-posterior, ²posterior-anterior or dorso-palmar, ³dorso-plantar (X-ray direction)</p> <p><u>Note on taking x-rays:</u> If the child's size permits, x-rays of the extremities may be combined as follows: 4+6; 5+7; 10+12; 11+13. (VR. 13: 97%).</p>	A	2++
<p>A standardised skeletal survey to give evidence of occult fractures must* be carried out on all children < 24 months, if there is a suspicion of abuse or substantiated abuse. This includes in particular children with thermal injuries or verified fractures or head injury caused by abuse.</p>	A	2++
<p>In children and adolescents with fractures, their age and developmental stage should* be taken into account when assessing a suspicion of abuse.</p>	B	2++
<p>All children and adolescents suspected of having been sexually abused must* be examined in a manner specific to their gender and level of development.</p> <p>An examination must not* be performed against the will of the child/adolescent.</p> <p>The necessity and setting the date for the above examinations depend on the period of time between the indicated sexual assault and the time of the examination (see No. 115 to No. 118 and Fig. 8).</p> <p>In addition to the full body examination and comprehensive anamnesis, a(n)</p> <ul style="list-style-type: none"> • anogenital and/or paediatric gynaecological examination with the aid of video colposcope (see No. 114) • examination for sexually transmitted diseases (see No. 119) • pregnancy test (girls in childbearing age) • search for trace evidence (DNA, semen, sperm) • forensic interview (4 – 18 years) • assessment of the psychological state <p>must* be performed.</p> <p>The necessity and sequence of individual examinations must* be determined for each individual case by a multi-professional team (e.g. child protection group).</p> <p>The findings of all examinations must* be evaluated jointly and in context.</p>	A	2+ to 3

*RL = Recommendation level

5 EXTERNAL APPRAISAL AND APPROVAL

5.1 External appraisal

The aim of the appraisal was to use the comments to identify gaps in the guideline and unclear wording and to make the guidelines more attractive.

Two staff members from the German Agency for Quality in Medicine (ÄZQ) carried out the appraisal of the methodological part of the guidelines based on the AGREE II appraisal.

Three experts from the fields of medicine and social work who were not involved in preparing the guidelines were asked to carry out the appraisal. During the appraisal the experts withdrew from the process due to the volume of the guidelines.

Between 15 October 2018 and 30 November 2018, a public consultation phase for the external, non-participating (expert) public was set up on the website. The link to the documents was disseminated by the guideline group.

The public consultation phase and appraisal by the mandated representatives and boards of the specialised societies and organisations took place on the basis of the structured comment form (Figure 5). The comment forms were filled out and sent to the guidelines office to be processed.

Bitte beachten Sie, dass Empfehlungsänderungen für S3-Leitlinien einer sorgfältigen, literaturgestützten Begründung bedürfen, bzw. bei Empfehlungen im Expertenkonsens (Klinischer Konsensuspunkt) einer begründeten Abweichung der Nutzen-Schaden-Abwägung und ggf. weiterer Gründe.

Langfassung der Leitlinie			
Kapitel/Seite	Entwurfstext der Leitlinie	Vorgeschlagene Änderung	Begründung (mit Literaturangaben)

Bitte beachten Sie, dass Empfehlungsänderungen für S3-Leitlinien einer sorgfältigen, literaturgestützten Begründung bedürfen, bzw. bei Empfehlungen im Expertenkonsens (KKP) einer begründeten Abweichung der Nutzen-Schaden-Abwägung und ggf. weiterer Gründe.

Leitlinienreport			
Kapitel/Seite	Entwurfstext der Leitlinie	Vorgeschlagene Änderung	Begründung (mit Literaturangaben)

Figure 5 Comment form for the long version of the guideline and guideline report for use by mandated representatives to vote on the guideline and for its overall adoption by the boards of participating specialist societies/organisations and by the external appraisers.

5.1.1 Results of the external appraisal

Methodological appraisal by the ÄZQ

The appraisal of the methodological part (appraisal of the longer version, GL report and evidence preparation) was carried out in accordance with AGREE II on 14 and 15 November 2018 by the ÄZQ with the following results and commentary:

Bewertungsskala

Alle Items des AGREE-II-Instruments* werden auf der folgenden 7-Punkte-Skala bewertet:

1	2	3	4	5	6	7
trifft überhaupt nicht zu						trifft vollständig zu

Ergebnisse im Überblick

Domäne	standardisierter Domänenwert [†]
Domäne 1: Geltungsbereich und Zweck	97 %
Domäne 2: Beteiligung von Interessengruppen	67 %
Domäne 3: Genauigkeit der Leitlinienentwicklung	83 %
Domäne 4: Klarheit der Gestaltung	83 %
Domäne 5: Anwendbarkeit	79 %
Domäne 6: Redaktionelle Unabhängigkeit	100 %

All the ÄZQ's comments on the individual domains are listed in Annex 2 (German version of the Guideline Report), FINDINGS OF THE EXTERNAL APPRAISAL BY ÄZQ and commented on in the form of a statement by the guidelines office. It was also noted whether the statement was taken into account or resulted in alterations in the guidelines. The ÄZQ's general comment (in German) on the results is as follows:

Kommentar:

Die Leitlinie erfüllt die überwiegende Mehrheit der von AGREE II geforderten Kriterien. Die Informationen sind meist sehr gut beschrieben und in der Leitlinie oder im Leitlinienreport unter den entsprechenden Überschriften leicht auffindbar.

Da AGREE II in erster Linie zur Bewertung medizinischer Leitlinien entwickelt wurde, können einige Kriterien nur eingeschränkt auf die hier zu bewertende Leitlinie angewendet werden bzw. sind aufgrund der besonderen Patientenpopulation schwer erfüllbar. Formell führte dies insbesondere in Domäne 2 zu Punktabzügen. In Domäne 4 wurde ein Kriterium nicht für die Bewertung berücksichtigt.

Zusätzlich waren aufgrund des Entwicklungsstandes der Leitlinie (die Leitlinie war zum Zeitpunkt der AGREE-II-Bewertung in der Konsultation) nicht alle Items vollständig beurteilbar (Punktabzug in Domäne 3-13).

Appraisal by the public, mandated representatives and specialist societies and organisations

On the basis of all the comments and in dialogue with the relevant specialist societies and organisations, the long version of the guidelines was ready for revision from 29 November 2018. This resulted in alterations that made the guidelines more clearly comprehensible. No alterations were made to the content of the recommendations for action that had already received consent.

All comments made during the public consultation and the review process by the specialist societies and organisations can be found in the separate document “Overview of alterations to the guidelines”.

The comments, appraisals and the alterations they prompted for the guidelines were documented as shown in Table 37. The comments were categorised as: recommendations on the guidelines, comment on the content of a recommendation, comments on the content of the background text, and editorial comments.

Table 37 How the comments were documented

General comment and preamble		
Comment	Appraisal	Alterations
Rec=recommendation on guidelines; CR=comment on content of a recommendation; CB= comment on content of background text; Ed.=editorial comment		
...	...	e.g.: alteration accepted and comment on alteration

5.2 Overall approval by the boards of participating specialist societies and organisations

The specialist societies and organisations were contacted by email and telephone from August onwards about how the approval of the guidelines by their specialist society and organisation was to take place. The following three possible methods of vote-casting were suggested:

1. The mandated representatives are given power to act and vote on behalf of their specialist society/organisation (their vote is automatically the vote of the society/organisation, so to speak).
2. The board of the specialist society/organisation personally authorises the content of the completed guideline in addition to the mandated representative’s vote.
3. The specialist society/organisation has a guidelines commission or an authorised guidelines representative.

Accordingly, a link to AWMF with access to the long and short versions, the guidelines report and evidence preparation was sent to them on 18 October 2018 with a request to comment and cast their

vote. The deadline for submitting their written approval was 30 November 2018. The submission could include the following:

1st vote: Agreement without comments (no alteration)

2nd vote: Agreement with comments on the accompanying/background text (reworking/inclusion of these comments by the editorial team, i.e. the guidelines office in consultation with the steering group)

3rd vote: Agreement on condition of alterations to consensus-requiring recommendations for action as set out in the comments submitted (reworking/inclusion of these comments by the editorial team i.e. the guidelines office in consultation with the steering group, in case of well-founded (!) alterations to content that go beyond factual corrections or editorial alterations: fresh vote in Delphi process)

4th vote: No agreement with comments on background text and/or recommendations for action, making use of special vote (recording of non-agreement, comments, well-founded (!) special vote in guidelines report)

5th vote: No agreement, no comments: non-agreement recorded in guidelines report.

The comment form as in Figure 5 was used to record the comments and votes. All votes of participating specialist societies/organisations and comments submitted were collated in a table and documented in Annex 3 of the German version of the Guidelines Report.

5.2.1 Results of external appraisal

The results were revised by the guideline office after completion of the consultation phase.

Suggested alterations and comments were taken up by the guideline office and processed; results of the overall vote on the child protection guidelines are shown in Annex 2 of the German version of the Guideline Report.

The guideline long version was submitted to the 73 participating specialist societies and organisations for their approval.

6 EDITORIAL INDEPENDENCE

6.1 Funding for the guidelines

Preparation of the child protection guidelines was funded with the sum of € 1,539,241.00 from the Federal Government's budget, department of child health in the Federal Ministry for Health (BMG). Neither the BMG nor the University of Bonn influenced the guideline office's work.

6.2 Disclosure of and dealing with potential conflicts of interest

In order to safeguard the guidelines content from the risk of being influenced due to conflicts of interest of individual mandated representatives, further protective factors were applied in addition to the mandatory obtaining and evaluation of all conflicts of interest declarations:

Pluralistic composition of the guidelines group, i.e. all guideline addressees from the different service areas in child protection (health care, youth welfare and education) were integrated into the guideline group at the earliest opportunity. The detailed differentiation of the recommendations into evidence-based recommendations for action, clinical consensus points with and without evidence of plausibility, and statements makes the guideline as transparent as possible for the user. The three-day consensus conference was expertly and independently moderated from start to finish by Prof. Kopp as head of the AWMF Institute for Medical Knowledge Management.

Participants of the guidelines group, guideline authors and guideline office staff who took part in the reviewing process all declared any secondary interest in writing on the AWMF form at the start of the guideline preparation process. The declarations were evaluated by the guideline office to identify the resulting conflicts of interest, their thematic connection to the issues addressed in the guideline, and their relevance (low, moderate, high).

Before the start of the consensus conference, the guideline office and the moderator discussed consequences arising for the conference in view of these evaluations. They determined that no participant had a high level of conflicts of interest that would have led to them being excluded from the discussions. A moderate conflict of interest was identified for two participants in relation to two particular topic blocks, leading to abstentions in votes on the recommendations for action.

An overview of all existing conflicts of interest with information on participation in the constitutive meeting, access to the CGS online guideline portal and participation in the consensus conference is added as an attachment.

7 DISSEMINATION AND IMPLEMENTATION

7.1 Dissemination and implementation concept

Four/five versions of the AWMF S3(+) Child Protection Guideline is published on the AWMF website:

1. The long version of the Child Protection Guideline and the Guideline Report with Evidence Preparation (separate documents)
2. Short version of the Child Protection Guideline (revision and approval process to be completed by 31 August 2019)
3. Version for children and adolescents
4. Version for specialised staff in youth welfare and educational services (revision and approval process to be completed by 31 August 2019)

To improve usability, both an internet version and a *pilani* app version for children and adolescents as well as for specialised staff (<https://www.pilani.de/> only available in German) were developed in addition to the PDF documents.

Additional aids such as pocket cards and flow charts are also available.

7.1.1 Preparing for implementation

The AWMF S3(+) Child Protection Guideline is important for a range of actors in child protection:

- Political demand for evidence-based child protection guideline in the context of the round table meetings on sexual abuse in 2012
- DGKiM project to update the expired AWMF guidelines on and neglect of children
- Demand by child protection partners in different service areas for an improvement in interface management, as formulated for example in the context of the case survey
- Implementation of legal demands e.g. in the German Child Protection Act (BKisSchG), in particular Section 4 KKG

Specialised staff from health care, youth welfare and educational services were also involved in preparing the AWMF S3(+) Child Protection Guideline. During the process, Federal Commissioners and Ministries were involved as consultants. Participants in preparing the child protection guideline are of primary importance for the guidelines' implementation. The guideline group comprises the multipliers for disseminating and implementing the child protection guidelines.

The first step towards preparing implementation was the completion of the first interim recommendations for action in February 2017. PR work in the form of articles in professional journals, talks at congresses, symposia, training and further training courses were continually used by guideline office staff and mandated representatives to present initial results of the guidelines development.

The expert conference on 30 January 2019 was used to officially present the child protection guideline to the public in the joint press release by the BMG and the guideline office. In addition, the mandated representatives informed their own service areas, in their function as guideline multipliers. The topics at the expert conference were the challenges of implementing the guideline, a situation analysis of medical child protection and determining where further research is needed.

Supporting materials were prepared to explain the recommendations for action and improve the guideline's applicability.

The financial framework of the third-party funded project does not include implementation of the guideline or monitoring its implementation.

7.2 Supporting materials for applying the guidelines

Once the guideline has been published, supporting materials, including pocket cards and diagrams, will be available for download on the AWMF and other websites.

All participating and interested specialist societies and organisations were offered the opportunity to publish the guidelines on their own websites.

One obstacle in child protection work that the AWMF S3(+) Child Protection Guideline made positive use of is the multi-professional collaboration in child protection. Specialist societies and organisations in health care, youth welfare and educational services were involved from the very start of the process of preparing the guidelines. For this reason, the guideline are already being disseminated in important areas of the interfaces in child protection. Papers by recognised experts can be used to support rethinking on the part of specialised staff. Clear presentations of the evidence on which the recommendations for action are based may make it easier to accept the adjustments required by the recommendations for action.

The *pilani* website offers information material developed while the guidelines were being prepared in freely available form for the (expert) public. This enables interactive learning and further training through dynamic adaptation of the content.

7.3 Discussion of possible obstacles to application & implementation of the recommendations for action

7.3.1 Increasing sensitivity

Some recommendations for action require increased sensitivity on the part of specialised staff. For example, this means:

- Being alert to the occurrence of threats to child welfare, also in the field of adult care (see recommendations for action in the topic block on screening)
- Enabling children and adolescents to participate in medical child protection (see recommendations in the topic block on participation of children and adolescents)
- Being alert to the occurrence of emotional abuse and/or emotional neglect (see recommendations for action on the topic block on emotional abuse and/or emotional neglect)
- Re-thinking on the part of specialised staff in view of new approaches, practices and stipulations (see e.g. recommendations for action in the topic block on medical imaging)

7.3.2 Further training

On the one hand, the multi-professional development process of the child protection guidelines presented the challenge of plausibly explaining the methodological approach and the principles of evidence-based medical care to colleagues from other service areas. On the other hand, there was the task of comprehending the scientific thinking and theories in youth welfare and education in order to understand their actions in practice. In the course of this heterogeneous process, a positive convergence took place in terms of content, including the use of specialist terminology and the different ways it is applied. Joint further training courses for the different professional groups involved have barely left the drawing board and are rarely offered. Further training in the medical child protection field is not taken advantage of in a regular, standardised way. In addition, new stipulations as recommended in the child protection guidelines should at best be disseminated and communicated interactively.

- Further training for specialised staff in the health services is relevant not only for medical personnel such as dentists, psychiatrists and gynaecologists, but also for social workers, care workers and other specialised staff.

7.3.3 Responsibilities

The responsibilities and availability of specialised child protection staff should be regulated. Currently there is no national, unified, clear ruling. Differences between municipalities and in some cases, gaps in structures may cause a possible barrier. This also includes:

- How specialised staff interpret their role and what expectations they have of others
- Responsibility of practice-based doctors
- Out-patient care for children and adolescents
- Involvement of other partners in child protection

Additional child protection partners were not sufficiently taken account of in the guideline preparation process (e.g. specialist counselling offices). When the guidelines are revised in future, additional service areas should be involved.

To ensure the best possible application of the recommendations for action, the user groups who were not involved in preparation should be approached with further training courses or talks so they can gain further training.

7.3.4 Resources

Introducing the recommendations for action results in expanding medical child protection staff's area of responsibility. This results in increased requirements in human resources, funding, time and spatial resources. For example:

- Lack of qualified staff in medical child protection, partly caused by non-mandatory content of training and degree courses, further training events etc.
- Space available for:
 - undisturbed talks with victims and their relatives
 - joint discussions and case conferences (e.g. see recommendations for action in the topic block on cooperation)
 - technical equipment for video-supported exploration in the context of forensic interviews, paediatric colposcope for paediatric gynaecological examinations etc.
- Time for taking a specific child-protection medical history, preparing protocols of visits and observations, and multi-professional work (e.g. see recommendations on OPS 1-945)

7.4 Monitoring indicators

Quality targets for the successful implementation of the guidelines are:

- Applicability and feasibility of the recommendations for action in everyday practice
- Dissemination of the guidelines

The following quality indicators should be used to monitor compliance with the quality targets:

- Participation of children and adolescents
 - Evaluation of participation in the child protection process by asking the children and adolescents themselves (follow-up after completing OPS 1-945)
- Cooperation of child protection partners
 - Number of child protection cases and case conferences with the Youth Welfare Office (OPS 1-945)
 - Survey of specialised health-care staff on uptake of or request for InsoFa consultations during a child protection process
- Increasing specialised staff's sensitivity
 - Frequency of use of adult screening in A&E departments (in case of suicide attempt/intoxication/domestic violence) relative to the number of adults presenting with attempted suicide, intoxication or domestic violence
 - Survey of gynaecologists and psychiatrists about how far the recommendations for action are known and implemented
- Special diagnostics
 - Number of x-ray skeletal screenings carried out according to the old and new procedures
 - Number of child siblings examined

8 PERIOD OF VALIDITY AND UPDATING PROCESS

8.1 Date of most recent content revision and status (valid until January 2024)

The final revision of the guidelines versions will take place once the consultation phase is complete. After that, the publication date will be set.

8.2 Updating process

Due to the current lack of financial resources, an updating process is not possible at this time. The specialist society managing the project is aiming to update the guidelines after five years from the time of printed publication.

Appendix 1. Poster Presentation G-I-N Conference 2018 (Manchester)



Transforming cases to PICO: Methodology of the evidence-based child protection guideline

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Background

Many providers, outside of traditional health care professionals, such as doctors, nurses and midwives, play a significant role in promoting and providing services to ensure the health and wellbeing of individuals and the community. A network of communication, collaboration and cooperation between these service providers is required to achieve healthcare goals for the population. The inclusion of these non-healthcare/medical actors in the development of clinical practices can not only enhance the understanding of the topic but potentially provide insight into important areas to cover in clinical practice guidelines, including child protection. The wellbeing and safety of children is paramount; to support and facilitate the protection of children certain providers, such as social services, need to be engaged to find alternative care arrangements. Currently there is no national evidence based clinical practice guideline (German AWMF S3) for child protection. Furthermore other current international child protection guidelines have not used case-based, practice-related approach to the guideline development.

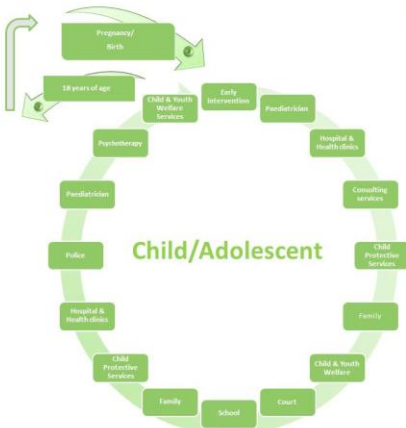


Figure 1. Numerous partners from different service providers are involved in the child protection circle, which centres around the health, wellbeing and needs of the child or adolescent.

Representatives from 80 different professional societies, organisations and government ministries representing medicine and healthcare, youth and social services, education and other partners from the child protection circle were involved in the guideline development.

Aim

- To develop PICO's & determine the relevant topics in the clinical practice guideline using a case based, practice orientated approach, involving professionals from healthcare/medical, education and social services
- To compose an overarching child centred, practice relevant, clinical practice guideline. The guideline covers 5 forms of child maltreatment and focuses on child maltreatment prevention, detection, diagnosis and protection measures. Cooperation between healthcare, education and social service professionals is a important consideration in the guideline

Method

- Survey developed by guideline office in conjunction with the steering committee
- The survey was conducted to gain a representative overview of child protection cases and the uncertainties in dealing with child protection cases in every day professional life in Germany
 - Collaboration and communication between these different professional agencies was of particular focus
 - 55 questions relevant to each case covering
 - personal demographic information - profession, years of experience etc.
 - information about the child, parents & siblings
 - detailed description of the case
 - further actions or interventions
 - ranking of relevance & importance of the case in the development of the clinical practice guidelines
 - personal reflection – gaps in knowledge
- Participants: Members of the 80 professional societies and organisations involved in the development of the guideline
- Analysis: Descriptive analysis of data

Results

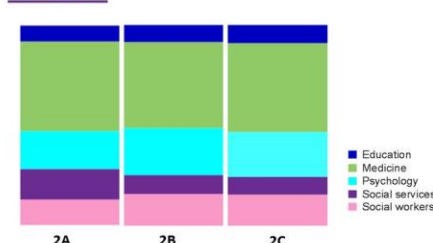


Figure 2. The distribution of the (A) professional societies and organisations (n = 80) involved in guideline development (B) the survey participants (n = 258) and (C) cases reported (n = 476) in the survey according to the different service provider groups.

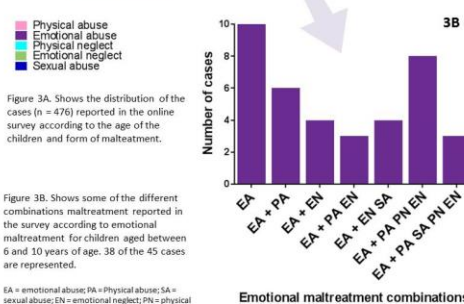
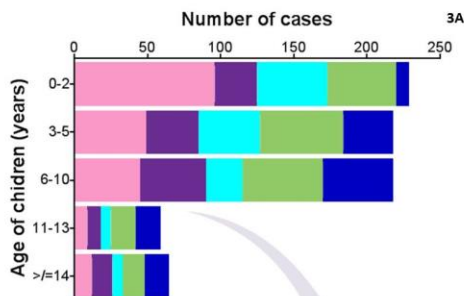


Figure 3A. Shows the distribution of the cases (n = 476) reported in the online survey according to the age of the children and form of maltreatment.
Figure 3B. Shows some of the different combinations maltreatment reported in the survey according to emotional maltreatment for children aged between 6 and 10 years of age. 38 of the 45 cases are represented.
EA = emotional abuse; PA = Physical abuse; SA = sexual abuse; EN = emotional neglect; PN = physical neglect

Take home message

- Reported cases from a variety of traditional and non-traditional healthcare providers can provide an overall insight into a healthcare problem and serve as a basis for a practice relevant and related guideline
- To maximise the outcomes and relevance, this approach requires cooperation from representatives from all service providers throughout the entire guideline development process

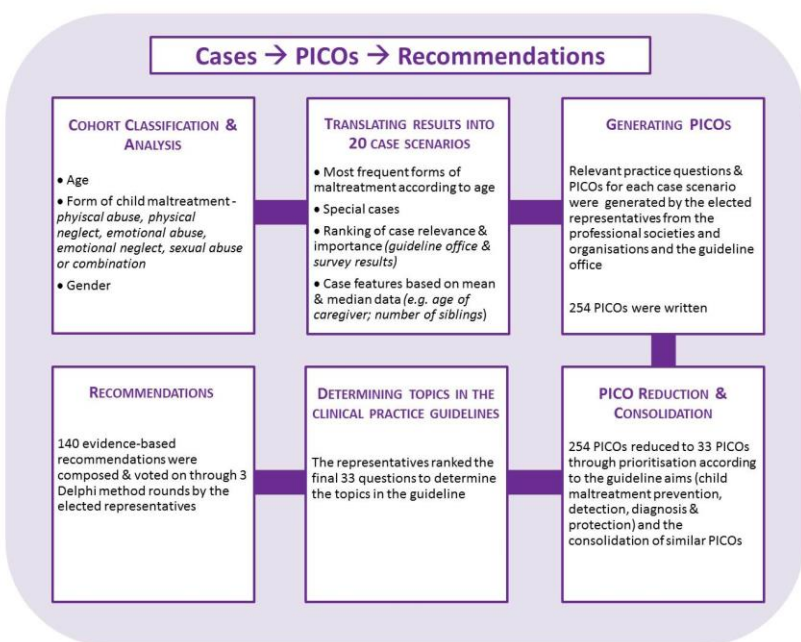


Figure 4. The approach used to convert the results of the online survey, where 476 real cases were reported, into case scenarios that served as the basis for the PICO's and final topics covered in the AWMF S3+ CHILD (SEXUAL) ABUSE AND NEGLECT GUIDELINE: INCLUDING YOUTH WELFARE AND EDUCATION.

Initial release: 2019-02

Review planned: 2024-01

The AWMF records and publishes the guidelines of the professional associations with the greatest possible care - yet the AWMF can not assume any responsibility for the accuracy of the content. **Especially dosage information of the manufacturer must always be considered!**

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