

The *Q*

*Quarterly*

Child Abuse Medical Update



A Publication of the Ray E. Helfer Society

*Keeping Up!*  
New Literature in Child Abuse Medicine

Stephen C. Boos, M.D., FAAP  
Executive Editor, *The Quarterly* Update  
Professor of Pediatrics  
University of Massachusetts Chan School of Medicine, Baystate

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- Three Disclosures:
  - All selections are drawn from the past year of *The Quarterly* Update, a subscription based publication
  - I am a salaried employee of the Ray E. Helfer Society, as executive editor of *The Quarterly* Update
  - I am not paid per-subscription or per new subscription
- Both selection of articles and commentary is, by necessity, editorial!

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**Trend: DEI Awareness**

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- On racial disparities in child abuse reports: exploratory mapping the 2018 NCANDS
- Luken A, Nair R, Fix RL
- *Child Maltreat*, 2021
- <https://doi.org/10.1177/10775595211001926>

- **Population:** 50 US States, DC, PR
- **Indicator:** NCANDS racial/ethnic distribution of maltreatment reports
- **Comparison:** Census racial/ethnic distribution in population
- **Outcome:** Disparity by State

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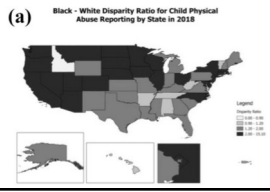
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- Races: White, Black, Asian, Pacific Islander and Native Hawaiian, Native North American/American Indian and Alaskan Native
- Mono vs Multi-racial
- LatinX vs Non-LatinX
- Physical Abuse, Sexual Abuse, Emotional/Psychological Abuse

- Greatest disparities are Black vs White for physical abuse




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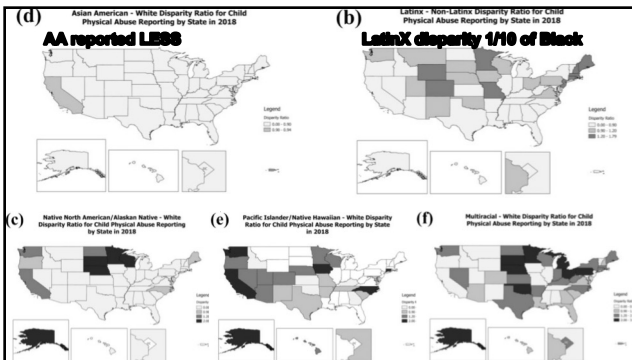
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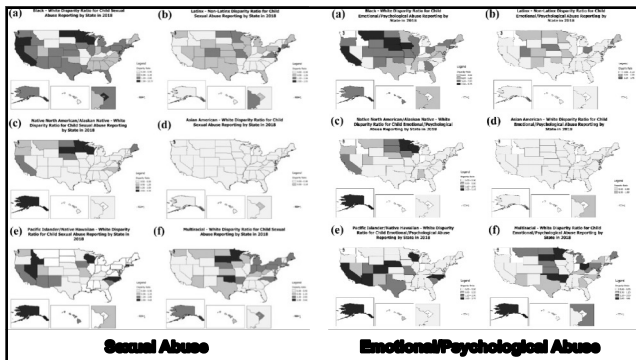
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- The perils of child "protection" for children of color: lessons from history
- Raz M, Dettlaff A, Edwards F
- *Pediatrics*, 2021
- <https://doi.org/10.1542/peds.2021-050237>

- Historic review of the development of the "system" we have now
- Professor of Public Policy, Rochester NY
- Begins with data on Black children
  - 50% lifetime involvement with CPS
  - Disproportionately reported
  - Disproportionately substantiated
  - Disproportionately removed
  - Least likely to be reunified

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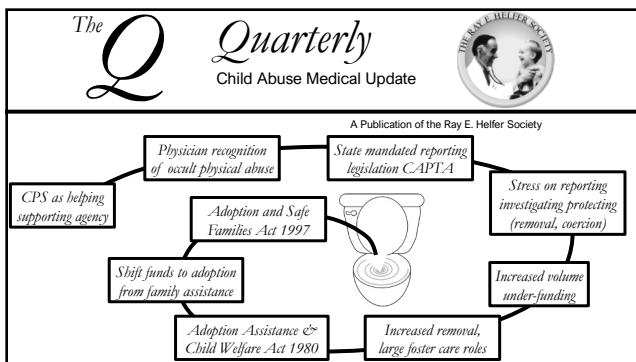
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- Criminalization of maltreatment
- Increased Law Enforcement involvement
- Influence of LE - CPS interaction
- Loss of child centeredness
- Safety versus wellness/attachment
- Impossibility of the demand
  - Public attention to the last failure
  - Pendulum swing of aggression

*Other Discussions Worth Having*

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## Trend: Reconsideration of SEN

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- Novel implementation of state reporting policy for substance-exposed infants
- Lloyd Sieger M, Nichols C, Chen S, Sienna M, Sanders M
- *Hosp Pediatr*, 2022
- <https://doi.org/10.1542/hpeds.2022-006562>
- CPS Diversion program initiated in Connecticut
- Report to CPS if
  - Infant tests positive
  - Concern that subs use will impact parenting
  - Suspicion of actual abuse or neglect
  - No Plan of Safe Care exists (POSC)
- Otherwise, report to Connecticut CAPTA notification system only

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- 4763 hospital reports for in-utero substance exposure (8% live births)
  - No CPS report, POSC
    - Hispanic, single subs, MJ, med asst recovery ONLY, Rx opiate/benzo
  - Report, POSC
    - White, med asst recovery +, polysubs, illegal drug
  - Report, No POSC
    - Black, younger mom, polysubs, cocaine, illegal
- Diverted cases more likely to have meconium testing
- Racial associations not statistical, BUT Black assn with Report, no POSC came close  $p=.078$
- ?Racial disproportion in Testing?
- ?Progress with MJ in pregnancy?
- Under-recognition of alcohol

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## Trend: Continuing Debate “New-Science” and “The Triad”

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- Traumatic head injury and the diagnosis of abuse: a cluster analysis
- Boos SC, Wang M, Karst WA, Hymel KP
- *Pediatrics*, 2022
- <https://doi.org/10.1542/peds.2021-051742>
- Cluster analysis of 500 acutely head injured young children in the PICU
- No car crashes
- No pre-existing conditions
- No abuse or case definitions
- Examines the distribution of data into “clusters”
- Describes and compares clusters

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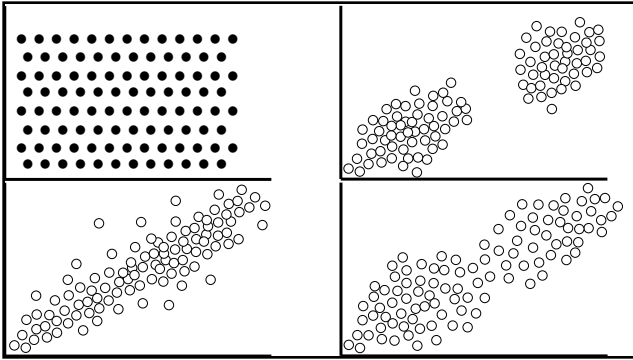
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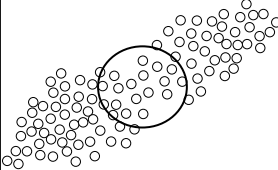
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- Head face bruise
- Skull fracture
- Epidural
- 3<sup>rd</sup> party witness accident
- Consistent Hx
  - Multi injury
  - Development



- Encephalopathy
- Imaging HIE
- SDH
- Retina
- Skeletal Inj
- TEN bruises
- Confession

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- An analysis of physicians' diagnostic reasoning regarding pediatric abusive head trauma
- Hymel KP, Boos SC, Armijo-Garcia V, et al
- *Child Abuse Negl*, 2022
- <https://doi.org/10.1016/j.chiabu.2022.105666>

- **Population:** Children under 3-years in the PICU for acute closed cranial or intracranial injury
- **Indicator:** Confession or first hand witness of abuse (58) "Strong Abuse"
- **Comparison:** Independent, first hand exculpatory witness (100) "Strong Non-Abuse"
- **Outcome:** Clinical findings, singly or in combination

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- Strong abuse indicator
  - Resuscitatory need
  - Seizure
  - Clinical encephalopathy >24 hours
  - TEN bruise
  - Subdural (bilat, interhemispheric)
  - Brain contusion
  - HIE (bilat or deep)
  - Severe RH, retinoschisis
  - High risk, non-skull Fx
- Strong non-abuse indicator
  - Skull Fx
  - Epidural
  - Contact injury, injury superficial to dura

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Table 4. Test characteristics of "The Triad," "The Ontario Triad," and their component variables in patients with admitted or independently witnessed AHT (n=57) vs. independently witnessed non-AHT (n=38) who underwent ophthalmology evaluation.

| Patients presenting with...                              | Sensitivity (95% CI) | Specificity (95% CI) | PPV (95% CI)     | NPV (95% CI)     |
|--|----------------------|----------------------|------------------|------------------|
| A Any acute encephalopathy <sup>1</sup>                  | 0.74 (0.60-0.84)     | 0.47 (0.31-0.64)     | 0.68 (0.55-0.79) | 0.55 (0.37-0.71) |
| B Any subdural hemorrhage(s) or collection(s)            | 0.95 (0.84-0.99)     | 0.34 (0.20-0.51)     | 0.68 (0.57-0.78) | 0.81 (0.54-0.95) |
| C Dense, extensive retinal hemorrhages <sup>2</sup>      | 0.63 (0.49-0.75)     | 0.82 (0.65-0.92)     | 0.84 (0.69-0.93) | 0.60 (0.45-0.73) |
| D The absence of signs of impact <sup>3</sup>            | 0.30 (0.26-0.52)     | 0.71 (0.54-0.84)     | 0.67 (0.48-0.81) | 0.44 (0.31-0.57) |
| A+B+C "The Triad"  | 0.51 (0.37-0.64)     | 0.82 (0.65-0.92)     | 0.81 (0.63-0.91) | 0.53 (0.39-0.66) |
| B+C+D "The Ontario Triad"                                | 0.32 (0.20-0.45)     | 0.95 (0.81-0.99)     | 0.90 (0.67-0.98) | 0.48 (0.36-0.60) |
| A+B+C+D "The Triad" AND "The absence of signs of impact" | 0.28 (0.17-0.42)     | 0.95 (0.81-0.99)     | 0.89 (0.64-0.98) | 0.47 (0.35-0.58) |

Abbreviations: AHT = abusive head trauma, CI = confidence interval, NPV = negative predictive value, PPV = positive predictive value.  
<sup>1</sup> Defined as any alteration or loss of consciousness at the scene of injury, during transport, in the Emergency Department, or prior to hospital admission.  
<sup>2</sup> Retinal hemorrhage(s) described by an ophthalmologist as dense, extensive, covering a large surface area, and/or extending to the ora serrata.  
<sup>3</sup> Including craniofacial bruising, abrasion(s), subgaleal hematoma(s), cephalohematoma(s), skull fractures, and epidural hematoma.

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## Trend: Dialing Back

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- Selective skeletal surveys for infants with skull fractures: examining the rates of return to medical care for concern of physical abuse
- Dominguez MM, Moore JL, Cook M, et al
- *Pediatr Emerg Care*, 2022
- <https://doi.org/10.1097/PEC.00000000000002877>

- **Population:** Infants with presenting skull fracture; not if died before skeletal survey (SS not mandatory)
- **Indication:** "Red Flags"
- **Comparison:** Absent red flags
- **Outcome:** Positive skeletal survey OR return for physical abuse before age 3-years

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- 366 patients
  - ↳ 272 CAP consultations
  - ↳ 76 Skeletal Surveys
  - ↳ 26 Dx abuse

- Predictors of CAP
  - < 6-months
  - No history of trauma
  - Complex skull fracture
  - Other injuries

- Predictors of skeletal survey
  - < 6-months
  - No history of trauma
  - Social risks (broadly defined)
  - Other injuries
- 12 additional occult Fx (16%)
- Predictors of positivity
  - Complex skull fracture
  - Other injuries or neuro signs

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- 290 No skeletal survey
- 6 children re-presented with abuse concerns
  - 2 Dx physical abuse
  - 2 Dx suspected physical abuse
  - 1 Dx accidental injury
  - 1 No injury (sib of abuse plus IPV)

- 1 of 6 had prior skeletal survey
- 5 did not (? Missed abuse?)
- 4 of 6 possible missed red flags
- None diagnosed with abuse at first assessment

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## Trend: False "Mathiness"

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- Child abuse, misdiagnosed by an expertise center-part II-Misuse of Bayes' theorem
- Van Gemert MJC, Swinderman AH, Koppen PJV, Neumann HAM, Vlaming M
- *Children (Basel)*, 2023
- <https://doi.org/10.3390/children10050843>



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$$\frac{\text{Population prevalence of abuse}}{1 - \text{Population prevalence of abuse}} \times \frac{\text{Frequency of finding in abuse}}{\text{Frequency of finding in non-abuse}} = \frac{\text{Likelihood of abuse}}{1 - \text{Likelihood of abuse}}$$

Rinse And Repeat

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2-month-old S/P with recurring non-chest bruising and multiple Rib Fx.  
Mother reports diagnosis of hEDS.

|                  |          |                   |          |            |          |                  |
|------------------|----------|-------------------|----------|------------|----------|------------------|
| Prior Odds       |          | LR: Bruising      |          | LR: Rib Fx |          | Posterior Odds   |
| 0.0009 to 0.0026 | <b>X</b> | <5                | <b>X</b> | =0         | <b>=</b> | <0.005 to <0.013 |
| Defensible       |          | Could Quibble     |          | HUH?!?     |          | HUH?!?           |
|                  |          | but least of sins |          |            |          |                  |

But this number says that abused children NEVER have rib fractures!

Authors assertion: hEDS explains rib Fx, absence of chest bruise excludes trauma

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Mother reports diagnosis of hEDS.

|                  |          |               |          |            |          |                  |
|------------------|----------|---------------|----------|------------|----------|------------------|
| Prior Odds       |          | LR: Bruising  |          | LR: Rib Fx |          | Posterior Odds   |
| 0.0009 to 0.0026 | <b>X</b> | <5            | <b>X</b> | 15,056     | <b>=</b> | 67.8 to 196.2    |
| Defensible       |          | Not Quibbling |          | See Below  |          | Don't Overreach! |

Of 1376 infants having skeletal survey, 12 had spurious in literature.  
Issues of hEDS and chest bruising are proved spurious in literature.  
107 Swedish live births, 12 had rib fx = .00000647

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**Trend: Mandate Supporting**

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- Lifetime rates and types of subsequent child protection system contact following a first report of neglect: an age-stratified analysis
- Palmer L, Font S, Rebbe R, Putnam-Hornstein E
- *PLoS One*, 2023
- <https://doi.org/10.1371/journal.pone.0283534>

- **Population:** Children investigated in California for first complaint of Neglect ONLY and remained or returned home
- **Comparisons:** CPS response to initial case, age at initial report, race and ethnicity
- **Outcome:** Repeat contact with CPS due to new complaint after initial case closed

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- 64% Re-referred by age 18 years
  - 29% substantiated
  - 16% removed
- 26% Physical abuse allegations
  - ~38% of infants
  - Highest in removed but reunified
- 14% Sexual abuse allegations
  - ~19% of infants
  - Highest in removed but reunified

- Subsequent contact predictors
  - Infants, ~81% re referred, ~35% removed
  - Greatest for substantiated but never removed, still 80%
  - Black children
- Mean closure-rereport interval 18 Mo
- Average # rereferrals **FIVE**
- Not felt to be surveillance bias as reporting source different in 94%

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## Trend: Changes in Imaging

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**• Chest CT in the evaluation of child abuse - when is it useful?**

- Karmazyn B, Marine MB, Wannter MR, et al
- *Child Abuse Negl*, 2022
- <https://doi.org/10.1016/j.chiabu.2022.105823>

- **Population:** Children under 3-years-old with skeletal survey and chest CT within 3-days
- **Intervention:** CT chest
- **Comparison:** Rib films on survey
- **Outcome:** Identified "definite" rib fractures

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- 50 Children, 35 diagnosed abuse
  - 29 were AHT kids (high acuity)
- High inter-radiologist agreement
  - K=.74 SS, 1.0 repeat SS, .91 CT
- CT identified 112 rib fractures vs 42 on initial skeletal survey
- CT identified rib fracture on 19 children vs 13 on skeletal survey

- CT superiority
  - Location
    - Posterior 27 vs 11
    - Anterior 12 vs 2.5
    - Costochondral 38 vs 1
    - Vs posteriolateral or lateral
  - Don't discuss acute vs healing
- F/U skeletal survey picked up fractures on 3 add'l kids (3 still missed)

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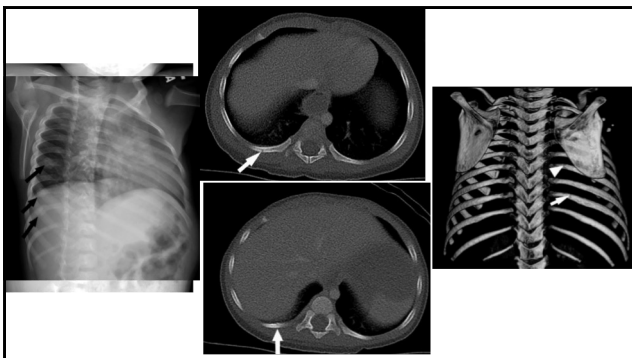
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A Publication of the Ray E. Helfer Society

- Characterization of subdural collections in initial neuroimaging of abusive head trauma: Implications for forensic age diagnostics and clinical decision-making
- Hahnemann ML, Kronsbein K, Karger B, et al
- *Eur J Radiol*, 2022
- <https://doi.org/10.1016/j.eurad.2022.110652>
- **Population:** 56 children diagnosed with "shaken baby syndrome" in three hospital based medical-legal institutes in Germany
- **Indication:** Confessed abuse
- **Comparison:** Absent confession
- **Outcome:** Distribution and appearance of subdural collection on CT or MRI, presence of other findings

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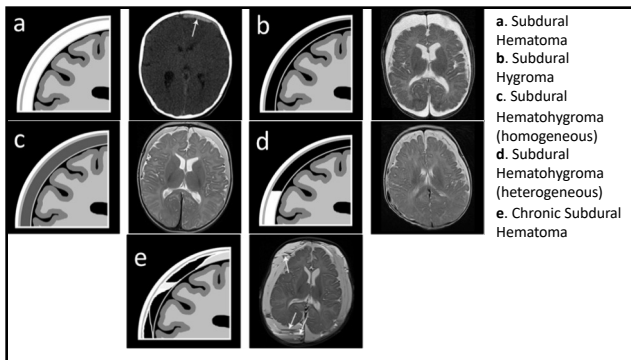
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- All 56 had subdural collections
- Subdural hematohygroma (heterogeneous) 66.1%
- Subdural hematohygroma (homogeneous) 28.6%
- Subdural hygroma 21.4%
- Chronic subdural hematoma 3.6%
- Multiple locations/collections 34%
- Very few with mass effect
- Diagnosis based on opinion of multi-disciplinary **medical** team
- No differences based on presence (25%) or absence (75%) of confession
- Other evidence common
  - RH 78%, Fx 36%, 54% cutaneous
- Imaging or clinical acute brain injury 87.5%
- No comparison to accidents or "non-shaking" AHT

**Describe don't distinguish**

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- All Acute
  - Hyperacute (clotted and fresh unclotted blood)
  - Bleeding plus CSF (arachnoid tear)
  - Condensing clot plus extruded serum
- Acute and non-acute
  - Two blood smears
- All non-acute brain findings
  - Other traumatic findings
  - Traumatic entity

*Caution: Don't over-commit to this*

*Countered by acute brain findings*

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## Trend: Limiting SAEK

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• The optimal timing of forensic evidence collection following paediatric sexual assault

• Wood GJ, Smith JAS, Gall JAM

• J Forensic Legal Med, 2023

• <https://doi.org/10.1016/j.jflm.2023.102499>

- **Population:** 122 Children submitting SAEK for reported sexual contact in Victoria, Australia (562 swabs)
- **Indication:** SAEK having "positive" swabs
- **Comparison:** SAEK having "negative" swabs
- **Outcome:** Death with final finding of SIDS following autopsy and demographics

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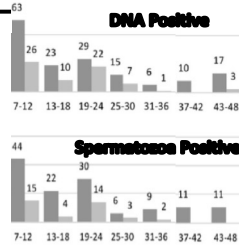
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- 89% female vs 11% male
- 76% 10-17 years vs 24% 0-10 years
- 74% <24 hours vs 26% >24 hours
- 51% SAEK at least one positive swab
- 27% swabs positive (avg 2.5/+SAEK)
- No swabs positive post 48 hours
- No Saliva or Spermatozoa <10 years
- For DNA no difference <10 to >10




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## Trend: Listening to Survivors

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- Identification of red flag child sexual grooming behaviors
- Jegic EL, Winters GM, Johnson BN
- Child Abuse Negl, 2023
- <https://doi.org/10.1016/j.chiabu.2022.105998>

- **Population:** 913 Adults responding to online survey, mean age 34,
- **Indication:** 411 reporting childhood sexual abuse
- **Comparison:** 502 not reporting childhood sexual abuse
- **Outcome:** reported "grooming" behaviors (selected by researchers) by abuser (cases) or other close adult male (control)

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|  | CSA<br>N (%) | Non-CSA<br>N (%) | $\chi^2$  | OR    |
|--|--------------|------------------|-----------|-------|
| <b>Victim Selection</b>                    |              |                  |           |       |
| Complaint/misdeed                          | 258 (65.48)  | 372 (77.02)      | 13.71***  | 0.57  |
| Low self-esteem                            | 251 (62.75)  | 169 (34.99)      | 66.50***  | 3.13  |
| Lonely/isolated                            | 157 (39.75)  | 108 (22.13)      | 31.42***  | 2.32  |
| Troubled                                   | 114 (29.01)  | 66 (13.64)       | 30.48***  | 2.58  |
| Needy                                      | 63 (15.91)   | 42 (8.68)        | 10.16**   | 1.99  |
| Unwanted/unloved                           | 167 (42.39)  | 86 (17.66)       | 64.28***  | 3.44  |
| Parents not resources                      | 154 (39.09)  | 70 (14.55)       | 67.16***  | 3.76  |
| Single mother/need "father figure"         | 71 (18.16)   | 70 (14.34)       | 2.10      | 1.32  |
| Lack of supervision                        | 135 (33.83)  | 43 (8.85)        | 86.72***  | 5.46  |
| <b>Gaining Access and Isolation</b>        |              |                  |           |       |
| Involvement in youth-serving organizations | 35 (8.62)    | 203 (41.81)      | 121.27*** | 0.13  |
| Manipulate family                          | 99 (24.55)   | 39 (8.01)        | 43.59***  | 3.77  |
| Activities alone with children             | 228 (58.61)  | 141 (29.31)      | 74.39***  | 3.41  |
| Overnight stays/visits                     | 60 (15.19)   | 50 (10.33)       | 4.26*     | 1.55  |
| Separate child from peers and family       | 114 (29.38)  | 10 (2.08)        | 128.64*** | 19.84 |
| <b>Trust Development</b>                   |              |                  |           |       |
| Charming/nice/likable                      | 285 (72.15)  | 355 (74.74)      | 0.61      | 0.88  |
| Insider status/good reputation             | 82 (20.87)   | 143 (30.3)       | 9.43**    | 0.61  |
| Affectionate/loving                        | 213 (55.84)  | 180 (38.31)      | 22.01***  | 1.94  |
| Giving the child attention                 | 226 (57.65)  | 138 (29.61)      | 67.38***  | 3.23  |
| Favoritism                                 | 125 (33.42)  | 76 (16.17)       | 33.22***  | 2.6   |
| Compliments                                | 194 (51.19)  | 186 (40.01)      | 10.26**   | 1.58  |
| Spending time with child                   | 185 (47.8)   | 159 (33.07)      | 16.28***  | 1.78  |
| Engage in childlike activities             | 140 (35.9)   | 144 (30.44)      | 2.64      | 1.28  |
| Rewards/privileges                         | 96 (24.43)   | 91 (19.16)       | 3.23      | 1.36  |
| Provided drugs and/or alcohol              | 64 (16)      | 19 (3.96)        | 35.64***  | 4.61  |

|   |             |            |           |       |
|---|-------------|------------|-----------|-------|
| Provided drugs and/or alcohol                               | 64 (16)     | 19 (3.96)  | 35.64***  | 4.61  |
| <b>Desensitization to Sexual Content and Physical Touch</b> |             |            |           |       |
| Ask about sexual experience/relationships                   | 115 (29.11) | 29 (6.05)  | 81.98***  | 6.36  |
| Talk about sexual things they did                           | 108 (27.69) | 19 (3.97)  | 95.08***  | 9.28  |
| Inappropriate sexual language                               | 138 (35.94) | 43 (9)     | 91.56***  | 5.66  |
| Sexual education  | 90 (23.2)   | 34 (7.14)  | 43.52***  | 3.92  |
| Accidental touching   | 143 (37.63) | 13 (2.71)  | 171.86*** | 21.6  |
| Watch the child undressing                                  | 78 (20.74)  | 11 (2.3)   | 74.91***  | 11.11 |
| Exposing naked body   | 169 (44.71) | 14 (2.94)  | 216.28*** | 26.64 |
| Show child pornography                                      | 46 (11.7)   | 8 (1.66)   | 35.91***  | 7.82  |
| Seemingly innocent contact                                  | 182 (48.79) | 49 (10.34) | 153.7***  | 8.24  |
| Increasing sexual touching                                  | 156 (42.39) | 10 (2.09)  | 211.99*** | 34.37 |
| <b>Post-Abuse Maintenance</b>                               |             |            |           |       |
| Told not to tell anyone                                     | 168 (44.21) | 8 (1.67)   | 232.78*** | 46.46 |
| Encouraging secrets   | 118 (31.98) | 15 (3.14)  | 128.68*** | 14.47 |
| I love you/you're special                                   | 140 (36.55) | 77 (16.28) | 44.9**    | 2.96  |
| Rewards/bribes  | 44 (11.43)  | 8 (1.67)   | 34.23***  | 7.58  |
| Persuaded it was acceptable behavior                        | 134 (35.45) | 53 (11.35) | 69.02***  | 4.28  |
| Misstated moral standards                                   | 98 (26.56)  | 3 (0.63)   | 130.06*** | 56.7  |
| Victim made to feel responsible                             | 52 (13.83)  | 7 (1.47)   | 47.88***  | 10.73 |
| Threats of abandonment/rejection                            | 57 (14.47)  | 9 (1.89)   | 46.85***  | 8.76  |

- Diagnostic utility?
- Youth directed child sexual abuse prevention curricula?
- Parent directed child sexual abuse prevention curricula?

The *Q* Quarterly

Child Abuse Medical Update



A Publication of the Ray E. Helfer Society

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## Trend: Reexamining Old Saws





A Publication of the Ray E. Helfer Society

- Risk of sudden infant death syndrome among siblings of children who died of sudden infant death syndrome in Denmark
- Glinge C, Rossetti S, Oestergaard LB, et al
- JAMA Netw Open, 2023
- <https://doi.org/10.1001/jamanetworkopen.2022.52724>
- **Population:** All children born in Denmark
- **Indication:** Siblings of 1540 children dying with final finding of SIDS following autopsy over 39 years
- **Comparison:** General population
- **Outcome:** Death with final finding of SIDS following autopsy and demographics

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A Publication of the Ray E. Helfer Society

- Sibs of SIDS were poorer
- Mothers with sibs of SIDS were less educated
- Standard incidence ratio 3.94 (2.55-5.32)
- Adjusted for mom's age and education SIR 4.17 (2.21-6.13)
- *"Meadow's Law"*: One sudden infant death is a tragedy, two is suspicious and three is murder until proved otherwise
- $.058\% \times .058\% = .0033\%$
- $.058\% = .0002\%$
- $.058\% \times .24\% = .014\% \times .24\% = .0033\%$

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