

APPENDIX 1. Interview and questionnaires

The following questionnaires were used for the diagnosis of suspected CAN:

Physician's questionnaire- Child Abuse Risk Evaluation – Dutch version (CARE-NL)

The physician filled out the CARE-NL after the consultation of children with FC. The CARE-NL is a structured questionnaire for healthcare professionals to estimate the risk of CAN in children. This validated questionnaire consists of 18 risk factors divided on 4 subscales: 1) parent factors, 2) parent-child factors, 3) child factor and 4) family factors. All risk factors will be scored on a 3-point scale (yes, no or lack of information). The inter-rater reliability was described to be high (ICC 0.6-0.75) and predictive validity for court custody to be good (AUC = 0.77).^{1,2}

Parental questionnaire – Child Sexual Behavior Inventory (CSBI-3)

Parents filled out the validated Dutch version of the CSBI, a parent reported measure of sexual behavior in children aged 2-12 years.^{3,4} The CSBI was developed based on the fact that age-inappropriate sexual behavior can be an indication for sexual abuse.⁵⁻⁷ For this study, the CSBI-Total scale was used to identify children with a suspicion of sexual abuse. The CSBI total scale indicates the overall level of sexual behavior the child exhibits and provides clinical cutoff scores depending on the age and gender of the child. Psychometric properties such as internal consistency (0.47 to 0.86 in normative samples) and inter-rater reliability between primary caregivers ($r = 0.79$, $p < 0.01$) are described to be good.^{4,6,8}

Child's interview – Sexual Knowledge Picture Instrument (SKPI)

Children were interviewed using the SKPI. The SKPI is developed by one of the authors (SB) and consists of fourteen child friendly pictures to assess young children's sexual knowledge.⁹

Research to validate the SKPI is now in progress.¹⁰ Pictures are used to assess knowledge of genital differences, gender identity and body parts and functions, by showing four pictures of clothed and naked adults and children. Other pictures are used to assess knowledge of adult sexual behavior and knowledge of differences between physical intimacy and sexual interactions.⁹ Children were asked to describe the pictures and the verbal and non-verbal reactions were evaluated by a trained member of the study team. Abnormal reaction to the SKPI included an abnormal non-verbal reaction to the images or age-inappropriate sexual knowledge, that can be indicators of sexual abuse.¹¹ A previous study showed that non-abused children's reactions to the SKPI were mostly open-minded and relaxed when interviewed, whereas abused children seemed remarkably more stressed, revealed less basic sexuality knowledge and showed significantly more avoidant non-verbal/emotional reactions during the interview.⁹ A second blinded independent observer was asked to assess the video-recorded interview. Discrepancies were discussed with a member of our specialized CAN team (SB).

Child's interview– Life Events Checklist (LEC)

The LEC is a validated self-report measure to assess potentially traumatic events in children. The LEC consists of 25 questions about (life-time) traumatic life events including the subtypes of CAN and participants rate their experience with that event on a 5-point nominal scale (1 = happened to me, 2= witnessed it, 3= learned about it, 4= not sure, and 5 = does not apply). The reliability of the LEC as a measure of direct trauma exposure was found to be good (kappa coefficients of physical and sexual assault were 0.59 and 0.76 respectively).¹²

Moreover, we determined possible psychological consequences of CAN using the:

Revised Child Anxiety and Depression Scale (RCADS & RCADS-P)

The RCADS-P is a validated parent-report questionnaire assessing signs of anxiety and depression, the RCADS is the self-report version of the RCADS-P for children ≥ 8 years of age.^{13,14} For this study, the subscales major depressive disorder (MDD), total anxiety and total anxiety and depression were used to diagnose anxiety and depression corresponding to the Diagnostic and Statistical Manual of mental disorders (DSM-IV). The questionnaire consists of 47 items and parents or children rate how often each item applies to them on a 4-point Likert scale, ranging from 0 (never) to 3 (always). Raw scores were converted into gender-normed T-scores, where a T-score of ≥ 70 was defined as the clinical threshold. The RCADS(-P) shows good psychometric properties^{15,16} and the Dutch version is validated.¹⁴

Trauma Symptom Checklist for Young Children (TSCYC) & Trauma Symptom Checklist for Children (TSCC)

The TSCYC is a validated caretaker-report instrument developed for the assessment of trauma-related symptoms in children aged 3-10 years old.^{17,18} The TSCC is the self-report version of children ≥ 8 years of age.¹⁸ The TSCYC consists of 90-items, rating trauma-related symptoms on a 4-point scale according to how often the symptom has occurred in the previous month (ranging from 1= not at all to 4= very often). For this study, we used the summary posttraumatic stress scale to determine symptoms of posttraumatic stress disorder (PTSD). A T-value ≥ 70 was considered clinical.¹⁹ The TSCYC was found to have reasonable psychometric properties and correlated with trauma exposure.⁵²

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