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## **Abstract**

This paper draws on the results of a commissioned systematic map of UK child protection empirical research published between 2010 and 2014. It analyses current patterns in child protection research in relation to three variables – disciplinary background of authors, types of maltreatment examined, and focus of the research – and considers the relationship between these. It finds first authors’ disciplines to be reliable indicators of both the focus and topic of the research, with the dominant fields of psychology, medicine, and social work addressing respectively the long term outcomes of sexual abuse, the short term outcomes of physical abuse, and the care system’s response to child maltreatment. The proportion of research dedicated to specific types of maltreatment appears to depend on factors other than their real-world prevalence. Instead, definitional issues and ease of access to research participants appearing to be more influential in determining the topic of the research. UK child protection research appears to show narrow multidisciplinary interaction and little focus on preventative or ameliorative interventions. The development of a coordinated national strategy adopting an interdisciplinary approach in the design and commissioning of child protection research could help maximise research efforts by reducing duplication and potentially facilitating the emergence of more innovative directions.

## **Keywords**

Child maltreatment – child protection research – mapping review - disciplines – looked after children

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## 1. Introduction

Child protection research encompasses a great variety of contributions from different sectors and disciplinary fields, which create a diverse landscape of priorities, aims, and approaches. The heterogeneity of child protection research plays an essential role in capturing the real world complexity of child maltreatment. At the same time, it makes it increasingly challenging to gain a holistic understanding of the state of the evidence and to assess how research efforts can be optimised by facilitating cooperation and minimising duplication between different fields. A useful way to make sense of this complexity is to carry out a systematic search and mapping review of child protection research which categorises existing literature and analyses its patterns to identify gaps and direct future research (Grant and Booth 2009). A mapping exercise can be useful to: funders of child protection research wanting to get a sense of the field and set their research priorities, inform strategic planning, and influence funding decisions; researchers seeking to understand the dominant approaches to child protection research within their discipline, identify less researched areas, or seek collaborations outside their own field; and practitioners wanting to understand their field's contribution to the evidence base, identify potential gaps in the evidence, and evaluate the alignment of the dominating research focus with their more immediate practice needs and priorities.

This paper draws on research conducted for the project 'The Landscape of Child Protection Research in the UK' (henceforth referred to as Landscape) [insert author reference and affiliation] in 2014-2015. Commissioned by the NSPCC to [insert author's affiliation], the project created a comprehensive dataset of codified research outputs which allows the identification and classification of research activity across sectors and academic disciplines in the UK, providing valuable information for the planning and commissioning of future research. The focus of this paper is a secondary analysis of selected categories from the Landscape dataset in order to investigate the relationship between the disciplines of first authors, the types of child maltreatment examined, and the focus of the research.

## 2. Background: mapping child protection research

Landscape is a systematic search and mapping review of UK child protection empirical research in which we sought to collect and categorise child protection research published between 2010 and 2014 in the four nations of the United Kingdom. The aim of Landscape was twofold: first to provide an overview of what research has been done, by whom, and how; second to identify gaps in the evidence and how these may be addressed. This paper focuses on the analysis of authors' disciplines in relation to the topics and types of maltreatment addressed by the research, and it follows a previous and separate report on substantive topics and research methods [insert author reference]. Landscape's design was aligned with Grant and Booth's (2009) typology of a mapping review, which aims "*to map out and categorize existing literature on a particular topic, identifying gaps in research literature from which to commission further reviews and/or primary research*" (p.97), and it follows the guidelines for systematic mapping developed by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) at the UCL Institute of Education (EPPI-Centre 2007). Whilst not performing a quality assessment, mapping reviews adopt a systematic approach to describe the "*scope, nature and content of empirical research*" (Dickson et al. 2013: p.4) on a specific subject, allowing for a detailed representation of the landscape of available evidence.

Reviews mapping the research conducted in a specific field may adopt different methods according to their purpose. For example, Allen et al.'s (2006) mapping of nursing literature from 1996 to 2000 analysed the citation patterns of nursing literature published in academic journals, but did not examine individual papers' topics or assess their evidence. Shaw et al. (2007), on the other hand, looked at the types and quality of social work research carried out in UK universities up to 2006. Their review analysed the focus and aim of social work research, who carried out the research, what methods were used, and the quality of the research. They designed a bespoke classification framework in order to capture appropriately the great variety of topics and themes identifiable within the research.

Previous efforts to categorise child protection research have shown the field to be heterogeneous, with great diversity in disciplines, focus, and themes. Higgins et al. (2005) conducted an audit of Australian child protection research over 10 years, relying primarily on individual researchers and organisations responding to requests to volunteer information about their research. Social work was found to be the most prominent discipline in child protection research, producing 37% of the total output, followed by social policy (27%) and psychology (24%). While circa 54% of studies focused on child maltreatment in general, specific types of maltreatment were often mentioned in the literature, with physical abuse being the most frequently researched type of maltreatment (84% of studies), closely followed by sexual abuse (82%) and psychological maltreatment (80%). Policy analysis and government reports were the most frequent types of research featuring amongst the inclusions, followed by evaluations of prevention programmes, and research on risk factors or attitudes towards child maltreatment. The audit employed a narrow definition of child protection, which excluded research on tertiary interventions for adult victims or on out-of-home care, with programme evaluations being included only if explicitly focused on child abuse and neglect.

By contrast, the audit of Scottish child protection research carried out by Tarara and Daniel (2007) employed an intentionally broad definition of child protection and of research in order to capture a larger body of work. Their audit found research to focus mostly on the child protection system or on proximal factors related to child maltreatment, followed by children's general wellbeing and distal factors related to maltreatment. Most research on the child protection system or proximal factors was again situated within the field of social work, followed by medicine, the children's hearing system, and the criminal justice sector. Medical research focused mainly on diagnosis of physical or sexual abuse, and research on looked after children mainly focused on their wellbeing and educational and health outcomes.

Similar trends were uncovered by Buckley et al. (2010), who in their audit of child protection research in Ireland found that research tended to focus mainly on the child protection system and on sexual abuse, with policy/practice reviews/analysis constituting more than half of the identified literature. In particular, Buckley et al. found the attention given by research to individual types of maltreatment to not be proportionate to their reported prevalence, as suggested by the large amount of research on sexual abuse. Finally, whilst the field of child protection research was found to be greatly heterogeneous, a close relationship was evident between the discipline of the researchers, the focus of the research, and the types of maltreatment investigated, with different sectors tending to repeatedly focus their research efforts on discipline-specific issues rather than seeking to address gaps in the existing evidence.

These audits have provided useful information on the state of research in their respective jurisdictions, while at the same time raising important questions about the need to coordinate efforts more efficiently across different disciplines to improve collaboration, minimise unintended duplication of work, and address gaps in the evidence. However, their different geographical remits and methodological peculiarities mean that their findings cannot be applied or generalised to the UK as a whole. Using data from the comprehensive database of published child protection research collected by the Landscape project this paper will present an in-depth analysis of how different disciplinary fields have approached the study of child maltreatment in the four nations of the UK.

### 3. Methods

Child protection research is multidisciplinary in nature, so we expected great variance in the focus and approaches adopted in the literature. Designing a highly specific and detailed coding framework allowed us to appropriately capture the heterogeneity of the studies included in the mapping review, thus decreasing the risk of oversimplification (Grant and Booth 2009).

The mapping review resulted in three sets of data, collecting academic literature, grey literature, and funding information on completed and ongoing research projects. This paper reports on findings from the academic data only, as the disciplinary background of authors was often indeterminable in the grey literature, and addresses the following research questions:

- ✓ In which academic disciplines is child protection research undertaken in the UK?
- ✓ On what aspects of child protection does the academic research focus?

#### 3.1 Search strategy

Academic literature was identified using the University of Edinburgh's search engine *Searcher*, which allowed for the concurrent search of over 94 databases. The ASSIA database, which was not included in *Searcher* at the time, was searched separately. Search parameters included papers published in English in peer-reviewed academic journals between 1<sup>st</sup> January 2010 and 31<sup>st</sup> December 2014. Over 40 different search terms were tested in various combinations, with search results being cross-checked with manual searches of 14 academic journals known to be prolific publishers of child protection research, in order to develop a search strategy which would strike the right balance between sensitivity and specificity. The following search string was used:

(child\* or infant or baby or babies or teenage\* or young) AND (abuse or neglect or maltreat\* or exploit\* or bulli\* or bully or "child protection" or adopt\* or foster\*) AND (Britain or British or Kingdom or Scot\* or Welsh or Wales or Ireland or Irish)

The final database search yielded 10,308 results over a five year period (see figure 1).

#### 3.2 Screening and coding framework

Search results were individually screened against the following inclusion criteria:

- UK publication: at least one of the authors of the paper is affiliated with a UK institution and at least part of the data has been collected within the UK. Both conditions must be met for inclusion.

- On the topic of child protection: on physical, sexual, emotional abuse, neglect, exposure to domestic abuse, bullying, trafficking, or other type of child maltreatment. Criterion includes primary, secondary, and tertiary interventions, and literature on looked after children. Research on self-harm, suicide, or substance misuse to be included only if framed within the context of child maltreatment.
- Empirical research: includes collection of original data or original analysis of existing data, including meta-analyses and systematic reviews when methods are clear and replicable. Excludes non-systematic reviews, conceptual pieces, editorials, and single case studies.

After an initial screening based on articles' title and abstract, all articles meeting the inclusion criteria were exported into EndNote, where they were subjected to an additional screening based on full text information. A total of 467 academic articles met the inclusion criteria and were coded into a bespoke SPSS dataset recording 85 different variables. Descriptive univariate and bivariate statistical analysis was used to identify patterns and trends in the literature.

### **3.3 Categorising disciplines, topics, and types of maltreatment**

This paper focuses on the academic disciplines within which UK child protection research is carried out, the research topics, and the types of child maltreatment examined. These were identified and categorised as follows.

#### *3.3.1 Discipline*

Author discipline was determined from the biographical information in the article, when present, or from information about the institution or university department with which the author was affiliated. When no such information was made available in the paper a Google search of the author's name was carried out in order to identify in which field the author located their work. The identified disciplinary fields were divided as follows: criminology, education, law, medicine, nursing/midwifery/other health professionals, psychiatry, psychology, public health, social/public policy, social work, sociology/social science. We recorded the discipline of first author, first UK author (when first author not affiliated with a UK institution), second UK author, and third UK author for each publication. This paper focuses principally on the disciplinary background of lead authors as: a) lead authors are likely to be principal investigators and/or the main contributors to the paper, and b) an initial analysis of second and third authors found disciplinary patterns to be the same as those of lead authors.

#### *3.3.2 Topic*

As noted by Shaw & Norton (2007), categorising research outputs based on topic can prove challenging due to the difficulties in appropriately fitting overlapping themes and levels of analysis into discrete categories. Therefore, special attention was given to the design of a detailed classification framework, which would allow articles to be categorised according to the primary focus of the research, considering not only the kind of issue addressed, but also how it was approached. The full list of the topics considered in this paper is detailed in table 1.

### 3.3.3 Type of child maltreatment

As there are no universally agreed definitions for the different types of child maltreatment, this research draws on those adopted by the National Society for the Prevention of Cruelty to Children (NSPCC) (2015). For the purpose of this study child maltreatment was subdivided into seven types: sexual abuse, physical abuse, neglect, emotional abuse, exposure to domestic abuse, bullying, and trafficking. When a specific type of maltreatment was not specified in the paper or the paper focused on looked after children without mentioning maltreatment, the code 'undifferentiated maltreatment' was used. Each study was coded against one or more of these categories. Our final choice of search terms yielded a considerable amount of empirical literature focusing on looked after children, allowing us to conduct a further analysis examining its trends separately from child protection research as a whole and to compare them with the ones found by Tarara and Daniel in Scotland (2007).

## 4. Findings

A total of 467 academic articles met the inclusion criteria (see table 2 for full findings). All percentages above 1% are rounded.

### 4.1 Frequencies

#### 4.1.1 Discipline

The academic discipline of first named authors could be determined in 456 out of 467 articles. Psychology was by far the most frequently recorded discipline for first authors (29%, n=129), followed by medicine (15%, n=67), social work (14%, n=64), psychiatry (12%, n=54), sociology/social science (7%, n=31), public health (6%, n=26), social/public policy (5%, n=22), nursing/midwifery/other health professionals (6%, n=25), education (4%, n=16), criminology (4%, n=16), and law (0.7%, n=3). When the disciplines of second and third authors could be determined, their distribution patterns were the same as for first authors' disciplines. A total of 185 articles (40%) had authors from more than one disciplinary background. Multidisciplinary studies were likely to feature authors with disciplinary backgrounds that could be seen as contiguous (e.g. psychology and psychiatry, or medicine and nursing). Single-author articles (14%, n=66) were proportionally most common within law (67%, n=2) and most uncommon within the fields of medicine (1%, n=1) and psychiatry (2%, n=1).

#### 4.1.2 Topic

All 467 articles in the sample were categorised according to a specific topic (see table 1 for an overview of the topics). Of these, 78% (n=364) focused on child maltreatment itself, and 22% (n=103) on issues relating to looked after children. Out of all articles, the largest group (19%, n=89) examined outcomes of maltreatment in adulthood, followed by perspectives on the care system (12%, n=55), system responses to child maltreatment (11%, n=53), risk assessment and/or diagnosis (10%, n=47), and ameliorative interventions in childhood (6%, n=29). Only one article focused on ameliorative interventions in adulthood (see figure 2).

### *4.1.3 Type of maltreatment*

At least one specific type of child maltreatment was examined in 283 articles (61% of the total literature). Of these, 118 articles (25%) examined more than one type of maltreatment. No specific type of abuse was mentioned in 186 articles (40%): of these, 126 (68%) related to looked after children. When at least one specific type of maltreatment was specified in the article, sexual abuse was the most frequently mentioned (41%, n=190), followed by physical abuse (32%, n=147), neglect, (21%, n=99), emotional abuse (16%, n=74), exposure to domestic abuse (9%, n=44), bullying (5%, n=22), and trafficking (1%, n=6). When a single type of maltreatment was being studied in isolation, sexual abuse was most frequently looked at (n=91, or 48% of all literature on sexual abuse), followed by physical abuse (n=34, 23%).

## **4.2 Bivariate analysis**

### *4.2.1 Disciplines and topics*

More than half of the papers focusing on risk assessment/diagnosis had a first author from the field of medicine (n=25, 53%, or 37% of all papers from medicine). Other common topics in papers from the field of medicine were the nature of consequences of child maltreatment in adulthood (n=11, 16%) and measuring prevalence of maltreatment (n=8, 12%). Psychology and psychiatry dominated amongst research papers on the nature of consequences in adulthood (n=39 and n=29 respectively, 44% and 33% of the topic). Social work research was found to mostly focus on system responses to child maltreatment (n=13, 20%) and on perspectives on the care system (n=14, 22%). This was also the case for sociology/social sciences (n=7, 23% and n=12, 39%). Public health and education were the only two disciplines to publish more empirical research on the outcomes of maltreatment in childhood (n=4, 15% for public health and n=1, 6% for education) rather than in adulthood (n=1, 4% for public health, n=0, 0% for education).

### *4.2.2 Topics and types of maltreatment*

The nature of outcomes of maltreatment in adulthood was the most likely topic for papers considering any type of maltreatment except bullying and trafficking, with research on bullying mostly focusing on the nature of outcomes in childhood (n=9, 41%) and research on trafficking focusing on system and practice responses (n=4, 67%). Literature on exposure to domestic abuse was almost equally likely to focus on the nature of consequences or outcomes in childhood (n=9, 20%) as in adulthood (n=11, 25%). The majority of research looking at the aetiology of maltreatment (n=22, 55%), on attitudes and beliefs (n=10, 63%), and on preventative interventions (n=10, 53%) focused on sexual abuse. However, research looking at assessment and diagnosis tended to focus mostly on physical abuse (n=29, 50%), whilst research on the outcomes of maltreatment in childhood was just as likely to focus on physical abuse (n=17, 20%) as sexual abuse (n=16, 18%) and neglect (n=16, 18%).

### *4.2.3 Types of maltreatment and disciplines*

Sexual abuse was the most likely type of maltreatment examined in articles with a first author from the field of psychology (n=77, 34%), followed by undifferentiated maltreatment (n=39, 17%), physical abuse (n=37, 16%), and neglect (n=29, 13%). Articles from the field of psychiatry were just as likely to focus on physical abuse (n=34,



25%) as sexual abuse (n=35, 26%), followed by neglect (n=24, 18%) and emotional abuse (n=22, 16%). Research in criminology mostly focused on sexual abuse (n=12, 67%), whilst physical abuse was the most frequently investigated type of maltreatment within the field of medicine (n=38, 33%), and undifferentiated maltreatment was the most frequent type of maltreatment in nursing/midwifery/other health professionals (n=10, 37%), social work (n=32, 32%), sociology/social science (n=22, 56%), law (n=2, 67%), social/public policy (n=15, 60%), public health (n=13, 46%), and education (n=11, 48%).

### 4.3 Looked after children

A total of 141 articles (30% of the total literature) researched looked after children as a population. Of these, 38 (27%) focused on maltreatment, while 103 (73%) focused on issues related to being looked after. The vast majority (89%, n=126) of articles using looked after children as a population did not identify a specific type of maltreatment. When one or more types of maltreatment were identified, neglect was the most frequent (31%, n=14), followed by physical abuse (24%, n=11), sexual abuse (18%, n=8) and emotional abuse (18%, n=8). Amongst the 103 articles found to focus on topics relating to being looked after, 53% gathered perspectives on the care system (n=55), 21% on formulation of the care system (n=22), 13% on outcomes of care in childhood (n=13), 9% on outcomes of care in adulthood (n=9), and 4% on risk factors for being in care (n=4) (see figure 3). Articles examining perspectives on the care system mostly had a first author from the field of social work (n=14, 26%), psychology (n=14, 26%), or sociology/social science (n=12, 23%). Social work was also the most frequently found first author discipline for papers on the formulation of the care system (n=6, 30%) and on risk factors for being in care (n=2, 50%).

### 4.4 Limitations

Definitional issues should be taken into account when drawing conclusions from this research. The data presented in this paper rely on the researchers' own conceptualisations not only of the above-mentioned categories, but also of what constitutes research, what is empirical, and what is child protection. As such, disciplines such as law or psychotherapy may be underrepresented in our sample due to the exclusion of research relying on single case studies. Furthermore, it should be noted that, while articles were categorised from a child protection point of view, they may have been designed with a different focus in mind; for example, studies seeking to test a correlation between childhood maltreatment and a certain health outcome in adulthood may be conceived as investigating the aetiology of a specific illness by their author, but would be categorised as investigating long term outcomes of child maltreatment in this research. In a few cases paucity of available information made it impossible to determine author discipline. Authors' background frequently spans several disciplines and their work may be situated in a different field from that of their primary degree, so priority was given to the author's academic credentials. Authors' disciplines may therefore in some cases differ from how individual authors would prefer to categorise their work. Finally, we do not expect to have captured every single UK child protection article, partly because of the already discussed definitional limitations, and partly due to the peculiarities of the search engines and individual databases we used. Nevertheless, the adopted research strategy was comprehensive, robust, and systematic, so we are confident in the representativeness of our sample.

## 5. Discussion

### 5.1 Classifying child protection research

The heterogeneous and multidisciplinary nature of child protection research makes it a particularly challenging field to fit within discrete categories, and discipline-specific definitional issues apply. Similar to what Shaw et al (2007) noted in their review of social work research, whilst using a specifically developed classification framework helped us better reflect the aim and focus of each individual article, it also introduced an unavoidable degree of subjectivity. This raised interesting questions about the criteria used to define research as belonging to the field of child protection. For instance, research from the disciplines of psychology and psychiatry appears to be predominant in UK child protection research, with a considerable proportion of it focusing on long term consequences of child maltreatment, and of child sexual abuse in particular. Growing attention is given by research to the links between childhood adversity and adult mental and physical health (Felitti et al. 1998), and while researchers investigating the aetiology of diseases in adulthood may not intend to classify their work as child protection, they nonetheless make a substantial contribution to the field by increasing the available body of evidence on the long term outcomes of maltreatment. However, these contributions create a pattern in the landscape of child protection research, which appears to disproportionately focus on the consequences of maltreatment and on systems' responses to maltreatment rather than on its aetiology or on preventative interventions, with the latter topics combined making up less than 10% of the total literature. Whilst a focus on diagnosis and outcomes is to be expected within medical research, the almost exclusively reactive focus adopted by research from disciplines such as public health and social/public policy raises questions over the level of commitment shown by researchers to the development of a preventative agenda. Calls for child maltreatment to be framed as a public health concern have been growing steadily in recent years (Hammond 2003, Herrenkohl et al. 2015, IOM & NRC 2014, O'Donnell et al. 2008, Taylor et al. 2015), but are yet to be fully reflected in child protection policy in all four nations. If the purportedly widespread support for a preventative agenda amongst the research community is to be viewed as genuine it is essential for future research efforts to seek to address this imbalance.

### 5.2 Main trends in child protection research

*5.2.1 Disciplinary trends.* The disciplinary landscape of UK child protection research was, as expected, a very diverse one. As noted previously, however, some trends were evident, such as the dominance of research from the fields of psychology, medicine, and social work, perhaps reflecting the biopsychosocial nature of child maltreatment. The discipline of the first author was a good indicator of the topic of research, consistent with findings by Buckley et al. (2010) in Ireland and by Tarara and Daniel (2007) in Scotland. While psychology research mostly explored long term mental health outcomes of maltreatment and of child sexual abuse in particular, research from the field of medicine tended to be more interested in the diagnosis of maltreatment, particularly of physical abuse, while social work mostly focused on how the child protection system responds to maltreatment in general. These trends show not only a tendency by each discipline to focus research efforts on already recognised issues, but also to conduct research aimed at audiences from the same disciplinary background, often with the aim to directly inform practice and policy within the field. This remained the case for multidisciplinary research, which was often carried out by authors from disciplines which may be seen as contiguous. This suggests that established patterns in the aims and focus of the research

may tend to be reinforced rather than challenged when authors from different backgrounds join their research efforts.

**5.2.2 Research focus.** UK child protection research was distinctly more likely to focus on sexual abuse than on any other type of maltreatment, which is consistent with the findings of Buckley et al. (2010) in their audit of Irish child protection research. Establishing exact incidence rates for child maltreatment is problematic at best; nonetheless, available estimates suggest that the attention given by research to specific types of maltreatment is not correlated with their prevalence, with topics such as neglect and emotional abuse appearing to be comparatively under-researched (Buckley et al. 2010, May-Chahal and Cawson 2005). The quantity of publications available on a specific topic is not a useful measure of the quality of the evidence, so we are unable to comment on whether current research can be deemed adequate. However, it remains undeniable that some types of maltreatment are afforded greater attention than others by researchers, and the great variations between jurisdictions point to cultural perceptions and national priorities potentially playing a role. Higgins et al. (2005), for example, found Australian research to focus primarily on physical abuse, with emotional abuse featuring almost as prominently. However, only a minority of publications looked at emotional abuse in UK research, with just three papers in our sample studying it in isolation. It is also possible that definitional issues may play a role in explaining why such limited attention is given to emotional maltreatment by UK research, as there are no universally agreed definitions for individual types of child maltreatment, nor is there agreement on what should be defined as maltreatment in the first place. It is possible that maltreatment types that are more easily defined and identified, such as physical and sexual abuse, may attract more research than others. This may also account for the large proportion of publications looking at child maltreatment in general rather than specifying one or more particular aspects. The tendency by researchers to examine several types of maltreatment together may signal an increased understanding of the multifactorial nature of child maltreatment, as proposed by Higgins et al. (2005). However, the large number of publications that looked at child maltreatment in general without mentioning any specific types of abuse suggests that in many cases different issues may be clustered together for reasons of simplicity rather than to explore complex interactions.

### **5.3 Looked after children**

Similarly to Buckley et al (2010) we found a substantial amount of research looking specifically at the care system, with the majority seeking to gather the experiences of those who come into contact with it. Although some attention was given by UK research to the wellbeing and educational and health outcomes of looked after children, both in childhood and in adulthood, this theme was not as prominent as it was found to be by Tarara and Daniel in Scotland alone (2007), though the studies covered different jurisdictions and time periods. As stated previously, research on looked after children was more likely to come from authors from the fields of social work and sociology/social sciences compared with child protection literature as a whole, with both disciplines particularly likely to focus on people's perspectives on the care system. Social work researchers were also more likely than most other disciplines to conduct research on child maltreatment using looked after children as a cohort, which suggests that the ease of access to this particular population may perhaps play a role in the prominence of social work research on looked after children. Whilst it would be neither unexpected nor undesirable for social work academics to focus their research efforts on a population with which practitioners are concerned, there may be scope for future social work research to direct its attention and expertise towards aspects of being looked after which were less

investigated during the timeframe considered by this study, such as preventing entry into the care system or the effectiveness of interventions.

## 5.4 Key implications for research policy and practice

- Child protection issues span a number of dimensions across the ecological spectrum. Researchers tend to focus on those particular aspects of child protection of more immediate relevance or interest to their disciplinary backgrounds, so current evidence has been generated from diverse disciplines with different perspectives and priorities. Coordinating research efforts in order to develop an interdisciplinary approach to child protection would help bring together the expertise brought by discipline-specific research and potentially facilitate integrated, innovative directions within the field.
- Child protection research efforts may be better coordinated by adopting a holistic, national strategy in the commissioning of child protection research, similarly to the federally-coordinated research infrastructure advocated in the United States by the Institute of Medicine and National Research Council (2014). A national strategy would ensure child maltreatment is taken seriously as a public health issue, increasing attention both to preventative and ameliorative interventions which can help break cycles of abuse.
- Practitioner-led research plays an important role in ensuring that the relevance of the evidence base to day-to-day practice is maintained. However, practitioners should take care to avoid adopting a narrow focus by concentrating their research efforts on already established practice and responses, but rather direct their expertise towards developing alternative approaches and seeking collaborations outside their field.

## 6. Conclusion

Child protection is a composite, multidisciplinary field. The clear patterns identifiable within the different disciplines involved in child protection research show that research efforts tend to concentrate on established routes and were predominantly unidisciplinary. Improving coordination between research commissioners, academics, policymakers, and practitioners is essential to bridge these gaps and ensure a more efficient targeting of resources, laying the foundations for a comprehensive research policy and research change geared towards improved preventative and ameliorative practice.

## 7. References

- Allen, M., Jacobs, S. K. and Levy, J. R. (2006) Mapping the literature of nursing: 1996–2000. *Journal of the Medical Library Association*, 94(2), pp. 206-220.
- Buckley, H., Corrigan, C. and Kerrins, L. (2010) *Report of an audit of child protection research in Ireland 1990-2009*, CAAB Research Report No. 7, Dublin: Children Acts Advisory Board.
- Dickson, K., Vigurs, C.-A. and Newman, M. (2013) *Youth work: a systematic map of the research literature*, Dublin: Department of Children and Youth Affairs.
- EPPI-Centre (2007) *EPPI-Centre methods for conducting systematic reviews*, London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. and Marks, J. S. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), pp. 245-258.
- Grant, M. J. and Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2), pp. 91-108.
- Hammond, W. R. (2003) Public Health and Child Maltreatment Prevention: The Role of the Centers for Disease Control and Prevention. *Child Maltreatment*, 8(2), pp. 81-83.
- Herrenkohl, T. I., Higgins, D. J., Merrick, M. T. and Leeb, R. T. (2015) Positioning a public health framework at the intersection of child maltreatment and intimate partner violence: Primary prevention requires working outside existing systems. *Child abuse & neglect*, 48, pp. 22-28.
- Higgins, D., Adams, R. M., Bromfield, L. M., Richardson, N. and Aldana, M. S. (2005) *National audit of Australian child protection research 1995-2004*, Melbourne: Australian Institute of Family Studies
- IOM (Institute Of Medicine) and NRC (National Research Council) (2014) *New directions in child abuse and neglect research*, Washington, DC: National Academies Press.
- May-Chahal, C. and Cawson, P. (2005) Measuring child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. *Child abuse & neglect*, 29(9), pp. 969-984.
- NSPCC (2015) *Child abuse and neglect*, Available: <http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/> [Accessed March 2015].
- O'Donnell, M., Scott, D. and Stanley, F. (2008) Child abuse and neglect—is it time for a public health approach? *Australian and New Zealand Journal of Public Health*, 32(4), pp. 325-330.
- Shaw, I. and Norton, M. (2007) *The kinds and quality of social work research in UK universities*, London: Social Care Institute for Excellence.
- Tarara, H. and Daniel, B. (2007) *Audit of Scottish Child Care and Protection Research*, Stirling: Scottish Child Care and Protection Network.
- Taylor, J., Bradbury-Jones, C., Lazenbatt, A. and Soliman, F. (2015) Child maltreatment: pathway to chronic and long-term conditions? *Journal of Public Health*.

## Figures

Figure 1 – PRISMA flow diagram

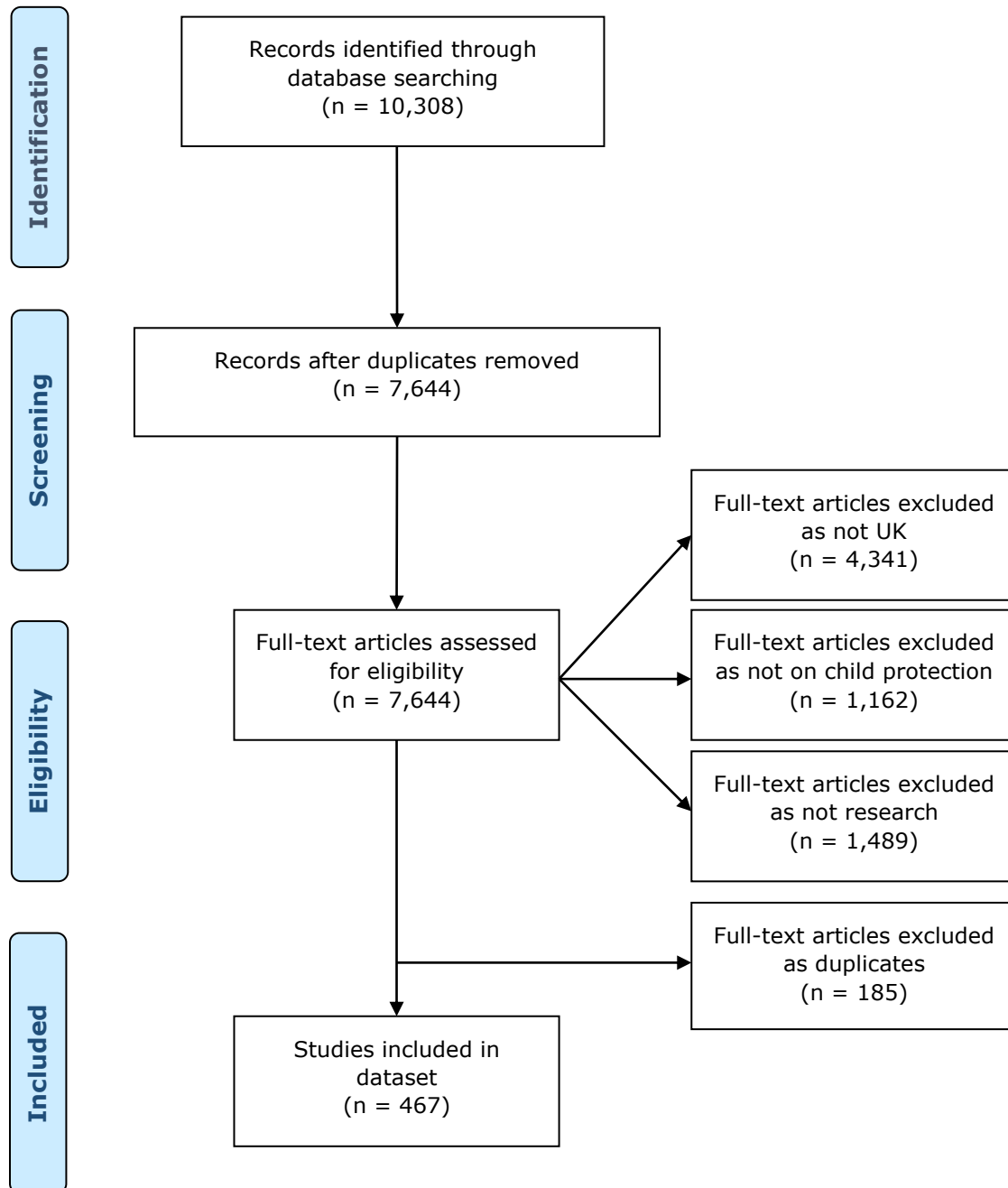


Table 1 – Definitions of topics

	Topics:	Categorised as:
Child maltreatment	Measuring incidence, prevalence, magnitude	Measuring incidence, prevalence, and magnitude of child maltreatment within a given population
	Risk assessment and/or diagnosis	On procedures used to assess the risk of maltreatment or diagnose maltreatment in an individual or a population
	Aetiology	Causes and conditions contributing to child maltreatment, including risk and protective factors
	Nature of consequences or outcomes in childhood	On the effects and outcomes of childhood maltreatment in child survivors
	Nature of consequences or outcomes in adulthood	On the effects and outcomes of childhood maltreatment in adult survivors
	Preventative interventions	Interventions intended to prevent victimisation
	Ameliorative interventions in childhood	Interventions aimed at treating and/or relieving the effects of childhood maltreatment in child survivors
	Ameliorative interventions in adulthood	Interventions aimed at treating and/or relieving the effects of childhood maltreatment in adult survivors
	System responses to child maltreatment	Describing or evaluating regular social work and/or legal system practices and/or responses to child maltreatment
	Assessing research	Assessing the state and/or quality of the evidence on child maltreatment within a specific field
	Attitudes and beliefs	Reporting views, attitudes, and perspectives towards child maltreatment
	Children's experiences	Direct experiences of survivors of childhood maltreatment
Looked after children	Outcomes of care in childhood	On the outcomes of children who have been looked after in childhood
	Outcomes of care in adulthood	On the outcomes of adults who have been looked after in childhood
	Risk factors for being in care	On the characteristics leading to being looked after in a specific population
	Formulation of the care system	On the structure and/or organisation of the care system
	Perspectives on the care system	On the views of the care system

Figure 2 – Frequency of topics

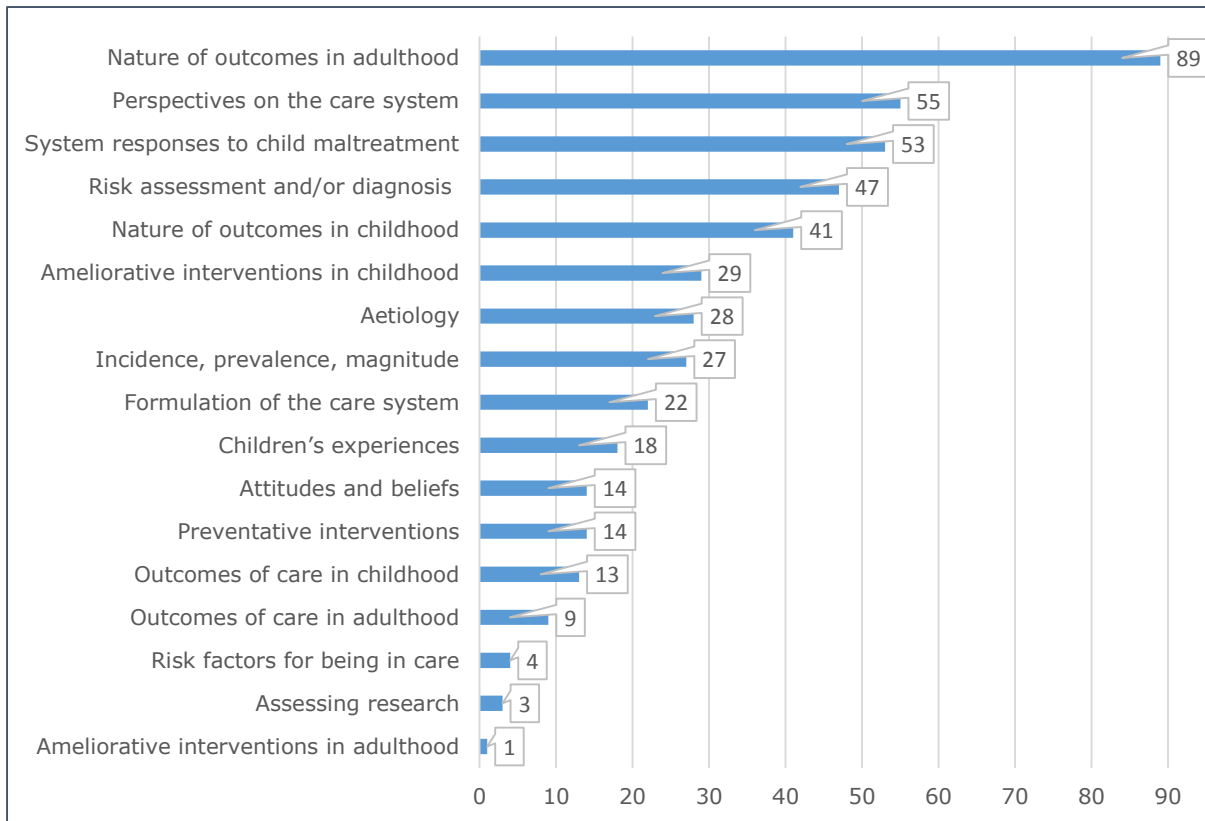


Figure 3 – Breakdown of care-related topics

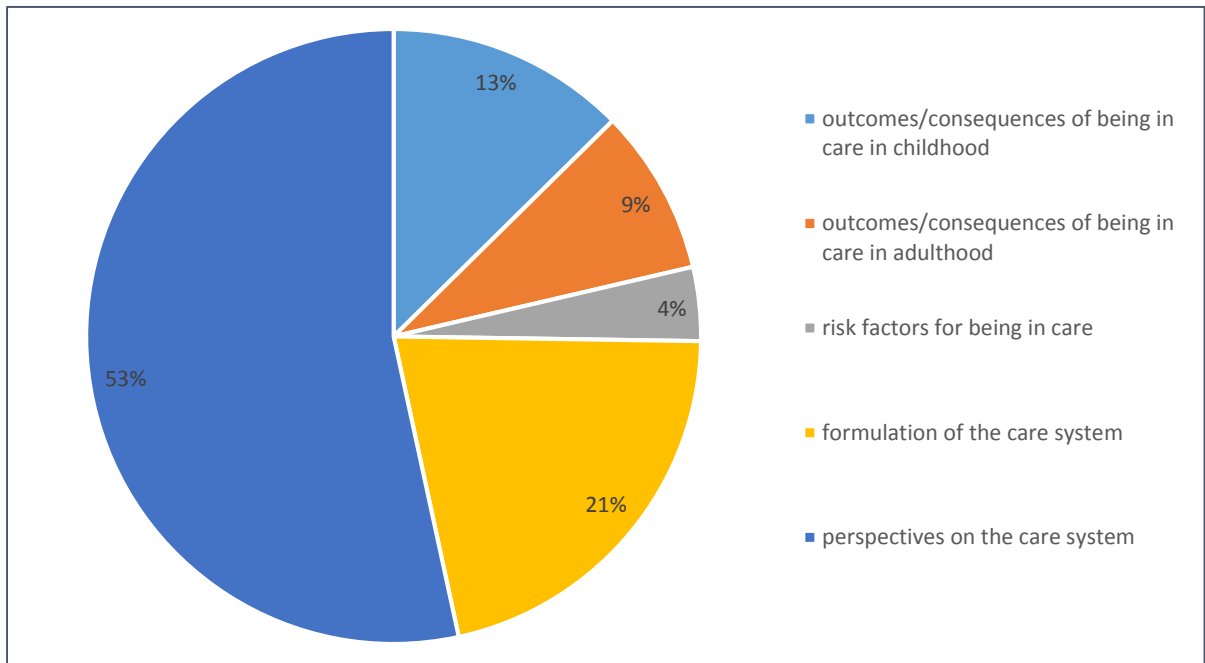




Table 2 – Full findings categorised by topic, discipline, and types of maltreatment

Topic	Discipline	Physical	Sexual	Emotional	Neglect	Exposure to DA	Trafficking	Bullying	Undifferentiated	Count	
Assessing research	Psychiatry	no	<b>yes</b>	no	no	no	no	no	no	1	
	Nursing/midwifery/allied health	no	no	no	no	no	no	no	<b>yes</b>	1	
Children's experiences		no	no	no	<b>yes</b>	no	no	no	no	1	
	Criminology	<b>yes</b>	no	no	no	no	no	no	no	1	
	Psychology	no	<b>yes</b>	no	no	no	no	no	no	2	
		no	no	no	no	no	no	no	<b>yes</b>	1	
		no	no	no	no	no	no	<b>yes</b>	no	1	
	Public health	no	<b>yes</b>	no	no	no	no	no	no	1	
		no	no	no	no	no	no	no	<b>yes</b>	1	
		no	no	no	<b>yes</b>	no	no	no	no	1	
	Social work	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1	
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1	
		no	<b>yes</b>	no	no	no	no	no	no	1	
		no	no	no	no	no	no	no	<b>yes</b>	1	
	Social/public policy	no	no	no	no	no	no	no	<b>yes</b>	3	
	Sociology/social science	no	no	no	no	no	no	no	<b>yes</b>	1	
	Undetermined	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1	
Nursing/midwifery/allied health	no	no	no	no	no	no	no	<b>yes</b>	1		
Formulation of the care system	Education	no	no	no	no	no	no	no	<b>yes</b>	1	
	Psychiatry	no	no	no	no	no	no	no	<b>yes</b>	2	
	Psychology	<b>yes</b>	no	no	<b>yes</b>	<b>yes</b>	no	no	no	1	
		no	no	no	no	no	no	no	<b>yes</b>	4	
	Public health	no	no	no	no	no	no	no	<b>yes</b>	1	
	Social work	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	<b>yes</b>	1	
		no	no	no	no	no	no	no	<b>yes</b>	5	
	Social/public policy	no	no	no	no	no	no	no	<b>yes</b>	4	
	Sociology/social science	no	no	no	no	no	no	no	<b>yes</b>	1	
	Undetermined	no	no	no	no	no	no	no	<b>yes</b>	2	
	Measuring incidence, prevalence, magnitude	Criminology	no	<b>yes</b>	no	no	no	no	no	no	1
		Medicine	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	3	

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Nature of consequences or outcomes in adulthood</i>		<b>yes</b>	no	no	no	no	no	no	no	3
		no	<b>yes</b>	no	no	no	no	no	no	1
	Psychiatry	<b>yes</b>	no	no	<b>yes</b>	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	1
	Psychology	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	2
	Public health	<b>yes</b>	no	no	no	no	no	no	no	1
		<b>yes</b>	no	no	<b>yes</b>	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
	Social work	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	<b>yes</b>	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	1
	Social/public policy	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	1
	Undetermined	<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	1
		<b>yes</b>	no	no	no	<b>yes</b>	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
	Nursing/midwifery/allied health	no	<b>yes</b>	no	no	no	no	no	no	1
	Criminology	no	no	no	no	no	no	no	<b>yes</b>	2
	Medicine	<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	3
		<b>yes</b>	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	3
		no	<b>yes</b>	no	no	no	no	no	no	2
		no	no	no	no	no	no	no	<b>yes</b>	1
	Psychiatry	no	no	no	no	no	no	<b>yes</b>	no	1
		<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	7
		<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	no	<b>yes</b>	<b>yes</b>	no	no	no	1
	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	no	3	
	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	<b>yes</b>	no	1	
	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	12	
	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1	
	no	<b>yes</b>	no	no	no	no	no	no	2	

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Nature of consequences or outcomes in childhood</i>		no	no	no	no	no	no	no	<b>yes</b>	1
	Psychology	<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	2
		<b>yes</b>	<b>yes</b>	no	<b>yes</b>	<b>yes</b>	no	no	no	2
		<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	11
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
		<b>yes</b>	no	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	15
		no	<b>yes</b>	no	no	<b>yes</b>	no	no	no	1
		no	no	no	<b>yes</b>	no	no	no	no	1
		no	no	<b>yes</b>	no	no	no	no	no	2
		no	no	<b>yes</b>	no	no	no	no	<b>yes</b>	1
	Public health	no	no	no	no	no	<b>yes</b>	no	no	1
	Social work	no	no	no	no	no	no	no	<b>yes</b>	1
	Sociology/social science	<b>yes</b>	<b>yes</b>	no	no	no	no	<b>yes</b>	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
	Nursing/midwifery/allied health	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	3
	Criminology	no	<b>yes</b>	no	no	no	no	no	no	1
	Education	<b>yes</b>	no	no	<b>yes</b>	no	no	no	no	1
	Medicine	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
		<b>yes</b>	no	no	no	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	3
		no	no	no	<b>yes</b>	no	no	no	no	1
	Psychiatry	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	<b>yes</b>	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
		<b>yes</b>	no	no	no	no	no	<b>yes</b>	no	1
	no	no	no	no	no	no	no	<b>yes</b>	2	
	no	no	no	no	no	no	<b>yes</b>	no	3	
	no	no	no	<b>yes</b>	no	no	no	no	3	

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Preventative interventions</i>	Psychology	<b>yes</b>	<b>yes</b>	no	no	no	no	<b>yes</b>	no	1
		<b>yes</b>	<b>yes</b>	no	no	<b>yes</b>	no	no	no	1
		<b>yes</b>	<b>yes</b>	no	<b>yes</b>	<b>yes</b>	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	4
		<b>yes</b>	no	no	no	<b>yes</b>	no	<b>yes</b>	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	<b>yes</b>	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
	Public health	<b>yes</b>	no	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
		no	no	no	no	no	no	<b>yes</b>	no	1
	Social work	no	no	no	no	no	no	no	<b>yes</b>	1
	Undetermined	no	no	no	no	no	no	no	<b>yes</b>	1
	Nursing/midwifery/allied health	no	no	no	<b>yes</b>	no	no	no	no	1
	Criminology	no	<b>yes</b>	no	no	no	no	no	no	1
	Education	no	<b>yes</b>	no	no	no	no	no	no	1
	Medicine	no	no	no	no	no	no	no	<b>yes</b>	1
	Psychology	<b>yes</b>	no	no	no	no	no	no	no	1
	no	<b>yes</b>	no	no	no	no	no	no	4	
	no	no	no	no	no	no	<b>yes</b>	no	1	
Social work	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	<b>yes</b>	no	1	
	<b>yes</b>	no	no	no	<b>yes</b>	no	no	no	1	
	no	<b>yes</b>	no	no	no	no	no	no	3	
<i>Risk factors for being in care</i>	Medicine	no	no	no	no	no	no	no	<b>yes</b>	1
	Public health	no	no	no	no	no	no	no	<b>yes</b>	1
	Social work	no	no	no	no	no	no	no	<b>yes</b>	2
<i>Perspectives on the care system</i>	Sociology/social science	no	no	no	no	no	no	no	<b>yes</b>	1
	Education	no	no	no	no	no	no	no	<b>yes</b>	3
	Medicine	no	no	no	no	no	no	no	<b>yes</b>	3
	Psychiatry	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
	Psychology	no	<b>yes</b>	no	no	no	no	no	no	2
		no	no	no	no	no	no	no	<b>yes</b>	12

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Outcomes of care in childhood</i>	Social work	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	<b>yes</b>	no	no	no	1
		<b>yes</b>	no	<b>yes</b>	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	12
	Social/public policy	no	no	no	no	no	no	no	<b>yes</b>	1
		no	no	no	no	no	<b>yes</b>	no	no	1
	Sociology/social science	<b>yes</b>	no	no	<b>yes</b>	<b>yes</b>	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	10
	Undetermined	no	no	no	no	no	no	no	<b>yes</b>	2
	Nursing/midwifery/allied health	no	no	no	no	no	no	no	<b>yes</b>	3
		no	no	no	no	<b>yes</b>	no	no	no	1
	Education	no	no	no	no	no	no	no	<b>yes</b>	3
	Medicine	no	no	no	no	no	no	no	<b>yes</b>	2
	Psychiatry	no	no	no	no	no	no	no	<b>yes</b>	2
	Psychology	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
<i>System responses to child maltreatment</i>		no	no	no	no	no	no	no	<b>yes</b>	3
	Public health	no	no	no	no	no	no	no	<b>yes</b>	1
	Nursing/midwifery/allied health	no	no	no	no	no	no	no	<b>yes</b>	1
	Criminology	no	no	no	no	no	no	no	<b>yes</b>	1
	Education	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
	Law	no	no	no	no	no	no	no	<b>yes</b>	1
		no	no	no	no	<b>yes</b>	no	no	no	1
	Medicine	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
	Psychology	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	4
	no	no	no	no	no	no	no	<b>yes</b>	1	
	no	no	no	no	no	<b>yes</b>	no	no	1	
Public health	no	no	no	no	no	no	no	<b>yes</b>	3	
Social work	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1	
	<b>yes</b>	no	no	no	no	no	no	no	1	

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Outcomes of care in adulthood</i>		no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	4
		no	no	no	no	no	<b>yes</b>	no	no	2
		no	no	no	no	<b>yes</b>	no	no	no	2
		no	no	no	<b>yes</b>	no	no	no	no	2
	Social/public policy	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
		no	no	no	no	no	<b>yes</b>	no	no	1
		no	no	no	<b>yes</b>	no	no	no	no	1
	Sociology/social science	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	6
	Undetermined	no	no	no	no	no	no	no	<b>yes</b>	1
	Nursing/midwifery/allied health	no	no	no	no	no	no	no	<b>yes</b>	4
		no	no	no	<b>yes</b>	no	no	no	no	2
	Education	no	no	no	no	no	no	no	<b>yes</b>	1
	Law	no	no	no	no	no	no	no	<b>yes</b>	1
	Psychiatry	no	no	no	no	no	no	no	<b>yes</b>	1
	Psychology	no	no	no	no	no	no	no	<b>yes</b>	1
	Public health	no	no	no	no	no	no	no	<b>yes</b>	2
	Social work	no	no	no	no	no	no	no	<b>yes</b>	1
Social/public policy	no	no	no	no	no	no	no	<b>yes</b>	1	
Undetermined	no	no	no	no	no	no	no	<b>yes</b>	1	
<i>Risk assessment and/or diagnosis</i>	Criminology	no	<b>yes</b>	no	no	no	no	no	no	3
	Medicine	<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	1
		<b>yes</b>	no	no	no	no	no	no	no	17
		<b>yes</b>	no	no	<b>yes</b>	no	no	no	no	1
		<b>yes</b>	no	no	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	4
	Psychiatry	<b>yes</b>	no	no	no	<b>yes</b>	no	no	no	1
	Psychology	<b>yes</b>	no	<b>yes</b>	no	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
	no	no	no	no	no	no	no	<b>yes</b>	3	

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Aetiology</i>	Public health	<b>yes</b>	no	no	no	no	no	no	no	2
		<b>yes</b>	no	no	<b>yes</b>	<b>yes</b>	no	no	no	1
	Social work	<b>yes</b>	no	no	<b>yes</b>	no	no	no	no	1
		no	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	1
		no	no	no	<b>yes</b>	no	no	no	no	1
	Social/public policy	no	no	no	no	no	no	no	<b>yes</b>	1
	Sociology/social science	no	no	no	<b>yes</b>	no	no	no	no	1
	Nursing/midwifery/allied health	<b>yes</b>	no	no	no	no	no	no	no	3
		no	no	no	<b>yes</b>	no	no	no	no	1
	Criminology	no	<b>yes</b>	no	no	no	no	no	no	4
	Education	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	no	1
		<b>yes</b>	no	no	no	no	no	no	no	1
	Medicine	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	1
		no	no	<b>yes</b>	<b>yes</b>	no	no	no	no	1
	Psychiatry	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	<b>yes</b>	no	1
	Psychology	<b>yes</b>	<b>yes</b>	no	no	no	no	no	no	1
		<b>yes</b>	no	no	no	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	7
	no	no	no	no	no	no	<b>yes</b>	no	1	
Social work	<b>yes</b>	<b>yes</b>	no	no	no	no	<b>yes</b>	no	1	
	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1	
	no	<b>yes</b>	no	no	no	no	no	no	3	
Sociology/social science	<b>yes</b>	no	no	no	no	no	no	no	1	
	no	<b>yes</b>	no	no	no	no	no	no	1	
Undetermined	no	<b>yes</b>	no	no	no	no	no	no	1	
<i>Ameliorative interventions in childhood</i>	Education	no	no	no	no	no	no	no	<b>yes</b>	1
	Medicine	no	no	no	no	no	no	no	<b>yes</b>	1
	Psychiatry	no	no	no	no	no	no	no	<b>yes</b>	1
	Psychology	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	10
	Public health	no	no	no	no	no	no	no	<b>yes</b>	1

<i>Topic</i>	<i>Discipline</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Exposure to DA</i>	<i>Trafficking</i>	<i>Bullying</i>	<i>Undifferentiated</i>	<i>Count</i>
<i>Attitudes and beliefs</i>		no	no	no	<b>yes</b>	no	no	no	no	1
	Social work	no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
		no	no	no	no	<b>yes</b>	no	no	no	1
		no	no	<b>yes</b>	no	no	no	no	no	1
	Social/public policy	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
		no	no	no	no	no	no	no	<b>yes</b>	2
	Sociology/social science	no	no	no	no	no	no	no	<b>yes</b>	1
	Undetermined	no	no	no	no	no	no	no	<b>yes</b>	2
	Nursing/midwifery/allied health	no	no	no	<b>yes</b>	no	no	no	no	1
	Criminology	<b>yes</b>	<b>yes</b>	no	<b>yes</b>	no	no	no	no	1
		no	<b>yes</b>	no	no	no	no	no	no	1
	Psychiatry	no	<b>yes</b>	no	no	no	no	no	no	1
	Psychology	no	<b>yes</b>	no	no	no	no	no	no	4
		no	no	no	no	no	no	no	<b>yes</b>	1
	Public health	no	<b>yes</b>	no	no	no	no	no	no	1
	Social work	no	no	no	no	no	no	no	<b>yes</b>	1
Sociology/social science	no	<b>yes</b>	no	no	no	no	no	no	2	
	no	no	no	no	no	no	no	<b>yes</b>	2	
<i>Ameliorative interventions in adulthood</i>	Psychology	no	<b>yes</b>	no	no	no	no	no	no	1
<i>Grand Total</i>										<b>467</b>