Queensland Child Protection Newsletter

May 2015
# Table of contents

**Introduction** .......................................................................................................................... 5  
**Research Update** .................................................................................................................... 1  
**Abusive head trauma** ................................................................................................................ 1  
1. Initial clinical presentation of children with acute and chronic versus acute subdural hemorrhage resulting from abusive head trauma ........................................................................... 1  
2. Abusive head trauma: a review of the evidence base ................................................................ 1  
3. Adding insult to injury: nonconvulsive seizures in abusive head trauma .................................. 2  
4. Revisiting neuroimaging of abusive head trauma in infants and young children ...................... 2  
5. Prediction of skull fracture risk for children 0-9 months old through validated parametric finite element model and cadaver test reconstruction ................................................................................. 2  
6. Assessment of parental awareness of the shaken baby syndrome in Ireland .............................. 3  
7. The significance of macrocephaly or enlarging head circumference in infants with the triad: further evidence of mimics of shaken baby syndrome ......................................................... 3  
**Physical abuse** ........................................................................................................................ 4  
1. Imaging in suspected child abuse: necessity or radiation hazard? ............................................... 4  
2. The evaluation of suspected child physical abuse ....................................................................... 4  
**Sexual abuse** ........................................................................................................................... 5  
1. Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed ............................................................................................................................................... 5  
**Emotional abuse & neglect** ...................................................................................................... 6  
1. Childhood maltreatment and perinatal mood and anxiety disorders: a systematic review .......... 6  
2. The relationship between early adversities and attention-deficit/hyperactivity disorder ........... 6  
3. Psychosocial complexity in multimorbidity: the legacy of adverse childhood experiences ....... 7  
4. History of childhood sexual abuse and risk of prenatal and postpartum depression or depressive symptoms: an epidemiologic review ...................................................................... 7  
**Outcomes** ................................................................................................................................... 6  
1. Child maltreatment: interventions to improve recognition and reporting ...................................... 9  
2. Child advocacy center multidisciplinary team decision and its association to child protective services outcomes ............................................................................................................................... 8  
3. Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals’ child welfare attitudes ................................................................. 8  
4. Child protection professionals .................................................................................................... 8  
5. Evidence for the efficacy of the child advocacy center model: a systematic review .................... 10  
6. Some reflections from the past and some ideas for the future: The 2014 Kempe Oration ........ 10  
7. Use of cannabis in severe childhood epilepsy and child protection considerations .................. 11  
**Reviews & guidelines** ............................................................................................................... 10  
1. Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions ............................................................................................................... 11  
2. Caregiver-fabricated illness in a child .......................................................................................... 12
Case reports ................................................................................................................................. 12
 1. Delayed presentation of jejuno-jejunal fistula with stricture after physical child abuse ........ 12
Statewide Child Protection Clinical Partnership ........................................................................ 13
Update ........................................................................................................................................... 13
Events ........................................................................................................................................... 14
  June – July 2015 ........................................................................................................................ 14
References ....................................................................................................................................... 15
Introduction

Welcome to the *Queensland Child Protection Newsletter*. This newsletter is a joint initiative of the Child Protection and Forensic Medical Service of the Lady Cilento Children’s Hospital (LCCH) under Children’s Health Queensland and the Statewide Child Protection Clinical Partnership (SCPCP). This newsletter includes research updates and other relevant resources in support of best practice in Child Protection, and further serves a communication pathway for news and updates from the SCPCP.

Each monthly edition of this newsletter is also available via the *Child Protection Library Guide* at: [http://cairns.health.qld.libguides.com/childprotection](http://cairns.health.qld.libguides.com/childprotection).

Access to links

Hold down the Ctrl key and clink on the link to access full text journal articles and abstracts. For full text articles not available via CKN, hospital staff can request document delivery via their designated library service.

Contact

To ensure receipt of this newsletter or to unsubscribe, please contact Laura Koopmans, Project Officer, Child Protection and Forensic Medical Service, Lady Cilento Children’s Hospital, South Brisbane: Laura.Koopmans@health.qld.gov.au
☎ (07) 3068 2660
Research Update

Abusive head trauma

1. Initial clinical presentation of children with acute and chronic versus acute subdural hemorrhage resulting from abusive head trauma


OBJECTIVES: At presentation, children who have experienced abusive head trauma (AHT) often have subdural hemorrhage (SDH) that is acute, chronic, or both. Controversy exists whether the acute SDH associated with chronic SDH results from trauma or from spontaneous rebleeding. The authors compared the clinical presentations of children with AHT and acute SDH with those having acute and chronic SDH (acute/chronic SDH).

METHODS: The study was a multicenter retrospective review of children who had experienced AHT during 2004-2009. The authors compared the clinical and radiological characteristics of children with acute SDH to those of children with acute/chronic SDH.

RESULTS: The study included 383 children with AHT and either acute SDH (n = 291) or acute/chronic SDH (n = 92). The children with acute/chronic SDH were younger, had higher initial Glasgow Coma Scale scores, fewer deaths, fewer skull fractures, less parenchymal brain injury, and fewer acute noncranial fractures than did children with acute SDH. No between-group differences were found for the proportion with retinal hemorrhages, healing noncranial fractures, or acute abusive bruises. A similar proportion (approximately 80%) of children with acute/chronic SDH and with acute SDH had retinal hemorrhages or acute or healing extracranial injuries. Of children with acute/chronic SDH, 20% were neurologically asymptomatic at presentation; almost half of these children were seen for macrocephaly, and for all of them, the acute SDH was completely within the area of the chronic SDH.

CONCLUSION: Overall, the presenting clinical and radiological characteristics of children with acute SDH and acute/chronic SDH caused by AHT did not differ, suggesting that repeated abuse, rather than spontaneous rebleeding, is the etiology of most acute SDH in children with chronic SDH. However, more severe neurological symptoms were more common among children with acute SDH. Children with acute/chronic SDH and asymptomatic macrocephaly have unique risks and distinct radiological and clinical characteristics.

FIND IT @ CKN https://www.ckn.org.au/

2. Abusive head trauma: a review of the evidence base


OBJECTIVES: The purpose of this article is to review the constellation of findings of abusive head trauma, which may be accompanied by injuries to the appendicular and axial skeleton, brain and spinal cord, and retina. Additional common features include skin and soft-tissue injury, visceral findings, and evidence of oral trauma.

CONCLUSION: The evidence base for abusive head trauma encompasses diverse disciplines, including diagnostic imaging, pathology, pediatrics, biomechanics, ophthalmology, epidemiology, and orthopedics. When the varied sources of evidence are pieced together and taken in toto, abusive head trauma is often readily differentiated from alternative explanations of an infant's injuries.

3. Adding insult to injury: nonconvulsive seizures in abusive head trauma


ABSTRACT: The primary objectives of this study were to determine the prevalence of nonconvulsive seizures and nonconvulsive status epilepticus in patients with abusive head trauma who underwent electroencephalography (EEG) monitoring and to describe predictive factors for this population. Children with a diagnosis of abusive head trauma were studied retrospectively to determine the rate of EEG monitoring, the rate of nonconvulsive seizures and nonconvulsive status epilepticus, and the associated neuroimaging findings. Over 11 years, 73 of 199 (36.8%) children with abusive head trauma had electroencephalography monitoring performed. Of these, 20 (27.4%) had nonconvulsive seizures and 3 (4.1%) had nonconvulsive status epilepticus. The presence of subarachnoid hemorrhage and cortical T2 / fluid-attenuated inversion recovery signal abnormalities were both significantly associated with the presence of nonconvulsive seizures/nonconvulsive status epilepticus. Nonconvulsive seizures are relatively common in abusive head trauma and may go unrecognized. Specific neuroimaging characteristics increase the likelihood of nonconvulsive seizures on EEG.


4. Revisiting neuroimaging of abusive head trauma in infants and young children


OBJECTIVES: The purpose of this article is to use a mechanism-based approach to review the neuroimaging findings of abusive head trauma to infants. Advanced neuroimaging provides insights into not only the underlying mechanisms of craniocerebral injuries but also the long-term prognosis of brain injury for children on whom these injuries have been inflicted. CONCLUSION: Knowledge of the traumatic mechanisms, the key neuroimaging findings, and the implications of functional imaging findings should help radiologists characterize the underlying causes of the injuries inflicted, thereby facilitating effective treatment.


5. Prediction of skull fracture risk for children 0-9 months old through validated parametric finite element model and cadaver test reconstruction


ABSTRACT: Skull fracture is one of the most common pediatric traumas. However, injury assessment tools for predicting pediatric skull fracture risk is not well established mainly due to the lack of cadaver tests. Weber conducted 50 pediatric cadaver drop tests for forensic research on child abuse in the mid-1980s (Experimental studies of skull fractures in infants, Z Rechtsmed. 92: 87-94, 1984; Biomechanical fragility of the infant skull, Z Rechtsmed. 94: 93-101, 1985). To our knowledge, these studies contained the largest sample size among pediatric cadaver tests in the literature. However, the lack of injury measurements limited their direct application in investigating pediatric skull fracture risks. In this study, 50 pediatric cadaver tests from Weber's studies were reconstructed using a parametric pediatric head finite element (FE) model which were morphed into subjects with ages, head sizes/shapes, and skull thickness values that reported in the tests. The skull fracture risk curves for infants from 0 to 9 months old were developed based on the model-predicted head injury measures through logistic regression analysis. It was found that the model-predicted stress responses in the skull (maximal von Mises stress, maximal shear stress, and maximal first principal
stress) were better predictors than global kinematic-based injury measures (peak head acceleration and head injury criterion (HIC)) in predicting pediatric skull fracture. This study demonstrated the feasibility of using age- and size/shape-appropriate head FE models to predict pediatric head injuries. Such models can account for the morphological variations among the subjects, which cannot be considered by a single FE human model.

FIND IT @ CKN  https://www.ckn.org.au/

6. Assessment of parental awareness of the shaken baby syndrome in Ireland

ABSTRACT: Shaken baby syndrome (SBS) results in cerebral trauma. Creating awareness through education may improve parental response to a distressed infant. We aim to assess current parental understanding of SBS and identify knowledge gaps. A prospective assessment was carried out in two independent maternity hospitals (National Maternity Hospital (NMH) and Midland Regional Hospital (MRH)) over a 4-month period. Multi-dimensional questionnaires were distributed to parents (n = 233) and results were assessed anonymously. Statistical analysis was performed using SPSS21 software. Two hundred thirty-three participants were included: n = 114 (NMH), n = 119 (MRH). Fifty-four percent (n = 62, NMH) and 50 % (n = 60, MRH) had never heard of SBS. Of those who had, media was the commonest source: 94 % (47/50) NMH; 86 % (47/59) MRH. Less than 1 % of participants obtained information through a healthcare provider. Nearly all respondents wanted further information, regardless of whether they had prior knowledge (100 % (NMH); 99.2 % (MRH)). Participants wanted information delivered via a midwife (51 % (58/114) NMH; 45 % (54/119) MRH), with reading material (61 % (69/114) NMH; 59 % (70/119) MRH), during pre-natal period (50 % (57/114) NMH; 65 % (77/119) MRH). Importantly, parents of Irish origin were more likely to have heard of SBS compared to those of non-Irish origin (p = 0.026 (NMH), p = 0.020 (MRH)).

CONCLUSION: Half of all participants had no prior knowledge of SBS, with majority expressing interest in learning more. Therefore, a national "Don't Shake" campaign is evolving.


7. The significance of macrocephaly or enlarging head circumference in infants with the triad: further evidence of mimics of shaken baby syndrome

ABSTRACT: Infants with the triad (neurologic dysfunction, subdural hematoma [SDH], and retinal hemorrhage) are often diagnosed as victims of shaken baby syndrome. Medical conditions/predisposing factors to developing the triad are often dismissed: short falls, birth-related SDH that enlarges, macrocephaly, sinus/cortical vein thrombosis, and others. Six infants with the triad are described in which child abuse was diagnosed, but parents denied wrongdoing. All 6 had either macrocephaly or enlarging head circumference, which suggested medical explanations. Three infants incurred short falls, 1 had a difficult delivery in which there was likely a rebleed of a birth-related SDH, 1 had a spontaneous SDH associated with increased extra-axial fluid spaces, and 1 had a sinus thrombosis. Following legal proceedings, all 6 infants were returned to their parents, and there has been no child maltreatment in follow-up, suggesting child abuse never happened. The results indicate that alternative medical explanations for causing the triad should be considered and that macrocephaly or an enlarging head circumference raises the possibility of a medical explanation. This is an open-access article distributed under the terms of the Creative Commons Attribution-
Physical abuse

1. Imaging in suspected child abuse: necessity or radiation hazard?

*Bajaj, M. and A. C. Offiah* Arch Dis Child Ahead of print [Epub 21/04/2015].

**ABSTRACT:** Imaging has many uses, but in cases of suspected child abuse, radiographs and CT scans are vital in identifying fractures and head injury that may not be clinically obvious. There are growing concerns about the small but potential adverse effects of radiation, including cancer, in the paediatric population as a result of imaging. The vast majority of general paediatricians undertaking child abuse assessments request skeletal surveys and CT scans, subjecting children to significant amounts of radiation. Informed consent must be taken from parents for these procedures and therefore this paper aims to look at evidence of the dangers of radiation in children and raise awareness among paediatricians.

**FIND IT @ CKN** [https://www.ckn.org.au/](https://www.ckn.org.au/)

2. The evaluation of suspected child physical abuse


**ABSTRACT:** Child physical abuse is an important cause of pediatric morbidity and mortality and is associated with major physical and mental health problems that can extend into adulthood. Pediatricians are in a unique position to identify and prevent child abuse, and this clinical report provides guidance to the practitioner regarding indicators and evaluation of suspected physical abuse of children. The role of the physician may include identifying abused children with suspicious injuries who present for care, reporting suspected abuse to the child protection agency for investigation, supporting families who are affected by child abuse, coordinating with other professionals and community agencies to provide immediate and long-term treatment to victimized children, providing court testimony when necessary, providing preventive care and anticipatory guidance in the office, and advocating for policies and programs that support families and protect vulnerable children.

**FIND IT @ CKN** [https://www.ckn.org.au/](https://www.ckn.org.au/)
Sexual abuse

1. Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed

*Reitsema, A. M. and H. Grietens Trauma Violence Abuse Ahead of print [Epub 07/05/2015].*

**ABSTRACT:** We conducted an exploratory review of the current literature on child sexual abuse disclosure in everyday contexts. The aim of this study was to provide an overview of relevant publications on the process of child sexual abuse disclosure, in order to generate new directions for future research and clinical practice. The findings of the exploratory review show that disclosure is a relational process, which is renegotiated by each interaction and evolves over an extended period of time. The characteristics and reactions of the interaction partner appear to be as critical to this process as the behavior and words of children themselves. Methodological limitations of the review and the publications are discussed, as well as directions for future research and implications for practice.

**FIND IT @ CKN** [https://www.ckn.org.au/](https://www.ckn.org.au/)

2. Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States


**ABSTRACT:** The objective of the study is to describe distinguishing characteristics of commercial sexual exploitation of children/child sex trafficking victims (CSEC) who present for health care in the pediatric setting. This is a retrospective study of patients aged 12-18 years who presented to any of three pediatric emergency departments or one child protection clinic, and who were identified as suspected victims of CSEC. The sample was compared with gender and age-matched patients with allegations of child sexual abuse/sexual assault (CSA) without evidence of CSEC on variables related to demographics, medical and reproductive history, high-risk behavior, injury history and exam findings. There were 84 study participants, 27 in the CSEC group and 57 in the CSA group. Average age was 15.7 years for CSEC patients and 15.2 years for CSA patients; 100% of the CSEC and 94.6% of the CSA patients were female. The two groups significantly differed in 11 evaluated areas with the CSEC patients more likely to have had experiences with violence, substance use, running away from home, and involvement with child protective services and/or law enforcement. CSEC patients also had a longer history of sexual activity. Adolescent CSEC victims differ from sexual abuse victims without evidence of CSEC in their reproductive history, high risk behavior, involvement with authorities, and history of violence.

**FIND IT @ CKN** [https://www.ckn.org.au/](https://www.ckn.org.au/)
Emotional abuse & neglect

No papers identified.

Outcomes

1. Childhood maltreatment and perinatal mood and anxiety disorders: a systematic review

Choi, K. W. and K. J. Sikkema Trauma Violence Abuse Ahead of print [Epub 17/05/2015].

ABSTRACT: Perinatal mood and anxiety disorders (PMADs) compromise maternal and child well-being and may be influenced by traumatic experiences across the life course. A potent and common form of trauma is childhood maltreatment, but its specific impact on PMADs is not well understood. A systematic review was undertaken to synthesize empirical literature on the relationship between maternal histories of childhood maltreatment and PMADs. Of the 876 citations retrieved, 35 reports from a total of 26,239 participants met inclusion criteria, documenting substantial rates of childhood maltreatment and PMADs. Robust trends of association were observed between childhood maltreatment and perinatal depression, as well as post-traumatic stress disorder, but findings for anxiety were less consistent. Examining multivariate results suggested that childhood maltreatment predicts PMADs above and beyond sociodemographic, psychiatric, perinatal, and psychosocial factors, but may also be partially mediated by variables such as later victimization and moderated by protective early relationships. Future research should test mediating and moderating pathways using prospective cohorts, expanding to cross-cultural settings and other disorder outcomes. Treatment and prevention of childhood maltreatment and its sequelae may help mitigate risk for perinatal psychopathology and its impact on maternal and child outcomes.

http://tva.sagepub.com/content/early/2015/05/15/1524838015584369.abstract

2. The relationship between early adversities and attention-deficit/hyperactivity disorder

Fuller-Thomson, E. and D. A. Lewis Child Abuse Negl Ahead of print [Epub 03/04/2015].

ABSTRACT: This study examined whether retrospectively reported childhood physical abuse, childhood sexual abuse and/or exposure to parental domestic violence were associated with self-report of a health-professional diagnosis of attention-deficit/hyperactivity disorder (ADHD) among adults. We analyzed nationally representative data from the 2012 Canadian Community Health Survey-Mental Health using gender-specific bivariate and logistic regression analyses (n=10,496 men; n=12,877 women). For both men and women, childhood physical abuse was associated with significantly higher odds of reporting ADHD (men odds ratio [OR]=1.66, p<.001; women OR=1.95, p<.001). For both genders, childhood sexual abuse was also significantly related to higher odds of ADHD (men OR=2.57, p<.001; women OR=2.55, p<.001); however, exposure to parental domestic violence was only associated with elevated odds of ADHD among women (men OR=0.89, p=.60; women OR=1.54, p=.03). The results demonstrate a link between childhood physical and sexual abuse and ADHD for both men and women. Future prospective studies are required to further understand this interesting relationship.

https://www.ckn.org.au/
3. Psychosocial complexity in multimorbidity: the legacy of adverse childhood experiences


BACKGROUND: To effectively meet the health care needs of multimorbid patients, the most important psychosocial factors associated with multimorbidity must be discerned. Our aim was to examine the association between self-reported adverse childhood experiences (ACEs) and multimorbidity and the contribution of other social, behavioural and psychological factors to this relationship. METHODS: We analysed cross-sectional data from the Mitchelstown study, a population-based cohort recruited from a large primary care centre. ACE was measured by self-report using the Centre for Disease Control ACE questionnaire. Multimorbidity status was categorized as 0, 1 or >/=2 chronic diseases, which were ascertained by self-report of doctor diagnosis. Ordinal logistic regression was used to calculate odds ratios (ORs) and 95% confidence intervals (95% CIs) for multimorbidity, using ACE as the independent variable with adjustment for social (education, public health cover), behavioural (smoking, exercise, diet, body mass index) and psychological factors (anxiety/depression scores). RESULTS: Of 2047 participants, 45.3% (n = 927, 95% CI: 43.1-47.4) reported multimorbidity. ACE was reported by 28.4% (n = 248, 95% CI: 25.3-31.3%) of multimorbid participants, 21% (n = 113, 95% CI: 18.0-25.1%) of single chronic disease participants and 16% (n = 83, 95% CI: 13.2-19.7%) of those without chronic disease. The OR for multimorbidity with any history of ACE was 1.6 (95% CI: 1.4-2.0, P < 0.001). Adjusting for social, behavioural and psychological factors only marginally ameliorated this association, OR 1.4 (95% CI: 1.1-1.7, P = 0.002). CONCLUSIONS: Multimorbidity is independently associated with a history of ACEs. These findings demonstrate the psychosocial complexity associated with multimorbidity and should be used to inform health care provision in this patient cohort.


4. History of childhood sexual abuse and risk of prenatal and postpartum depression or depressive symptoms: an epidemiologic review


ABSTRACT: The objective of this review is to summarize the literature (and to the extent possible, report the magnitude and direction of the association) concerning history of childhood sexual abuse (CSA) and depression or depressive symptoms among pregnant and postpartum women. Publications were identified through literature searches of seven databases (PubMed, EMBASE, PsycINFO, CINAHL, Web of Science, BIOSIS, and Science Direct) using keywords including "child abuse," “depression," “pregnancy," "prenatal," "pregnancy," and "postpartum." The literature search yielded seven eligible studies on the prenatal period and another seven studies on the postpartum period. All but one prenatal study observed statistically significant positive associations of CSA with depression or depressive symptoms during pregnancy. Findings on the association of CSA with postpartum depression or depressive symptoms were inconsistent; pooled unadjusted and adjusted odds ratios were 1.82 (95 % confidence interval (CI) 0.92, 3.60) and 1.20 (95 % CI 0.81, 1.76). In sum, findings suggest a positive association of history of CSA with depression and depressive symptoms in the prenatal period. Findings on the postpartum period were inconsistent. Clinical and public health implications of evidence from the available literature are discussed, as are desirable study design characteristics of future research.

FIND IT @ CKN  https://www.ckn.org.au/
Intervention & prevention

1. A quantitative exploratory evaluation of the circle of security-parenting program with mothers in residential substance-abuse treatment


ABSTRACT: Maternal substance abuse is a risk factor for child maltreatment, child attachment insecurity, and maladaptive social information processing. The aim of this study was to conduct a quantitative exploratory evaluation of the effectiveness of an attachment-based parent program, Circle of Security-Parenting (COS-P; G. Cooper, K. Hoffman, & B. Powell, 2009), with a community sample of 15 mothers in residential treatment for substance abuse. Participants attended nine weekly group sessions and were given three measures at pretest and posttest: the Emotion Regulation Questionnaire (J.J. Gross & O.P. John, 2003), the Parent Attribution Test (D. Bugental, ), and the Parenting Scale (D.S. Arnold, S.G. O'Leary, L.S. Wolff, & M.M. Acker, 1993). The results indicate that mothers who attended the majority of group sessions showed greater improvements on all three variables. Participants who attended some of the sessions showed some improvements on the measures, but participants who did not attend the group sessions had no improvements, and on some measures, declined significantly. Further analyses of demographic data indicates that participants with more education, no personal history of child maltreatment, less time in the residential program, and lower social desirability scores demonstrated more positive outcomes. These findings suggest that the COS-P may positively impact parental risk factors associated with child maltreatment and maladaptive social information processing in the context of residential substance-abuse treatment.

FIND IT @ CKN  https://www.ckn.org.au/

Child protection professionals

1. Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals' child welfare attitudes


ABSTRACT: Child welfare professionals regularly make crucial decisions that have a significant impact on children and their families. The present study presents the Judgments and Decision Processes in Context model (JUDPIC) and uses it to examine the relationships between three independent domains: case characteristic (mother's wish with regard to removal), practitioner characteristic (child welfare attitudes), and protective system context (four countries: Israel, the Netherlands, Northern Ireland and Spain); and three dependent factors: substantiation of maltreatment, risk assessment, and intervention recommendation. The sample consisted of 828 practitioners from four countries. Participants were presented with a vignette of a case of alleged child maltreatment and were asked to determine whether maltreatment was substantiated, assess risk and recommend an intervention using structured instruments. Participants' child welfare attitudes were assessed. The case characteristic of mother's wish with regard to removal had no impact on judgments and decisions. In contrast, practitioners' child welfare attitudes were associated with substantiation, risk
assessments and recommendations. There were significant country differences on most measures. The findings support most of the predictions derived from the JUDPIC model. The significant differences between practitioners from different countries underscore the importance of context in child protection decision making. Training should enhance practitioners’ awareness of the impact that their attitudes and the context in which they are embedded have on their judgments and decisions.

FIND IT @ CKN  https://www.ckn.org.au

2. Child advocacy center multidisciplinary team decision and its association to child protective services outcomes

Brink, F. W., et al. Child Abuse Negl Ahead of print [Epub 06/05/2015].

ABSTRACT: Limited studies exist evaluating the multidisciplinary team (MDT) decision-making process and its outcomes. This study evaluates the MDT determination of the likelihood of child sexual abuse (CSA) and its association to the outcome of the child protective services (CPS) disposition. A retrospective cohort study of CSA patients was conducted. The MDT utilized an a priori Likert rating scale to determine the likelihood of abuse. Subjects were dichotomized into high versus low/intermediate likelihood of CSA as determined by the MDT. Clinical and demographic characteristics were compared based upon MDT and CPS decisions. Fourteen hundred twenty-two patients were identified. A high likelihood for abuse was determined in 997 cases (70%). CPS substantiated or indicated the allegation of CSA in 789 cases (79%, Kappa 0.54). Any CSA disclosure, particularly moderate risk disclosure (AOR 59.3, 95% CI 26.50-132.80) or increasing total number of CSA disclosures (AOR 1.3, 95% CI 1.11-1.57), was independently associated with a high likelihood for abuse determination. Specific clinical features associated with discordant cases in which MDT determined high likelihood for abuse and CPS did not substantiate or indicate CSA included being white or providing a low risk CSA disclosure or other non-CSA disclosure. MDT determination regarding likelihood of abuse demonstrated moderate agreement to CPS disposition outcome. CSA disclosure is predictive of the MDT determination for high likelihood of CSA. Agreement between MDT determination and CPS protection decisions appear to be driven by the type of disclosures, highlighting the importance of the forensic interview in ensuring appropriate child protection plans.

FIND IT @ CKN  https://www.ckn.org.au

3. Child maltreatment: interventions to improve recognition and reporting


ABSTRACT: Child maltreatment is a significant public health problem and described as one of the greatest threats facing the health, welfare, and social well-being of children (Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2012). The effect of child maltreatment on the children involved, their families, and society as a whole is substantial. Despite mandatory reporting laws, the poignant reality is that child maltreatment is significantly underrecognized and underreported. Interventions must be designed, tested, and implemented to fulfil the goal of child maltreatment prevention. Forensic nurses are uniquely qualified to assume a leadership role and work collaboratively with children, their caregivers, and all members of the interdisciplinary team to ensure the safety and protection of children. The purpose of this article is to present an evidence-based discussion of the scope of the problem of child
maltreatment, contributing barriers to recognition and reporting, and suggestions for interventions designed to achieve the goals of primary and secondary prevention.


Reviews & guidelines

1. Evidence for the efficacy of the child advocacy center model: a systematic review

*Herbert, J. L. and L. Bromfield* Trauma Violence Abuse Ahead of print [Epub 13/05/2015].

ABSTRACT: The Child Advocacy Center (CAC) model has been presented as the solution to many of the problems inherent in responses by authorities to child sexual abuse. The lack of referral to therapeutic services and support, procedurally flawed and potentially traumatic investigation practices, and conflict between the different statutory agencies involved are all thought to contribute to low conviction rates for abuse and poor outcomes for children. The CAC model aims to address these problems through a combination of multidisciplinary teams, joint investigations, and services, all provided in a single child friendly environment. Using a systematic search strategy, this research aimed to identify and review all studies that have evaluated the effectiveness of the approach as a whole, recognizing that a separate evidence base exists for parts of the approach (e.g., victim advocacy and therapeutic responses). The review found that while the criminal justice outcomes of the model have been well studied, there was a lack of research on the effect of the model on child and family outcomes. Although some modest outcomes were clear, the lack of empirical research, and overreliance on measuring program outputs, rather than outcomes, suggests that some clarification of the goals of the CAC model is needed.

FIND IT @ CKN  https://www.ckn.org.au

2. Some reflections from the past and some ideas for the future: The 2014 Kempe Oration

*Oates, K.* Child Abuse Negl Ahead of print [Epub 22/04/2015].

ABSTRACT: Although the physical features of child abuse had been described before 1962, it was Henry Kempe et al.'s article "The Battered Child Syndrome" that is regarded as the beginning of widespread awareness and acceptance of this previously hidden problem. It was another 15 years before child sex abuse started to receive similar widespread recognition. As awareness of child abuse increased, its size became apparent. Funds were poured into child abuse detection and Child Protective Services, although evaluation of the effects of these initiatives did not proceed at the same pace. In those early days, child abuse was conceived in pathological terms, as a problem found only in particular types of families. We now know it is more helpful to use an ecological model and in so doing to consider societal, community, family, and individual factors in interaction. As for the future, we have much to learn from areas such as: public health, where a preventive approach is emphasized; the interaction between researchers and front line workers and insights from high reliability organizations that have been so beneficial to the patient safety movement. In particular, new research about the way our environment and our experiences can influence the way our genes function may reveal new opportunities for prevention, early intervention, and treatment.

FIND IT @ CKN  https://www.ckn.org.au
3. Use of cannabis in severe childhood epilepsy and child protection considerations


**ABSTRACT:** The use of medical cannabis in chronic illness is increasingly investigated, yet little is known about its use in paediatric populations. As child protection clinicians are often asked to provide advice around whether parents' actions to give medical cannabis to their chronically ill child constitutes harm or risk of harm, a review of the evidence base is required. This systematic review explores the use of cannabis-derived products in children with seizure disorders. While a reduction in seizure activity was observed in some children, included studies were poorly designed and too small to extrapolate reliable conclusions about clinical use. Due to the lack of high-quality evidence, the use of cannabis-derived products is currently not recommended in children with seizure disorders. However, in assessing risk and harm to subject children by child protection physicians in Australia with existing State and Territory legislation, evaluation must occur on a case-to-case basis with each instance considered on its individual merits. Clinical trials addressing drug efficacy and long-term safety of cannabis-derived products are required.

**FIND IT @ CKN** [https://www.ckn.org.au](https://www.ckn.org.au)

---

**Other**

1. Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions


**ABSTRACT:** When children come to the attention of the child welfare system, they become involved in a decision-making process in which decisions are made that have a significant effect on their future and well-being. The decision to remove children from their families is particularly complex; yet surprisingly little is understood about this decision-making process. This paper presents the results of a study to develop an instrument to explore, at the caseworker level, the context of the removal decision, with the objective of understanding the influence of the individual and organizational factors on this decision, drawing from the Decision Making Ecology as the underlying rationale for obtaining the measures. The instrument was based on the development of decision-making scales used in prior decision-making studies and administered to child protection caseworkers in several states. Analyses included reliability analyses, principal components analyses, and inter-correlations among the resulting scales. For one scale regarding removal decisions, a principal components analysis resulted in the extraction of two components, jointly identified as caseworkers' decision-making orientation, described as (1) an internal reference to decision-making and (2) an external reference to decision-making. Reliability analyses demonstrated acceptable to high internal consistency for 9 of the 11 scales. Full details of the reliability analyses, principal components analyses, and inter-correlations among the seven scales are discussed, along with implications for practice and the utility of this instrument to support the understanding of decision-making in child welfare.

**FIND IT @ CKN** [https://www.ckn.org.au](https://www.ckn.org.au)
2. Caregiver-fabricated illness in a child

*Koetting, C J Forensic Nurs Ahead of print [Epub 20/04/2015].*

In October 2004, a case of caregiver-fabricated illness in a child was identified in a children’s hospital in the Midwest. This case report begins with a discussion and explanation of the various nomenclatures that have been used by the healthcare community such as Munchausen syndrome by proxy, factitious disorder by proxy, medical child abuse, and caregiver-fabricated illness in a child. A discussion of case facts is then presented, which includes key concepts that nurses should know regarding a diagnosis of caregiver-fabricated illness in a child and the interventions that should be taken.


---

Case reports

1. Delayed presentation of jejuno-jejunal fistula with stricture after physical child abuse


ABSTRACT: Small intestinal injury is seldom described in the context of child abuse. Signs and symptoms are subtle, often leading to delays in diagnosis. We describe a 3-year-old boy initially admitted with severe blunt abdominal trauma from physical child abuse. He was successfully managed nonoperatively. The child was then hospitalized several times for nonspecific abdominal symptoms until diagnostic laparoscopy discovered a jejunal stricture with a proximal jejuno-jejunal fistula. Symptoms fully resolved after resection. Delayed presentation of small intestinal injury should remain on the differential diagnosis in the evaluation of persistent abdominal symptoms in a child with a prior history of physical abuse, even if imaging studies do not reveal specific abnormalities.

Statewide Child Protection Clinical Partnership

Update

Planning continues for the 2015 Child Protection Advisor and Child Protection Liaison Officer workshop held on 18 – 19 June at the Brisbane Convention and Exhibition Centre in South Bank, with the theme:

“Igniting leadership and advocacy in child protection: Opportunities and challenges within health”.

Workshop registrations are due by 29 May 2015. If you haven’t registered yet, please email registration forms to: Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

The program will be finalised shortly – we have many very interesting sessions planned, with guest speakers from the Department of Communities, Child Safety and Disability Services (DCCSDS), several non-government organisations, Department of Health Victoria, Queensland Police Service, and of course local experts from within Queensland Health.

In addition to finalising the Workshop, the SCPCP sub-groups are re-convening and taking on fresh tasks. These groups are the key to taking forward the Partnership’s agreed strategic focus areas of Partnership Development, Clinician Engagement, Leadership, and Research and Education.

If you have any questions about the Partnership or aren’t a general member but would like to be, please email the SCPCP co-ordinator, Selina Kelly:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills

Clinical Chair
## Events

### June – July 2015

| MAY 2015 |  
|----------|----------|
| 24-27 | **National Rural Health Conference**  
NT |
| 27 | **It’s time to talk conference 2015: The impact of domestic violence on families**  
http://itstimetotalk.net.au/events/ | Bankstown  
NSW |
| 29-30 | **Early Childhood Education Conference : Together we grow, investing in our future**  
VIC |

| JUNE 2015 |  
|----------|----------|
| 10-12 | **Third International Conference of the International Childhood and Youth Network**  
Cyprus |
| 11-12 | **Positive schools - mental health and wellbeing Conference**  
NSW |
| 18-19 | **Statewide Child Protection Clinical Partnership – CPA & CPLO Annual Workshop 2015**  
Register: Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au | Brisbane  
QLD |
| 24-26 | **Suicide & Self-harm Prevention Conference**  
http://www.kochfoundation.org.au/Suicide-Prevention-Conference-2015.77.0.html | Cairns  
QLD |
| 24-26 | **Coming together for Australia's children (ARACY) Conference**  
http://www.togetherforchildren.net.au/ | Hobart  
TAS |
| 24-26 | **Third National Conference on Prevention of Child Abuse and Neglect**  
http://www.childrenwa.org.au/ | Perth  
WA |
| 29-30 | **RYDON Youth Conference: Inspiring, practical & inventive approaches to working with & engaging young people**  
NSW |

### JULY 2015

| 29-30 | **Isolated Children’s Parents Association conference**  
QLD |
References

7. Choi KW, Sikkema KJ. Childhood maltreatment and perinatal mood and anxiety disorders: a systematic review. Trauma, violence & abuse. May 17, 2015;Ahead of print [Epub 17/05/2015].


42. Sloman L, Taylor P. Impact of child maltreatment on attachment and social rank systems: introducing an integrated theory. Trauma, violence & abuse. May 6, 2015;Ahead of print [Epub 06/05/2015].


