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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.

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

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Research Update

Abusive head trauma

1. Aspects of abuse: abusive head trauma


**ABSTRACT:** Abusive Head Trauma (AHT) is a form of child physical abuse that involves inflicted injury to the brain and its associated structures. Abusive Head Trauma, colloquially called Shaken Baby Syndrome, is the most common cause of serious or fatal brain injuries in children aged 2 years and younger. The American Academy of Paediatrics recommends the term Abusive Head Trauma, as opposed to Shaken Baby Syndrome, as the former term encompasses multiple forms of inflicted head injury (inertial, contact, and hypoxic-ischemic) and a range of clinical presentations and radiologic findings and their sequelae. Children diagnosed with AHT are 5 times more likely to die compared with accidentally head-injured children, yet signs and symptoms are not always obvious, and therefore the diagnosis can be overlooked. Therefore, the American Academy of Paediatrics has tasked paediatricians with knowing how and when to begin an evaluation of children with signs and symptoms that could possibly be due to AHT. Overall, a detailed history of present illness and medical history, recognition of physical and radiological findings, and careful interpretation of retinal pathology are important aspects of formulating the differential diagnoses and increasing or decreasing the index of suspicion for AHT. [https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S1538544215000188](https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S1538544215000188)

2. Isolated linear skull fractures in children with blunt head trauma


**OBJECTIVES:** Children and adolescents with minor blunt head trauma and isolated skull fractures are often admitted to the hospital. The objective of this study was to describe the injury circumstances and frequency of clinically important neurologic complications among children with minor blunt head trauma and isolated linear skull fractures. METHODS: This study was a planned secondary analysis of a large prospective cohort study in children <18 years old with blunt head trauma. Data were collected in 25 emergency departments. We analyzed patients with Glasgow Coma Scale scores of 14 or 15 and isolated linear skull fractures. We ascertained acute neurologic outcomes through clinical information collected during admission or via telephone or mail at least 1 week after the emergency department visit. RESULTS: In the parent study, we enrolled 43 904 children (11 035 [25%] <2 years old). Of those with imaging studies, 350 had isolated linear skull fractures. Falls were the most common injury mechanism, accounting for 70% (81% for ages <2 years old). Of 201 hospitalized children, 42 had computed tomography or MRI repeated; 5 had new findings but none required neurosurgical intervention. Of 149 patients discharged from the hospital, 20 had repeated imaging, and none had new findings. CONCLUSIONS: Children with minor blunt head trauma and isolated linear skull fractures are at very low risk of evolving other traumatic findings noted in subsequent imaging studies or requiring neurosurgical intervention. Hospital admission for neurologically normal children with isolated linear skull fractures after minor blunt head trauma for monitoring is typically unnecessary. [http://pediatrics.aappublications.org/content/early/2015/03/11/peds.2014-2858.full.pdf](http://pediatrics.aappublications.org/content/early/2015/03/11/peds.2014-2858.full.pdf)
3. Bridging veins and autopsy findings in abusive head trauma.

*Rambaud, C. Pediatr Radiol* Ahead of print [Epub 20/02/2015].

ABSTRACT: Bridging veins are crucial for the venous drainage of the brain. They run as short and straight bridges between the brain surface and the superior sagittal sinus in the subdural compartment. Subdural bleeding is a marker for a traumatic mechanism (i.e., acceleration/deceleration, rotational and shearing forces due to violent shaking) causing rupture of the bridging veins. Demonstration of bridging vein rupture allows the unequivocal diagnosis of a traumatic mechanism and should therefore be a routine part of the post-mortem in cases of subdural haemorrhage. [http://www.ncbi.nlm.nih.gov/pubmed/25698365](http://www.ncbi.nlm.nih.gov/pubmed/25698365)

4. Update on abusive head trauma


OBJECTIVES: This article provides an update on abusive head trauma (AHT), focusing on new developments most salient to the emergency medicine clinician, including epidemiology, clinical recognition, diagnostic work-up, management of neurologic injury, and public health implications. RECENT FINDINGS: The recent literature has focused on honing the clinician's ability to recognize AHT and its immediate sequelae, to more accurately distinguish between abusive and accidental head injuries by patterns of neuroimaging and retinal haemorrhages, and to appreciate the long-term impacts. Specifically, both a clinical prediction rule and biomarker show promise, and new research advocates for the early identification of subclinical seizures as well as cervical spine injuries. SUMMARY: The emergency medicine provider must be able to recognize and manage children who may have AHT and to appreciate when the diagnostic findings warrant consultation with a child protection team. These authors summarize the recent and notable advances in our understanding of AHT. [http://www.ncbi.nlm.nih.gov/pubmed/25768258](http://www.ncbi.nlm.nih.gov/pubmed/25768258)

Physical abuse

1. Understanding forearm fractures in young children: Abuse or not abuse?


ABSTRACT: This retrospective study describes the characteristics and mechanisms of forearm fractures in children <18 months adding to the evidence-base about forearm fractures. It also examines which features of forearm fractures in young children may help discriminate between abusive and noninflicted injuries. Electronic medical records were reviewed for eligible patients evaluated between September 1, 2007 and January 1, 2012 at two children's hospitals in Chicago, IL. The main outcome measures were the type of fracture and the etiology of the fracture (abusive versus not abuse). The 135 included patients sustained 216 forearm fractures. Most were buckle (57%) or transverse (26%). Child protection teams evaluated 47 (35%) of the patients and diagnosed 11 (23%) as having fractures caused by abuse. Children with abusive versus non-inflicted injuries had significant differences in age (median age 7 versus 12 months), race, and presence of additional injuries. Children with abusive forearm fractures often presented without an explanation or a changing history for the injury. Children with non-inflicted forearm fractures often presented after a fall. No particular type of forearm fracture was specific for child abuse. Any forearm fracture in a young child should be evaluated with special attention to the details of the history and the presence of other injuries. Young age, additional injuries, and an absent or inconsistent explanation should increase concern that the fracture was caused by child abuse. [https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S0145213415000538](https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S0145213415000538)
Sexual abuse

1. Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up


ABSTRACT: Maternal support has been widely cited as an important predictor of children's adjustment following disclosure of sexual abuse. However, few studies have examined these effects longitudinally. The current study examines the relationships between a multidimensional assessment of maternal support rated by both mothers and children and children's adjustment in various domains (internalizing, externalizing, anger, depression, and posttraumatic stress disorder symptoms) concurrently and longitudinally. Participants were 118 mother-child dyads recruited from a Child Advocacy Center where children were determined through a forensic evaluation to be victims of sexual abuse. Child and mother ratings of maternal support and child adjustment were collected shortly after the forensic evaluation and at 9-month follow-up. Results were consistent with findings from past studies that maternal support is significantly related to children's post-disclosure adjustment and extends these findings longitudinally. Additionally, the study sheds light on differential relations between dimensions of maternal support (Emotional Support, Blame/Doubt, Vengeful Arousal, and Skeptical Preoccupation) and child adjustment and suggests the importance of using both child and mother ratings of maternal support in future research.

https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S0145213415000563

Emotional abuse & neglect

1. A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse


BACKGROUND: Interventions to minimize the long-term consequences of neglect or emotional abuse rely on prompt identification of these children. This systematic review of world literature (1947–2012) identifies features that children aged 5–14 years experiencing neglect or emotional abuse, as opposed to physical or sexual abuse, may exhibit. METHODS: Searching 18 databases, utilizing over 100 keywords, supplemented by hand searching, 13,210 articles were identified and 111 underwent full critical appraisal by two independent trained reviewers. RESULTS: The 30 included studies highlighted behavioural features (15 studies), externalizing features being the most prominent (8/9 studies) and internalizing features noted in 4/6 studies. Four studies identified attention deficit hyperactivity disorder (ADHD) associated features: impulsivity, inattention or hyperactivity. Child difficulties in initiating or developing friendships were noted in seven studies. Of 13 studies addressing emotional well-being, three highlighted low self-esteem, with a perception of external control (1), or depression (6) including suicidality (1). A negative internal working model of the mother increased the likelihood of depression (1). In assessing cognition or academic performance, lower general intelligence (3/4) and reduced literacy and numeracy (2) were reported, but no observable effect on memory (3). CONCLUSION School-aged children presenting with poor academic performance, ADHD symptomatology or abnormal behaviours warrant assessment of neglect or emotional abuse as a potential underlying cause.

2. Intervening with severely and chronically neglected children and their families: the contribution of trauma-informed approaches


ABSTRACT: Many clinicians and researchers have proposed considering child abuse and neglect from a traumatic stress perspective to better understand how they so profoundly impact child development. According to this perspective, child maltreatment (both child abuse and neglect) is viewed as a chronic interpersonal trauma which may severely interfere with normal developmental processes, often resulting in long-lasting behavioural, emotional and psychophysiological dysregulations. In this paper, we summarise theoretical and empirical literature addressing the traumatic nature of child neglect, with a specific focus on short-term consequences of neglect in childhood. We then give an overview of some key intervention elements stemming from trauma-informed approaches with traumatised children and their families.


3. Beyond CPS: Developing an effective system for helping children in “neglectful” families: Policymakers have failed to address the neglect of neglect


No abstract available.

https://www.clinicalkey.com.au/#!/content/journal/1-s2.0-S0145213415000044

Case reports

1. Munchausen syndrome by proxy: an alarming face of child abuse


ABSTRACT: Munchausen syndrome by proxy (MSBP) is emerging as a serious form of child abuse. It is an intentional production of illness in another, usually children by mothers, to assume sick role by proxy. It is poorly understood and a controversial diagnosis. Treatment is very difficult. We present a case of 9-year-old boy brought to Pt. B. D. Sharma, PGIMS, Rohtak, a tertiary care hospital in northern India by his father and paternal uncle with complaints of hematemesis since July 2012. He underwent many invasive procedures until the diagnosis of MSBP was finally considered. The examination of the blood sample confirmed the diagnosis. The child was placed under custody of his mother. The case was reported to social services, which incorporated whole family in the management.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4341319/

2. Factitious disorder-by-proxy simulating fetal growth restriction


BACKGROUND: Although a variety of presentations have been described in the literature, the true prevalence of factitious disorder, also commonly known as Munchausen syndrome, and factitious disorder-by-proxy in pregnancy is unknown. The authors present a unique case in which intrauterine fetal growth
restriction was simulated through fabrication of prenatal records. CASE: A 30-year-old woman, gravida 6 para 3113, was transferred at 38 4/7 weeks of gestation for severe fetal growth restriction. The clinic listed in the patient-provided prenatal record was contacted to obtain original ultrasonographic reports for verification of gestational age; however, further investigation revealed the patient had never attended this clinic nor was the ostensible treating physician ever employed there. The initial prenatal record subsequently was determined to be entirely fabricated. CONCLUSION: In this era of extensive technologic resources, health care providers should consider the possibility of factitious disorder when patient-provided medical record-derived information is inconsistent with the clinical presentation.

3. Urticaria pigmentosa masquerading as non-accidental injury
No abstract available.
http://adc.bmj.com/content/early/2015/03/17/archdischild-2014-307915.full.pdf

4. Factor VII deficiency presenting as a possible child abuse
Strickler, L. and J. Pierce Forensic Sci Med Pathol Ahead of print [Epub 22/03/2015].
No abstract available.
http://download.springer.com/static/pdf/754/art%253A10.1007%252Fs12024-015-9674-8.pdf?auth66=1427337374_c0f0fe7c8b018d0c561c7dea1bf1161&ext=.pdf

Outcomes

1. Over three decades of longitudinal research on the development of foster children: A meta-analysis
ABSTRACT: Large numbers of children over the world experience foster care each year. How best to satisfy their developmental needs and how to avoid placement breakdowns and negative consequences of foster care are important challenges. In this study, a series of four meta-analyses is performed to examine the longitudinal developmental outcomes of children in foster care. The focus is on adaptive functioning and behavioural outcomes. A literature search identified 11 studies suitable for inclusion in the meta-analysis on adaptive functioning (N=1,550), 24 studies for the meta-analysis on internalizing problems (N=1,984), 21 studies for the meta-analysis on externalizing problems (N=1,729) and 25 studies for the meta-analysis on total behaviour problems (N=2,523). No overall improvement or deterioration was found for adaptive functioning. However, studies with a timespan longer than one year and studies with larger sample sizes showed development toward more negative adaptive functioning than studies with shorter timespans or
smaller samples. No overall increases or decreases in internalizing, externalizing or total behavior problems were found. Based on these results, it is concluded that foster care does not negatively or positively affect foster children's developmental trajectories. Given that many children enter foster care with problems, this is a worrying situation. Further longitudinal research to find the factors necessary for improving foster children's developmental chances is recommended. Furthermore, routine screening and targeted foster-care interventions are advisable to ensure that all children, who cannot be raised by their own parents, receive the support conducive to their positive development.  

https://www.clinicalkey.com.au/#/content/journal/1-s2.0-S0145213415000484

2. Health consequences of adverse childhood experiences: A systematic review


ABSTRACT: Purpose Adverse childhood experiences (ACEs) have been associated with negative health outcomes, but the evidence has had limited application in primary care practice. The purpose of this study was to systematically review the research on associations between ACEs and adult health outcomes to inform nurse practitioners (NPs) in primary care practice. Data sources The databases PubMed, CINAHL, PsycINFO, and Social Abstracts were searched for articles published in English between 2008 and 2013 using the search term “adverse childhood experiences.” Forty-two research articles were included in the synthesis. The evidence was synthesized and is reported following the preferred reporting items for systematic reviews and meta-analysis procedure (PRISMA). Conclusions ACEs have been associated with health consequences including physical and psychological conditions, risk behaviours, developmental disruption, and increased healthcare utilization. Generalization of the results is limited by a majority of studies (41/42) measuring childhood adversity using self-report measures. Implications for practice NPs are encouraged to incorporate assessment of patients’ childhood history in routine primary care and to consider the evidence that supports a relationship between ACEs and health. Although difficult, talking about patient's childhood experiences may positively influence health outcomes.  


3. Symptom trajectories among child survivors of maltreatment: findings from the longitudinal studies of child abuse and neglect (LONGSCAN)

Lauterbach, D. and C. Armour J Abnorm Child Psychol Ahead of print [Epub 21/03/2015].

ABSTRACT: Very few studies have investigated the longitudinal trajectory of depression and anxiety related symptomatology among child victims of maltreatment or among those at risk for maltreatment. The current study examined latent class trajectories of anxiety/depression symptoms in a sample of 1354 (n = 657 boys, n = 697 girls) victimized or at risk children using data collected from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Four trajectory groups were identified labelled low-stable, moderate-stable, moderate-increasing, and high-decreasing. This study also sought to investigate predictors of group membership. Relative to the low-stable group, membership in the three more pathological groups (i.e., moderate-stable, moderate-increasing, and high-decreasing) was predicted by a greater number of maltreatment allegations, more visits to a primary care physician for psychological issues, less perceived support by primary maternal caregiver, and lower rated popularity of the child. Implications for early identification of child maltreatment victims in primary health care settings was discussed.  

Intervention & prevention

1. Effectiveness of public health practices against shaken baby syndrome/abusive head trauma in Japan

Fujiwara, T. Public Health Ahead of print [Epub 02/03/2015].

OBJECTIVES: Previous studies have demonstrated the effectiveness of educational materials on infant crying to change caregivers’ knowledge and behaviours related to shaken baby syndrome or abusive head trauma (SBS/AHT) using selected samples in randomized controlled trials. This study investigated the impact of public health practices to prevent SBS/AHT in Japan through the use of educational materials. STUDY DESIGN: Cross-sectional study. METHODS: The intervention was comprised of two parts: (1) the screening of an educational DVD at a prenatal class; and (2) the distribution of a public health pamphlet at a postnatal home visit. Expectant parents watched a DVD (The Period of PURPLE Crying) about the features of infant crying and recommended behaviours (walking away if frustrated in the event of unsoothable crying, sharing information on crying with other caregivers) at a preterm parenting class held at eight months’ gestation. A postnatal home-visit service was implemented in which a maternity nurse distributed a pamphlet to explain information about infant crying. Before the four-month health check-up, a self-administered questionnaire was distributed to assess exposure to these public health practices and outcome variables (i.e. infant crying knowledge, walk-away and information-sharing behaviours), and responses were collected at the four-month health check-up (n = 1316). The impacts of these interventions on outcome variables were analysed by comparing those exposed to both interventions, either intervention and neither intervention after adjusting for covariates. RESULTS: Crying and shaking knowledge were significantly higher among women exposed to the public health practices, with a dose-response relationship (both P < 0.001). Further, walk-away behaviour during periods of unsoothable crying was higher among the intervention group. However, sharing information about infant crying with other caregivers was less likely among the intervention group. CONCLUSIONS: The impact of educational materials in public health practice on knowledge of crying and shaking, and walk-away behaviour in Japan had a dose-response relationship; however, an increase in sharing information with other caregivers was not observed.  

2. Evaluation of All Babies Cry, a second generation universal abusive head trauma prevention program


ABSTRACT: Child maltreatment results in significant individual, family, and societal costs. This study assessed the efficacy of All Babies Cry (ABC), a media-based infant maltreatment prevention program, using a mixed-method, quasi-experimental staged evaluation design. ABC's messaging, designed and tested through a series of focus groups, provides strategies for reducing parental stress and soothing infants. Participants (n = 423) were first-time parents, 70% fathers, recruited at two hospitals. The first 211 were controls; the next 212 received ABC. Participants were interviewed 3 times: at baseline in hospital, and by telephone 5 weeks (n = 359; 85%) and 17 weeks (n = 326; 77%) later. Researchers measured parents’ perceptions, intentions, and use of strategies to calm crying and manage caregiver stress. Outcomes were based on the Strengthening Families Model and the Theory of Planned Behaviour. The intervention was well received, appears effective in improving mediators of behaviour, and may change parental behaviour. 

http://dx.doi.org/10.1002/jcop.21679
3. Enhancing child safety and well-being through pediatric group well-child care and home visitation: The Well Baby Plus Program


The focus of this article is on an innovative strengths-based child protection effort initiated in Beaufort, South Carolina, that involved working with local systems and structures. Specifically, the program was a school-health partnership that sought to modify services provided to low-resource families to improve child outcomes. The primary components of the prevention program were home visiting and group well visits (GWVs). This article describes the program and the effects of the combined approach on health care utilization, child health status, and parental competence for families with low socioeconomic status. A matched pairs analysis of 102 families (51 intervention and 51 comparison families) was conducted. WB+ families were significantly more likely to attend all scheduled well-child visits (65% vs. 37%) and to be fully immunized (98% vs. 82%) than matched families who received traditional pediatric care. Intervention families had significantly greater recall of anticipatory guidance on safety (65% vs. 41%) and had greater satisfaction with care. Intervention infants were also noted to be statistically less likely to be overweight at 15 months of age (8% vs. 24%). The study demonstrated benefits on child health and parenting competence among families with low socioeconomic status. Implications for practice are discussed.

https://www.clinicalkey.com.au#!/content/journal/1-s2.0-S0145213415000095

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**Child protection professionals**

1. Female genital mutilation: what every paediatrician should know

*Creighton, S. M. and D. Hodes Arch Dis Child Ahead of print [Epub 19/03/2015].*

Female genital mutilation (FGM) is almost always performed on children and consequently paediatricians should have a central role in the detection and prevention of FGM. FGM has no health benefits and can cause lifelong damage to physical and psychological health. Extensive migration of FGM practising communities means that FGM is now a global problem. Paediatricians worldwide need to be familiar with the identification and classification of FGM and its impact upon health as well as current trends in practice. However information about FGM is hampered by the secrecy surrounding the procedure and a lack of rigorous evidence based research. This review summarises what is currently known about the health aspects of FGM and how paediatricians should manage children with FGM in their clinical practice.

http://adc.bmj.com/content/early/2015/03/19/archdischild-2014-307234.full.pdf

2. Diagnostic criteria for cutaneous injuries in child abuse: classification, findings, and interpretation

*Tsokos, M. "Forensic Sci Med Pathol Ahead of print [Epub 15/03/2015].*

**ABSTRACT:** Physical abuse of children has many manifestations. Depending on the type of force involved, specific injury patterns are produced on the body of the child, the morphology and localization of which are forensically relevant in terms of diagnostic classification as child abuse. Typical patterned bruising includes, for example, tramline bruises resulting from blows with oblong, stick-like objects. In addition to rounded or
one-sided horseshoe-shaped bite injuries, injuries of different ages, clustered injuries (e.g., three or more individual injuries in the same body region), and thermal injuries are typical results of abuse. Abusive scalds are usually characterized by a symmetrical impression and localization with sharp delineation of the scald wound edges, in contrast to accidental scalding injuries with radiating splash patterns ending in tapered points. The coloration of a hematoma can help indicate the time when the injury occurred. Lack of a coherent and comprehensible explanation for accidental injury constitutes grounds for suspecting abuse. Suspicions should be raised in cases of a delayed visit to a doctor, waiting for an unusually long period before summoning emergency medical help for serious injuries to a child, and when differing versions of a purported accident are provided. Documentation of the findings is highly relevant in later reviews of the diagnosis, for instance, when new relevant facts and investigative results come to light in subsequent criminal proceedings.


Reviews & guidelines

No papers in this section.

Other

1. Evaluating the child abuse and neglect institute: does training affect decision-making?


ABSTRACT: Traditionally, training evaluations have focused on participants’ satisfaction and self-reported knowledge gain. The current study uses a different approach to evaluate the Child Abuse and Neglect Institute (CANI), a training program designed to educate judicial officers on best practices in child abuse and neglect cases. CANI participants were asked to review a case scenario and render decisions about the case before and after the trains. Findings suggest CANI has several positive impacts on judicial decision-making, including an increased willingness to engage the father, an increased focus on the child, and increased motivation to comply with the Indian Child Welfare Act. http://dx.doi.org/10.1111/jfcj.12023

2. Placement characteristics and stability: a longitudinal analysis of Norwegian children in foster homes

Angel, B. Ø. and M. Blekesaune Child Fam Soc Work Ahead of print [Epub 03/03/2015].

ABSTRACT: This paper investigates how enhanced support for foster parents, such as covering fees and providing consultants and relief, may reduce the number of replacements experienced by children in foster care. It also investigates the extent to which replacements are associated with family (kin) vs. non-family foster parents, or with legal characteristics of the placement (i.e. forced administrative decisions vs. relief measures agreed upon by the parents). Statistical analyses of administrative data from Norway investigated the longitudinal relationships between these characteristics and the number of replacements at two levels – children (N = 16,109) and municipalities (N = 418) – over 5 years (2007–2011). The results reveal modest associations between enhanced support and fewer replacements; for example, replacement rates are lower.
for children placed in homes of kin than in non-family homes. Replacements also tend to be fewer when the placement is forced rather than consensual.  


3. The development and validation of the Youth Actuarial Care Needs Assessment Tool for Non-Offenders (Y-ACNAT-NO)


BACKGROUND: In The Netherlands, police officers not only come into contact with juvenile offenders, but also with a large number of juveniles who were involved in a criminal offense, but not in the role of a suspect (i.e., juvenile non-offenders). Until now, no valid and reliable instrument was available that can be used by Dutch police officers for estimating the risk for future care needs of juvenile non-offenders. In the present study, the Youth Actuarial Care Needs Assessment Tool for Non-Offenders (Y-ACNAT-NO) was developed for predicting the risk for future care needs that consisted of (1) a future supervision order as imposed by a juvenile court judge and (2) future worrisome incidents involving child abuse, domestic violence/strife, and/or sexual offensive behaviour at the juvenile's living address (i.e., problems in the child-rearing environment).

METHODS: Police records of 3,200 juveniles were retrieved from the Dutch police registration system after which the sample was randomly split in a construction (n = 1,549) and validation sample (n = 1,651). The Y-ACNAT-NO was developed by performing an Exhaustive CHAID analysis using the construction sample. The predictive validity of the instrument was examined in the validation sample by calculating several performance indicators that assess discrimination and calibration. RESULTS: The CHAID output yielded an instrument that consisted of six variables and eleven different risk groups. The risk for future care needs ranged from 0.06 in the lowest risk group to 0.83 in the highest risk group. The AUC value in the validation sample was .764 (95% CI [.743, .784]) and Sander's calibration score indicated an average assessment error of 3.74% in risk estimates per risk category. CONCLUSIONS: The Y-ACNAT-NO is the first instrument that can be used by Dutch police officers for estimating the risk for future care needs of juvenile non-offenders. The predictive validity of the Y-ACNAT-NO in terms of discrimination and calibration was sufficient to justify its use as an initial screening instrument when a decision is needed about referring a juvenile for further assessment of care needs.  

http://www.biomedcentral.com/content/pdf/s12888-015-0421-1.pdf

4. Is exposure to secondhand smoke child abuse? Yes


No abstract available.

http://www.annfammed.org/content/13/2/103.full.pdf

5. Is exposure to secondhand smoke child abuse? No


No abstract available.

http://www.annfammed.org/content/13/2/105.full.pdf
Statewide Child Protection Clinical Partnership

Update

March has been a busy month behind the scenes for the Statewide Child Protection Clinical Partnership (SCPCP). Following the planning morning for Steering Committee members, a draft Operational Plan has been developed incorporating the four strategic focus areas:

1. Partnership Development
2. Clinician Engagement
3. Leadership
4. Research and Education

SCPCP members will be invited to participate in a range of activities to operationalize these areas and work towards achieving positive outcomes in child protection across Health. In addition to developing the Operational Plan, a Member Engagement Strategy has been endorsed by the Steering Committee and our Terms of Reference are under review.

Hopefully you will have seen the information distributed to all CPU mailboxes about the upcoming CPA-CPLO Workshop on 18 and 19 June 2015 at the Brisbane Convention and Exhibition Centre. The focus of the Workshop is: “Igniting leadership and advocacy in child protection: Opportunities and challenges within health.”

The Partnership is looking forward to co-ordinating an informative and challenging program for the workshop and as always, welcomes participation and presentations from members across the State. If you have a topic you would like to present, please complete the Call for Abstracts form that was distributed or email: Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au by 30 April 2015. Registration forms can also be sent to this address.

There has been a stark reminder of the ways in which child protection interfaces with many aspects of health service delivery with the deaths of two children in Queensland in the last week due to violence. All clinicians have a duty of care to support the safety of children and young people accessing health services, or who have parents accessing health services. We also have a role to provide leadership and influence others to be aware of the importance of safeguarding practice, including the ways in which support from designated child protection staff can be accessed.

If you have any questions about the Partnership or aren't a general member, but would like to be, please email Selina Kelly, Co-ordinator:
Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

I hope you have a safe and happy Easter.

Dr Ryan Mills
Clinical Chair
## Events

### April – May 2015

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<th>April 2015</th>
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<td><strong>10-11</strong></td>
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| **Australian Psychological Society College of Health Psychologists Conference**  
| **BAPSCAN Conference**  
| **Children’s Welfare League of America**  
| **Positive schools - mental health and wellbeing Conference**  
| **Carers NSW Conference**  
| **Early Childhood Education Conference : Together we grow, investing in our future**  

**Coogee NSW**  
**Edinburgh SCO**  
**Arlington USA**  
**Adelaide ACT**  
**Melbourne VIC**  
**Brisbane QLD**  
**Sydney NSW**  
**Darwin NT**  
**Caulfield VIC**
References


https://www.clinicalkey.com.au/#/content/journal/1-s2.0-S0145213415000484


58. Zhao, H., et al., *Brain area-related neurological soft signs in depressive patients with different types of childhood maltreatment*. Asia Pac Psychiatry. Ahead of print [Epub 14/01/2015].