Table of contents

Introduction ................................................................................................................................. 5

Research Update .......................................................................................................................... 1

Abusive head trauma .................................................................................................................. 1
  1. Risk factors associated with retinal hemorrhage in suspected abusive head trauma .......... 1
  2. Recent progress and future issues in the management of abusive head trauma ................. 1

Physical abuse ........................................................................................................................... 2
  1. Prevention of violence against women and girls: what does the evidence say? ................. 2
  2. Frequency of skeletal injuries in children with inflicted burns ............................................. 2
  3. Prevention of violence against women and girls: lessons from practice ......................... 3

Sexual abuse ............................................................................................................................. 3
  1. Sexual offending runs in families: A 37-year nationwide study ......................................... 3
  2. Anal lesions presenting in a cohort of child gastroenterological examinations. Implications for
     sexual traumatic injuries ........................................................................................................ 4

Emotional abuse & neglect ....................................................................................................... 4
  1. The moderating effect of relationships on intergenerational risk for infant neglect by young
     mothers .................................................................................................................................... 4
  2. Why have we made neglect so complicated? Taking a fresh look at noticing and helping the
     neglected child ......................................................................................................................... 5
  3. Children neglected: Where cumulative risk theory fails ....................................................... 5

Case reports ................................................................................................................................ 6
  1. Amitriptyline poisoning of a baby: How informative can hair analysis be? ......................... 6

Outcomes .................................................................................................................................. 6
  1. Beyond morbidity and mortality: The social and legal outcomes of non-accidental trauma ......................................................................................................................... 6
  2. Aspects of abuse: consequences of childhood victimization ................................................. 7
  3. Long-term placement trajectories of children who were maltreated and entered the child
     welfare system at an early age: consequences for physical and behavioral well-being .......... 7

Intervention & prevention ......................................................................................................... 8
  1. Barriers and facilitators to delivering effective mental health practice strategies for youth and
     families served by the child welfare system ........................................................................... 8
  2. The effect of VoorZorg, the Dutch nurse-family partnership, on child maltreatment and
     development: A randomized controlled trial ........................................................................ 8
  3. School-based education programmes for the prevention of child sexual abuse .................. 9
  4. School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial10

Child protection professionals .................................................................................................. 11
  1. Attorneys’ questions and children’s productivity in child sexual abuse criminal trials .......... 11

Reviews & guidelines ............................................................................................................... 11
  1. The burden of child maltreatment in China: a systematic review ........................................ 11

Other ....................................................................................................................................... 12
  1. Contribution of in utero drug exposure when interpreting hair results in young children ....... 12
  2. Time till death study: How soon after “first contact” is a non-biologically related male likely to
     kill his partners child? .............................................................................................................. 13
  3. Legal permanency isn’t everything: readdressing the need for well-being indicators in child
     protection courts ..................................................................................................................... 13

Statewide Child Protection Clinical Partnership ....................................................................... 14

Update ..................................................................................................................................... 14
Events................................................................................................................................. 15
May – June 2015 ................................................................................................................ 15
References .......................................................................................................................... 16
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.

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Research Update

Abusive head trauma

1. Risk factors associated with retinal hemorrhage in suspected abusive head trauma


OBJECTIVES: To determine risk factors associated with retinal haemorrhage (RH) in paediatric abusive head trauma (AHT) suspects. METHODS: Records of children aged 0-3 years hospitalized for suspected AHT from January 2007 to November 2011 were retrospectively reviewed in this case-control study. Children were classified into case and control groups based on RH presence. Medical history, presenting symptoms, reasons, and characteristics of injury were recorded. Logistic regression analysis was performed to identify risk factors. RESULTS: A total of 168 children (104 males) were included. Of these, 103 were classified as cases and 65 as controls. The mean age (with standard deviation) was 9.3 +/- 8.3 months (range, 1 day-36 months). Of the 103 cases, 22 (21%) had subretinal haemorrhage, 9 (9%) had retinoschisis, and 1 (1%) had vitreous haemorrhage. Children presenting with lethargy or altered mental status (P<0.0001), subdural haemorrhage (P<0.0001), and other radiologic findings (e.g., cerebral ischemia, diffuse axonal injury, hydrocephalus, or solid organ injury; P = 0.01546) were likely to have RH. All 23 children with skull or non-skull fracture without intracranial haemorrhage did not have RH (P<0.0001 both categories). CONCLUSIONS: Retinal haemorrhages were almost never found in the absence of intracranial haemorrhage and not found in the setting of fracture without intracranial haemorrhage.

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2. Recent progress and future issues in the management of abusive head trauma

Nishimoto, H. Neurol Med Chir (Tokyo) Ahead of print [Epub 23/03/2015].

ABSTRACT: Head trauma is the leading cause of death in child abuse cases and one of the important issues in the care of abused children. Since the Child Abuse Prevention Law was enforced in 2000 in Japan, various measures have been taken to prevent child abuse over the following decade. Accordingly, medical research on abusive head trauma (AHT) has advanced, leading to significant progress in the medical diagnosis of AHT. This progress has been brought about by (1) the widespread establishment of child protection teams (CPTs) at core hospitals, (2) the progress in neuroradiological imaging and ophthalmoscopic technologies, and (3) the introduction of postmortem imaging. However, the pathological condition of patients with AHT, particularly that of the diffuse brain swelling type, still remains poorly understood. As a result, no clear treatment strategies for AHT have been developed and no treatment outcomes have been improved to date. The development of new treatment strategies for AHT and the construction of a comprehensive database that supports clinical studies are required in the future.

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Physical abuse

1. Prevention of violence against women and girls: what does the evidence say?


**ABSTRACT:** In this Series paper, we review evidence for interventions to reduce the prevalence and incidence of violence against women and girls. Our reviewed studies cover a broad range of intervention models, and many forms of violence—i.e., intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage. Evidence is highly skewed towards that from studies from high-income countries, with these evaluations mainly focusing on responses to violence. This evidence suggests that women-centred, advocacy, and home-visitation programmes can reduce a woman's risk of further victimisation, with less conclusive evidence for the preventive effect of programmes for perpetrators. In low-income and middle-income countries, there is a greater research focus on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic timeframes. Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour. Further investment in intervention design and assessment is needed to address evidence gaps.

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2. Frequency of skeletal injuries in children with inflicted burns


**BACKGROUND:** It is estimated that inflicted burn injuries in physically abused children occur with a prevalence of approximately 6-20%. Identification of burns of a nonaccidental nature is oftentimes difficult. Underlying skeletal injuries in abusive environments are often overshadowed by the acute burn injury. **OBJECTIVE:** We assessed the prevalence of inflicted burns and the frequency of associated skeletal injuries in a population from a large children's hospital. **MATERIALS AND METHODS:** From a database of nearly 3,000 children who were assessed for possible abuse from 1997 to 2012, we identified 142 children with burn injuries. We included only those who had undergone skeletal surveys as part of the diagnostic workup. The final diagnosis, based on the burn, was categorized as nonaccidental, accidental or indeterminate by a child abuse pediatrician. We excluded children with no skeletal survey (n = 18), children in whom the final diagnosis could not be found (n = 6), and other conditions misdiagnosed as burn (n = 6). The resulting cohort consisted of 112 children. **RESULTS:** Of the 112 children with burns, 54 were girls and 58 boys with ages ranging from 1 month to 110 months, mean age of 15 months. Forty-five (40%) were determined to be nonaccidental, 36 (32%) were indeterminate and 31 (28%) accidental. The most common causative mechanism was scalding and the most common location was the perineum and lower extremity in all three diagnostic categories. Skeletal surveys were positive for fractures in 15/45 (33%) of the nonaccidental group; 2/36 (6%) in the indeterminate group, and 0/29 (0%) in the accidental group. Fractures in the nonaccidental group included healing rib fractures in seven, classic metaphyseal lesions in three, healing shaft fractures in six, skull fracture in one and clavicle fracture in two children. Fractures in the indeterminate group included shaft fractures in two, one of which was healing. **CONCLUSION:** Intentional burns in children appear to be
more common than previously known, occurring in 40% of the children in our series, a greater percentage than has been reported in the literature. In addition, nearly one-third of these children with inflicted burns had associated skeletal injuries, most commonly healing rib fractures. Thus young children with concern for nonaccidental burns should undergo a skeletal survey. 


3. Prevention of violence against women and girls: lessons from practice

ABSTRACT: This Series paper describes programming to prevent violence against women and girls, and emphasises the importance of systematic, sustained programming across the social ecology (ie, the delicate equilibrium of interacting social, institutional, cultural, and political contexts of people’s lives) to transform gender-power inequalities. Effective prevention policy and programming is founded on five core principles: first, analysis and actions to prevent violence across the social ecology (individual, interpersonal, community, and societal); second, intervention designs based on an intersectional gender-power analysis; third, theory-informed models developed on the basis of evidence; fourth, sustained investment in multisector interventions; and finally, aspirational programming that promotes personal and collective thought, and enables activism on women's and girls' rights to violence-free lives. Prevention programming of the future will depend on all of us having a vision of, and a commitment to, gender equality to make violence-free lives for women and girls a reality.

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Sexual abuse

1. Sexual offending runs in families: A 37-year nationwide study

BACKGROUND: Sexual crime is an important public health concern. The possible causes of sexual aggression, however, remain uncertain. METHODS: We examined familial aggregation and the contribution of genetic and environmental factors to sexual crime by linking longitudinal, nationwide Swedish crime and multigenerational family registers. We included all men convicted of any sexual offence (N = 21 566), specifically rape of an adult (N = 6131) and child molestation (N = 4465), from 1973 to 2009. Sexual crime rates among fathers and brothers of sexual offenders were compared with corresponding rates in fathers and brothers of age-matched population control men without sexual crime convictions. We also modelled the relative influence of genetic and environmental factors to the liability of sexual offending. RESULTS: We found strong familial aggregation of sexual crime [odds ratio (OR) = 5.1, 95% confidence interval (CI) = 4.5-5.9] among full brothers of convicted sexual offenders. Familial aggregation was lower in father-son dyads (OR = 3.7, 95% CI = 3.2-4.4) among paternal half-brothers (OR = 2.1, 95% CI = 1.5-2.9) and maternal half-brothers (OR = 1.7, 95% CI = 1.2-2.4). Statistical modelling of the strength and patterns of familial aggregation suggested that genetic factors (40%) and non-shared environmental factors (58%) explained the liability to offend sexually more than shared environmental influences (2%). Further, genetic effects tended to be weaker for rape of an adult (19%) than for child molestation (46%). CONCLUSIONS: We report strong evidence of familial clustering of sexual offending, primarily accounted for by genes rather than shared
environmental influences. Future research should possibly test the effectiveness of selective prevention efforts for male first-degree relatives of sexually aggressive individuals, and consider familial risk in sexual violence risk assessment.

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2. Anal lesions presenting in a cohort of child gastroenterological examinations. Implications for sexual traumatic injuries


**ABSTRACT:** The purpose of this study was to describe the anal lesions found in children during a pediatric gastroenterology consultation when the reason for the complaint was related to a digestive disease. This prospective descriptive study included 100 children under 15 years of age over a 13-month period, consulting due to digestive symptoms. The children were under 8 years old (90%) and 25% were under 3.1 years old. Constipation was the most frequent reason for consultation (69%). Fifty-one anal lesions were observed, of which 58.8% were anal fissures, 15.7% were skin tags and 5.8% were venous congestions related to straining. Anal fissures and skin tags were located at the median line, according to the clock-face method in supine position. No child had more than two anal lesions. No anal dilatation, sphincter hypotonia, anal scars, anal lacerations or bruises were found. The two most common anal lesions were anal fissures and skin tags. These anal lesions were mainly observed at the median line and were due to constipation. No cases of multiple anal lesions were found in terms of common digestive diseases.

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Emotional abuse & neglect

1. The moderating effect of relationships on intergenerational risk for infant neglect by young mothers

Bartlett, J. D. and M. A. Easterbrooks **“Child Abuse Negl Ahead of print [Epub 27/03/2015].**

Infant neglect is the form of child maltreatment that occurs most often, yet has been least amenable to prevention. A maternal history of childhood maltreatment is a potent risk factor for child neglect, yet most maltreated mothers break intergenerational cycles of child abuse and neglect. Little is known about what protective factors support discontinuity in intergenerational transmission. This study examined whether certain factors (positive childhood care, older maternal age, social support) buffer intergenerational risk for neglect among the infants of young mothers, a population at high risk of being victimized. For young mothers in the sample (<21 years at birth; n=447), the effect of a maternal history was assessed separately for different maltreatment types according to data on substantiated reports from Child Protective Services. Early risk for neglect was assessed using maternal self-report of parenting empathy. The results revealed that both infants and their mothers experienced neglect more often than any other maltreatment type. However, approximately 77% of maltreated mothers broke the cycle with their infants (<30 months). Maternal age moderated the relation between a maternal history of neglect and infant neglect, and social support moderated the relation between childhood neglect and maternal empathy. Neglected mothers had considerably higher levels of parenting empathy when they had frequent access to social support than when
they had less frequent support, whereas the protective effect of social support was not nearly as strong for nonmaltreated mothers. Study findings highlight resilience in parenting despite risk for infant neglect, but underscore the context specificity of protective processes.

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2. Why have we made neglect so complicated? Taking a fresh look at noticing and helping the neglected child


ABSTRACT: The experience of chronic neglect is extremely harmful to children's physical, emotional, cognitive and behavioural development. As an area of research it has been traditionally described as neglected, and as an arena of practice it is viewed as complex and intractable. Over the last few decades, however, there has been a body of evidence building up to help with the understanding of the impact of neglect upon children and to guide intervention. This paper draws on experience as a researcher in the field to present some thoughts on our current understanding of neglect, and how we can move forward with more appropriate responses. It argues that existing evidence is not being used to best effect and that current protective systems, like those in the UK, are still struggling to provide an effective response to neglected children. The language of neglect has become over-complicated and the systems and processes for assessment, planning and intervention are mired in bureaucracy. Some of these complexities are explored in more detail and a model is proposed that would support a more direct and straightforward response to children whose needs are not being met.

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3. Children neglected: Where cumulative risk theory fails


ABSTRACT: Neglected children, by far the majority of children maltreated, experience an environment most deficient in cognitive stimulation and language exchange. When physical abuse co-occurs with neglect, there is more stimulation through negative parent-child interaction, which may lead to better cognitive outcomes, contrary to Cumulative Risk Theory. The purpose of the current study was to assess whether children only neglected perform worse on cognitive tasks than children neglected and physically abused. Utilizing LONGSCAN archived data, 271 children only neglected and 101 children neglected and physically abused in the first four years of life were compared. The two groups were assessed at age 6 on the WPPSI-R vocabulary and block design subtests, correlates of cognitive intelligence. Regression analyses were performed, controlling for additional predictors of poor cognitive outcome, including socioeconomic variables and caregiver depression. Children only neglected scored significantly worse than children neglected and abused on the WPPSI-R vocabulary subtest (p=0.03). The groups did not differ on the block design subtest (p=0.4). This study shows that for neglected children, additional abuse may not additively accumulate risk when considering intelligence outcomes. Children experiencing only neglect may need to be referred for services that address cognitive development, with emphasis on the linguistic environment, in order to best support the developmental challenges of neglected children.

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Case reports

1. Amitriptyline poisoning of a baby: How informative can hair analysis be?


**ABSTRACT:** We reported a case of a 6-month-old baby girl who was hospitalized in the pediatric emergency for central nervous system disorders then coma. Toxicology analysis showed the presence of amitriptyline (AMI) and its metabolite nortriptyline (NOR) in blood and urine of the baby. Additional investigations suggested a shaken baby syndrome. Given the family context, a judge ordered hair tests for both the child and his parents to document drug exposure. A liquid chromatography tandem mass spectrometric (LC-MS/MS) method was then developed to quantify AMI and NOR in hair. After decontamination and segmentation, 20mg of hair was incubated overnight at 55 degrees C in methanol (MeOH). The LC-MS/MS method used an online solid phase extraction and the analysis was performed using two transitions per compound. The LOQ and LOD for the two compounds were estimated at 0.0075ng/mg and 0.005ng/mg respectively. All hair segments tested for both parents were negative. For the baby two strands of hair were collected one day after the acute intoxication for the first and 5 weeks later for the second. The first strand was not decontaminated before analysis to avoid losing specimen. The high and relatively homogenous concentrations of AMI (with a range of value from 6.65 to 9.69ng/mg) and NOR (with a range of value from 7.12 to 8.96ng/mg) measured suggested that contamination could have occurred. The analysis of the second strand after decontamination allowed to detect AMI and NOR in all hair segments. The obtained values varied between 0.54 and 1.41ng/mg for AMI and between 1.26 and 4.00ng/mg for NOR. These results supported the hypothesis of a chronic exposure during several months before hair collection with regular increase. However a single overdose could not be totally excluded. The interpretation of results must take into account the pharmacological and physiological parameters of hair of the children.

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Outcomes

1. Beyond morbidity and mortality: The social and legal outcomes of non-accidental trauma


**BACKGROUND:** Abusive head trauma (AHT) is a significant cause of morbidity and mortality in the pediatric population. We aimed to assess the social and legal outcomes of AHT and determine if the rates of successful prosecution have changed over recent years. **METHODS:** We utilized the trauma database at a single institution to identify all cases of AHT during two time periods: 1996-2001 and 2006-2010 then collected data from the Child Advocacy and Protection Team database. We characterized the social and legal outcomes and compared them between the two cohorts. **RESULTS:** A total of 254 patients (120 historic and 134 modern cohort) were included. Mortality rate was 19.7% and did not differ between the two cohorts. Thirty-seven percent of patients were discharged to foster care, this rate did not change across the two time periods. Suspected perpetrators pled guilty or were found guilty in only 74 cases (29%). However, when a case involved a fatality, perpetrators pled or were found guilty more often than in cases of a non-fatality (50 vs. 21.5%; p=0.0001). **CONCLUSIONS:** AHT results in fatality in approximately 1 in 5 cases, perpetrators are...
identified and found guilty in only 29% of the cases. Trauma surgeons need to be strong advocates for these vulnerable patients and actively participate in legal proceedings.

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2. Aspects of abuse: consequences of childhood victimization


ABSTRACT: Childhood maltreatment is unfortunately a common occurrence in the United States, affecting 1 in 8 children annually. The consequences of maltreatment can be considerable, and exact a heavy toll on the individual, family, and society. Child abuse and neglect can cause permanent, heritable changes in the body's response to stress, which in turn inflicts profound changes in the developing brain. While these changes allow a child to contend with a neglectful, chaotic, or possibly violent environment, they strongly influence an individuals' behavioural, educational, physical, and mental functioning and well-being throughout his/her lifetime, long after the maltreatment has ended. As the adverse childhood experiences (ACE) studies clearly demonstrate, adult survivors of maltreatment experience significant health harms that can cause significant morbidity and contribute to early death. Further, the lifetime economic cost to society of childhood maltreatment is estimated to be $124 billion dollars. The study of resilient individuals who appear to suffer fewer negative consequences of their maltreatment offers insights into possible interventions for clinical practice as well as advocacy and public policy opportunities that would begin to lessen the significant burdens of childhood maltreatment.

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3. Long-term placement trajectories of children who were maltreated and entered the child welfare system at an early age: consequences for physical and behavioral well-being


OBJECTIVES: This study aimed to identify children's long-term placement trajectories following early child welfare involvement and the association of these trajectories with subsequent physical and behavioural well-being. METHOD: Participants were 330 children who entered out-of-home care following a substantiated report of child abuse or neglect during infancy/early childhood and their caregivers. Participants were interviewed at child ages 4 and 12 years to assess children's physical and behavioural well-being and every 2 years in between to determine child placements. RESULTS: Latent Class Analyses identified four stable placement trajectories (i.e., adopted [32%], kinship care [15%], stable reunified [27%], and stable foster care [9%]), and two unstable trajectories (i.e., disrupted reunified [12%] and unstable foster care [5%]). Logistic regressions revealed that children in the unstable trajectories had significantly poorer physical and behavioural well-being than children in stable trajectories. CONCLUSIONS AND RELEVANCE: Maltreated children placed in out-of-home care are at risk for long-term placement instability and poorer physical and behavioural well-being. http://www.ncbi.nlm.nih.gov/pubmed/25834181
Intervention & prevention

1. Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system


ABSTRACT: While the gap between need for and access to mental health services is well documented among children of colour in foster care, little is known about why they are sustained. To illuminate barriers of service delivery, thirty-six caseworkers participated in one of five focus group meetings in a large urban Mid-Atlantic City. Ground Theory Methods revealed that there are barriers and facilitators at the macro, meso, and micro practice orientations. At the macro-level, development of effective practice strategies and proximity to effective services are likely to influence dissemination of effective practices. Secondly, at the meso-level, job support is needed to facilitate awareness, but for case managers to feel supported, they need effective training and opportunities to facilitate interagency collaboration. Finally, at the micro-level, cultural competence largely impacts implementation of effective practices. However, increased awareness around the social ills of stigma and the salience of “insider work” are needed to increase cultural competence. A “downstream” effect in which there are numerous barriers identified at the macro level has a direct negative impact on organizational capacity and readiness to deliver and engage youth and families in mental health services served by the child welfare system. Findings underscore the need for child welfare agencies to build supports at the macro, meso, and micro practice levels to ameliorate mental health service disparities.

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2. The effect of VoorZorg, the Dutch nurse-family partnership, on child maltreatment and development: A randomized controlled trial


BACKGROUND: Child maltreatment is a great public health concern that has long-term mental and physical health consequences and can result in death. We studied the effect of a nurse home visiting program on child maltreatment among young disadvantaged families in the Netherlands. This study is the first to investigate the effects of this program outside of the United States. METHODS: We conducted a single blind, parallel-group, randomized controlled trial that compared usual care with the nurse home visitation program, which began during pregnancy and continued until the children's second birthdays, in 460 disadvantaged women who were pregnant for the first time and <26 years of age. The primary outcome was the existence of a report about the child from a child protecting services agency (CPS reports). Secondary outcome measures included home environment and child behaviour. RESULTS: Two hundred twenty-three participants were assigned to the control group, and 237 were assigned to the intervention group. Three years after birth, 19% of the children in the control group had a CPS report. The 11 percent of children in the intervention group with CPS files was significantly lower (relative risk 0.91, p-value 0.04). At 24 months, the intervention group scored significantly better on the IT-HOME. At 24 months after birth, the children in the intervention group exhibited a significant improvement in internalizing behaviour (relative risk 0.56, p-value 0.04) but no evidence of a difference from the control group in externalizing behaviour (relative risk 0.71, p-value 0.12). CONCLUSION: The number of CPS reports for the intervention group was significantly lower than that of the
control group. Additionally, the long-term home environments were improved and internalizing behaviours of the children were lower in the intervention group.

3. School-based education programmes for the prevention of child sexual abuse


BACKGROUND: Child sexual abuse is a significant global problem in both magnitude and sequelae. The most widely used primary prevention strategy has been the provision of school-based education programmes. Although programmes have been taught in schools since the 1980s, their effectiveness requires ongoing scrutiny. OBJECTIVES: To systematically assess evidence of the effectiveness of school-based education programmes for the prevention of child sexual abuse. Specifically, to assess whether: programmes are effective in improving students' protective behaviours and knowledge about sexual abuse prevention; behaviours and skills are retained over time; and participation results in disclosures of sexual abuse, produces harms, or both. SEARCH METHODS: In September 2014, we searched CENTRAL, Ovid MEDLINE, EMBASE and 11 other databases. We also searched two trials registers and screened the reference lists of previous reviews for additional trials. SELECTION CRITERIA: We selected randomised controlled trials (RCTs), cluster-RCTs, and quasi-RCTs of school-based education interventions for the prevention of child sexual abuse compared with another intervention or no intervention. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed the eligibility of trials for inclusion, extracted data, and assessed risk of bias. We summarised data for six outcomes: protective behaviours; knowledge of sexual abuse or sexual abuse prevention concepts; retention of protective behaviours over time; retention of knowledge over time; harm; and disclosures of sexual abuse. MAIN RESULTS: This is an update of a Cochrane Review that included 15 trials (up to August 2006). We identified 10 additional trials for the period to September 2014. We excluded one trial from the original review. Therefore, this update includes a total of 24 trials (5802 participants). We conducted several meta-analyses. More than half of the trials in each meta-analysis contained unit of analysis errors. 1. Meta-analysis of two trials (n = 102) evaluating protective behaviours favoured intervention (odds ratio (OR) 5.71, 95% confidence interval (CI) 1.98 to 16.51), with borderline low to moderate heterogeneity (Chi² = 1.37, df = 1, P value = 0.24, I² = 27%, Tau² = 0.16). The results did not change when we made adjustments using intraclass correlation coefficients (ICCs) to correct errors made in studies where data were analysed without accounting for the clustering of students in classes or schools. 2. Meta-analysis of 18 trials (n = 4657) evaluating questionnaire-based knowledge favoured intervention (standardised mean difference (SMD) 0.61, 95% CI 0.45 to 0.78), but there was substantial heterogeneity (Chi² = 104.76, df = 17, P value < 0.00001, I² = 84%, Tau² = 0.10). The results did not change when adjusted for clustering (ICC: 0.1 SMD 0.66, 95% CI 0.51 to 0.81; ICC: 0.2 SMD 0.63, 95% CI 0.50 to 0.77). 3. Meta-analysis of 11 trials (n = 1688) evaluating vignette-based knowledge favoured intervention (SMD 0.45, 95% CI 0.24 to 0.65), but there was substantial heterogeneity (Chi² = 34.25, df = 10, P value < 0.00002, I² = 71%, Tau² = 0.08). The results did not change when adjusted for clustering (ICC: 0.1 SMD 0.53, 95% CI 0.32 to 0.74; ICC: 0.2 SMD 0.60, 95% CI 0.31 to 0.89). 4. We included four trials in the meta-analysis for retention of knowledge over time. The effect of intervention seemed to persist beyond the immediate assessment (SMD 0.78, 95% CI 0.38 to 1.17; I² = 84%, Tau² = 0.13, P value = 0.0003; n = 956) to six months (SMD 0.69, 95% CI 0.51 to 0.87; I² = 25%; Tau² = 0.01, P value = 0.26; n = 929). The results did not change when adjustments were made using ICCs. 5. We included three studies in the meta-analysis for adverse effects (harm) manifesting as child anxiety or fear. The results showed no increase or decrease in anxiety or fear in intervention participants (SMD -0.08, 95% CI -0.22 to 0.07; n = 795) and there was no heterogeneity (I² = 0%, P value = 0.79; n = 795). The results did not change when adjustments were made using ICCs.
Disclosure of previous or current sexual abuse. The results favoured intervention (OR 3.56, 95% CI 1.13 to 11.24), with no heterogeneity (I(2) = 0%, P value = 0.84). However, adjusting for the effect of clustering had the effect of widening the confidence intervals around the OR (ICC: 0.1 OR 3.04, 95% CI 0.75 to 12.33; ICC: 0.2 OR 2.95, 95% CI 0.69 to 12.61). Insufficient information was provided in the included studies to conduct planned subgroup analyses and there were insufficient studies to conduct meaningful analyses. The quality of evidence for all outcomes included in the meta-analyses was moderate owing to unclear risk of selection bias across most studies, high or unclear risk of detection bias across over half of included studies, and high or unclear risk of attrition bias across most studies. The results should be interpreted cautiously. AUTHORS' CONCLUSIONS: The studies included in this review show evidence of improvements in protective behaviours and knowledge among children exposed to school-based programmes, regardless of the type of programme. The results might have differed had the true ICCs or cluster-adjusted results been available. There is evidence that children's knowledge does not deteriorate over time, although this requires further research with longer-term follow-up. Programme participation does not generate increased or decreased child anxiety or fear, however there is a need for ongoing monitoring of both positive and negative short- and long-term effects. The results show that programme participation may increase the odds of disclosure, however there is a need for more programme evaluations to routinely collect such data. Further investigation of the moderators of programme effects is required along with longitudinal or data linkage studies that can assess actual prevention of child sexual abuse.

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4. School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

BACKGROUND: Suicidal behaviours in adolescents are a major public health problem and evidence-based prevention programmes are greatly needed. We aimed to investigate the efficacy of school-based preventive interventions of suicidal behaviours. METHODS: The Saving and Empowering Young Lives in Europe (SEYLE) study is a multicentre, cluster-randomised controlled trial. The SEYLE sample consisted of 11,110 adolescent pupils, median age 15 years (IQR 14-15), recruited from 168 schools in ten European Union countries. We randomly assigned the schools to one of three interventions or a control group. The interventions were: (1) Question, Persuade, and Refer (QPR), a gatekeeper training module targeting teachers and other school personnel, (2) the Youth Aware of Mental Health Programme (YAM) targeting pupils, and (3) screening by professionals (ProfScreen) with referral of at-risk pupils. Each school was randomly assigned by random number generator to participate in one intervention (or control) group only and was unaware of the interventions undertaken in the other three trial groups. The primary outcome measure was the number of suicide attempt(s) made by 3 month and 12 month follow-up. Analysis included all pupils with data available at each timepoint, excluding those who had ever attempted suicide or who had shown severe suicidal ideation during the 2 weeks before baseline. This study is registered with the German Clinical Trials Registry, number DRKS00000214. FINDINGS: Between Nov 1, 2009, and Dec 14, 2010, 168 schools (11,110 pupils) were randomly assigned to interventions (40 schools [2692 pupils] to QPR, 45 [2721] YAM, 43 [2764] ProfScreen, and 40 [2933] control). No significant differences between intervention groups and the control group were recorded at the 3 month follow-up. At the 12 month follow-up, YAM was associated with a significant reduction of incident suicide attempts (odds ratios [OR] 0.45, 95% CI 0.24-0.85; p=0.014) and severe suicidal ideation (0.50, 0.27-0.92; p=0.025), compared with the control group. 14 pupils (0.70%) reported incident suicide attempts at the 12 month follow-up in the YAM versus 34 (1.51%) in the control group, and 15 pupils (0.75%) reported incident severe suicidal ideation in the YAM group versus 31 (1.37%)
in the control group. No participants completed suicide during the study period. INTERPRETATION: YAM was effective in reducing the number of suicide attempts and severe suicidal ideation in school-based adolescents. These findings underline the benefit of this universal suicide preventive intervention in schools. FUNDING: Coordination Theme 1 (Health) of the European Union Seventh Framework Programme.

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Child protection professionals

1. Attorneys' questions and children's productivity in child sexual abuse criminal trials


ABSTRACT: We investigated the links between questions child witnesses are asked in court, children's answers, and case outcome. Samples of acquittals and convictions were matched on child age, victim-defendant relationship, and allegation count and severity. Transcripts were coded for question types, including a previously under-examined type of potentially suggestive question, declarative questions. Children's productivity was conceptualized in a novel way by separating new from repeated content and by adjusting the definition based on the linguistic demands of the questions. Attorneys frequently used declarative questions, and disconcertingly, attorneys who used these and other suggestive questions more frequently were more likely to win their case. Open-ended and closed-ended questions elicited similar levels of productivity from children, and both elicited more productivity compared with suggestive questions. Results highlight how conceptualization of questions and answers can influence conclusions, and demonstrate the important real-world implications of attorney questioning strategies on legal cases with child witnesses.

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Reviews & guidelines

1. The burden of child maltreatment in China: a systematic review


OBJECTIVES: To estimate the health and economic burdens of child maltreatment in China. METHODS: We did a systematic review for studies on child maltreatment in China using PubMed, Embase, PsycInfo, CINAHL-EBSCO, ERIC and the Chinese National Knowledge Infrastructure databases. We did meta-analyses of studies that met inclusion criteria to estimate the prevalence of child neglect and child physical, emotional and sexual abuse. We used data from the 2010 global burden of disease estimates to calculate disability-adjusted life-years (DALYs) lost as a result of child maltreatment. FINDINGS: From 68 studies we estimated that 26.6% of children under 18 years of age have suffered physical abuse, 19.6% emotional abuse, 8.7% sexual abuse and 26.0% neglect. We estimate that emotional abuse in childhood accounts for 26.3% of the DALYs lost because of mental disorders and 18.0% of those lost because of self-harm. Physical abuse in childhood accounts for 12.2% of DALYs lost because of depression, 17.0% of those lost to anxiety, 20.7% of those lost to problem drinking, 18.8% of those lost to illicit drug use and 18.3% of those lost to self-harm. The consequences of physical abuse of children costs China an estimated 0.84% of its gross domestic...
product - i.e. 50 billion United States dollars - in 2010. The corresponding losses attributable to emotional and sexual abuse in childhood were 0.47% and 0.39% of the gross domestic product, respectively.

CONCLUSION: In China, child maltreatment is common and associated with large economic losses because many maltreated children suffer substantial psychological distress and might adopt behaviours that increase their risk of chronic disease.

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Other

1. Contribution of in utero drug exposure when interpreting hair results in young children


ABSTRACT: Hair specimen is necessary to complement blood and/or urine analyses as it permits differentiation of a single exposure from chronic use of a drug by segmentation of the hair for a stated growth period. Moreover, due to a frequent long delay between event and police declaration, hair can be the only solution for lack of corroborative evidence of a committed crime. With the exception of lower amount of biological material in children versus adults, there is no specific analytical problem when processing samples from children. The issue is the interpretation of the findings, with respect to the different pharmacological parameters. In some very young children, the interpretation can be complicated by potential in utero exposure. Twenty-four cases from daily practice have been reviewed. Children were less than 1 year old, hair was always longer than 4cm and the corresponding mothers admitted having used drugs during pregnancy. Drugs involved include methadone, tramadol, diphenhydramine, diazepam, cannabis, heroin, amitriptyline and bromazepam. Analyses were achieved by hyphenated chromatographic validated procedures after hair decontamination and segmentation. The concentrations measured in the hair of children were lower than those observed in subjects using therapeutically (or illegally) these drugs. In that sense, the frequency of exposures appears as un-frequent (low level of exposure), with marked decrease in the more recent period. However, the parents denied any administration in all cases and there was no reason to suspect re-exposure after delivery and no clinical problem during the period between delivery and hair collection during regular visits to the physician was noticed. The pattern of drug distribution was similar in all these cases, low concentrations in the proximal segments and highest concentration in the distal segment (last segment). When considering the concentration in the distal segment as the 100% of the response (highest concentration), after analysis of 4 segments (irrespective of the length of the segment but longer than 1cm), it was observed the following pattern: proximal segment, 5-35% of the response; segment 2, 15-50% of the response; segment 3, 25-60% of the response; and distal segment, 100% of the response. It is proposed to consider 100% in utero contribution to the final interpretation when the ratio concentration of the proximal segment to the concentration of the distal segment is lower than 0.5. This can be applied only when the child is under 1 year old and the hair shaft length is at least 4cm (to achieve suitable segmentation). It is important, when using this cut-off to have at least 3 or 4 segments to be able to observe the variation in drug concentrations, whatever the length of each segment (>1cm).

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2. Time till death study: How soon after “first contact” is a non-biologically related male likely to kill his partners child?


ABSTRACT: Non-biologically related males who are intimate partners of women with young children are the most likely perpetrators of homicidal violence against these children. The primary objective of this study is to determine the usual time interval between first child/unrelated adult male contact and the child's death. The secondary objective is to examine possible predisposing factors. First contact is defined as the time when the child initially interacted or met with the unrelated adult male, whether or not they lived together and for the purposes of this study is based on the length of the mother’s relationship with her partner before the child was killed. The coroner’s office database in Indianapolis, Indiana was examined for records of child homicides from which victim data (age, sex, race and cause of death) was recovered. The associated child protective services (CPS) reports were examined to create a forensic epidemiologic profile including in particular, the length of time the unrelated adult male had known or lived with the child and when the child was killed. Over a period of 14 years, 79 cases of homicides were recovered in children aged 5 years and younger. Of these, there were 15 cases in which all relevant data was recorded. The time interval from first contact to death ranged from 14 to 240 days with a median of 75 days. Approximately 80% of all victims were killed within 90 days. The victims included 12 males and 3 females with an age range of 2–61 months. The median age was 22 months. There were 10 white, 4 black, and 1 Hispanic victim. Blunt force trauma to the head was the cause of death in 13 of 15 deaths. Forty percent (6/15) had prior CPS contact. Young children are most likely to be killed within 90 days of first unsupervised contact with a non-biologically related male. Most victims were male and blunt force trauma to the head was the leading cause of death.

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3. Legal permanency isn’t everything: readdressing the need for well-being indicators in child protection courts


ABSTRACT: In recent years, the child welfare system has begun to focus on the overall outcomes of children by looking at overall well-being factors. However, despite this shift by social service practitioners, child protection courts have failed to similarly shift focus onto the long-term outcomes of children and remain focused only on legal permanency. This failure to recognize the importance of overall outcomes and other forms of permanency, such as relational permanence, on the future of system-involved youth can have devastating consequences. This article argues that child protection courts should integrate well-being indicators similar to problem-solving courts in order to have a greater influence on the overall outcome of these children.

http://dx.doi.org/10.1111/fcre.12151
Statewide Child Protection Clinical Partnership

Update

Planning for the CPA-CPLO workshop has taken priority over the month of April for the Statewide Child Protection Clinical Partnership (SCPCP). As the primary professional development forum for designated child protection staff around the State, the Workshop offers an opportunity to share and develop knowledge and practice skills. It also enables staff from around the State to come together to link with colleagues who have a shared understanding of the complexities and challenges of child protection service delivery.

As mentioned last month, the focus of the Workshop is **“Igniting leadership and advocacy in child protection: Opportunities and challenges within health”**. The Partnership values participation from members, so please consider if you have a topic you could present. Abstracts are due by 30 April 2015. Also, if you haven’t already, please send your registration form to:


As well as organising the Workshop, work is also being undertaken to re-establish momentum for SCPCP sub-groups. These groups are 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 Selina Kelly, Co-ordinator:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills

Clinical Chair
# Events

## May – June 2015

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<tr>
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