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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](http://cairns.health.qld.libguides.com/childprotection).

Access to links

Hold down the Ctrl key and click 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. Identifying characteristics in abusive head trauma: a single-institution experience


ABSTRACT: Abusive head trauma (AHT) is a significant cause of childhood morbidity and mortality. The purpose of this study was to better understand the trends centered on AHT patients treated at Vanderbilt Children's Hospital. A retrospective study of 139 children undergoing treatment and management for traumatic brain injury due to abuse between January 2006 and April 2013 at Vanderbilt Children's Hospital was conducted. Caucasian males made up 61% and the youngest sibling represented 86.3% of our cohort. The median age was 5 months with injuries occurring during summertime and on weekdays, 31 and 63%, respectively. Seventy-nine percent were diagnosed with subdural hematomas, and 42% had a Glasgow Coma Scale (GCS) of 8 or less. A total of 25 patients, median age 8.6 months, died during our study period. The results of this study describe the AHT population at Vanderbilt Children's Hospital. Future studies should prospectively assess this population to better understand social factors involved in AHT.


Physical abuse

1. Suction pump injuries mimicking child abuse


No abstract available.

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2. Normal spinous process metaphyseal-equivalent luency simulating infant abuse fractures

*Oestreich, A. E. and C. G. Anton. Skeletal Radiol Ahead of print [Epub 09/06/2015].*

ABSTRACT: We report a normal radiographic finding that may be mistaken for child abuse trauma in the posterior thoracolumbar spinous processes of young infants after the first week of life. A luency paralleling the posterior margin of the ossified spinous process is equivalent to the metaphyseal lucent bands seen normally after about a week of the child's age at the ends of long tubular bones. A similar luency is seen just under the growth plate of vertebral bodies at that early age, giving the bone-in-bone appearance. Our index case was imaged at 3 weeks and then at 5 weeks of age, with no evidence of periosteal reaction or endosteal callus on that follow-up study, confirming the lack of fractures.

3. The challenges of accurately estimating time of long bone injury in children


ABSTRACT: The ability to determine the time an injury occurred can be of crucial significance in forensic medicine and holds special relevance to the investigation of child abuse. However, dating paediatric long bone injury, including fractures, is nuanced by complexities specific to the paediatric population. These challenges include the ability to identify bone injury in a growing or only partially-calcified skeleton, different injury patterns seen within the spectrum of the paediatric population, the effects of bone growth on healing as a separate entity from injury, differential healing rates seen at different ages, and the relative scarcity of information regarding healing rates in children, especially the very young. The challenges posed by these factors are compounded by a lack of consistency in defining and categorizing healing parameters. This paper sets out the primary limitations of existing knowledge regarding estimating timing of paediatric bone injury. Consideration and understanding of the multitude of factors affecting bone injury and healing in children will assist those providing opinion in the medical-legal forum.

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**Sexual abuse**

1. Child sexual abuse: an area of emerging concern


ABSTRACT: The subject of child sexual abuse is taboo in India. There is a conspiracy of silence. A large percentage of people feel this is a western problem. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all. In May 2012, India's parliament took a major step by passing the Protection of Children from Sexual Offences Act. Under the law, all forms of child sexual abuse are now specific criminal offenses for the first time in India.

[http://dx.doi.org/10.5958/0973-9130.2015.00070.5](http://dx.doi.org/10.5958/0973-9130.2015.00070.5)

2. Hymenal lesions and legal outcome in sexually abused girls with a history of vaginal penetration


PURPOSE: In many cultures, it is commonly accepted that the hymen remains unchanged throughout childhood, until it is torn at the first episode of sexual intercourse. Therefore, the definition of virginity is directly linked to a normal hymen. However, most girls referred for medical forensic colposcopic examination have normal or nonspecific findings, the prevalence of abnormal findings in girls with a history of genital penetration being only 4-6%. The aim of this study was to investigate the relation between hymenal findings seen at the colposcopic examination and the legal outcome: prosecution in court and conviction in court.

RESULTS: During the 80-month period of our study, 426 girls with a median age of 9 years (range 0-15 years) were included. A history of at least one vaginal penetration was given in 226 of the girls with a median age of 12 years (range 2-14 years). The hymenal findings were described as normal in 125 of the 226 cases (55%). In 50 cases (22%), hymenal clefts were found, 17 (34%) of which were complete and 33 (66%) incomplete. The finding of hymenal clefts increased with age. Of the 226 cases of girls being sexually assaulted with vaginal penetration, 119 cases (53%) were prosecuted in court, 102 of which (86%) resulted in conviction. Thirty-five (70%) of the cases with hymenal clefts and 100 (57%) of the cases without hymenal
clefts were prosecuted in court, showing a correlation between hymenal clefts and conviction; however, the correlation was not significant (chi(2) test=2.1 and P=0.14). In total, 29 (58%) of the cases with hymenal clefts and 88 (50%) of the cases without hymenal clefts were convicted in court, which shows no significance (chi(2) test=1.0 and P=0.33). CONCLUSION: The single most important feature for conviction in court is the child's testimony and not hymenal findings seen at the colposcopic examination. Especially the testimony of the older children leads to conviction, raising the question whether the videotaped testimonies are aimed at the court proceedings, or whether hearing the child's testimony directly in court has a more powerful effect. Overall, it is crucial that the videotaped police questioning of the younger children is performed by specialized personnel, with the aim of presenting the testimony in a detailed and credible manner in court, giving children of all ages a fair trial.

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3. Psychological treatment of sexual offenders against children: a meta-analytic review of treatment outcome studies


ABSTRACT: Numerous meta-analyses and reviews have been conducted on the effectiveness of psychological treatment of sexual offenders in reducing recidivism, but no meta-analysis has been done on sexual offenders against children (SOAC) specifically. A moderate treatment effect has been shown in several evaluations of general sexual offenders, while many scholars maintain that the question remains unanswered until an adequate number of effectiveness studies with a strong research design have been carried out. In this meta-analysis, we evaluated 14 studies selected and coded according to Collaborative Outcome Data Committee (CODC) criteria. They included 1,421 adult offenders in psychotherapy and 1,509 nontreated controls, with a minimum average follow-up period of 3 years, published in peer-reviewed journals in 1980 or later. Recidivism was defined as rearrest or reconviction. Study quality was classified into strong, good, weak or rejected. The analysis revealed a treatment effect size of $r = .03$ for nine studies evaluated as Good or Weak, while all studies yielded an effect size of $r = .08$, including five studies classified as Rejected. The results show that the available research cannot establish any effect of treatment on SOAC. Despite a large amount of research, only a tiny fraction of studies meet a minimum of scientific standards, and even fewer provide sensible and useful data from which it is possible to draw conclusions.

http://tva.sagepub.com/cgi/content/abstract/16/3/280

4. Lichen sclerosus: a potpourri of misdiagnosed cases based on atypical clinical presentations


No abstract available.

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Emotional abuse & neglect

1. Chronic neglect and aggression/delinquency: a longitudinal examination

Logan-Greene, P. and A. Semanchin Jones Child Abuse Negl Ahead of print [Epub 21/04/2015].

ABSTRACT: Neglect is the most common form of maltreatment in the United States, yet its impact on development remains understudied, especially for chronic neglect. Chronic neglect is also one of the most costly burdens on child welfare systems. This study examines the effects of chronic neglect, including two subtypes (Failure to Provide and Lack of Supervision) on adolescent aggression and delinquency using a diverse longitudinal sample of youth. Chronic neglect and chronic failure to provide (ages 0-12) predicted aggression/delinquency (age 14) even after controlling for the effects of other maltreatment (ages 0-12). Chronic lack of supervision, however, did not. Gender significantly moderated these effects, suggesting that males are more likely to respond to neglect by becoming aggressive/delinquent. Finally, social problems (age 12) partially mediated for boys, and fully mediated for girls, the connections between chronic neglect and aggression/delinquency, bolstering theorizing that neglect impairs social functioning broadly. Implications include the need for further research on chronic neglect, especially in providing guidance for child welfare systems. Interventions for chronically neglected youth should include social skill development.

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Outcomes

1. Therapeutic moments are the key: foster children give clues to their past experience of infant trauma and neglect


ABSTRACT: Foster parents often despair over the lack of information about the past experience of the children in their care, particularly with children who have experienced infant trauma and neglect. In the context of family therapy these unknowns pose both a challenge and an opportunity. The author proposes that foster children gives clues to their past experiences in therapeutic moments, which the therapist may recognize as a result of her own inner conversation. In conjunction with a sound theoretical knowledge of infant trauma and neglect, these moments have the capacity to open a dialogue in the relationships between therapist, child and foster family. This dialogical process offers an opportunity for the child’s past experience of infant trauma and neglect to be expressed in silence, and the foster parent’s present experience to be heard in stillness, opening for them a way to go on beyond the family therapy sessions.

http://dx.doi.org/10.1111/j.1467-6427.2012.00606.x

2. Prenatally buprenorphine-exposed children: health to 3 years of age


ABSTRACT: Our prospective study is among the first attempts to examine the health of prenatally buprenorphine-exposed children after neonatal age and to determine the types of child maltreatment in this patient group. The study population included 102 children (61/41 Caucasian males/females) who had a positive urine screen for buprenorphine as a newborn. In addition to buprenorphine, the children were also prenatally exposed to other substances. The data were collected by pediatricians in follow-up visits until 3 years of age and from medical records. Ten prenatally buprenorphine-exposed children (10 %) had some
birth defect. The study children had slightly more major anomalies than newborns on average in Finland (3.4%). Eye disorders (nystagmus, opticus atrophy, and strabismus) occurred in 11% of children. One child was diagnosed with hepatitis C transmission. One female died of sudden infant death syndrome (SIDS), and one male died of congenital heart disease. Pediatricians submitted altogether 70 reports to child welfare services of suspected maltreatment. Of these reports, 45 (64%) involved medical neglect. Physical abuse was suspected in four reports. CONCLUSION: We suggest that prenatally buprenorphine-exposed children have several types of problems with their health at toddler age and that they are susceptible to child maltreatment, especially to medical neglect.


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**Intervention & prevention**

1. Development of a radical foster care intervention in Glasgow, Scotland


**ABSTRACT:** Services for maltreated children are inadequate and lack infant mental health input in many parts of the world. A recent audit of Glasgow services revealed that children frequently 'revolve' between maltreating birth parents and various temporary foster placements for many years. Addressing infant mental health in this population will require radical change to current services. The New Orleans programme developed by the Tulane Infant Team in Louisiana is one such radical programme. Prior to the design of a randomized controlled trial (RCT) to test this programme in Glasgow, it was essential that policy-makers had some insight into the local model of service delivery and how a New Orleans model could impact. This article explores the structure and costs of the current Glasgow system and the potential costs and consequence impact of implementing a New Orleans model in Glasgow, using data obtained from the research literature, Glasgow City Council audit data and expert's opinion. A New Orleans-Glasgow model would likely shift resources from social services on to the NHS. The resource intensive nature of this model could increase the cost of an episode in care from pound 66 300 in the current system to pound 86 070; however, the probability of repeated episodes in care is likely to fall substantially, making the cost per child fall from pound 95 500 in the current system to pound 88 600. This study informed the design of a phase II explorative RCT, identified appropriate outcomes for measurement and areas of uncertainty for further research.


2. Working with families with parental mental health and/or drug and alcohol issues where there are child protection concerns: inter-agency collaboration

Coates, D. *Child Fam Soc Work* Ahead of print [Epub 16/06/2015].

**ABSTRACT:** Child abuse commonly occurs within the context of multiple risk factors, in particular parental mental health and/or drug and alcohol problems. As no one agency can address all these factors, inter-agency collaboration is paramount to the protection of vulnerable children, especially in families with a complex array of problems. This paper outlines a range of recommendations to improve collaboration between child protection workers and mental health/drug & alcohol (MH/D&A) clinicians from the perspective of Keep Them Safe-Whole Family Team (KTS-WFT) clinicians. Taking referrals from child protection, the KTS-WFT offers interventions to families with parental MH/D&A problems where there are child protection concerns. As part of a larger evaluation of a KTS-WFT site, 10 KTS-WFT clinicians participated in in-depth interviews. Analysis of the interviews identified collaboration with child protection as a primary theme. Participants reported a number of barriers to effective collaboration; in particular, participants reported
challenges with information sharing and confidentiality, inconsistency in terms of the level and style of collaboration, tensions between the different theoretical paradigms that underpin practice for MH/D&A clinicians vs. child protection workers, and insufficient clarity around processes and expectations. Consistent with the identified barriers, primary recommendations to improve collaboration were to improve information sharing, overcome silo ways of thinking, manage risk together more consistently, and develop consistent processes and expectations.

http://dx.doi.org/10.1111/cfs.12238

Child protection professionals

1. Preliminary development of a performance assessment tool for documentation of history taking in child physical abuse


OBJECTIVES: This study aimed to develop a performance assessment tool for the history-taking components of the medical evaluation of physical abuse in young children by (1) determining the consensus-based injury history and social components for documentation, (2) identifying preliminary performance standards, (3) assessing current level-specific performance using the created tools, and (4) evaluating reliability and validity of the created tools. METHODS: The Physical Abuse Assessment Tool (PHAAT) was developed in 2 steps: (1) a modified Delphi survey was used to identify the injury history and social components for documentation in a medical evaluation for physical abuse, and (2) level-specific ("novice," "competent," "expert") practice standards (minimum passing scores) were created using the identified components via the Angoff method. To evaluate validity, reliability, and level-specific performance of the PHAAT, a chart review of 50 consecutive cases from each of the 3 levels was performed. RESULTS: Seventy-one child abuse pediatricians and 39 social workers participated in the modified Delphi survey, and 67 child abuse pediatricians and 27 social workers participated in the Angoff method. The resulting PHAAT included 2 checklists for use based on presence or absence of a history of an injurious event. One-way analysis of variance shows significant differences in performance based on team level (P < 0.001), indicating construct validity. Intrarater and interrater reliability evaluations showed strong (rs = 0.64-0.92) and moderate to strong (intraclass correlation coefficient = 0.81-0.98) correlations, respectively. CONCLUSION: Initial evaluation suggests the PHAAT may be a reliable and valid practice assessment tool for the medical evaluation of physical abuse.


2. Results of the implementation of a new screening protocol for child maltreatment at the Emergency Department of the Academic Medical Center in Amsterdam


OBJECTIVE: This study examines the results of the implementation of a new screening protocol for child maltreatment (CM) at the Emergency Department (ED) of the Academic Medical Center in Amsterdam, The Netherlands. This protocol consists of adding a so called ‘top-toe’ inspection (TTI), an inspection of the fully undressed child, to the screening checklist for child maltreatment, the SPUTOVAMO. DESIGN: We collected data from all patients 0-18 years old directly after introduction (February 2010) and 9 months later. Outcome measures were: completion of the screening and reasons for non-adherence. Data were collected on age, gender, reason for visiting the ED (defined by International Classification of Disease, ICD), presence of a chronic illness, type of professional performing the TTI and admission during week or weekend days.
RESULTS: In February 560 and in November 529 paediatric patients were admitted. In February the complete screening protocol was performed in 42% of all children, in November in 17%. A correlation between completion of the SPUTOVAMO and having a TTI performed was found. Older age and presence of a chronic illness influenced the chance of having both SPUTOVAMO and TTI performed negatively. The completion rate of SPUTOVAMO was influenced by ICD code. Completion of TTI was influenced by type of investigator. The best performing professional was the ED physician followed by the paediatrician followed by the ED nurse. The reasons for not performing a TTI were not documented. Refusal of the TTI by a patient or parent was reported three times. CONCLUSION: Implementation of this new screening protocol for CM was only mildly successful and declined in time. A negative correlation between older child age and having a chronic illness and completion of the screening was found. A practical recommendation resulting from this study could be that, if CM screening protocols prove to be effective in detecting CM, regular training sessions have to be held. Filling out the checklist is something that could be performed by ED nurses. Performing a TTI is perhaps easier for the ED physicians to make part of their daily routine.

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Reviews & guidelines

1. What is the impact of birth family contact on children in adoption and long-term foster care? A systematic review

Boyle, C. Child Fam Soc Work Ahead of print [Epub 26/0/2015].

ABSTRACT: Contact plans for children in adoption and long-term foster care are decided on a case-by-case basis, as directed by the paramountcy principle in the Children Act (1989). The idea that birth family contact helps children resolve issues around attachment, separation and loss, and identity is prevalent in social work practice. However, evidence revealing the detrimental impact of contact has been used to support increasingly restrictive legislation. The current review aims to provide policy-makers and social workers with a resource to guide decisions in permanency planning by evaluating this evidence and reported outcomes for children. The research question and exclusion/inclusion criteria were formulated and used to develop a search strategy. Of the 412 potential titles returned, 11 were of sufficient quality to include in the thematic synthesis. Results were mixed and significantly influenced by moderator variables such as the pre-existing relationship between children and their birth families. Outcomes were particularly positive when there was a collaborative approach between birth families and adoptive parents or foster carers. Outcomes tended to be poorest for children who had ongoing contact with maltreating birth parents. The review findings support current policy and previous research in recommending a more reflexive approach to assessing and planning contact.

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2. A systematic review of childhood maltreatment assessments in population-representative surveys since 1990


BACKGROUND: Population-representative surveys that assess childhood maltreatment and health are a valuable resource to explore the implications of child maltreatment for population health. Systematic identification and evaluation of such surveys is needed to facilitate optimal use of their data and to inform future research. OBJECTIVES: To inform researchers of the existence and nature of population-
representative surveys relevant to understanding links between childhood maltreatment and health; to evaluate the assessment of childhood maltreatment in this body of work. METHODS: We included surveys that: 1) were representative of the non-institutionalized population of any size nation or of any geopolitical region ≥ 10 million people; 2) included a broad age range (≥ 40 years); 3) measured health; 4) assessed childhood maltreatment retrospectively; and 5) were conducted since 1990. We used Internet and database searching (including CINAHL, Embase, ERIC, Global Health, MEDLINE, PsycINFO, Scopus, Social Policy and Practice: January 1990 to March 2014), expert consultation, and other means to identify surveys and associated documentation. Translations of non-English survey content were verified by fluent readers of survey languages. We developed checklists to abstract and evaluate childhood maltreatment content.

RESULTS: Fifty-four surveys from 39 countries met inclusion criteria. Sample sizes ranged from 1,287-51,945 and response rates from 15%-96%. Thirteen surveys assessed neglect, 15 emotional abuse; 18 exposure to family violence; 26 physical abuse; 48 sexual abuse. Fourteen surveys assessed more than three types; six of these were conducted since 2010. In nine surveys childhood maltreatment assessments were detailed (+10 items for at least one type of maltreatment). Seven surveys' assessments had known reliability and/or validity.

CONCLUSIONS AND IMPLICATIONS: Data from 54 surveys can be used to explore the population health relevance of child maltreatment. Assessment of childhood maltreatment is not comprehensive but there is evidence of recent improvement.

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**Other**

1. **Child maltreatment, inflammation, and internalizing symptoms: Investigating the roles of C-reactive protein, gene variation, and neuroendocrine regulation**


ABSTRACT: Prior research has found inconsistent evidence regarding the association among childhood adversity, inflammation, and internalizing symptoms, perhaps because previous studies have yet to adequately integrate important factors such as the timing of the adversity, genetic variation, and other relevant processes such as neuroendocrine regulation. The aims of the present study were threefold: (a) to determine whether the effect of the timing of child maltreatment on C-reactive protein (CRP), an inflammatory marker, varies by CRP gene variation; (b) to explore whether links between salivary CRP and childhood internalizing symptoms depend on the presence and timing of maltreatment experiences; and (c) to investigate the role of CRP in the relations between child neuroendocrine regulation and internalizing symptoms and examine whether these associations are moderated by the presence and timing of child maltreatment. Participants included a sample of 267 maltreated and 222 nonmaltreated children (M age = 9.72, SD = 0.99; 52.4% male; 66% African American) who attended a summer day camp research program designed for school-aged low-income children. Department of Human Services records were examined to determine the onset and recency of maltreatment for children in the maltreated group. The results indicated that among children with recent onset maltreatment, those with at least one A allele from CRP single nucleotide polymorphism rs1417938 evidenced significantly higher CRP levels compared to recently maltreated children carrying the TT genotype. Moreover, higher levels of CRP were associated with higher levels of internalizing symptoms only for recently maltreated children. Finally, we did not find support for salivary CRP as a mechanism in the relation between neuroendocrine regulation and childhood internalizing symptoms. Our findings highlight the importance of the timing of child maltreatment and have important implications for characterizing variability in inflammation and internalizing symptoms among youth.

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Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children

Izaguirre, A. and E. Calvete Child Abuse Negl Ahead of print [Epub 22/05/2015]

ABSTRACT: Children's victimization related to intimate partner violence (IPV) has damaging effects on their well-being and development. The purpose of this research was to assess the impact of IPV on children's emotional and behavioral problems through their mothers' narratives. A total of 30 Spanish mothers (mean age=41.57 years, SD=8.54 years) were individually interviewed. The results showed that many of the children directly suffered from aggression, and most of them witnessed IPV. As a result of their exposure to violence, children often develop psychological, social, and school problems. Their learning of aggressive behaviors is especially remarkable, and these behaviors are sometimes directed towards their mothers. Thus, women can suffer a twofold victimization: by their partner and by their children. These additional problems contribute to hindering the recovery process of victims. Fortunately, not all children develop problems as a result of exposure to IPV; some of them are capable of mature responses.

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Beating the brain about abuse: Empirical and meta-analytic studies of the association between maltreatment and hippocampal volume across childhood and adolescence


ABSTRACT: We present new empirical data and meta-analytic evidence for the association of childhood maltreatment with reduced hippocampal volume. In Study 1, we examined the effects of maltreatment experiences reported during the Adult Attachment Interview on hippocampal volume in female twin pairs. We found that reduced hippocampal volume was related to childhood maltreatment. In addition, individuals who reported having experienced maltreatment at older ages had larger reductions in hippocampal volume compared to individuals who reported maltreatment in early childhood. In Study 2, we present the results of a meta-analysis of 49 studies (including 2,720 participants) examining hippocampal volume in relation to experiences of child maltreatment, and test the moderating role of the timing of the maltreatment, the severity of maltreatment, and the time after exposure to maltreatment. The results of the meta-analysis confirmed that experiences of childhood maltreatment are associated with a reduction in hippocampal volume and that the effects of maltreatment are more pronounced when the maltreatment occurs in middle childhood compared to early childhood or adolescence.

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Diagnostic yield of hair and urine toxicology testing in potential child abuse cases


ABSTRACT: Detection of drugs in a child may be the first objective finding that can be reported in cases of suspected child abuse. Hair and urine toxicology testing, when performed as part of the initial clinical evaluation for suspected child abuse or maltreatment, may serve to facilitate the identification of at-risk children. Furthermore, significant environmental exposure to a drug (considered by law to constitute child abuse in some states) may be identified by toxicology testing of unwashed hair specimens. In order to determine the clinical utility of hair and urine toxicology testing in this population we performed a retrospective chart review on all children for whom hair toxicology testing was ordered at our academic medical center between January 2004 and April 2014. The medical records of 616 children aged 0-17.5
years were reviewed for injury history, previous medication and illicit drug use by caregiver(s), urine drug screen result (if performed), hair toxicology result, medication list, and outcome of any child abuse evaluation. Hair toxicology testing was positive for at least one compound in 106 cases (17.2%), with unexplained drugs in 82 cases (13.3%). Of these, there were 48 cases in which multiple compounds (including combination of parent drugs and/or metabolites within the same drug class) were identified in the sample of one patient. The compounds most frequently identified in the hair of our study population included cocaine, benzoylecgonine, native (unmetabolized) tetrahydrocannabinol, and methamphetamine. There were 68 instances in which a parent drug was identified in the hair without any of its potential metabolites, suggesting environmental exposure. Among the 82 cases in which hair toxicology testing was positive for unexplained drugs, a change in clinical outcome was noted in 71 cases (86.5%). Urine drug screens (UDS) were performed in 457 of the 616 reviewed cases. Of these, over 95% of positive UDS results could be explained by iatrogenic drug administration. There were no cases in which a urine drug screen alone altered the outcome of a case. In summary, hair toxicology testing proved clinically useful in the evaluation of a child for suspected abuse; in contrast, urine drug testing showed low clinical yield.

Case reports

1. Long-term outcome in a case of shaken baby syndrome


ABSTRACT: Shaken baby syndrome is one of the most common causes of disability and death in infants younger than one year of age. The syndrome is the result of major mechanical forces affecting the head and central nervous system. The outcome for surviving children is often poor, with both physical and mental disabilities. Multicystic encephalomalacia has been reported as a finding after such shaking. The present case involves a one-month-old boy who was brought to hospital by his father because of somnolence and feeding aversion. Radiological imaging revealed subdural haematomas, and fundoscopy found retinal haemorrhages. During police interrogation, the father confessed to having shaken the infant. Cranial ultrasonography subsequently showed increasing damage of the brain; the boy's general condition worsened. Eight weeks after admission, he died due to renal insufficiency. Upon autopsy, the brain was atrophic, with massive pseudocystic changes of the parenchyma. The case presented impressively shows the possible serious outcome of an admitted incident of shaking and emphasises the importance of an accurate education of parents about its severe and possible lethal consequences.


2. Severe acute subdural hematoma in a child following a minor head trauma in the context of a recent antecedent head injury: a case report


ABSTRACT: Knowledge of the force required to generate a subdural hematoma is important when considering the veracity of histories given by family members of young children. Traditional wisdom is that a substantial impact is required to cause an acute subdural hematoma. We present a case of acute subdural hematoma following a low-level fall in a 3-year-old patient. An antecedent head injury associated with normal CT scan might have had some bearing on this outcome.

Statewide Child Protection Clinical Partnership

Update

The Annual CPA-CPLLO Workshop 2015 was held on 18-19 June at the Brisbane Convention and Exhibition Centre and was attended by nearly 100 designated child protection health professionals over the two days. The program was a mix of presenters from both within health and partner agencies and provided food for thought around a range of issues influencing service provision.

Planning and delivering a Workshop which correlates with SCPCP priorities and offers CPAs and CPLLOs an opportunity to share, learn and develop knowledge regarding child protection service delivery is a key activity for the Partnership. It is an outcome embedded in our Operational Plan under the Education and Research focus area and it was great to see the event so well attended.

Now that the Workshop is complete for another year, focus can turn to other areas of work for the Partnership. Priority will be given to mobilising our sub-groups as well as continuing with the Scoping Study.

The Partnership can provide support and advice in relation to clinical aspects of child protection service delivery and maintains an Issues and Learnings Log which is discussed monthly at Steering Committee meetings. If you have any issues or learnings you would like to raise or share, or if you have any questions about the Partnership, please email the SCPCP co-ordinator, Selina Kelly:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
## Events

### July – August 2015

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<th>JUNE – JULY 2015</th>
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<td>26-29</td>
<td>National Suicide Prevention Conference <a href="http://suicidepreventionaust.org/conferences/index.html">http://suicidepreventionaust.org/conferences/index.html</a></td>
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References


