Introduction

Welcome to the Queensland Child Protection Information Network Newsletter. This newsletter is a joint initiative of the Mater Children’s Hospital Child Protection Unit, the Statewide Child Protection Clinical Partnership and the Strategic Policy Priority Area Unit of the System Policy and Performance Division, Department of Health. It supports best practice in Child Protection by facilitating timely access to recent clinical and professional development information.

Each monthly edition is distributed to all Hospital and Health Service Child Protection Units and is posted on the CKN Child Protection Library guide. Access the CP library guide here: http://www.health.qld.campusguides.com/child-protection

Contact

To ensure receipt of this newsletter or to unsubscribe, please contact your Hospital and Health Service Child Protection Unit or contact Laura Koopmans directly.

We appreciate your professional opinion and feedback. If there are any matters you would like to raise with the editorial team, or if you would like to share information relating to best practice or professional development via the information network, please contact Laura Koopmans (Research Officer, Child Protection Unit, Mater Children’s Hospital, South Brisbane).

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# Table of Contents

## Introduction

- Access to links: 2
- Contact: 2

## Research Update

**Abusive Head Trauma**

1. Clinicopathological findings in abusive head trauma: Analysis of 110 infant autopsy eyes: 7
2. Coronal clefts in infants - Rare differential diagnosis of traumatic injuries of vertebral bodies in battered children: 8
3. Fatal head injuries in children under the age of 5 years in Pretoria: 8
4. Encephalopathy and death in infants with abusive head trauma is due to hypoxic-ischemic injury following local brain trauma to vital brainstem centers: 9
5. Process evaluation of a statewide abusive head trauma prevention program: 10
6. Parents' behavior in response to infant crying: Abusive head trauma education: 10
7. The placement of children following non-accidental head injuries: Are they protected from further harm?: 11

**Child Physical Abuse**

1. SPR Child Abuse Committee Response regarding classic metaphyseal lesion: 11
2. Missed cases in the detection of child abuse based on parental characteristics in the emergency department (the Hague Protocol): 12
3. Sensitivity of the limited view follow-up skeletal survey: 12
4. Age determination of soft tissue hematomas: 13
5. Sentinel injuries: Subtle findings of physical abuse: 14

**Child Sexual Abuse**

1. The influence of narrative practice techniques on child behaviors in forensic interviews: 15
3. “Systemic trauma”: The impact on parents whose children have experienced sexual abuse: 16
4. Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities: 16
6. Assessment of the sexually abused female children admitted to a tertiary care hospital: Eight year experience: 18
7. Eliciting accounts of alleged child sexual abuse: How do children report touch?........19

Emotional Abuse & Neglect................................................................................................. 19
1. The role of neglect in child fatality and serious injury................................................. 19
2. More than words: The emotional maltreatment of children........................................ 20
3. Noticing and helping neglected children: messages from action on neglect.............. 20
4. A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse.................................................................................................................. 21
5. Working effectively with neglected children and their families – What needs to change?................................................................................................................................. 22
6. Transporting and implementing the SafeCare® home-based programme for parents, designed to reduce and mitigate the effects of child neglect: An initial progress report.23
7. Neglect: failure to thrive and obesity........................................................................... 23
8. Transforming a wild world: Helping children and families to address neglect in the province of Quebec, Canada.................................................................................... 24

Prevention and Interventions............................................................................................. 24
1. Foster care and healing from complex childhood trauma ............................................. 24
2. Prevention of child maltreatment................................................................................ 25
3. Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial........................................................................................................ 25
4. Evaluating programmes for violent fathers: Challenges and ethical review.............. 26
5. Public health approaches to protecting vulnerable populations: A public health response to data interoperability to prevent child maltreatment ............................................. 26
6. Pilot study of a program delivered within the regular service system in Germany: Effect of a short-term attachment-based intervention on maternal sensitivity in mothers at risk for child abuse and neglect.................................................................................. 27
7. Child maltreatment and prevention............................................................................ 28

Long term outcomes........................................................................................................... 28
1. How does child abuse history influence parenting of the next generation?................. 28
2. The effects of child maltreatment on the developing brain........................................ 29
3. Cumulative childhood risk and adult functioning in abused and neglected children grown up.......................................................................................................................... 30
4. Untangling the relative contribution of maltreatment severity and frequency to type of behavioral outcome in foster youth.............................................................................. 31
5. Associations between early life stress and gene methylation in children.................... 32

Child Protection Professionals.......................................................................................... 32
1. Advocacy opportunities for pediatricians caring for maltreated children.................... 32
2. The pediatrician and child maltreatment: Principles and pointers for practice............ 33
3. A nationwide survey of peer review practices in child maltreatment teams ........................................33
4. An innovative approach to providing collaborative education to undergraduate students in the area of child maltreatment ..........................................................................................34
5. Cognitive errors: Thinking clearly when it could be child maltreatment ...........................................34
6. A simple clinical coding strategy to improve recording of child maltreatment concerns: an audit study .........................................................................................................................................................34
7. Has this child been abused? Exploring uncertainty in the diagnosis of maltreatment ........................35
8. Three dimensional computed tomography skull reconstructions as an aid to child abuse evaluations .......................................................................................................................................................35
9. Assessment of a novel module for training dental students in child abuse recognition and reporting ......................................................................................................................................................36
10. The relevance of the Goudge inquiry to the practice of child protection/forensic paediatrics ..........................................................................................................................................................37
11. The conversation: Interacting with parents when child abuse is suspected ........................................37

Reviews & Guidelines ..........................................................................................................................38
1. Indigenous child safety ..................................................................................................................38
3. Learning from child death review in the USA, England, Australia, and New Zealand ..................38
4. Risk factors for child maltreatment recurrence: An updated systematic review ............................39

Other ..................................................................................................................................................40
1. Forensic medical evaluations of child maltreatment: A proposed research agenda ..........................40
2. Responding to information about children in adversity: Ten years of a differential response model in Western Australia .................................................................................................................................................40
3. Allegation rates in forensic child abuse investigations: Comparing the revised and standard NICHD protocols .........................................................................................................................................................41
4. Cultural considerations and child maltreatment: In search of universal principles ..........................41
5. Protecting unborn and newborn babies ..........................................................................................42
6. Legal issues in child maltreatment ..................................................................................................42
7. Japan's emerging challenge for child abuse: System coordination for early prevention of child abuse is needed .....................................................................................................................................................43
8. Attachment and caregiver-infant interaction: A review of observational assessment tools .................43

Events ..................................................................................................................................................45
October 2014 ........................................................................................................................................45
November 2014 ....................................................................................................................................45
References ..........................................................................................................................................46
Research Update

Abusive Head Trauma

1. Clinicopathological findings in abusive head trauma: Analysis of 110 infant autopsy eyes


PURPOSE: To investigate the histopathology in a large series of autopsy eyes from children with abusive head trauma.

DESIGN: Retrospective case-control series.

METHODS: One hundred and ten autopsy eyes from 55 autopsies examined at an academic tertiary referral centre over 21 years were tabulated for histopathology: subdural haemorrhage in the optic nerve sheath, intrascleral haemorrhage, any retinal haemorrhage, ora-extended haemorrhage, cherry haemorrhage, perimacular ridge, and internal limiting membrane tear. Select tissues with cherry haemorrhage were further examined by transmission electron microscopy.

RESULTS: Sixty eyes were identified as "abusive head trauma" (cases), 46 as "alternative cause" (controls), and 4 as "abusive head trauma survivor."

Cases were legally verified or confirmed by confession in all except 1 case. All ocular histopathologic observations from cases were similar or more frequent in infants younger than 16 months of age. When present, a cherry haemorrhage and perimacular ridge were most often found together, and only with a torn internal limiting membrane. Both abusive head trauma survivor cases demonstrated severe optic nerve atrophy and macular ganglion cell loss.

CONCLUSIONS: Younger infants may be even more susceptible to damage from vitreomacular traction by rotational and/or acceleration-deceleration forces. Identifying cherry haemorrhages may aid abusive head trauma diagnosis. Survivor abusive head trauma pathology demonstrates unique, irreversible macular and optic nerve damage.

2. Coronal clefts in infants - Rare differential diagnosis of traumatic injuries of vertebral bodies in battered children


ABSTRACT: Accidental and non-accidental spinal injuries are generally rarely seen in infants. If affected, vertebral bodies usually present compression fractures due to forced hyperflexion or hyperextension. Radiographic examination of the infantile skeleton can reveal a radiolucent band running through a vertebral body. These so called vertebral clefts are mainly visualized in the lateral spinal radiograph. Usually they can be found in the 1st year of life. Radiological appearance of coronal clefts was compared to that of a traumatic vertebral compression fracture. Clefts were mostly localized in the lumbar spine and had a completely different radiological appearance comparing to a traumatic compression fracture. As coronal clefts can be seen as a result from a retarded ossification of the vertebral bodies in fetal development they are a physiological variant. Due to this different aetiology they have to be distinguished from spinal signs of child abuse.


3. Fatal head injuries in children under the age of 5 years in Pretoria


BACKGROUND: The incidence of fatal injuries in children has been reported to be highest among children aged 1 to 4 years. Major causes of head injury include road traffic accidents, falls, and intentional or inflicted injury (such as non-accidental injury syndrome). This study reviewed the profile of children (under 5 years of age) who had been admitted to a large urban medicolegal mortuary (in Pretoria, the capital city of South Africa), after having suffered fatal head injuries.

RESULTS: This study was conducted over a 5-year period (from January 2004 through December 2008), and a total of 107 cases were identified for inclusion. These cases constituted nearly a fifth of admissions in this age group. The male-to-female ratio was 56%:44%, and the peak age of injury was less than 1 year. Most head injuries were sustained in road traffic accidents (70%) followed by falls.
(10%) and other types of blunt force injuries (9%). Only 1 case of non-accidental injury syndrome (child abuse) was found. The great majority of deaths were deemed to have been accidental in nature (91%) with 6 (6%) homicides.

CONCLUSION: Urgent review pertaining to the use of child restraint devices and the safety of pedestrians is required, and the institution of childhood injury registers could aid in reducing childhood fatalities in South Africa.


4. Encephalopathy and death in infants with abusive head trauma is due to hypoxic-ischemic injury following local brain trauma to vital brainstem centers


BACKGROUND: Infants with abusive head trauma (AHT) have diffuse brain damage with potentially fatal brain swelling. The pathogenesis of the brain damage remains unclear. We hypothesize that brain damage in AHT is due to hypoxic-ischemic injury with hypoxic-ischemic encephalopathy (HIE) rather than primary traumatic brain injury (TBI) with traumatic diffuse axonal injury (tDAI).

METHODS: We studied brain tissue of AHT victims. Primary outcome measure was the presence of primary traumatic versus hypoxic-ischemic brain injury. The diagnosis of tDAI followed a standardized semi-quantitative diagnostic approach yielding a 4-tiered grading scheme (definite, possible, improbable, and none). In addition, results of quantitative immunohistochemical analysis in a subgroup of AHT victims with instant death were compared with matched SIDS controls.

RESULTS: In our cohort of 50 AHT victims, none had definite tDAI (no tDAI in 30, tDAI possible in 2, and tDAI improbable in 18). Instead, all AHT victims showed morphological findings indicative of HIE. Furthermore, the subgroup with instant death showed significantly higher counts of damaged axons with accumulation of amyloid precursor protein (APP) in the brainstem adjacent to the central pattern generator of respiratory activity (CPG) (odds ratio adjusted for age, sex, brain weight, and APP-count in other regions = 3.1; 95 % confidence interval = 1.2 to 7.7; p = 0.015).

CONCLUSIONS: AHT victims in our cohort do not have diffuse TBI or tDAI.
Instead, our findings indicate that the encephalopathy in AHT is the due to hypoxic-ischemic injury probably as the result of respiratory arrest due to local damage to parts of the CPG in the brainstem.


5. Process evaluation of a statewide abusive head trauma prevention program

ABSTRACT: The current study used four dimensions of the RE-AIM framework (Reach, Adoption, Implementation, and Maintenance) to evaluate the implementation of a statewide abusive head trauma prevention program.

METHODS: Numerous methods, including telephone surveys, paper and pencil questionnaires, site visits, and program administrative data were used to conduct the process evaluation.

RESULTS: Results indicate that the intervention was successfully implemented in all birthing hospitals (n=86) across the state with a high degree of fidelity. Furthermore, the majority of the hospitals reported incorporating the program into unit procedures and employee training. More than three-fourths indicated that they plan to continue the program after the study ends.

CONCLUSION: The RE-AIM framework was applied and served as a useful guide for the process evaluation of a multifaceted, multi-system, universal public health intervention.


6. Parents' behavior in response to infant crying: Abusive head trauma education

BACKGROUND: Abusive head trauma (AHT) is still too common, and probably underestimated. It is the leading cause of death from child abuse. Crying is thought to contribute to the act of shaking. Objectives of this study were to (a) assess parents' knowledge about infant crying, their ability to manage crying, and their knowledge about AHT; and (b) assess the feasibility and the impact of a simple educational intervention about crying and AHT with parents shortly after their child's birth.
METHODS: A short questionnaire was completed orally by the parents of 190 consecutive newborns in a maternity hospital at day 2 of life. Then, during the routine examination of the child, the paediatrician gave parents a short talk about infant crying and AHT, and a pamphlet. Finally, parents were contacted by phone at 6 weeks for the post-intervention questionnaire assessing their knowledge about crying and AHT.

RESULTS: Among 202 consecutive births, parents of 190 children were included (266 parents; 70% mothers) over a 1-month period and answered the pre-intervention questionnaire. The intervention was feasible and easy to provide. Twenty-seven percent of mothers and 36% of fathers had never heard of AHT. At 6 weeks, 183 parents (68% of the sample; 80% mothers) answered the post-intervention questionnaire. Parents’ knowledge improved significantly post-intervention. Parents found the intervention acceptable and useful.

CONCLUSION: Health care professionals such as paediatricians or nurses could easily provide this brief talk to all parents during systematic newborn examination.


7. The placement of children following non-accidental head injuries: Are they protected from further harm?


KEY MESSAGES: (1) Most children with non-accidental head injury are removed from their parents in New South Wales, Australia. (2) Despite high rates of removal, re-notification to the statutory authority, including for risk of physical harm, remains high. (3) Further research is needed on how placement might affect ongoing involvement of non-accidental head injury victims with the statutory authority.

http://dx.doi.org/10.1002/car.2335

Child Physical Abuse

1. SPR Child Abuse Committee Response regarding classic metaphyseal lesion


No abstract available.

Comment on:

2. Missed cases in the detection of child abuse based on parental characteristics in the emergency department (the Hague Protocol)

BACKGROUND: We aimed to assess the number of "missed cases" in the detection of child abuse based on the Hague Protocol. This protocol considers 3 parental characteristics of ED adult patients to identify child abuse: (1) domestic violence, (2) intoxication, and (3) suicide attempt or auto-mutilation.

METHODS: This study focuses on parents whose children should have been referred to the Reporting Centre for Child Abuse and Neglect (RCCAN) in the Hague, the Netherlands, according to the guidelines of the Hague Protocol. Data were collected from all referrals by the Medical Centre Haaglanden (Medisch Centrum Haaglanden) to the RCCAN in the Hague between July 1 and December 31, 2011. The hospital's database was searched to determine whether the parents had visited the emergency department in the 12 months before their child's referral to the RCCAN.

RESULTS: Eight missed cases out of 120 cases were found. The reasons for not referring were as follows: forgetting to ask about children and assuming that it was not necessary to refer children if parents indicated that they were already receiving some form of family support.

DISCUSSION: Barriers to identifying missing cases could be relatively easy to overcome. Regular training of emergency nurses and an automated alert in the electronic health record to prompt clinicians and emergency nurses may help prevent cases being missed in the future.


3. Sensitivity of the limited view follow-up skeletal survey

BACKGROUND: Reducing radiation exposure to minimize risk has been emphasized in recent years. In child abuse, the risk of missing occult injuries is often believed to outweigh radiation risk associated with skeletal surveys. Our hypothesis was that there would be no clinically significant difference in results from a limited
view, follow-up skeletal survey (SS2) protocol, which omits spine and pelvis views unless these views have findings on the initial skeletal survey (SS1), compared with a traditional SS2 protocol for radiographic evaluation of suspected physical abuse.

METHODS: This study was a retrospective record review involving 5 child protection teams. Consultations for suspected physical abuse were reviewed to identify subjects <24 months of age who had an SS1 and a traditional SS2. The results of these studies were compared to identify subjects in which newly identified spine and pelvis fractures (fractures seen only on SS2 and not on SS1) would have been missed by using a limited view SS2 protocol.

RESULTS: We identified 534 study subjects. Five subjects had newly identified spine fractures, and no subjects had newly identified pelvis fractures on traditional SS2 studies. Only 1 subject with a newly identified spine fracture would have been missed with the limited view SS2 protocol used in this study (0.2% [95% confidence interval: <0.005-1.0]). None of the newly identified fractures changed the abuse-related diagnosis.

CONCLUSIONS: We found no clinically significant difference in the results of a limited view SS2 protocol versus a traditional SS2 protocol for radiographic evaluation of suspected abuse.


4. Age determination of soft tissue hematomas


BACKGROUND: In clinical forensic medicine, the estimation of the age of injuries such as externally visible subcutaneous hematomas is important for the reconstruction of violent events, particularly to include or exclude potential suspects. Since the estimation of the time of origin based on external inspection is unreliable, the aim of this study was to use contrast in MRI to develop an easy-to-use model for hematoma age estimation.

METHODS: In a longitudinal study, artificially created subcutaneous hematomas were repetitively imaged using MRI over a period of two weeks. The haemorrhages were created by injecting autologous blood into the subcutaneous tissue of the thigh in 20 healthy volunteers. For MRI, standard commercially available sequences, namely proton-density-weighted, T2 -
weighted and inversion recovery sequences, were used. The hematomas' MRI data were analysed regarding their contrast behaviour using the most suitable sequences to derive a model allowing an objective estimation of the age of soft tissue hematomas.

RESULTS: The Michelson contrast between hematoma and muscle in the proton-density-weighted sequence showed an exponentially decreasing behaviour with a dynamic range of 0.6 and a maximum standard deviation of 0.1. The contrast of the inversion recovery sequences showed increasing characteristics and was hypointense for TI = 200ms and hyperintense for TI = 1000ms. These sequences were used to create a contrast model. The cross-validation of the model finally yielded limits of agreement for hematoma age determination (corresponding to +/- 1.96 SD) of +/-38.7h during the first three days and +/-54 h for the entire investigation period.

CONCLUSION: The developed model provides lookup tables which allow for the estimation of a hematoma's age given a single contrast measurement applicable by a radiologist or a forensic physician. This is a first step towards an accurate and objective dating method for subcutaneous hematomas, which will be particularly useful in child abuse.


5. Sentinel injuries: Subtle findings of physical abuse

ABSTRACT: Injuries, other than abrasions, are rare in pre-cruising infants. In this population, a history or observation of a sentinel skin injury, intraoral injury, or musculoskeletal injury without a plausible explanation, is concerning for physical abuse. A pre-cruising infant with a sentinel injury should be medically evaluated for occult injury and predisposing medical conditions, as well as reported to authorities for further investigation. Early identification of sentinel injuries and appropriate interventions can prevent further abuse.

1. The influence of narrative practice techniques on child behaviors in forensic interviews

BACKGROUND: During investigations of child sexual abuse, forensic interviewers must maintain a delicate balance of providing support for the child while collecting forensic evidence about the abuse allegation required for credible evidence for court purposes. The use of narrative practice techniques can achieve both goals by creating conditions that facilitate the possibility that children will feel safe enough to provide detailed descriptions of the alleged abuse. This article reports findings from an evaluation of a change in practice using the CornerHouse.

RESULTS: Forensic Interview Protocol in which narrative practice techniques were incorporated into the interview format. Findings show that children provided more detailed accounts of abuse when interviewers used open-ended questions and supportive statements through narrative practice.


BACKGROUND: Child sexual abuse in the Catholic Church has been increasingly recognized as a problem not limited to individual institutions. Recent inquiry commission reports provide substantial information on offense dynamics, but their conclusions have not been synthesized with empirical research to date. The aim of this systematic literature review was to bring together key findings and identify gaps in the evidence base.

METHODS: The three main focus points were (A) Types of publications and methodology used, (B) Frequency information on child sexual abuse in the Catholic Church, (C) Individual factors in offending, and (D) Institutional factors in offending.

RESULTS: It was found that reports, legal assessments, and research on child sexual abuse within the Catholic Church provide extensive descriptive and qualitative information for five different countries. This includes individual psychological factors (static risk predictors, multiple trajectories)
and institutional factors (opportunity, social dynamics) as well as prevalence rates illustrating a high "dark figure" of child sexual abuse. 

3. “Systemic trauma”: The impact on parents whose children have experienced sexual abuse

BACKGROUND: This article examines the impact on parents in an Irish context whose children have experienced sexual abuse and aims to explore the pathways to distress. This is in order to understand what factors facilitate or hinder parents from supporting their child to the best of their ability, given that parental support is a crucial moderating factor in children’s recoveries.

METHODS: Semi structured interviews were carried out with 13 parents in this context and analysed using a grounded theory methodology.

RESULTS: The overall concept that emerged was termed “systemic trauma” and was composed of eight categories that help to explain the pathways of impact for parents. This model can help clinicians understand and respond to the needs of parents in the aftermath of CSA.

Full text:
http://www.tandfonline.com/doi/abs/10.1080/10538712.2014.920458

4. Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities

OBJECTIVES: To assess the quality and diagnostic accuracy of paediatric sexual abuse forensic examinations conducted at rural hospitals with access to telemedicine compared with examinations conducted at similar hospitals without telemedicine support.

METHODS: Medical records of children less than 18 years of age referred for sexual abuse forensic examinations were reviewed at five rural hospitals with access to telemedicine consultations and three comparison hospitals with existing sexual abuse programs without telemedicine. Forensic examination quality and accuracy were independently evaluated by expert review of state mandated forensic
reporting forms, photo/video documentation, and medical records using two structured implicit review instruments.

RESULTS: Among the 183 patients included in the study, 101 (55.2%) children were evaluated at telemedicine hospitals and 82 (44.8%) were evaluated at comparison hospitals. Evaluation of state mandatory sexual abuse examination reporting forms demonstrated that hospitals with telemedicine had significantly higher quality scores in several domains including the general exam, the genital exam, documentation of examination findings, the overall assessment, and the summed total quality score (p<0.05 for each). Evaluation of the photos/videos and medical records documenting the completeness and accuracy of the examinations demonstrated that hospitals with telemedicine also had significantly higher scores in several domains including photo/video quality, completeness of the examination, and the summed total completeness and accuracy score (p<0.05 for each).

CONCLUSION: Rural hospitals using telemedicine for paediatric sexual abuse forensic examination consultations provided significantly higher quality evaluations, more complete examinations, and more accurate diagnoses than similar hospitals conducting examinations without telemedicine support.


Prog Neurobiol Ahead of print [Epub 15/08/2014].

BACKGROUND: Psychosocial and biological factors have been implicated in paedophilia, such as alterations in brain structure and function. The purpose of this paper is to review the expanding body of literature on this topic including brain abnormality case reports, as well as structural and functional neuroimaging studies.

RESULTS: Case studies of men who have committed sexual offences against children implicate frontal and temporal abnormalities that may be associated with impaired impulse inhibition. Structural neuroimaging investigations show volume reductions in paedophilic men. Although the findings have been heterogeneous, smaller amygdala volume has been replicated repeatedly. Functional neuroimaging investigations
demonstrate an overlap between paedophiles and teleiophiles during sexual arousal processing. While it is controversial among studies regarding group differences, reliable discrimination between paedophilic and teleiophilic men may be achieved using functional activation patterns. Nevertheless, the heterogeneous findings published so far suggest further research is necessary to disentangle the neurobiological mechanisms of paedophilic preference. A number of methodological confounds have been identified, which may account for the inconsistent results that could prove to be beneficial for future investigations.


6. Assessment of the sexually abused female children admitted to a tertiary care hospital: Eight year experience
OBJECTIVES: To discuss the medical, social and legal characteristics of the child sexual abuse and to provide a perspective for gynaecologists on this topic.

METHODS: A retrospective analysis was carried out of the medicolegal records of female children below the age of 18 referred to a tertiary teaching hospital and diagnosed as being exposed to sexual abuse within the family between the years of 2004 to 2012.
RESULTS: One hundred and thirty-nine cases were diagnosed as being exposed to sexual abuse during the 8 year period, 23 of them (16.5%) had been involved in sexual abuse within the family. Eleven out of 23 had been admitted as part of a legal process while the rest were reported by a third person.
CONCLUSION: Since sexual abuse within the family is a taboo in Islamic societies, the diagnosis can take a long time. Recognition of sexually abused children, providing early performance of medicolegal examinations, and applying standardized medical guidelines are essential to protect these children.

7. Eliciting accounts of alleged child sexual abuse: How do children report touch?


**BACKGROUND:** Investigative interviewers frequently question alleged victims of child sexual abuse about any touching or bodily contact that might have occurred. In the present study of forensic interviews with 192 alleged sexual abuse victims, between four and 13 years of age, we examined the frequency with which alleged victims reported bodily contact as 'touch', and the types of prompts associated with 'touch' reports.

**RESULTS:** Even young alleged victims of sexual abuse reported bodily contact as 'touch', and they used the word 'touch' more frequently in response to recall than recognition prompts. Further, regardless of age, children typically referred to 'touch' before interviewers used this term, suggesting that even young children are able to report 'touch' without being cued by interviewers.


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1. The role of neglect in child fatality and serious injury


**BACKGROUND:** Although there is improved recognition of the pernicious long-term harm that stems from living with neglect during childhood, neglect is rarely associated with child fatality. This article offers a re-analysis of neglect in serious case reviews (cases of child death or serious injury related to maltreatment) in England (2003–11) from four consecutive government-commissioned national two-yearly studies. It draws on anonymised research information from 46 cases out of a total of over 800 cases.

**METHODS:** Each case was examined in depth using an ecological transactional approach, grounded in the child's experience, which promotes a dynamic understanding and assessment of the interactions between children and their families and the helping practitioners.

**RESULTS:** The qualitative findings reported explore how circumstances came together when neglect had a catastrophic impact on the child and family presenting in six different ways (deprivational neglect, medical neglect,
accidents with elements of forewarning, sudden unexpected deaths in infancy, physical abuse combined with neglect and young suicide). Each of the six categories raised particular issues over and above a common core of concerns around the relationship between the child and his or her parent or carer, and between parents/carers and professionals. 

http://dx.doi.org/10.1002/car.2320

2. More than words: The emotional maltreatment of children


ABSTRACT: Emotional maltreatment may be the most complex, prevalent, and damaging form of child maltreatment and can occur simultaneously with other forms of abuse. Children in the first few years of life seem to be at the greatest risk of suffering the most negative outcomes. Medical professionals can help identify and protect victims of emotional maltreatment by carefully observing caregiver-child interactions, paying attention to a family’s social history, making referrals to community or counselling programs when necessary, and reporting any suspicions of maltreatment to Child Protective Services. A well-coordinated, multidisciplinary response must be enacted whenever emotional maltreatment is suspected or reported. 


3. Noticing and helping neglected children: messages from action on neglect


ABSTRACT: This paper sets out the messages from Action on Neglect, an Economic and Social Research Council Follow on Fund-sponsored project which ran from April 2011 to the end of March 2012 in England. Undertaken by a small team of researchers and practitioners from the universities of Stirling and Dundee and the national charity Action for Children, it was a follow-up to a literature review produced as part of the Safeguarding Children Across Services Research Initiative. The project team met with multidisciplinary groups of practitioners and managers from all key professions working with children in three areas of England on four occasions. The messages from the study were used to consider the extent to which current practice equates with evidence from
the research. Through a process of co-production, the project explored the ways in which neglected children are currently helped and considered what could be done to improve recognition and early response. ‘The messages from the study were used to consider the extent to which current practice equates with evidence from the research’ The final product was a pack – Action on Neglect – that outlines a series of detailed worked examples setting out improved pathways to help for neglected children and their families.

http://dx.doi.org/10.1002/car.2339

4. A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse

BACKGROUND: Approximately 50% of child protective service (CPS) referrals abuse drugs; yet, existing treatment studies in this population have been limited to case examinations. Therefore, a family-based behavioural therapy was evaluated in mothers referred from CPS for child neglect and drug abuse utilizing a controlled experimental design.

METHODS: Seventy-two mothers evidencing drug abuse or dependence and child neglect were randomly assigned to family behaviour therapy (FBT) or treatment as usual (TAU). Participants were assessed at baseline, 6 months, and 10 months post-randomization.

RESULTS: As hypothesized, intent-to-treat repeated measures analyses revealed mothers referred for child neglect not due to their children being exposed to illicit drugs demonstrated better outcomes in child maltreatment potential from baseline to 6- and 10-month post-randomization assessments when assigned to FBT, as compared with TAU mothers and FBT mothers who were referred due to child drug exposure. Similar results occurred for hard drug use from baseline to 6 and 10 months post-randomization. However, TAU mothers referred due to child drug exposure were also found to decrease their hard drug use more than TAU mothers of non-drug-exposed children and FBT mothers of drug-exposed children at 6 and 10 months post-randomization. Although effect sizes for mothers assigned to FBT were slightly larger for marijuana use than TAU (medium vs. large), these differences were not statistically significant. Specific to
secondary outcomes, mothers in FBT, relative to TAU, increased time employed from baseline to 6 and 10 months post-randomization. Mothers in FBT, compared to TAU, also decreased HIV risk from baseline to 6 months post-randomization. There were no differences in outcome between FBT and TAU for number of days children were in CPS custody and alcohol intoxication, although FBT mothers demonstrated marginal decreases (p = .058) in incarceration from baseline to 6 months post-randomization relative to TAU mothers.

CONCLUSION: Family-based behavioural treatment programs offer promise in mothers who have been reported to CPS for concurrent substance abuse and child neglect of their children. However, continued intervention development in this population is very much needed.


5. Working effectively with neglected children and their families – What needs to change?

BACKGROUND: Since practitioners have little research to inform them about how to keep neglected children safe and improve their outcomes, we conducted a study about how risks are managed over time.

METHODS: The research in seven local authorities involved 138 neglected children who were returned from care to their parents and followed up for another five years through reviews of case files and interviews with social workers. ‘We conducted a study about how risks are managed over time’. Work with neglected children and their families was dogged by ‘inescapable errors’, which we argue will always occur in work over time and need to be deliberately interrupted.

RESULTS: Parents were difficult to engage, and over time abuse and neglect were often minimised so that referrals about harm to children did not lead to sufficient protective action. Parents were given too many chances to change, and files lacked information on the development of children on which decisions about intervention could be based.

CONCLUSIONS: Using written contracts with parents would assist practitioners to assess parental capacity to make the changes required. A new approach to working with neglected children is required
which will allow patterns of children's developmental and other progress to be recognised over time, rooted in collecting evidence which could be used in care proceedings if required.  

http://dx.doi.org/10.1002/car.2330

6. Transporting and implementing the SafeCare® home-based programme for parents, designed to reduce and mitigate the effects of child neglect: An initial progress report


KEY MESSAGES: (1) SafeCare is a structured training programme for parents, developed in America for families where there were concerns about possible neglect or abuse. (2) SafeCare has been implemented in six NSPCC sites. An evaluation is considering whether and how it can contribute to the prevention and amelioration of child neglect in the UK. (3) The service development and early implementation experiences are outlined, including the varying practitioner responses to the implementation of a structured, manualised programme.

http://dx.doi.org/10.1002/car.2338

7. Neglect: failure to thrive and obesity


ABSTRACT: Medical providers need to monitor growth at every visit. Weight status is influenced by genetics, medical conditions, socioeconomic status, and family environment. Screening for food security and psychosocial risk factors is an integral tool to identify families at risk for nutritional deficits and child maltreatment. Nutritional rehabilitation is best accomplished in an outpatient, multidisciplinary setting. Medical neglect should be considered in failure to thrive and obesity when there is a serious risk of harm from identified medical complications, additional or worsening medical complications occurring despite a multidisciplinary approach, and/or non-adherence with the treatment plan.

8. Transforming a wild world: Helping children and families to address neglect in the province of Quebec, Canada


ABSTRACT: Neglect is a complex social problem with serious consequences for the fulfilment of the needs of a child by adults in the child's immediate family and social network – not only parents, but other adults who come into contact with the child (including professionals). However, child protection systems have difficulty taking into account the social nature and the relational complexity of this issue. In fact, they have, consequently, a tendency to concentrate on the parents' deficiencies with regard to their responsibility to their children. This article describes the theoretical foundation of an ecosystemic and developmental model that forms the basis for the development of integrated child neglect services in Quebec, Canada. It also describes the components and activities that aim to operationalise this ecosystemic and developmental model of child neglect.

http://dx.doi.org/10.1002/car.2347

Prevention and Interventions

1. Foster care and healing from complex childhood trauma


ABSTRACT: Children enter foster care with many forms of adversity and trauma beyond maltreatment that impact their short- and long-term physical, mental, and developmental health and their adaptation to their new care environment. Applying an understanding of the impact of toxic stress on the developing brain and body allows the health care provider to understand findings in this vulnerable population. Complex trauma alters immune response, neurodevelopment, and the genome, resulting in predictable and significant cognitive, behavioural, and physical consequences. Paediatric care of children in foster care must be trauma informed to meet their medical, mental health, and developmental needs.

2. Prevention of child maltreatment


ABSTRACT: Paediatricians and other health care providers can play several important roles in the prevention of child maltreatment. This article aims to help paediatricians incorporate child abuse prevention into their practice. Resources for systematizing anticipatory guidance and screening for risk factors in child maltreatment are described. The modalities, strengths, and weaknesses of community based prevention programs are discussed, and tools with which providers can identify the effectiveness of available community based programs are offered. On a broader level, ways whereby paediatricians can advocate at the local, state, and national levels for policies and programs that support families and children are described.


3. Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial


ABSTRACT: Exposure to early adversity places young children at risk for behavioural, physiological, and emotional dysregulation, predisposing them to a range of long-term problematic outcomes. Attachment and Biobehavioral Catch-up (ABC) is a 10-session intervention designed to enhance children’s self-regulatory capabilities by helping parents to behave in nurturing, synchronous, and non-frightening ways. The effectiveness of the intervention was assessed in a randomized clinical trial, with parents who had been referred to Child Protective Services (CPS) for allegations of maltreatment. Parent-child dyads received either the ABC intervention or a control intervention. Following the intervention, children from the ABC intervention (n=56) expressed lower levels of negative affect during a challenging task compared to children from the control intervention (n=61).

4. Evaluating programmes for violent fathers: Challenges and ethical review

BACKGROUND: A range of challenges exist when evaluating programmes for violent men about domestic abuse. Delivered in five UK sites, the Caring Dads Safer Children programme is designed to enhance the parenting behaviour of violent men. At the end of the first delivery programme in each site, a review was undertaken at the request of the ethics committee: to ensure that the evaluation was not raising further ethical issues; to check on the wellbeing of service users and their families; to scrutinise the evaluation process in terms of data quality and quantity; and to inform service and evaluation changes as necessary.

METHODS: In-depth interviews were undertaken with practitioners delivering the service and analysed inductively.

RESULTS: While some practitioners expressed concerns about the burden on service delivery and challenges to their relationship with families due to the use of standardised measures in the evaluation, others demonstrated how robust evaluation procedures enhanced assessment and service delivery.

CONCLUSION: Organisations need to be confident that the cumulative effects of any disadvantages posed by the use of standardised measures do not outweigh the benefits and plan for potential barriers and resistance to their implementation.

http://dx.doi.org/10.1002/car.2342

5. Public health approaches to protecting vulnerable populations: A public health response to data interoperability to prevent child maltreatment

ABSTRACT: The sharing of data, particularly health data, has been an important tool for the public health community, especially in terms of data sharing across systems (i.e., interoperability). Child maltreatment is a serious public health issue that could be better mitigated if there were interoperability. There are challenges to addressing child maltreatment interoperability that include the current lack of data sharing among systems, the lack of laws that promote
interoperability to address child maltreatment, and the lack of data sharing at the individual level. There are waivers in federal law that allow for interoperability to prevent communicable diseases at the individual level. Child maltreatment has a greater long-term impact than a number of communicable diseases combined, and interoperability should be leveraged to maximize public health strategies to prevent child maltreatment.


6. Pilot study of a program delivered within the regular service system in Germany: Effect of a short-term attachment-based intervention on maternal sensitivity in mothers at risk for child abuse and neglect


BACKGROUND: This pilot study examined the effectiveness of a short-term attachment-based intervention, the Ulm Model, in a German population at risk for child abuse and neglect.

METHODS: The intervention used home visits and video feedback to promote maternal sensitivity, and was implemented by trained staff within the health care and youth welfare systems. Mothers in the control group (n=33) received standard services only, while those in the intervention group (n=63) additionally the Ulm Model intervention. The outcomes measured were maternal sensitivity, as assessed by the CARE-Index at pre-intervention, after the last session, and at about 6 and 12 months of age; and infant socio-emotional development, as assessed by the ET6-6 development test at about 6 and 12 months of age. The moderating effects on treatment outcomes of two variables were examined: risk for child abuse (moderate vs. high) and type of maternal attachment representation (secure vs. insecure).

RESULTS: Among participants at moderate risk for child abuse, no differences were found between the intervention group and control group in either maternal sensitivity or infant development. Among those considered high risk, mothers in the intervention group showed a significant increase in maternal sensitivity from pre- to post-intervention; however, no group differences were seen at follow-up.

CONCLUSION: There were some indications that infants of mothers in
the intervention group showed better emotional development. The variable of maternal attachment representation was not a significant moderator for the intervention effect, but post hoc analysis indicated that the mean sensitivity of secure mothers was significant higher at the 6-month follow-up.


7. Child maltreatment and prevention

No abstract available.


Long term outcomes

1. How does child abuse history influence parenting of the next generation?

BACKGROUND: This study examines the prospective association of childhood abuse (physical and/or sexual abuse) with subsequent parenting practices in adulthood.

METHODS: The sample is drawn from the Children in the Community Study, a prospective longitudinal study of children’s mental health development in a community sample of children followed for approximately 30 years. The study uses a multi-method, multi-informant design (self-report, parent report, and official records) incorporating data from 3 generations to examine the influence of childhood maltreatment on parenting practices at M age 33, and the mediating effects of adolescent conduct disorder at M age 15 and adult psychopathology at M age 22.

RESULTS: Sexual abuse predicted lower availability, time spent with the child, satisfaction with the child, and higher perceived ineffectiveness; physical abuse predicted higher perceived ineffectiveness; and dual abuse predicted lower availability and harsh discipline. Conduct disorder mediated the association of sexual abuse with satisfaction and dual abuse with availability, whereas generalized anxiety disorder mediated the association of sexual abuse with time spent with the child.

CONCLUSION: These results suggest that some mothers and fathers with a history of child abuse may benefit from parenting interventions that address
difficulties with emotional disengagement. Specific attention could be paid to assist these parents with emotional regulation strategies to maximize their emotional and physical engagement with their child, so as to increase their capacity for availability, time spent with the child, and parental self-efficacy.

http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2014-32424-001

2. The effects of child maltreatment on the developing brain

ABSTRACT: Lasting effects of child abuse and neglect are well recognised. Apart from physical effects resulting from injuries and neglect, the effects are on behaviour, emotional well-being, interpersonal relationships and cognitive functioning. These psychological aspects are now known to have their counterparts in brain structure, chemistry and function. The growing knowledge of brain development has shed new light on our understanding of the processes by which especially early abuse and neglect may have a profound effect on the child's later adjustment. The brain undergoes its greatest growth and development in the first years of life, (with a second phase in adolescence). While the sequence of development within the brain is genetically determined, the nature of this development is determined to a considerable extent on the young child's experiences. The absence of some experiences, such as extreme deprivation during sensitive periods of development may mean that certain functions will not develop. For most functions, the nature of experience will shape brain development. Negative experiences and certain ways of interaction will be incorporated into the brain's connectivity. While learning and new experiences continue throughout life, and their effects continue to be incorporated into brain structure and functioning, previous patterns cannot be erased, only added on to and more slowly. As we know from our adult experiences, learning is far faster in childhood. A further aspect of child maltreatment which has a profound effect on brain development is the significant neurobiological stress which the young, maltreated, child experiences. It is interesting to learn that secure attachment organisation protects the developing brain from the worst effects of the stress response. The effects of the experiences interact
with the child's genetic resilience or vulnerability.


3. Cumulative childhood risk and adult functioning in abused and neglected children grown up


**BACKGROUND:** This paper examines the relationship between childhood exposure to cumulative risk and three indicators of psychosocial adjustment in adulthood (educational attainment, mental health, and criminal behaviour) and tests three different models (linear, quadratic, and interaction).

**METHODS:** Data were collected over several time points from individuals who were part of a prospective cohort design study that matched children with documented cases of abuse and/or neglect with children without such histories and followed them into adulthood. Hierarchical multiple regressions compared linear and quadratic models and then examined potential moderating effects of child abuse/neglect and gender.

**RESULTS:** Exposure to a greater number of childhood risk factors was significantly related to fewer years of education, more anxiety and depression symptomatology, and more criminal arrests in adulthood. The relationship between cumulative risk and years of education demonstrated a curvilinear pattern, whereas the relationship between cumulative risk and both mental health and criminal arrests was linear. Child abuse/neglect did not moderate these relationships, although there were direct effects for both child abuse/neglect and gender on criminal arrests, with more arrests for abused/neglected individuals than controls and more for males than females. Gender interacted with cumulative risk to impact educational attainment and criminal behaviour, suggesting that interventions may be more effective if tailored differently for males and females.

**CONCLUSION:** Interventions may need to be multifaceted and designed to address these different domains of functioning.

4. Untangling the relative contribution of maltreatment severity and frequency to type of behavioral outcome in foster youth


BACKGROUND: Within maltreatment research, type, frequency, and severity of abuse are often confounded and not always specifically documented. The result is samples that are often heterogeneous in regard to maltreatment experience, and the role of the different components of maltreatment in predicting outcome is unclear. The purpose of the present study was to identify and test the potential unique role of type, frequency, and severity of maltreatment to elucidate each variable’s role in predicting outcome behaviour.

METHODS: Data from 309 youth in foster care (ages 8-22) and their caregivers were collected using the Modified Maltreatment Classification System and the Behavioural Assessment System for Children, 2nd Edition (BASC2), to measure maltreatment exposure and behavioural outcome respectively. A measurement model of the BASC2 was completed to determine model fit within the sample data. A second confirmatory factor analysis (CFA) was completed to determine the unique contributions of frequency and severity of maltreatment across four types of abuse to externalizing, internalizing, and adaptive behaviour.

RESULTS: The result of the CFA determined good fit of the BASC2 to the sample data after a few modifications. The result of the second CFA indicated that the paths from severity to externalizing behaviour and adaptive behaviour (reverse loading) were significant. Paths from frequency of abuse were not predictive of behavioural outcome.

CONCLUSION: Maltreatment is a complex construct and researchers are encouraged to examine components of abuse that may be differentially related to outcome behaviour for youth. Untangling the multifaceted nature of abuse is important and may have implications for identifying specific outcomes for youth exposed to maltreatment.

5. Associations between early life stress and gene methylation in children
ABSTRACT: Children exposed to extreme stress are at heightened risk for developing mental and physical disorders. However, little is known about mechanisms underlying these associations in humans. An emerging insight is that children’s social environments change gene expression, which contributes to biological vulnerabilities for behavioural problems. Epigenetic changes in the glucocorticoid receptor gene, a critical component of stress regulation, were examined in whole blood from 56 children aged 11–14 years. Children exposed to physical maltreatment had greater methylation within exon 1F in the NR3C1 promoter region of the gene compared to non-maltreated children, including the putative NGFI-A (nerve growth factor) binding site. These results highlight molecular mechanisms linking childhood stress with biological changes that may lead to mental and physical disorders.
http://dx.doi.org/10.1111/cdev.12270

1. Advocacy opportunities for pediatricians caring for maltreated children
ABSTRACT: Paediatricians are advocates for children. It is one of the central elements of the job description. In the course of their work, paediatricians have many opportunities to advocate for abused and neglected children. The most effective form of advocacy that most paediatricians will engage in with regard to child abuse and neglect is by being highly skilled doctors who provide excellent clinical care to children and families, knowing how to recognize child abuse and what to do when they encounter it, and being familiar with the resources of their communities.
2. The pediatrician and child maltreatment: Principles and pointers for practice

ABSTRACT: Child abuse and neglect are inherently challenging problems for paediatricians. It is hoped that this article makes this work easier, albeit not easy, and highlights the many ways that paediatricians can make a valuable difference in the lives of these vulnerable children and their families.


3. A nationwide survey of peer review practices in child maltreatment teams

BACKGROUND: Medical evaluations for suspected child sexual abuse carry a significant medico-legal burden and are often performed in a variety of clinical settings, by clinicians with different levels of expertise and experience. Peer review or professional practice evaluation is an important component for quality assurance.

METHODS: We surveyed 255 programmes which provided sexual abuse evaluations which were identified through queries with national child abuse professional organisations. We sought information on team composition and setting, patient population characteristics and each site’s peer review process.

RESULTS: Of the 129 responding programmes, 42 per cent (n=44) reported having a written peer review process. There were no differences between practice types with regards to having a written peer review process, the percentage of cases reviewed, the documentation type reviewed or the percentage reporting an external review process. The majority of programmes (n=89, 85%) reported that they review both chart and photo documentation during the peer review process.

CONCLUSION: Our data support that most programmes involved in child maltreatment evaluations undergo some form of peer review, but there exists a large amount of heterogeneity in the process by which it occurs.

http://dx.doi.org/10.1002/car.2337
4. An innovative approach to providing collaborative education to undergraduate students in the area of child maltreatment


ABSTRACT: Frontline workers in the area of child welfare often enter the field without having taken any specialized coursework in the area of child maltreatment. This article discusses an interdisciplinary certificate program that is specifically designed to teach persons from various academic areas the knowledge and skills necessary to work with children who experience maltreatment. The child advocacy studies certificate program specifically focuses on coursework in the area of child maltreatment and child advocacy to better train future frontline workers in their vital roles. This certificate will decrease underreporting of child abuse cases by mandated reporters by making them more aware of the signs and symptoms of child maltreatment and also give students a greater understanding of how to work with individuals from various fields.


5. Cognitive errors: Thinking clearly when it could be child maltreatment


ABSTRACT: Cognitive errors have been studied in a broad array of fields, including medicine. The more that is understood about how the human mind processes complex information, the more it becomes clear that certain situations are particularly susceptible to less than optimal outcomes because of these errors. This article explores how some of the known cognitive errors may influence the diagnosis of child abuse, resulting in both false-negative and false-positive diagnoses. Suggested remedies for these errors are offered.


6. A simple clinical coding strategy to improve recording of child maltreatment concerns: an audit study


No abstract available.

7. Has this child been abused? Exploring uncertainty in the diagnosis of maltreatment

ABSTRACT: Uncertainty in the diagnosis of abuse can have profound implications for the health and safety of the child, the emotional burden of a family, and investigative and criminal proceedings. A logical algorithm for addressing physical and sexual abuse cases that details aspects contributing to the uncertainty may aid the clinician in making a diagnosis and in communicating the crucial details to the relevant investigative agencies. This article defines and discusses uncertainty in the realms of physical and sexual abuse, and suggests an approach to managing uncertainty while still providing valuable information for the medical and child protective service systems.


8. Three dimensional computed tomography skull reconstructions as an aid to child abuse evaluations

BACKGROUND: Skull fractures can be difficult to recognize on radiographs and axial computed tomography (CT) bone windows. Missed findings may delay abuse diagnosis. The role of three dimensional (3-D) reconstructions in child abuse evaluations was retrospectively evaluated.

METHODS: Twelve exemplary cases between August 2006 and July 2009 are described. All, except 2 medical-legal cases, were clinical abuse consultations. With the use of a 1-to-3 scale, ease and accuracy of interpretation of findings between plain films, bone windows, and 3-D CT images were independently assessed by 2 radiologists.

RESULTS: In 7 cases, skull fractures were missed on initial review of skull films and/or bone windows. Three children sustained additional abusive injury before 3-D CT reconstructions demonstrated subtle skull fractures, though imaged, were missed on initial readings. Three children with initially
unrecognized fractures had timely 3-D reconstructions confirming fractures, allowing protective intervention before additional injury. An unrecognized ping-pong fracture was discovered on 3-D reconstructions with an inflicted subdural haemorrhage, defining the injury as an impact. Two 3-Ds demonstrated communication of biparietal fractures along the sagittal suture. This changed interpretation to single, rather than 2 separate, concerning impacts. Three potential skull fractures were found to represent large sutural bones. In all cases, ease and accuracy of interpretation scores were highest for 3-D CT.

CONCLUSIONS: Without increasing patient radiation exposure, 3-D CT reconstructions may reveal previously unrecognized skull fractures, potentially allowing abuse diagnosis before additional injury. They may clarify normal skull variants and affirm accidental injury causes. We now routinely include 3-D reconstructions on cranial CTs for children younger than 3 years.


9. Assessment of a novel module for training dental students in child abuse recognition and reporting

BACKGROUND: This study assessed the merits of introducing a novel, online interactive training module designed to positively engage dental students and teach them to recognize and report signs of child abuse and neglect. The study aimed to determine if the online training module educated the students equivalently or better than a lecture presentation of the same content.

METHODS: Seventy-two students from Columbia University College of Dental Medicine’s class of 2015 (90 percent of the class) agreed to participate and were randomly assigned to either a traditional lecture-based presentation or the online training module. Study participants were given a twenty-question multiple-choice pre-test on their knowledge of child abuse recognition and reporting prior to the start of the study. The same instrument was administered as a post-test. At the end of the training, questionnaires were also given to both groups to assess students’ perceptions of the two educational methodologies.
RESULTS: The results showed that the interactive online training module was more effective than the lecture-based method. Results of the post-test comparison of the two groups were statistically significant (p<0.05) in favour of the online training group. Additionally, the students reported that the interactive online training module was engaging and a helpful resource, but on average they did not prefer it as a total replacement for the lecture-based approach.


10. The relevance of the Goudge inquiry to the practice of child protection/forensic paediatrics


ABSTRACT: In 2008 Ontario, Canada the Goudge Inquiry arose following increasing concerns about practices surrounding forensic pathology and the investigation of paediatric deaths. Some of the considerations and recommendations have relevance to child protection/forensic paediatrics, particularly in relation to their responsibilities in opinion formulation and as expert witnesses. By examining the Inquiry recommendations, this paper applies them in relation to child protection/forensic paediatrics by discussing forensic medicine and its legal context, how interpretation of published reports and data should be used in opinion formulation; issues of ‘diagnosis’ versus ‘opinion’; issues specific to child protection paediatrics; quality control; aspects of report writing and terminological considerations. It concludes with an adaptation of key recommendations directly from those of Goudge, applied to the context of paediatric forensic medicine undertaken in child protection assessments.


11. The conversation: Interacting with parents when child abuse is suspected


ABSTRACT: This article reviews some of the challenges and pitfalls in communicating with families when abuse is part of the differential diagnosis and offers some suggestions for improving communication with parents and children in these challenging clinical settings.

3. Learning from child death review in the USA, England, Australia, and New Zealand


**ABSTRACT:** Despite pronounced reductions in child mortality in industrialised countries, variations exist within and between countries. Many child deaths are preventable, and much could be done to further reduce mortality. For the family, their community, and professionals caring for them, every child's death is a tragedy. Systematic review of all child deaths is grounded in respect for the rights of children and their families, and aimed towards the prevention of future child deaths. In a Series of three papers, we discuss child death in high-income countries in the context of evolving child death review processes. This paper outlines the background to and development of child death review in the USA, England, Australia, and New Zealand. We consider the purpose, process, and outputs of child death review, and discuss how these factors can contribute to a greater understanding of children's deaths and to knowledge for the prevention of future child deaths.

4. Risk factors for child maltreatment recurrence: An updated systematic review


**BACKGROUND:** Children who have been maltreated are at increased risk of further maltreatment. Identification of those at highest risk of further maltreatment is a priority for professionals working in child protection services. The current study is intended to consolidate and expand on previous work on recurrence of child maltreatment. It has sought to identify risk factors for maltreatment recurrence in the recent literature in the expectation that this may help in the practical identification of children at risk.

**METHODS:** We conducted a systematic review of cohort studies published between 2003 and 2009, identifying factors associated with maltreatment recurrence in children. Studies included demonstrated differing levels of substantiation of maltreatment.

**RESULTS:** Fifteen studies met inclusion criteria but showed significant heterogeneity, varying in setting, recruitment of subjects, types of maltreatment considered and length of follow-up. Previous findings were replicated and expanded in the current study in relation to a range of factors, including rates of maltreatment recurrence, maltreatment types, frequency of previous episodes of maltreatment, child and family considerations, home environment and service provision. Factors were identified irrespective of level of maltreatment substantiation.

**CONCLUSION:** This study provides further systematic evidence of the existence of a number of factors associated with child maltreatment recurrence. It points to the possibility of practical application of its findings within the wider context of decision making in child protection services, with the ultimate aim of reducing recurrence of maltreatment in individual cases.

1. Forensic medical evaluations of child maltreatment: A proposed research agenda


ABSTRACT: Physicians play an important role in the forensic evaluation of suspected child abuse and neglect. There has been considerable progress in the medical field, helping distinguish findings related to maltreatment from other conditions or circumstances. Nevertheless, important questions remain. This article covers several of these questions and proposes a research agenda concerning five main topics: sexual abuse, neglect, fractures, abusive head trauma, and physicians work in interdisciplinary settings. The suggestions are hardly inclusive, but offer suggestions the authors think are priorities, and ones that research could reasonably address. By providing some background to gaps in our knowledge, this paper should be of interest to a broader audience than just medical professionals.


2. Responding to information about children in adversity: Ten years of a differential response model in Western Australia


ABSTRACT: This article uses a comprehensive database about children in adversity collected over the 16-year period from 1990 to 2005 in the state of Western Australia. The focus of this interrogation is the effect of major changes in responses to information about children brought to the attention of the Western Australian statutory authority in a 10-year period during this 16 years. The initiative for these changes was termed New Directions, and its associated policy and practice changes were aimed at differentiating information expressing concerns about children and families from allegations of child maltreatment. They emphasized the provision of supportive and empowering services to families experiencing difficulties - a form of differential response to children in adversity. The article covers the period leading up to the policy and practice change and the 10 years during which these changes were implemented. It examines some
effects of the new policy and comments on whether the changes resulted in missed opportunities to protect children from harm, which in turn, might have led to higher rates of re-reporting. The authors present an overall picture of the nature of the information accepted by the statutory authority and how the interpretation of that information might have affected subsequent outcomes for children. In doing so, it shows that the policy and consequential practice changes associated with a differential response mechanism had long lasting positive effects that, despite dire warnings, did not compromise the protection of the small group of children identified as requiring protective interventions.


3. Allegation rates in forensic child abuse investigations: Comparing the revised and standard NICHD protocols


ABSTRACT: Four hundred twenty-six 4 to 13-year-old suspected victims of intrafamilial abuse were interviewed using either the National Institute of Child Health and Human Development (NICHD) Investigative Interview Standard Protocol (SP) or a revised version of this Protocol (RP) designed to both enhance rapport between children and interviewers and provide additional non-suggestive support to suspected victims who might be reluctant to make allegations. All allegations were corroborated by independent evidence documenting that the alleged abuse had indeed taken place. Analyses revealed that children were significantly more likely to make allegations of abuse when the RP rather than the SP was employed. These results suggest that supportive forensic interviewing may facilitate valid reports of abuse by young victims who might otherwise be unwilling to make allegations.

http://psycnet.apa.org/journals/law/20/3/336/

4. Cultural considerations and child maltreatment: In search of universal principles


ABSTRACT: Cultural diversity poses challenges within the health care setting, particularly regarding the question of how health professionals can resolve the tension between
respecting cultural norms or child-rearing practices and the importance of determining what constitutes harm and child maltreatment. Cultural competency and respect for cultural diversity does not imply universal tolerance of all practices. The United Nations provides a standard of universal child rights, protecting them from harmful practices. Paediatric providers must respect cross-cultural differences while maintaining legal and ethical standards of safety and wellbeing for children, promoting evidence-based prevention of maltreatment, and advocating for child wellness across all cultures.


5. Protecting unborn and newborn babies


ABSTRACT: Legal action to separate newborn babies from their parents is regarded as ‘draconian’ by the courts and subject to intense scrutiny. This paper outlines current legal and social work issues relating to such intervention and discusses the potential benefits of the ‘pre-proceedings process’ to address them.

This process enables parents to have legal representation in a discussion with children’s services when care proceedings are contemplated. The paper reports the findings of recent socio-legal research by the authors into the use of the process in England and Wales. In six local authorities, 30 per cent of 120 cases where the pre-proceedings process was used related to unborn babies; a pre-proceedings letter was sent in 75 per cent of unborn baby cases where care proceedings were considered, compared with 57 per cent of cases overall. The process could help to secure parental cooperation for pre-birth assessments and short-term protective arrangements at birth, thus avoiding emergency intervention. Families were diverted from care proceedings in 30 per cent of the cases where this was a possibility. Furthermore, the process was valued by social workers and lawyers as being fairer to parents.

http://dx.doi.org/10.1002/car.2344

6. Legal issues in child maltreatment


ABSTRACT: The most common medicolegal issues include reporting
child maltreatment, the presentation of ethical and effective expert testimony, informed consent in child maltreatment cases, and various liability risks related to child maltreatment cases. The health care professional who remains knowledgeable about the laws within their jurisdiction, the mandates of their professional society and state medical board, and the local resources (e.g. child abuse paediatrician and hospital counsel) available to them minimizes medicolegal risk.


7. Japan's emerging challenge for child abuse: System coordination for early prevention of child abuse is needed


ABSTRACT: At the end of 2013, a Japanese newspaper reported that 4,173 children were unidentified or missing in Japan. The article concluded that child abuse was a matter of national concern. In examining the strengths and weaknesses of Japan’s welfare system in regard to child abuse, it would seem that a weakness exists with regard to its ambiguity on the roles of different officers who contact suspected cases. Although three types of officer (health, welfare, and police officers) can take charge, child abuse cases might be missed because the division of labour varies between the different types of officer. However, a strength exists in the periodical paediatric health check system that is in place in each of Japan’s 1,742 municipalities. To efficiently implement early intervention for child abuse, it is necessary to rearrange the division of labour among the three types of officers to clarify who should intervene in suspected cases.


8. Attachment and caregiver-infant interaction: A review of observational assessment tools


ABSTRACT: The relationship between maternal–infant interaction and attachment quality to infant developmental outcomes has long been established. As children mature, problems stemming from troubled caregiver–infant relations may result in referral to mental health or child protection services. The accurate and appropriate assessment of attachment
is critical for early recognition of problematic relations and for informing suitable treatment modalities. Evaluating the quality of attachment poses a challenge for researchers and clinicians seeking to explore the association between infant development and the quality of early caregiving experiences. Although providing a definitive answer to the question of which of these assessment procedures is the single universal standard for measuring attachment quantity is beyond the scope of this article, readers will be provided with a description and comparison of strengths and limitations of the most commonly used measures of attachment, including the Strange Situation Procedure.

http://dx.doi.org/10.1002/imhj.21461
## Events

### October 2014

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<tr>
<th>Date</th>
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<tr>
<td>30 Sep – 3 Oct</td>
<td>Australian Psychological Society Annual Conference</td>
<td>Hobart, TAS</td>
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<td>2</td>
<td>Emerging Health Policy Research Conference</td>
<td>Sydney, NSW</td>
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<td>7-8</td>
<td>Violence prevention: it’s everybody's business</td>
<td>Bendigo, VIC</td>
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<td>7-10</td>
<td>National Family Law Conference</td>
<td>Sydney, NSW</td>
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<td>11</td>
<td>Mind your family: the impact and management of family violence on women and children</td>
<td>Clayton, VIC</td>
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<td>17</td>
<td>Social Work in Health Symposium</td>
<td>Gold Coast, QLD</td>
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<td>28-29</td>
<td>Protecting Children and Youth Online</td>
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<td>4-6</td>
<td>FRSA Conference: Wellbeing for children, families and communities</td>
<td>Adelaide, SA</td>
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<td>6-7</td>
<td>4th Australasian Conference on Child Death Inquiries and Reviews</td>
<td>Perth, WA</td>
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<td>12-14</td>
<td>Rural and Remote Mental Health Symposium</td>
<td>Albury, NSW</td>
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<td>16-18</td>
<td>Australian National Carers Conference</td>
<td>Gold Coast, QLD</td>
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<td>16-19</td>
<td>The Australian Society of Medical Research National Scientific Conference</td>
<td>Melbourne, VIC</td>
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<td>21-22</td>
<td>Honouring the child, honouring equity conference</td>
<td>Parkville, VIC</td>
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<td>24-27</td>
<td>Indigenous Allied Health Australia Conference</td>
<td>Canberra, ACT</td>
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References


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