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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.

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

Contact

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Research Update

Abusive head trauma

1. Optical clearing of the dura mater using glycerol: a reversible process to aid the post-mortem investigation of infant head injury


PURPOSE: In cases of suspected abusive head trauma, a thorough and systematic study of the cranium and its contents is essential, preferably using the best available methods for observing the brain and its coverings. Building upon recent developments in skull bone removal techniques in infant autopsies, we have assessed the use of two optical clearing agents (OCAs), glycerol and mannitol, on pediatric dura mater in an attempt to increase the transparency of this tissue and thereby enhance the post-mortem assessment of infant head injuries, particularly subdural hematomas. METHODS: Extracorporeal testing revealed glycerol to be the more effective OCA. Therefore, in situ investigations were commenced using glycerol during 33 pediatric post-mortem examinations. RESULTS: An increase in the transparency of the dura was observed in 32 of the 33 cases, within 1 min of application of the OCA. In a 2 year old with cerebral palsy, only partial optical clearance of the dura was seen, most likely due to a significantly atrophic brain, prominent gelatinous leptomeninges, and abnormally thickened dura. This technique allowed for detection of minimal amounts of subdural bleeding over the convexities, before dissection of the dura, avoiding post-mortem blood spillage from artificially disrupted bridging veins. Optical clearing of the dura aided in the evaluation of patterns of subdural hemorrhage in three cases of non-accidental head injury, three cases of perinatal head injury and one case of overlaying, apparently resulting in minor crush injury to the head. CONCLUSIONS: We have demonstrated that glycerol is an effective and easy-to-use OCA to effect the readily reversible optical clearing of human infant calvarial dura at autopsy.

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2. Venous injury in abusive head trauma


BACKGROUND: Abusive head trauma (AHT) is an important cause of serious brain injury in infants and young children who have characteristic clinical and imaging findings that are discordant with the clinical history provided. Recent attention has focused on abnormalities of the cranial venous sinuses and cortical veins, both on MRI and at autopsy. Although many have interpreted these to be secondary to the AHT, some have recently argued that these venous abnormalities represent primary cortical sinus and venous thrombosis that leads secondarily to subdural hemorrhage and secondary brain injury. Direct trauma to the veins and sinuses has been reported at autopsy in AHT, but there has been no systematic study of venous abnormalities in cases of AHT. OBJECTIVES: The purpose of this study was to define the incidence and characteristics of venous and sinus abnormalities in AHT. METHODS: We included all children <36 months of age who were diagnosed with abusive head trauma between 2001 and 2012 and who had MRI and magnetic resonance (MR) venography as part of their diagnostic workup. We analyzed age, gender and clinical findings. MRI and MR venography were analyzed independently by two neuroradiologists with a focus on abnormalities involving the intracranial veins and venous sinuses. RESULTS: A total of 45 children were included. The median age was 3 months (range 15 days to 31 months) and 28 were boys (62%). Clinical findings included retinal hemorrhage in 71% and extracranial fractures in 55%. CT or MRI demonstrated subdural hemorrhage in 41 (91%); none had subdural effusions. In 31 cases (69%) MR venography demonstrated mass effect on the venous sinuses or cortical draining veins, with either displacement or partial or complete effacement of the venous structures from an adjacent subdural hematoma or brain swelling. We also describe the lollipop sign, which represents direct trauma to the cortical bridging veins and was present in 20/45 (44%) children. CONCLUSION: Evidence of displacement or compression of cortical
veins and sinuses from subdural hemorrhage or edema on MR venography was present in the majority of children with abusive head trauma. Evidence of direct trauma to the veins (lollipop sign) was identified in nearly half of cases. It is important to understand the superimposed effects of subdural hematoma and brain swelling on the veins and sinuses to differentiate it from cortical sinus and venous thrombosis.  


3. Validation of a prediction tool for abusive head trauma


**BACKGROUND & OBJECTIVES:** Abusive head trauma (AHT) may be missed in the clinical setting. Clinical prediction tools are used to reduce variability in practice and inform decision-making. From a systematic review and individual patient data analysis we derived the Predicting Abusive Head Trauma (PredAHT) tool, using multilevel logistic regression to predict likelihood of AHT. This study aims to externally validate the PredAHT tool. **METHODS:** Consecutive children aged <36 months admitted with an intracranial injury, confirmed as abusive or non-abusive, to 2 sites used in the original model were ascertained. Details of 6 influential features were recorded (retinal hemorrhage, rib and long-bone fractures, apnea, seizures, and head or neck bruising). We estimated the likelihood of an unrecorded feature being present with multiple imputation; analysis included sensitivity, specificity, and area under the curve, with 95% confidence intervals (CIs). **RESULTS:** Data included 133 non-AHT cases and 65 AHT cases, 97% of children were <24 months old. Consistent with original predictions, when >/=3 features were present in a child <36 months old with intracranial injury, the estimated probability of AHT was >81.5% (95% CI, 63.3-91.8). The sensitivity of the tool was 72.3% (95% CI, 60.4-81.7), the specificity was 85.7% (95% CI, 78.8-90.7), area under the curve 0.88 (95% CI, 0.823-0.926). **CONCLUSION:** When tested on novel data, the PredAHT tool performed well. This tool has the potential to contribute to decision-making in these challenging cases. An implementation study is needed to explore its performance and utility within the child protection process.

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4. Abusive head trauma and accidental head injury: a 20-year comparative study of referrals to a hospital child protection team

**Kelly, P., et al. Arch Dis Child Ahead of print [Epub 30/06/2015].**

**AIM:** To describe children referred for suspected abusive head trauma (AHT) to a hospital child protection team in Auckland, New Zealand. **METHODS:** Comparative review of demographics, histories, injuries, investigations and diagnostic outcomes for referrals under 15 years old from 1991 to 2010. **RESULTS:** Records were available for 345 children. Referrals increased markedly (88 in the first decade, 257 in the second), but the diagnostic ratio was stable: AHT 60%, accidental or natural 29% and uncertain cause 11%. The probability of AHT was similar regardless of socio-economic status or ethnicity. In children under 2 years old with accidental head injuries (75/255, 29%) or AHT (180/255, 71%), characteristics of particular interest for AHT included no history of trauma (88/98, 90%), no evidence of impact to the head (84/93, 90%), complex skull fractures with intracranial injury (22/28, 79%), subdural haemorrhage (160/179, 89%) and hypoxic ischaemic injury (38/39, 97%). In children over 2 years old, these characteristics did not differ significantly between children with accidental head injuries (21/47, 45%) and AHT (26/47, 55%). The mortality of AHT was higher in children over 2 years old (10/26, 38%) than under 2 years (19/180, 11%). **CONCLUSION:** The striking increase in referrals for AHT probably represents increasing incidence. The decision to refer a hospitalised child with a head injury for assessment for possible AHT should not be influenced by socio-economic status or ethnicity. Children over 2 years old hospitalised for AHT are usually injured by mechanisms involving impact and should be considered at high risk of death.

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5. Association of pediatric abusive head trauma rates with macroeconomic indicators


OBJECTIVES: We aimed to examine abusive head trauma (AHT) incidence before, during and after the recession of 2007-2009 in 3 US regions and assess the association of economic measures with AHT incidence. METHODS: Data for children <5 years old diagnosed with AHT between January 1, 2004, and December 31, 2012, in 3 regions were linked to county-level economic data using an ecologic time series analysis. Associations between county-level AHT rates and recession period as well as employment growth, mortgage delinquency, and foreclosure rates were examined using zero-inflated Poisson regression models. RESULTS: During the 9-year period, 712 children were diagnosed with AHT. The mean rate of AHT per 100,000 child-years increased from 9.8 before the recession to 15.6 during the recession before decreasing to 12.8 after the recession. The AHT rates after the recession were higher than the rates before the recession (incidence rate ratio 1.31, P = .004) but lower than rates during the recession (incidence rate ratio 0.78, P = .005). There was no association between the AHT rate and employment growth, mortgage delinquency rates, or foreclosure rates. CONCLUSIONS: In the period after the recession, AHT rate was lower than during the recession period yet higher than the level before the recession, suggesting a lingering effect of the economic stress of the recession on maltreatment risk.

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Physical abuse

1. Critical elements in the medical evaluation of suspected child physical abuse


BACKGROUND: Previous research has described variability in medical evaluation of suspected abuse. The objective of this study was to identify, through expert consensus, required and highly recommended elements of a child abuse pediatrics (CAP) evaluation for 3 common presentations of suspected physical abuse in children aged 0 to 60 months. METHODS: Twenty-eight CAPs recruited from 2 national organizations formed the expert panel for this modified Delphi Process. An initial survey was developed for each presentation based on demographics, history of present illness, past medical, family and social history, laboratory, radiology, and consultation elements present in at least 10% of CAP consultations collected for a larger study. CAPs ranked each element on a 9-point scale then reviewed and discussed summary results through a project blog over 3 rounds. Required and highly recommended elements were defined as elements ranked as 9 and 8, respectively, by >/=75% of experts after the final round. RESULTS: From 96 elements in the initial surveys, experts identified 30 Required elements and 37 Highly Recommended elements for CAP evaluation of intracranial hemorrhage, 21 Required and 33 Highly Recommended elements for CAP evaluation of long bone fracture, and 18 Required and 16 Highly Recommended elements for CAP evaluation of isolated skull fracture. CONCLUSION: This guideline reflects expert consensus and provides a starting point for development of child abuse assessment protocols for quality improvement or research. Additional research is required to determine whether this guideline can reduce variability and/or improve reliability in the evaluation and diagnosis of child physical abuse.

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2. The child with multiple fractures, what next?


No abstract available.

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3. Skeletal aspects of non-accidental injury


ABSTRACT: Inflicted non-accidental skeletal injuries form a small but important part of the spectrum of child abuse, with the majority of skeletal injuries occurring in children under 2 years of age. Radiology plays a vital role in the detection and evaluation of these skeletal injuries. A thorough detailed radiological evaluation should be undertaken to investigate a child appropriately for a suspected inflicted non-accidental injury to accurately detect and possibly date any injuries and also to exclude normal variants of growth that may mimic fractures. In some cases, the survey may diagnose an underlying metabolic or genetic disorder of the bone that may predispose the child to fracturing. While radiology plays an important role in the dating of injuries, the dating of fractures from radiological appearances is difficult and imprecise. Any fracture may be the result of an inflicted injury or accidental event. Therefore, it is important that all fractures identified are correlated with any relevant clinical history. Certain injuries, such as rib and metaphyseal fractures, require a more specific method of causation and therefore carry a higher degree of suspicion of being the result of an inflicted injury compared with other fracture types, which are relatively non-specific in their mechanisms of causation, such as skull and clavicular fractures. In all cases, correlation with clinical history is mandatory.


4. Evaluation for occult fractures in injured children


OBJECTIVES: To examine variation across US hospitals in evaluation for occult fractures in (1) children <2 years old diagnosed with physical abuse and (2) infants <1 year old with injuries associated with a high likelihood of abuse and to identify factors associated with such variation. METHODS: We performed a retrospective study in children <2 years old with a diagnosis of physical abuse and in infants <1 year old with non-motor vehicle crash-related traumatic brain injury or femur fractures discharged from 366 hospitals in the Premier database from 2009 to 2013. We examined across-hospital variation and identified child- and hospital-level factors associated with evaluation for occult fractures. RESULTS: Evaluations for occult fractures were performed in 48% of the 2502 children with an abuse diagnosis, in 51% of the 1574 infants with traumatic brain injury, and in 53% of the 859 infants with femur fractures. Hospitals varied substantially with regard to their rates of evaluation for occult fractures in all 3 groups. Occult fracture evaluations were more likely to be performed at teaching hospitals than at nonteaching hospitals (all P < .001). The hospital-level annual volume of young, injured children was associated with the probability of occult fracture evaluation, such that hospitals treating more young, injured patients were more likely to evaluate for occult fractures (all P < .001). CONCLUSION: Substantial variation in evaluation for occult fractures among young children with a diagnosis of abuse or injuries associated with a high likelihood of abuse highlights opportunities for quality improvement in this vulnerable population.

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Sexual abuse

1. Children's narratives of sexual abuse


ABSTRACT: Children rarely disclose sexual abuse. Hence, studies of children's abuse experiences are relatively rare. This paper reports on a qualitative analysis of 2986 cases of self-disclosure of sexual abuse from children, aged 5–18 years, who contacted ChildLine Scotland, a free, confidential telephone counselling service. Children discussed their feelings regarding the abuse, the impact of abuse on their health and well-being, sources of support, disclosure, coping strategies, the context in which abuse occurs and the various ways in which they were groomed or their compliance in
abuse was gained. Children's narratives contained detailed contextual information on their experiences of sexual abuse, perpetrators of sexual abuse and the circumstances in which sexual abuse occurs. The way in which children communicated about sexual abuse was found to differ quite considerably, and the terminology they employed was often markedly different from adult constructs. Nonetheless, children of all ages were able to describe their experiences and their feelings around the abuse in considerable detail. This study provides a rare insight into children's accounts of sexual abuse. The findings illustrate the profound impact that sexual abuse has on the lives of children and their understandings of the circumstances in which abuse occurs.

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2. Adult interpersonal features of subtypes of sexual offenders


ABSTRACT: Although the role of interpersonal factors on sexual offending is already recognized, there is a need for further investigation on the psychosocial correlates of pedophilic behavior. This study aimed to examine the relationship between adult interpersonal features and subtypes of sexual offending. The study involved the participation of a total of 164 male convicted offenders namely 50 rapists, 63 child molesters (20 pedophilic and 43 nonpedophilic), and 51 nonsexual offenders. All participants were assessed using the Adult Attachment Scale, the Interpersonal Behavior Survey, the Brief Symptom Inventory, and the Socially Desirable Response Set Measure. Results from sets of multinomial logistic regression analyses showed that pedophilic offenders were more likely to present anxiety in adult relationships compared to nonsex offenders. Likewise, nonpedophilic child molesters were less likely to be generally aggressive compared to rapists and nonsex offenders, as well as less generally assertive than rapists. Overall, findings indicated that certain interpersonal features characterized subtypes of offenders, thus providing some insight on their particular therapeutic needs. Further replications with larger samples particularly of pedophilic child molesters are required.

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3. Positive and negative posttraumatic change following childhood sexual abuse are associated with youths’ adjustment


Meanings made of childhood sexual abuse (CSA) experiences are important to psychosocial adjustment. The current study examined adolescents’ and young adults' perceptions of posttraumatic change (PTC) in the self, relationships, sexuality, and worldviews attributed to prior CSA experiences. We sought to document the prevalence of positive and negative PTC and examine their unique and joint associations with psychosocial adjustment. Participants included 160 youth with confirmed cases of CSA (73% female; 8-14 years at abuse discovery) who were part of a longitudinal study of the long-term effects of CSA. Six years after discovery, youth were interviewed about their abuse experiences. Interviews were coded for the valence and strength of PTC. The majority of youth reported PTC, and negative changes were more frequent and stronger than positive changes. Controlling for age, gender, abuse severity, and negative PTC, positive PTC was associated with lower abuse stigmatization for all youth. Controlling for age, gender, abuse severity, and positive PTC, negative PTC was associated with greater abuse stigmatization, post-traumatic stress disorder, sexual problems, and dating aggression for all youth. Relations of positive PTC with depression and support from friends and romantic partner were moderated by negative PTC, such that positive PTC was associated with better adjustment for youth with low versus high levels of negative PTC. Results highlight the importance of both negative and positive PTC for understanding meanings made of CSA experiences and their implications for psychosocial adjustment and intervention.

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Emotional abuse & neglect

1. Goal setting in recovery: families where a parent has a mental illness or a dual diagnosis


ABSTRACT: Goal setting is an important element within mental health recovery models; however, parenting and children are rarely recognized in such approaches. This study outlines a family recovery planning model where a parent has a mental health or dual substance and mental health problem. The differences between family types (parent with a mental illness or parent with dual diagnosis) and family members (parent and children) are illustrated in terms of goals across 11 domains. There were a total of 33 parents and 50 children from 10 mental illness and 10 dual diagnosis families. Education and specifically mental health knowledge are important goals across all families and appear especially important for children whose parent has a dual diagnosis. Specific goals and achievement levels for each type of family and parents and children are also outlined. Clear areas for action by clinicians and family members are indicated by this study.

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Outcomes

1. Impact of a maternal history of childhood abuse on the development of mother-infant interaction during the first year of life


ABSTRACT: The aim of this study was to examine the impact of a maternal history of abuse on mother-infant interaction (emotional availability; EA) in infancy and early toddlerhood. Over an 18-month period, women giving birth to a child in the local obstetric units were screened using the Childhood Trauma Questionnaire. Women who reported moderate or severe sexual and/or physical abuse were included in the maltreatment group (n=58; MG) and compared with a non-maltreated comparison group (n=61; CG). EA was investigated under experimental conditions when the children were 5 and 12 months of age using the Emotional Availability Scales. While mother-child dyads in the MG showed only very discrete interactional alterations at an infant age of 5 months, their EA differed significantly from the CG at 12 months due to the lack of an increase in EA observed in the MG. Exploratory analyses showed an additional effect of emotional abuse on EA at 12 months. These data indicate that the period when child locomotion develops might represent a critical time window for mothers with a history of abuse. Our results constitute an advance in research on child abuse as they identify a possible time window of non-normative alteration in mother-child interaction. This period could be targeted by strategies to prevent intergenerational transmission of abusive experiences.

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2. The impact of child abuse: neuroscience perspective


No abstract available.

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3. Long-term physical health consequences of adverse childhood experiences


**ABSTRACT:** This study examined associations between adverse childhood family experiences and adult physical health using data from 52,250 U.S. adults aged 18 to 64 from the 2009 to 2012 Behavioral Risk Factor Surveillance System. We found that experiencing childhood physical, verbal, or sexual abuse, witnessing parental domestic violence, experiencing parental divorce, and living with someone who was depressed, abused drugs or alcohol, or who had been incarcerated were associated with one or more of the following health outcomes: self-rated health, functional limitations, diabetes, and heart attack. Adult socioeconomic status and poor mental health and health behaviors significantly mediated several of these associations. The results of this study highlight the importance of family-based adverse childhood experiences on adult health outcomes and suggest that adult socioeconomic status (SES) and stress-related coping behaviors may be crucial links between trauma in the childhood home and adult health.

http://dx.doi.org/10.1111/tsq.12107

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**Intervention & prevention**

1. The science of early adversity: is there a role for large institutions in the care of vulnerable children?


**ABSTRACT:** It has been more than 80 years since researchers in child psychiatry first documented developmental delays among children separated from family environments and placed in orphanages or other institutions. Informed by such findings, global conventions, including the 1989 UN Convention on the Rights of the Child, assert a child's right to care within a family-like environment that offers individualised support. Nevertheless, an estimated 8 million children are presently growing up in congregate care institutions. Common reasons for institutionalisation include orphaning, abandonment due to poverty, abuse in families of origin, disability, and mental illness. Although the practice remains widespread, a robust body of scientific work suggests that institutionalisation in early childhood can incur developmental damage across diverse domains. Specific deficits have been documented in areas including physical growth, cognitive function, neurodevelopment, and social-psychological health. Effects seem most pronounced when children have least access to individualised caregiving, and when deprivation coincides with early developmental sensitive periods. Offering hope, early interventions that place institutionalised children into families have afforded substantial recovery. The strength of scientific evidence imparts urgency to efforts to achieve deinstitutionalisation in global child protection sectors, and to intervene early for individual children experiencing deprivation.

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2. Safeguarding children and improving their care in the UK


No abstract available.

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3. Preventive therapy and resilience promotion: an evaluation of social work led skills development group work


ABSTRACT: Concerns have been expressed for some time about a decline in emphasis on therapeutic work in social work, notably articulated in the Munro Review. Further concerns have been expressed in child care that social workers have increasingly had to focus on child protection work rather than earlier stages of prevention. However, there remain opportunities for social workers through the development of new programmes. One development has been that of Behaviour and Education Support Teams: multi-professional teams, containing as a key element social workers, and encouraging novel practices designed to help emotional stability and improved behaviour and education performance. This study reports on an evaluation of a social worker delivered school-based social skills programme, which can contribute to the important area of resilience. This showed significant and sustained improvements in pro-social behaviour and friendships. The implications of this for the therapeutic potential and professional role of social work are discussed.

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4. Interventions to improve the response of professionals to children exposed to domestic violence and abuse: a systematic review


ABSTRACT: Exposure of children to domestic violence and abuse (DVA) is a form of child maltreatment with short- and long-term behavioural and mental health impact. Health care professionals are generally uncertain about how to respond to domestic violence and are particularly unclear about best practice with regards to children's exposure and their role in a multiagency response. In this systematic review, we report educational and structural or whole-system interventions that aim to improve professionals' understanding of, and response to, DVA survivors and their children. We searched 22 bibliographic databases and contacted topic experts for studies reporting quantitative outcomes for any type of intervention aiming to improve professional responses to disclosure of DVA with child involvement. We included interventions for physicians, nurses, social workers and teachers. Twenty-one studies met the inclusion criteria: three randomised controlled trials (RCTs), 18 pre-post intervention surveys. There were 18 training and three system-level interventions. Training interventions generally had positive effects on participants' knowledge, attitudes towards DVA and clinical competence. The results from the RCTs were consistent with the before-after surveys. Results from system-level interventions aimed to change organisational practice and inter-organisational collaboration demonstrates the benefit of coordinating system change in child welfare agencies with primary health care and other organisations. Implications for policy and research are discussed.

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Child protection professionals

1. End-of-life management in children


No abstract available.

2. Shame and guilt in child protection social work: new interpretations and opportunities for practice


ABSTRACT: Shame is an underexplored and misunderstood emotion. It can be described as an acute awareness of one’s flawed and unworthy self. It is the primary social emotion and one of our most intimate feelings developed within the context of our family of origin, which can have a devastating effect on an individual and their relationships. Social workers are routinely faced with issues of shame as an intrinsic consequence of the matters with which social work deals and also as a result of how both families and workers experience the child protection process. This paper outlines the research on shame and guilt to argue for a re-evaluation of the key challenges faced by child protection social workers. It is argued that shame experienced by parents and carers potentially plays a significant role in these challenges, while it may be argued that ‘guilt’ has had a bad press and may potentially play an important role in the successes. An argument is made for a shame-reducing child protection social work practice with some key themes for practitioners to consider in their attempt to improve the accuracy of assessments and intervention.

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3. Managing paediatric death in the emergency department

O’Meara, M. and S. Trethewie J Paediatr Child Health Ahead of print [Epub 06/07/2015].

ABSTRACT: Death of a child in an emergency department is a rare occurrence, but one with significant impact on the family and staff involved. The rarity means few emergency department clinicians feel ‘expert’ in the overall management process. However, most have some knowledge and experience which can be augmented by collaborating with other health professionals. By exploring some of the main management issues and challenges for the emergency department, key aspects of care are identified for emergency department clinicians to consider in reviewing local procedures and guidelines.

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4. Predictive analytics and child protection: constraints and opportunities

Russell, J. Child Abuse Negl Ahead of print [Epub 01/0/2015].

ABSTRACT: This paper considers how predictive analytics might inform, assist, and improve decision making in child protection. Predictive analytics represents recent increases in data quantity and data diversity, along with advances in computing technology. While the use of data and statistical modeling is not new to child protection decision making, its use in child protection is experiencing growth, and efforts to leverage predictive analytics for better decision-making in child protection are increasing. Past experiences, constraints and opportunities are reviewed. For predictive analytics to make the most impact on child protection practice and outcomes, it must embrace established criteria of validity, equity, reliability, and usefulness.

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5. The bruised child; making your evidence stand up in court


**ABSTRACT:** At some point in any doctor's career, he or she may be required to give evidence in court and if a paediatrician, it may well be regarding a case of possible child abuse. The doctor may be acting as a witness of fact or as an expert witness. In either case, the doctor's prime responsibility is to the court and not to the instructing team or to the clinical care of the child. This is an important distinction as in legal cases it is for the court to decide on the conclusion and outcome of the case and not for the doctor. The doctor is there to put forward their observations on matters of fact or to give an expert opinion, not to judge causation or which sequence of events proposed is correct. It is the doctor's duty always to be objective, impartial and detached and to only give evidence within their area of expertise when appearing as an expert witness. This review outlines the requirements of the court and explains the duties of a doctor when acting as an expert witness with some comment on the duties of a doctor as a professional witness.

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**Reviews & guidelines**

No papers identified.

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**Other**

1. Substantiated reports of child maltreatment from the Canadian Incidence Study of Reported Child Abuse and Neglect 2008: examining child and household characteristics and child functional impairment


**OBJECTIVES:** Identifying child and household characteristics that are associated with specific child maltreatment types and child functional impairment are important for informing prevention and intervention efforts. Our objectives were to examine the distribution of several child and household characteristics among substantiated child maltreatment types in Canada; to determine if a specific child maltreatment type relative to all other types was associated with increased odds of child functional impairment; and to determine which child and household characteristics were associated with child functional impairment. **METHOD:** Data were from the Canadian Incidence Study of Reported Child Abuse and Neglect (collection 2008) from 112 child welfare sites across Canada (n = 6163 children). RESULTS: Physical abuse, sexual abuse, and emotional maltreatment were highly prevalent among children aged 10 to 15 years. For single types of child maltreatment, the highest prevalence of single-parent homes (50.6%), social assistance (43.0%), running out of money regularly (30.7%), and unsafe housing (30.9%) were reported for substantiated cases of neglect. Being male, older age, living in a single-parent home, household running out of money, moving 2 or more times in the past year, and household overcrowding were associated with increased odds of child functional impairment. CONCLUSION: More work is warranted to determine if providing particular resources for single-parent families, financial counselling, and facilitating adequate and stable housing for families with child maltreatment histories or at risk for child maltreatment could be effective for improving child functional outcomes.

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2. The importance of perceived organisational goals: a systems thinking approach to understanding child safeguarding in the context of domestic abuse

Caffrey, L. Child Abuse Review Ahead of print [Epub 25/07/2015].

ABSTRACT: Research in the late 1990s and early 2000s raised concerns that the safeguarding implications of domestic abuse (DA) were not being sufficiently accounted for in child contact cases in England. Since that time, reforms have been introduced, which sought to emphasise the importance of safety in this context. Despite these developments, there is concern that problematic management of DA cases may have persisted. This article presents findings on the management of DA in supported child contact centres in England. The findings suggest that supported contact services continue to facilitate DA cases, although the service is not designed for this purpose. Using the systems thinking concepts of ‘local rationalities’ and ‘goal conflicts’, the article explores how problematic safeguarding practices made sense to those on the ground. The findings suggest that supported services are inappropriate for cases involving DA concerns, not just because they lack the resources to safely manage these cases, but because their perceived organisational goals can present a conflict for staff and volunteers in safely managing them. Ultimately, the article asserts the potential for perceived organisational goals to impact on practice and thus the importance of considering them in the design, commissioning or use of services.

http://dx.doi.org/10.1002/car.2396

3. Tell me everything you discussed: children's memory for dyadic conversations after a 1-week or a 3-week delay


ABSTRACT: In child abuse investigations, children are often asked to recount previous conversations related to the allegations (i.e., "conversational testimony"). To explore children's ability to provide conversational testimony, we staged a semi-structured novel dyadic conversation between an adult researcher and 8-year-old children (n = 90). Children's gist recall and recognition memory for their own statements, their conversational partner's statements, and question-answer pairs were tested after either a 1-week or a 3-week delay. The results revealed that children recounted a minority of the conversation, although children recalled more after a short delay (7%) than after a long delay (4%). A majority of children's free recall statements were accurate (68%); however, approximately one-third of their free recall statements were incorrect. Children almost exclusively recounted their own statements, and rarely recalled any of the adult's statements or the question-answer pairs during free recall. Reports of the adult's statements and question-answer pairs increased with cued recall questioning, but remained minimal. During recognition testing, children were able to distinguish between true and false recognition items for their own statements and the adult's statements, but performed at chance level on recognition items concerning question-answer pairs. Forensic implications of the results are discussed. http://www.ncbi.nlm.nih.gov/pubmed/26154628

4. The process of disclosing child abuse: a study of Swedish Social Services protection in child abuse cases


ABSTRACT: This paper presents findings from a study of judgements concerning 137 children (13–18 years) where protection by the Swedish Social Services was applied for. The paper explores the disclosure of physical, sexual and emotional child abuse including experiences of domestic violence and the process following a disclosure. A central finding is that the majority of children (71%) could be described as having intentionally disclosed the abuse. The findings also suggest that many of the children had come a long way in an emotional and cognitive process before the decision to disclose, and that disclosure was often made in conjunction with a decision to leave the alleged abusers. These findings support previous research suggesting children's intentional disclosure as an important predictor of decisions regarding alternative care. Another finding is that the process following the disclosure was described by the children as...
intensely challenging with active pressure and threats from relatives and feelings of fear, guilt and ambivalence. These findings have implications for both practice and research on how the safeguarding system can help children in the process of disclosure and protect those who do disclose.

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Case reports

1. Severe photo-oxidative injury from over-the-counter skin moisturizer: a child abuse mimic


BACKGROUND: The cutaneous manifestations of pathological conditions have been described to mirror findings commonly associated with child abuse. Although it is important for clinicians to report suspected abuse, vigilance is required to detect conditions that mimic abuse. Phytophotodermatitis, a phototoxic reaction to furocoumarin-containing plants, is a well-described mimic of nonaccidental trauma. However, non-furocoumarin-containing chemicals may cause similar presentations through a process called auto-oxidation. Typically, these chemical reactions occur as a result of aero-oxidation or, less commonly, photo-oxidation. CASE REPORT: We report the first pediatric case of photo-oxidative contact dermatitis from an over-the-counter skin moisturizer. A 12-month-old Hispanic boy presented to the Emergency Department with an apparent scald burn over his anterior chest and left shoulder. Given the lack of apparent cause, a nonaccidental injury was suspected. He was admitted to the pediatric service under the consult of Dermatology and the child maltreatment team. Further history and clinical progression strongly suggested a photo-oxidation reaction from chemical components in a widely available over-the-counter skin moisturizer.

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2. Case report: Neonate with stridor and subcutaneous emphysema as the only signs of physical abuse


ABSTRACT: A stridulous, dysphonic cry with no external signs of trauma is a unique and unusual presenting sign for physical abuse. We report a previously healthy neonate with unremarkable birth history and medical history who presented with stridor and hypopharyngeal perforation due to physical abuse. This case highlights the need for further evaluation for traumatic injuries in the setting of unexplained new-onset stridor and consideration of physical abuse in the differential diagnosis.

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Statewide Child Protection Clinical Partnership

Update

As anticipated, the focus of the Partnership this month has been on progressing the work of the SCPCP sub-groups. I am delighted to report that we now have five sub-groups on the go, with initial meetings for the Education as well as the Peer Review and Support sub-groups scheduled for early August.

The Out-of-Home Care sub-group has reconvened after a hiatus since December and positive progress has been made on the development of a suggested model to facilitate comprehensive health and developmental assessments for children and young people who have been in care for more than 30 days.

The Reporting sub-group is devising a resource to support reporting writing and the Information Sharing sub-group is transitioning focus to consider how a Child Aware Approach can be incorporated into a health context.

There have been a few changes to the membership of the Partnership’s Steering Committee over the past month. Dr Armando Da Silva and Dr Stephen Stathis have stepped down from their positions on the Committee – I thank both for their contributions to the work of the Partnership. I am pleased to welcome Sue Geiszler, a CPLO from Toowoomba, as a new member of the Committee.

If you have any queries or questions regarding the work of the Partnership, please email:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
# Events

## August – September 2015

### AUGUST 2015

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<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>12-14</td>
<td>International Mental Health Conference</td>
<td>Surfers Paradise</td>
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<tr>
<td>14-15</td>
<td>Association of Family and Conciliation Courts Conference</td>
<td>Sydney</td>
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<td>25-28</td>
<td>The Mental Health Services Conference</td>
<td>Canberra</td>
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### SEPTEMBER 2015

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<tr>
<td>6-9</td>
<td>Population Health Congress</td>
<td>Hobart</td>
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<td>6-9</td>
<td>European Conference on Domestic Violence</td>
<td>Belfast</td>
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<td>6-9</td>
<td>International Federation of Social Workers – European Conference</td>
<td>Edinburgh</td>
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<td>6-12</td>
<td>Queensland Child Protection Week</td>
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<td>14-17</td>
<td>3rd International Indigenous Social Work Conference</td>
<td>Darwin</td>
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<tr>
<td>15-16</td>
<td>National Domestic and Aboriginal Family Violence Conference</td>
<td>Adelaide</td>
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<td>15-17</td>
<td>SNAICC Conference</td>
<td>Perth</td>
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<td>15-17</td>
<td>Sexual Violence Research Initiative International Conference</td>
<td>Stellenbosch</td>
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<tr>
<td>29 Sep – 2 Oct</td>
<td>Australian Psychological Society Annual Conference</td>
<td>Gold Coast</td>
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References


