# Table of contents

Introduction ........................................................................................................... 5  
Research Update .................................................................................................... 1  
   1. Evaluation of temporal association between vaccinations and retinal hemorrhage in children ... 1  
   2. Mimics of child abuse: Can choking explain abusive head trauma? ......................... 1  
   3. The optic nerve sheath hemorrhage is a non-specific finding in cases of suspected child abuse 2  
   4. Encephalopathy and death in infants with abusive head trauma is due to hypoxic-ischemic injury following local brain trauma to vital brainstem centers .................. 2  
Physical Abuse .................................................................................................... 2  
   1. Should bone scintigraphy be used as a routine adjunct to skeletal survey in the imaging of non-accidental injury? A 10 year review of reports in a single centre ..................... 2  
   2. A witnessed case of a classic metaphyseal fracture caused during IV line placement in a child: Insight into mechanism of injury ................................................... 3  
Sexual Abuse ....................................................................................................... 3  
   1. Treatment of the sexually abused child: review and synthesis of recent meta-analyses .......... 3  
   2. From my own brother in my own home: children’s experiences and perceptions following alleged sibling incest ................................................................. 4  
   3. Science and child sexual abuse: navigating the pathway between emotion and objectivity ... 4  
Emotional Abuse & Neglect .............................................................................. 4  
   1. The emotional maltreatment of children in domestically violent homes: Identifying gaps in education and addressing common misconceptions: The risk of harm to children in domestically violent homes mandates a well-coordinated response .................................................. 4  
   2. Child abuse and neglect by mothers hospitalized for mental disorders ....................... 5  
Outcomes ............................................................................................................. 5  
   1. Child abuse and neglect in complex dissociative disorder, abuse-related chronic PTSD and mixed psychiatric samples ................................................................. 5  
   2. Childhood maltreatment, pubertal development, HPA axis functioning, and psychosocial outcomes: An integrative biopsychosocial model ............................................ 5  
   4. Child maltreatment: pathway to chronic and long-term conditions? .............................. 6  
Intervention & Prevention ................................................................................. 6  
   1. Effects of an attachment-based intervention on child protective services-referred mothers’ event-related potentials to children’s emotions ................................................. 6  
   2. Working with families who experience parental mental health and/or drug and alcohol problems in the context of child protection concerns: recommendations for service improvement .......... 7  
   3. Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of Learn to BE SAFE with Emmy ........................................... 7  
   4. A statewide nurse training program for a hospital based infant abusive head trauma prevention program ................................................................. 8  
Child Protection Professionals ........................................................................... 8  
   1. Follow-up skeletal survey use by child abuse paediatricians .......................................... 8  
   2. Child protection in development: Evidence-based reflections & questions for practitioners ... 9  
   3. Barriers to reporting child maltreatment: do emergency medical services professionals fully understand their role as mandatory reporters? ............................... 9  
   4. The role of the child death overview panel in improving outcomes for children .......... 9  
   5. Paediatric palliative care .................................................................................. 9
Reviews & Guidelines ............................................................................................................................ 10
  1. A holistic approach to child maltreatment .................................................................................. 10

Case reports ........................................................................................................................................ 10
  1. A young woman who killed 5 of her own babies: A case of multiple neonaticide .......... 10
  2. Chylothorax associated with child abuse ........................................................ .................. 10
  3. Bruising caused by traditional Chinese massage therapy (ba sha) complicating the assessment of a case of fatal child abuse ............................................................................... 11

Statewide Child Protection Clinical Partnership .................................................................................. 12
  Update ........................................................................................................................................ 12

Events ................................................................................................................................................ 13
  October – November 2015 ........................................................................................................ 13

References ........................................................................................................................................ 14
Introduction

Welcome to the *Queensland Child Protection Newsletter*. This newsletter is a joint initiative of the Child Protection and Forensic Medical Service of the Lady Cilento Children’s Hospital (LCCH) under Children’s Health Queensland and the Statewide Child Protection Clinical Partnership (SCPCP). This newsletter includes research updates and other relevant resources in support of best practice in Child Protection, and further serves a communication pathway for news and updates from the SCPCP.

Each monthly edition of this newsletter is also available via the *Child Protection Library Guide* at: http://cairns.health.qld.libguides.com/childprotection.

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

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Research Update

Abusive Head Trauma

1. Evaluation of temporal association between vaccinations and retinal hemorrhage in children


**IMPORTANCE:** Vaccinations have been proposed as a cause of retinal hemorrhage in children, primarily as part of a defense strategy in high-stakes abusive head trauma cases. If vaccination injections cause retinal hemorrhage, this consideration would affect the evaluation of children for suspected child abuse. **OBJECTIVES:** To describe the prevalence and causes of retinal hemorrhage among infants and young children in an outpatient ophthalmology clinic and to test the hypothesis that, if vaccination injections cause retinal hemorrhage, then retinal hemorrhage would be seen frequently and be temporally associated with immunization. **Design, Setting, and Participants:** Retrospective cohort study between June 1, 2009, and August 30, 2012, at The Children's Hospital of Philadelphia pediatric ophthalmology clinics among 5177 children 1 to 23 months old undergoing a dilated fundus examination as an outpatient for any reason. Children with intraocular surgery or active retinal neovascularization were excluded from the study. **MAIN OUTCOMES:** The prevalence and causes of retinal hemorrhage, as well as the temporal association between vaccination injection within 7, 14, or 21 days preceding examination and retinal hemorrhage. **RESULTS:** Among 7675 outpatient fundus examinations, 9 of 5177 children had retinal hemorrhage for a prevalence of 0.17% (95% CI, 0.09%-0.33%). All 9 had abusive head trauma diagnosable with nonocular findings. Among a subset of 2210 children who had complete immunization records and underwent 3425 fundoscopic examinations, 163 children had an eye examination within 7 days of vaccination, 323 within 14 days, and 494 within 21 days. No children had retinal hemorrhage within 7 days of vaccination, 1 child had hemorrhage within 14 days, and no additional child had hemorrhage within 21 days. There was no temporal association between vaccination injection and retinal hemorrhage in the prior 7 days (P > .99), 14 days (P = .33), or 21 days (P = .46). **CONCLUSION:** Retinal hemorrhage was rare among outpatients younger than 2 years. Considering both immediate and delayed effects, no temporal association existed between vaccination injection and retinal hemorrhage. Vaccination injections should not be considered a potential cause of retinal hemorrhage in children, and this unsupported theory should not be accepted clinically or in legal proceedings. Ophthalmologists noting incidental retinal hemorrhage on an outpatient examination should consider a child abuse evaluation in the absence of other known ocular or medical disease.

2. Mimics of child abuse: Can choking explain abusive head trauma?


**ABSTRACT:** Choking is one of the alternative explanations of abusive head trauma in children that have been offered in courtroom testimony and in the media. Most of these explanations - including choking - are not scientifically supported. This article highlights four points. (1) The origins of choking as an explanation for intracranial and retinal hemorrhages are speculative. (2) Choking has been used in high profile court testimony as an explanation for the death of a child thought to have been abused. (3) A case report that proposes choking as an alternative explanation for the death of a child diagnosed with abusive head trauma includes omissions and misrepresentations of facts. (4) There was a decision by the editor of the journal that published the case report that it was not necessary to include all the facts of the case; moreover, the editor indicated that facts are not required when presenting an alternative explanation. The use of scientifically unsupported alternative explanations for abusive head trauma based on inaccurate and biased information constitutes further victimization of the abused child and represents a travesty of justice.
3. The optic nerve sheath hemorrhage is a non-specific finding in cases of suspected child abuse


ABSTRACT: In young infants, the triad consisting of acute encephalopathy, retinal hemorrhages, and a subdural hematoma is a nonspecific finding. It has traumatic and non-traumatic etiologies. The triad may be found among a vast spectrum of natural diseases. Optic nerve sheath hemorrhage in infants is typically detected at autopsy. It is a nonspecific finding that can be found in traumatic and non-traumatic etiologies. Neither the triad nor the ONSH are pathognomonic for an abusive head injury. Opposite to the triad, the spectrum of non-traumatic etiologies of ONSH is limited. In infants ONSH rarely occurs in spontaneous subarachnoidal hemorrhage or in infectious conditions. Our results show that the clinical significance of the optic nerve sheath hemorrhage in the forensic work-up of fatal cases of alleged abusive head injury is its limited differential diagnosis. Only after careful differential diagnosis ONSH may contribute to the diagnosis of AHT. However, the main limitation of our study is the sampling bias, as the eyes are usually removed when abusive head trauma is suspected.


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


Physical Abuse

1. Should bone scintigraphy be used as a routine adjunct to skeletal survey in the imaging of non-accidental injury? A 10 year review of reports in a single centre


AIM: To retrospectively analyse the bone scintigraphy (BS) and skeletal survey (SS) data to evaluate the role and limitations of BS in the diagnosis of non-accidental injury (NAI). METHODS: All SS and BS performed over a 10 year
period, for possible NAI, in children under 2 years old were retrospectively reviewed. Reports were compared in cases where both studies were performed and findings classified into one of three groups: (1) congruent: both reports agreed; (2) BS added confidence to the SS findings; (3) BS demonstrated a new finding. False-positive and false-negative rates for BS were calculated. RESULTS: One hundred and sixty-six patients had both SS and BS. The findings were congruent in 74% of cases. BS added confidence to the SS findings in 8% and revealed a new abnormality in 4% of patients. BS demonstrated false-positive and -negative rates of 2% and 13%, respectively. Occult bony injury was detected in 12% of the 237 patients imaged. DISCUSSION: When used as an adjunct to SS in the investigation of NAI, BS can aid the confidence of diagnosis or identify new findings in 12% of cases. In centres where nuclear medicine is readily available and there is appropriate expertise in paediatric BS, this modality provides a time-effective alternative to follow-up SS at 10-14 days.


https://www.ckn.org.au/

2. A witnessed case of a classic metaphyseal fracture caused during IV line placement in a child: Insight into mechanism of injury


ABSTRACT: Recent publications argue that classic metaphyseal fractures are caused by rickets as opposed to trauma. Previous case reports of accidental traumatic classic metaphyseal fractures have been discounted due to lack of identification of the fracture at the time of the traumatic event, and lack of an evaluation for boney metabolic disorders. We report a case of a 20 day old male with a diagnosis of congenital vertical talus who sustained a classic metaphyseal fracture of the distal tibia during manipulation in preparation for intravenous line placement. The mechanics of the event causing the classic metaphyseal fracture were witnessed and accompanied by an audible "pop". Prior x-rays of the tibia demonstrate normal osseous morphology, and an evaluation for boney metabolic disorders was normal. This case identifies a traumatic classic metaphyseal fracture and provides insight into the types of forces necessary to cause such a fracture.


https://www.ckn.org.au/

Sexual Abuse

1. Treatment of the sexually abused child: review and synthesis of recent meta-analyses


ABSTRACT: Approximately 20 years ago O'Donohue and Elliott (1992) reviewed the treatment outcome literature for sexually abused children and evaluated each study on several criteria (e.g., adequacy of the description of therapy, subjects, and research design; assessment of clinical significance and social validity; inclusion of follow-up assessment to establish the durability of treatment effects etc.). At that time they were only able to identify 11 treatment outcome studies. Currently, a similar search has yielded several hundred outcome studies related to the treatment of child sexual abuse, several reviews of the literature, and seven relevant meta-analyses, clearly indicating a proliferation of much needed outcome research. In this paper we critically reviewed the seven meta-analyses and noted that different criteria for inclusion were used and some cases quite different conclusions were drawn. In this paper we describe and evaluate the seven meta-analyses and provide evidence-based treatment recommendations for children and adolescents who have been sexually abused.


https://www.ckn.org.au/
2. From my own brother in my own home: children’s experiences and perceptions following alleged sibling incest


ABSTRACT: Sibling incest is an understudied field despite its high prevalence rates. The current study was designed to characterize the way children describe their experiences and perceptions following alleged sibling incest. The sample consisted of 20 forensic investigations with children who were referred to forensic investigation following suspected sibling incest. The age range of the children was between 6 and 12 years old, including 17 girls and three boys. Thematic analysis was conducted on all the interviews and the children’s perceptions greatly echoed the ecological framework while they elaborated on three levels: family level, in which children discussed the context of the abuse and the disclosure; sibling level, in which children discussed their siblings’ behaviors and the grooming process; and the child level, in which the children discussed their own behavior during the abuse. The discussion highlights the relevance of the ecological framework to the study’s results and stresses the complexity of this phenomenon and the challenges it raises for practitioners in various contexts—child protective, forensic, and clinical.

http://jiv.sagepub.com/content/early/2015/08/28/0886260515600876.abstract

3. Science and child sexual abuse: navigating the pathway between emotion and objectivity


ABSTRACT: Child sexual abuse is an issue that generates strong emotions, but scientific analysis of the problem demands dispassionate objectivity. This paper explores the tension between these two opposing responses. The scientific analysis of child sexual abuse can produce results that conflict with accepted wisdom. Research findings, such as those showing that victims of child sexual abuse do not necessarily suffer long-term psychological harm, can be misinterpreted to suggest support for the normalisation of child sexual abuse and risk provoking a backlash. In order to develop effective evidence-based prevention strategies researchers may need to challenge popularly held beliefs about child sexual abuse, taking care to do so in a way that recognises the sensitivities surrounding the topic.

http://www.crimesciencejournal.com/content/4/1/18

Emotional Abuse & Neglect

1. The emotional maltreatment of children in domestically violent homes: Identifying gaps in education and addressing common misconceptions: The risk of harm to children in domestically violent homes mandates a well-coordinated response


No abstract available.

2. Child abuse and neglect by mothers hospitalized for mental disorders

*Konishi, A. and B. Yoshimura Arch Womens Ment Health Ahead of print [Epub 18/09/2015].*

No abstract available.


Outcomes

1. Child abuse and neglect in complex dissociative disorder, abuse-related chronic PTSD and mixed psychiatric samples

*Dorahy, M. J., et al. J Trauma Dissociation Ahead of print [Epub 14/08/2015].*

ABSTRACT: Only a select number of studies have examined different forms of child maltreatment in complex dissociative disorders in comparison to other groups. Few of these have used child abuse-related chronic PTSD and mixed psychiatric patients with maltreatment as comparison groups. This study examined child sexual, physical and emotional abuse, as well as physical and emotional neglect in dissociative disorder (DD; n = 39), chronic PTSD (C-PTSD; n = 13) and mixed psychiatric (MP; n = 21) samples, all with abuse and neglect histories. The predictive capacity of these different forms of maltreatment across the 3 groups were assessed for pathological dissociation, shame, guilt, relationship esteem, relationship anxiety, relationship depression and fear of relationships. All forms of maltreatment differentiated the DD from the MP group, while sexual abuse differentiated the DD sample from the C-PTSD group. Childhood sexual abuse was the only predictor of pathological dissociation. Emotional abuse predicted shame, guilt, relationship anxiety and fear of relationships. Emotional neglect predicted relationship anxiety and relationship depression. Physical neglect was associated with less relationship anxiety. Different forms of abuse and neglect are associated with different symptom clusters in psychiatric patients with maltreatment histories.


2. Childhood maltreatment, pubertal development, HPA axis functioning, and psychosocial outcomes: An integrative biopsychosocial model


ABSTRACT: The timing and pace of pubertal development has been associated with psychosocial functioning, with pubertal variables represented both as predictors (e.g., earlier puberty linked with poor outcomes) and as sequelae (e.g., early stress linked with earlier puberty). However, the literature has largely not tested mediational models or prospective mechanisms of associations between puberty and psychosocial variables. In a longitudinal study including 454 youth followed over four timepoints (mean ages 10-18), structural equation modeling tested a hypothesized path from childhood maltreatment to cortisol (Time 1) to pubertal stage (Time 2), and psychosocial outcomes (Times 3 and 4). There was not support for the full hypothesized pathway in either gender. However, for boys, maltreatment was associated with attenuated cortisol, and more pubertal change predicted subsequent delinquency. For girls, cortisol predicted more pubertal change which then predicted substance use. This study demonstrates links between HPA axis function, pubertal development, and risky outcomes.

3. Parental drinking and adverse outcomes in children: A scoping review of cohort studies


OBJECTIVES: There is a growing interest in measuring alcohol's harms to people other than the drinker themselves. ‘Children of alcoholics’ and foetal alcohol spectrum disorder have received widespread attention. Less is known about how children are affected by post-natal exposure to parental drinking other than alcohol abuse/dependence. In this scoping review, we aim to assemble and map existing evidence from cohort studies on the consequences of parental alcohol use for children, and to identify limitations and gaps in this literature. METHODS: Systematic review methods were used. Electronic databases were searched (1980 to October 2013) and a total of 3215 abstracts were screened, 326 full text papers examined and 99 eligible for inclusion according to selection criteria including separation of exposure and outcome measurement in time and report of a quantitative effect size. RESULTS: The main finding is the large literature available. Adolescent drinking behaviour was the most common outcome measure and outcomes other than substance use were rarely analysed. In almost two of every three published associations, parental drinking was found to be statistically significantly associated with a child harm outcome measure. Several limitations in the literature are noted regarding its potential to address a possible causal role of parental drinking in children's adverse outcomes. CONCLUSION: This study identifies targets for further study and provides a platform for more targeted analytic investigations which ascertain risk of bias, and which are capable of considering the appropriateness of causal inferences for the observed associations.

http://dx.doi.org/10.1111/dar.12319

4. Child maltreatment: pathway to chronic and long-term conditions?


ABSTRACT: The manifesto Start Well, Live Better by the UK Faculty of Public Health (Start Well, Live Better-A Manifesto for the Public's Health. London: UK Faculty of Public Health, 2014) sets out 12 compelling priorities for the protection of people's health. The focus of this document is preventative, calling for a comprehensive strategy to target a wide-ranging set of challenges to public health; however, it fails to mention child maltreatment and its negative impact on long-term health outcomes. In this article, we explore the long-term negative consequences of child maltreatment and how these can be conceptually aligned with four different characteristics of long-term health conditions. We suggest that situating child maltreatment within a long-term conditions framework could have significant advantages and implications for practice, policy and research, by strengthening a commitment across disciplines to apply evidence-based principles linked with policy and evaluation and recognizing the chronic effects of maltreatment to concentrate public, professional and government awareness of the extent and impact of the issue. We argue that a public health approach is the most effective way of focusing preventative efforts on the long-term sequelae of child maltreatment and to foster cooperation in promoting children's rights to grow and develop in a safe and caring environment free from violence and abuse.


Intervention & Prevention

1. Effects of an attachment-based intervention on child protective services-referred mothers’ event-related potentials to children’s emotions


ABSTRACT: This study examined the neurobiology of maternal sensitivity to children's emotions among mothers involved with Child Protective Services (CPS) and low-risk comparison mothers (Mage = 31.6 years). CPS-referred mothers participated in the Attachment and Biobehavioral Catch-up (ABC) intervention or a control intervention.
Mothers' event-related potentials (ERPs) were measured while they categorized images of children with crying, laughing, and neutral expressions. CPS-referred ABC mothers (n = 19) and low-risk comparison mothers (n = 30) showed a larger enhancement of ERP responses for emotional faces relative to neutral faces than CPS-referred control mothers (n = 21). Additionally, the magnitude of ERP responses to emotional faces was associated with observed maternal sensitivity. Findings add to the understanding of the neurobiology of deficits in parenting and suggest that these deficits are changeable through a parenting intervention.


2. Working with families who experience parental mental health and/or drug and alcohol problems in the context of child protection concerns: recommendations for service improvement


ABSTRACT: Child abuse and neglect often occur within the context of multiple risk factors, in particular parental mental health (MH) and/or drug and alcohol (D&A) problems. Interventions aimed at improving parental MH and D&A issues can have a positive impact on children now, as well as in the future. However, implementing sustainable service models that facilitate positive change for families with multiple risk factors is challenging. The purpose of the present study was to gain feedback from key stakeholders on a service model targeted at families where there are parental D&A, MH and child protection concerns to identify possible strengths and limitations of the model. This identified possible strategies for service improvement from the perspective of discharged clients and clinical staff. Gaining feedback from key stakeholders on service models is increasingly recognised as central to service evaluation and development. Ten interviews were conducted with clinical staff and twenty interviews with discharged clients of a pilot service that works with families where the child or children are at risk of significant harm in the context of parental MH and/or D&A issues. The interviews with clinicians highlighted difficulties working with this complex client group and its impact on staff burnout. Clinicians suggested how the model could be changed to better support clinical staff from burnout. Interviews with discharged clients highlighted the importance of the relationship with the worker in establishing client engagement and facilitating change. The way in which these recommendations informed the design of the service model is discussed.

http://dx.doi.org/10.1002/anzf.1113

3. Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of Learn to BE SAFE with Emmy


ABSTRACT: Australia needs effective programs to protect children and prevent abuse, but there is little information available for policymakers or families. Using a randomized controlled trial, Learn to BE SAFE with Emmy, a school-based protection program for young children designed by Act for Kids, was evaluated to determine its effectiveness for promoting young children's knowledge and skills. Grade one children (n=245) from 15 classrooms across 5 primary schools completed assessment measures. A subset of these children received the program (n=131) or acted as a comparison group (n=114). Parents (n=72) completed questionnaires about their child's participation in the program. When compared with children who had not received the program, children who completed Learn to BE SAFE with Emmy demonstrated increased knowledge of interpersonal safety and were more likely to choose a safe response option to hypothetical unsafe scenarios 6 months after participation than at both pre- and post-intervention. Parents reported their children who participated used more safety strategies immediately and 6 months after participation compared to pre-intervention. Outcomes can assist in guiding future policies around the prevention of child abuse and protect the well-being of Australian children.

4. A statewide nurse training program for a hospital based infant abusive head trauma prevention program


ABSTRACT: Successful implementation of universal patient education programs requires training large numbers of nursing staff in new content and procedures and maintaining fidelity to program standards. In preparation for statewide adoption of a hospital based universal education program, nursing staff at 85 hospitals and 1 birthing center in North Carolina received standardized training. This article describes the training program and reports findings from the process, outcome and impact evaluations of this training. Evaluation strategies were designed to query nurse satisfaction with training and course content; determine if training conveyed new information, and assess if nurses applied lessons from the training sessions to deliver the program as designed. Trainings were conducted during April 2008-February 2010. Evaluations were received from 4358 attendees. Information was obtained about training type, participants’ perceptions of newness and usefulness of information and how the program compared to other education materials. Program fidelity data were collected using telephone surveys about compliance to delivery of teaching points and teaching behaviors. Results demonstrate high levels of satisfaction and perceptions of program utility as well as adherence to program model. These findings support the feasibility of implementing a universal patient education programs with strong uptake utilizing large scale systematic training programs.


1. Follow-up skeletal survey use by child abuse paediatricians


ABSTRACT: Skeletal survey is frequently used to identify occult fractures in young children with concern for physical abuse. Because skeletal survey is relatively insensitive for some abusive fractures, a follow-up skeletal survey (FUSS) may be undertaken at least 10-14 days after the initial skeletal survey to improve sensitivity for healing fractures. This was a prospectively planned secondary analysis of a prospective, observational study of 2,890 children who underwent subspecialty evaluation for suspected child physical abuse at 1 of 19 centers. Our objective was to determine variability between sites in rates of FUSS recommendation, completion and fracture identification among the 2,049 participants who had an initial SS. Among children with an initial skeletal survey, the rate of FUSS recommendation for sites ranged from 20% to 97%; the rate of FUSS completion ranged from 10% to 100%. Among sites completing at least 10 FUSS, rates of new fracture identification ranged from 8% to 28%. Among completed FUSS, new fractures were more likely to be identified in younger children, children with higher initial level of concern for abuse, and those with a fracture or cutaneous injury identified in the initial evaluation. The current variability in FUSS utilization is not explained by variability in occult fracture prevalence. Specific guidelines for FUSS utilization are needed.


https://www.ckn.org.au/
2. Child protection in development: Evidence-based reflections & questions for practitioners


No abstract available.


3. Barriers to reporting child maltreatment: do emergency medical services professionals fully understand their role as mandatory reporters?


**BACKGROUND:** Child maltreatment is underreported in the United States and in North Carolina. In North Carolina and other states, mandatory reporting laws require various professionals to make reports, thereby helping to reduce underreporting of child maltreatment. This study aims to understand why emergency medical services (EMS) professionals may fail to report suspicions of maltreatment despite mandatory reporting policies. **METHODS:** A web-based, anonymous, voluntary survey of EMS professionals in North Carolina was used to assess knowledge of their agency's written protocols and potential reasons for underreporting suspicion of maltreatment (n=444). Results were based on descriptive statistics. Responses of line staff and leadership personnel were compared using chi-square analysis. **RESULTS:** Thirty-eight percent of respondents were unaware of their agency's written protocols regarding reporting of child maltreatment. Additionally, 25% of EMS professionals who knew of their agency's protocol incorrectly believed that the report should be filed by someone other than the person with firsthand knowledge of the suspected maltreatment. Leadership personnel generally understood reporting requirements better than did line staff. Respondents indicated that peers may fail to report maltreatment for several reasons: they believe another authority would file the report, including the hospital (52.3%) or law enforcement (27.7%); they are uncertain whether they had witnessed abuse (47.7%); and they are uncertain about what should be reported (41.4%). **LIMITATIONS:** This survey may not generalize to all EMS professionals in North Carolina. **CONCLUSIONS:** Training opportunities for EMS professionals that address proper identification and reporting of child maltreatment, as well as cross-agency information sharing, are warranted.


4. The role of the child death overview panel in improving outcomes for children


No abstract available.


5. Paediatric palliative care


**ABSTRACT:** Children with palliative care needs are increasing in prevalence and complexity of need. 49,000 children (under 19 years) were estimated to be living in the UK in 2012 with a life limiting/life threatening condition that might require palliative care. Palliative care requires a total and active approach, with transparent, communicated, agreed provision of appropriate and proportionate care. Planning improves care, supported by documentation of plans.
Advance planning enables management of both reversible and chronic aspects of the condition, as well as utilising parallel planning when end of life approaches. Challenges in palliative care include the commissioning of sustainable services across organisations to deliver, often over years, but sometimes briefly and rapidly, 24/7 access to skilled palliative care, including hands on care at the end of life. Care is integrally intertwined with other clinical, social, education and voluntary services to ensure that families receive the spectrum of care required throughout their journey.


Reviews & Guidelines

1. A holistic approach to child maltreatment


No abstract available.


Case reports

1. A young woman who killed 5 of her own babies: A case of multiple neonaticide


ABSTRACT: Neonaticide is a rare form of homicide. It is generally classed as manslaughter but differs from other forms of homicide in many respects. The factors favouring its occurrence and the legal position of neonaticide in Germany are discussed. The case is presented of a mother who committed five neonaticides within 8 years. While she was a caring mother for her two oldest children, she killed the five subsequent offspring immediately after giving birth. In the scarce literature on neonaticides, a case of multiple offending is particularly rare. Similarities to, and differences from, other cases of neonaticide in the literature are considered. The psychodynamic context of the offences is examined in order to identify contributing features which could be used to help prevent future occurrences.


2. Chylothorax associated with child abuse


ABSTRACT: We report a case of right chylothorax associated with physical abuse in a 10-month-old boy who presented with respiratory decompensation. Chylothorax was improved by thoracic drainage and nutrition management, such as fasting followed by medium-chain triglyceride milk. Chest computed tomography on admission showed bilateral old rib fractures. Accordingly, physical abuse was suspected. Chylothorax of unknown cause in infancy, especially in those with coexisting rib fractures, must be scrutinized for child abuse. http://dx.doi.org/10.1111/ped.12707
3. Bruising caused by traditional Chinese massage therapy (ba sha) complicating the assessment of a case of fatal child abuse


ABSTRACT: Precise evaluation of bruises and patterned skin lesions in infants and children is an essential requirement in cases of potential abuse. Such injuries may be markers of more significant internal injuries and/or may be supportive of an assault rather than an accident. On occasion, however, unusual patterned skin lesions may be identified that have been inflicted as part of traditional therapeutic techniques. A five-year-old boy from a rural Chinese community is reported who died from ligature strangulation. In addition to bruises from abusive trauma he had a series of unusual patterned, often-paired, bruises over the anterior and posterior aspects of both shoulders, unrelated to the ligature mark. Upon further police inquiries it transpired that his grandmother and mother had been using traditional Chinese therapeutic massage or "ba sha" to treat an episode of vomiting. The term means "to pull out fever" and involves firm pinching of the skin between the thumb and index finger, often on the neck, chest or back. An awareness of the potential manifestations of traditional therapies is important in contemporary forensic practice so that injuries caused by these treatments are not confused with non-therapeutic inflicted injury.


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Statewide Child Protection Clinical Partnership

Update

The month of September saw the SCPCP actively participate in a number of activities across Child Protection Week. The week started with a presentation at the Strengthening Partnerships Forum, which was a collaborative event to highlight links between the work of the Department of Communities, Child Safety and Disability Services, Child and Youth Mental Health Services and the Child Protection and Forensic Medical Service from Children’s Health Queensland. It was a great opportunity to raise awareness about the work of the Partnership as the statewide clinical lead in child protection service delivery within health services.

The Partnership also developed a screen saver which was distributed to all Hospital and Health Services for use during Child Protection Week around the importance of being Child Aware (see below). The CPFMS Open Afternoon at Lady Cilento Children’s Hospital was also an opportunity to share information about the work of the Partnership.

The SCPCP sub-groups continue to progress activities to achieve the aims of the Partnership’s Operational Plan. September has seen a number of key documents reach the final stage before approval. Once this process has been finalised, the resources will be distributed to support statewide consistency and best practice in child protection.

Just a reminder that the Partnership can provide support and advice in relation to clinical aspects of child protection service delivery – if you have any issues you would like to raise or share, please email:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
## Events

### October – November 2015

### SEPTEMBER – OCTOBER 2015

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<tbody>
<tr>
<td>29 Sep – 2 Oct</td>
<td>Australian Psychological Society Annual Conference</td>
<td>Gold Coast QLD</td>
</tr>
<tr>
<td>2-4</td>
<td>Youth for Change: creating a better future</td>
<td>Brisbane QLD</td>
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<tr>
<td>7-9</td>
<td>National Indigenous Say No to Domestic Violence Conference: Focus on a Brighter Future</td>
<td>Gold Coast QLD</td>
</tr>
<tr>
<td>14-15</td>
<td>Ending domestic and family violence conference: taking the next steps</td>
<td>Melbourne VIC</td>
</tr>
<tr>
<td>29-31</td>
<td>Australian Association for Infant Mental Health National Conference</td>
<td>Perth WA</td>
</tr>
</tbody>
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### NOVEMBER 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8-11</td>
<td>International Foster Care Organization Conference</td>
<td>Sydney NSW</td>
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<tr>
<td>10-12</td>
<td>Family Relationship Services Australia Conference</td>
<td>Brisbane QLD</td>
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<tr>
<td>11-13</td>
<td>Youth Health Conference</td>
<td>Melbourne VIC</td>
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<tr>
<td>17-18</td>
<td>Prevention of violence against children: research, policy and practice symposium</td>
<td>Kelvin Grove QLD</td>
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<tr>
<td>27-28</td>
<td>AASW National Symposium Social Workers as Leaders and Change Agents</td>
<td>Sydney NSW</td>
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References


