Queensland Child Protection Newsletter

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Introduction

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

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

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Research Update

Abusive Head Trauma

1. Head kinematics during shaking associated with abusive head trauma


ABSTRACT: Abusive head trauma (AHT) is a potentially fatal result of child abuse but the mechanisms of injury are controversial. To address the hypothesis that shaking alone is sufficient to elicit the injuries observed, effective computational and experimental models are necessary. This paper investigates the use of a coupled rigid-body computational modelling framework to reproduce in vivo shaking kinematics in AHT. A sagittal plane OpenSim computational model of a lamb was developed and used to interpret biomechanical data from in vivo shaking experiments. The acceleration of the head during shaking was used to provide in vivo validation of the associated computational model. Results of this study demonstrated that peak accelerations occurred when the head impacted the torso and produced acceleration magnitudes exceeding 200ms^-2. The computational model demonstrated good agreement with the experimental measurements and was shown to be able to reproduce the high accelerations that occur during impact. The biomechanical results obtained with the computational model demonstrate the utility of using a coupled rigid-body modelling framework to describe infant head kinematics in AHT.

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2. Outcomes and factors associated with infant abusive head trauma in the US


OBJECTIVES: Head trauma is the leading cause of death in abused children, particularly prior to the age of 2 years. An awareness of factors associated with this condition as well as with a higher risk of mortality is important to improve outcomes and prevent the occurrence of these events. The objective of this study was to evaluate outcomes and factors associated with poor outcomes in infants with diagnosed abusive head trauma (AHT). Patient characteristics, socioeconomic factors, and secondary conditions such as retinal bleeding, contusion, and fractures were considered.

METHODS: Data were obtained from the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality. From the Kids’ Inpatient Database (KID) sample, the authors identified infants no older than 23 months who had been diagnosed with AHT in 2000, 2003, 2006, and 2009. All statistical analyses were conducted in SAS 9.2. Descriptive statistics were provided, and multivariate logistic regression models were applied to evaluate factors associated with mortality and nonroutine discharge. RESULTS: A total of 5195 infants were analyzed in this study. Most infants (85.5%) had ages ranging between 0 and 11 months and were male (61.6%). Overall mortality was 10.8%, with a rate of 9.8% in the 0- to 11-month-old cohort and 16.5% in the 12- to 23-month-olds (p = 0.0003). The overall nonroutine discharge rate of 25.6% increased significantly from 23.3% to 39.0% with increasing age (0-11 vs 12-23 months of age, p < 0.0001). Assuming a multivariate model that adjusted for multiple confounders, the authors found that older infants (12-23 vs 0-11 months, OR 1.81, 95% CI 1.18-2.77) with a secondary diagnosis of retinal bleeding (OR 2.85, 95% CI 2.02-4.00) or shaken baby syndrome (OR 2.09, 95% CI 1.48-2.94) had an increased risk of mortality; these factors were similarly associated with an increased odds of a nonroutine discharge. A higher income ($30,001-$35,000 vs $1-$24,999) was associated with a reduction in the odds of mortality (OR 0.46, 95% CI 0.29-0.72). In the subset of cases (1695 [32.6%]) that specified the perpetrator involved in infant injury, the authors found that the father, stepfather, or boyfriend was most frequently reported (67.4%). A trend for a higher AHT incidence was documented in the early ages (peak at 2 months) compared with older ages. CONCLUSION: Despite the higher incidence of AHT among infants during the earlier months of life, higher mortality was documented in the 12- to 23-month-olds. Retinal
bleeding and shaken baby syndrome were secondary diagnoses associated with higher mortality and nonroutine discharge. Males (67.4%) were overwhelmingly documented as the perpetrators involved in the injury of these infants.


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3. Subdural hematomas: glutaric aciduria type 1 or abusive head trauma? A systematic review


PURPOSE: Glutaric aciduria type 1 (GA1) is a rare metabolic disorder of glutaryl-CoA-dehydrogenase enzyme deficiency. Children with GA1 are reported to be predisposed to subdural hematoma (SDH) development due to stretching of cortical veins secondary to cerebral atrophy and expansion of CSF spaces. Therefore, GA1 testing is part of the routine work-up in abusive head trauma (AHT). This systematic review addresses the coexistence of GA1 and SDH and the validity of GA1 in the differential diagnosis of AHT. METHODS: A systematic literature review, with language restriction, of papers published before 1 Jan 2015, was performed using Pubmed, PsychINFO, and Embase. Inclusion criteria were reported SDHs, hygromas or effusions in GA1 patients up to 18 years of age. Of 1599 publications, 20 publications were included for analysis. RESULTS: In total 20 cases, 14 boys and 6 girls, were included. In eight cases (40%) a child abuse work-up was performed, which was negative in all cases. Clinical history revealed the presence of trauma in eight cases (40%). In only one case neuroradiology revealed no abnormalities related to GA1 according to the authors, although on evaluation we could not exclude AHT. CONCLUSION: From this systematic review we conclude that SDHs in 19/20 children with GA1 are accompanied by other brain abnormalities specific for GA1. One case with doubtful circumstances was the exception to this rule.

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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.

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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.


2. Prevalence of vulvovaginitis and relation to physical findings in girls assessed for suspected child sexual abuse


INTRODUCTION: The presence of sexually transmitted infections (STIs) in patients with suspected sexual abuse is uncommon in the field of pediatrics. OBJECTIVES: To establish the prevalence of anogenital findings and their relation to the presence of STIs in girls referred for suspected child sexual abuse. METHODS: Retrospective study conducted between January 1st, 2003 and December 31st, 2013. Physical findings and detection of STIs in girls with suspected child sexual abuse were analyzed. RESULTS: One thousand thirty-four patients were included. Their median age was 7.9 years old. Anogenital findings were classified as class I (normal):38.4%, class II (nonspecific):38.1%, class III (specific):19.9% and class IV (definitive):3.6%. STIs were observed in 42 patients (4.1%). A relation was established between STIs and the classification of physical findings: 10 (class II: 9; class III: 1) Neisseria gonorrhoeae, 17 (class I: 2; class II: 8; class III: 7) Chlamydia trachomatis, 15 (class I: 2; class II: 10; class III: 3) Trichomonas vaginalis. Statistically significant differences for Trichomonas vaginalis (p= 0.01) and Neisseria gonorrhoeae (p < 0.0001) were observed, with predominance of nonspecific clinical signs. Both nonspecific and specific findings were similarly observed for Chlamydia trachomatis (p= 0.03). CONCLUSION: Most cases of girls with suspected child sexual abuse had normal or nonspecific anogenital findings. The prevalence of STIs in these girls is low. Trichomonas vaginalis and Neisseria gonorrhoeae were related to nonspecific findings, while both nonspecific and specific findings were observed for Chlamydia trachomatis.


2. Prioritizing child pornography notifications: predicting direct victimization


ABSTRACT: The growing number of notifications for child pornography (CP) possession constitutes a capacity problem for police forces entrusted with the investigation of these offenses. Notifications of CP offenses in which the investigation reveals concurrent direct victimization, in the form of contact offenses, grooming, online offending, or the production of CP material, form a potential target group for prioritization. The first of the twofold aims of this study was to validate the occurring distinction between mixed suspects (i.e., CP possession suspects who were also ever associated...
with direct victimization) and CP-only suspects (i.e., CP possession suspects who were never associated with direct victimization) to predict an outcome of the investigation including direct victimization. The second aim was to explore variables related to direct victimization among CP-only suspects. A total of 150 files of police investigations into notifications for CP offenses were studied. Findings confirmed significantly greater prevalence of direct victimization as an outcome of the investigation among mixed suspects than CP-only suspects (90% vs. 10%). Among CP-only suspects, direct victimization was predicted by (a) prior police contacts, charges, or convictions concerning noncontact sexual offending, (b) the confiscation of more than two computers during the house search, and (c) a more serious nature of the CP material that formed the basis for the notification in terms of younger victims and more extreme content. These variables may point to a small subgroup of heavily invested CP offenders who are at a higher risk to cross the line to direct victimization. Cross-validation of these preliminary findings is indicated.


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Emotional Abuse & Neglect

1. The relationship between maternal childhood emotional abuse/neglect and parenting outcomes: a systematic review

Hughes, M. and J. Cossar Child Abuse Review Ahead of print [Epub 31/07/2015].

ABSTRACT: This paper reviews the evidence concerning the association between reported maternal childhood experience of emotional abuse and/or neglect and subsequent parenting outcomes. Relevant studies were identified through a systematic search of four electronic databases using a pre-determined keyword search. Reference lists of included papers were reviewed and key authors in the field contacted to ascertain whether other papers were available. Twelve studies which met our eligibility criteria were included for review. Tentative support was found for a relationship between maternal childhood emotionally abusive/neglectful experiences and a range of adverse parenting outcomes, including increased parenting stress and maltreatment potential, lower empathy and greater psychological control. However, limitations within the research (e.g. small sample sizes, retrospective designs) reduce the confidence with which we can draw firm conclusions. Recommendations are offered for future research together with an outline of clinical implications arising from this review.


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Outcomes

1. Childhood maltreatment and risk of suicide attempt: a nationally representative study


BACKGROUND: Previous research suggests that various types of childhood maltreatment frequently co-occur and confer risk for attempting suicide. However, it is unknown whether the effect of childhood maltreatment on this risk occurs through diverse, specific mechanisms or through a generalized liability, independently of psychopathology. Although these competing explanations have different implications for intervention, they have never been evaluated empirically. METHOD: Structural equation modelling was used to examine the effect of different types of childhood maltreatment (i.e., sexual abuse, physical and emotional abuse and neglect) on suicide attempt risk, and on age at first suicide attempt and repeated suicide attempts among attempters. Analyses controlled for demographic characteristics and DSM-IV Axis I and Axis II disorders. Data were drawn from a nationally representative survey of US adults, the 2004-2005 National Epidemiologic Survey on Alcohol and Related Conditions (N = 34,653). RESULTS: Childhood maltreatment was associated with an increased risk for attempting suicide and an earlier age at first suicide attempt.
among attempters, independently of psychopathology (P < .005). These associations operated mainly through the latent variable representing effects shared by the different types of childhood maltreatment, although sexual abuse had an additional, direct effect on the risk of suicide attempt. Childhood maltreatment types were not significantly associated with a history of multiple suicide attempts (all P values > .05). CONCLUSION: The association between childhood maltreatment and suicide attempt operates mainly through a single broad liability, suggesting that the mechanisms underlying this dimension should be considered as an important therapeutic target for suicide prevention.

2. Childhood adversity and behavioral health outcomes for youth: an investigation using state administrative data


ABSTRACT: This study aimed to measure the relative contribution of adverse experiences to adolescent behavioral health problems using administrative data. Specifically, we sought to understand the predictive value of adverse experiences on the presence of mental health and substance abuse problems for youth receiving publicly funded social and health services. Medicaid claims and other service records were analyzed for 125,123 youth age 12-17 and their biological parents. Measures from administrative records reflected presence of parental domestic violence, mental illness, substance abuse, criminal justice involvement, child abuse and/or neglect, homelessness, and death of a biological parent. Mental health and substance abuse status of adolescents were analyzed as functions of adverse experiences and other youth characteristics using logistic regression. In multivariate analyses, all predictors except parental domestic violence were statistically significant for substance abuse; parental death, parental mental illness, child abuse or neglect and homelessness were statistically significant for mental illness. Odds ratios for child abuse/neglect were particularly high in both models. The ability to identify risks during childhood using administrative data suggests the potential to target prevention and early intervention efforts for children with specific family risk factors who are at increased risk for developing behavioral health problems during adolescence. This study illustrates the utility of administrative data in understanding adverse experiences on children and the advantages and disadvantages of this approach.


BACKGROUND: Intergenerational effects of child abuse have been documented, but it is unknown whether maternal childhood abuse influences offspring mental health in adolescence or adulthood. METHODS: To examine whether maternal experience of childhood abuse is associated with depressive symptoms in adolescent and young adult offspring, we linked data from two large longitudinal cohorts of women (N = 8,882) and their offspring (N = 11,402), and we examined three possible pathways by which maternal experience of abuse might be associated with offspring depressive symptoms: maternal mental health, family characteristics, and offspring's own experience of abuse. RESULTS: Offspring of women who experienced severe versus no childhood abuse had greater likelihood of high depressive symptoms (RR = 1.78, 95% CI = 1.47, 2.16) and persistent high depressive symptoms (RR = 2.47, 95% CI = 1.37, 4.44). Maternal mental health accounted for 20.9% and offspring's exposure to abuse accounted for 30.3% of the elevated risk of high depressive symptoms. Disparities in offspring depressive symptoms by maternal abuse exposure were evident at age 12 years and persisted through age 31 years. CONCLUSION: Findings provide evidence that childhood abuse adversely affects the mental health of the victim's offspring well into adulthood. As offspring exposure...
to abuse and maternal mental health accounted for more than 50% of the elevated risk of high depressive symptoms among offspring of women who experienced abuse, improving maternal mental health and parenting practices may reduce offspring risk for depressive symptoms in these families.


4. In my end is my beginning: developmental trajectories of adverse childhood experiences to late-life suicide


OBJECTIVES: Converging evidence suggests that the sequelae of adverse childhood experiences (ACEs) including childhood abuse (e.g., sexual, physical, emotional/verbal abuse, neglect) and other ACE (e.g., family dysfunction, parental loss, parental psychopathology, substance abuse, incarceration, and domestic violence) have pronounced effects on suicidal behaviors (suicidal ideation, attempts, and death by suicide) in older age. There are fundamental changes in the developmental trajectory of biological, psychological and behavioral processes that result from ACE and that exert influence throughout the life span. Different moderators and mediators may affect the extent and nature of the relationship. However, the literature on the specific mechanisms whereby ACE affects suicidality in later life has not been well identified. METHODS: We review and draw from extant multidisciplinary evidence to develop a heuristic framework through which to understand how ACE may lead to suicide in later life. RESULTS: Proposed mechanisms span biological factors (neurological, gene-environment), psychiatric and health functioning, and psychosocial development (cognitive biases, coping resources, interpersonal deficits). Evidence suggests that ACEs affect each of these constructs, and it is likely in the interaction of these constructs with late-life stressors that suicidality in older adulthood emerges. CONCLUSION: ACEs have persistent and multifaceted effects on suicidality in late life. This association is due to multi-varied pathways. It is believed that the explanatory framework developed herein in which biological, psychological and behavioral factors are organized, and the role of late-life stressors is highlighted will spark further scientific inquiry into this important area.

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Intervention & Prevention

1. Family matters? The effect of kinship care on foster care disruption rates

Andersen, S. H. and P. Fallesen Child Abuse Negl Ahead of print [Epub 17/07/2015].

ABSTRACT: Compared with other types of out-of-home care, kinship care is cheap, and offers the child a more familiar environment. However, little is known about the causal effect of kinship care on important outcomes. This study is the first to estimate causal effects of kinship care on placement stability, using full-sample administrative data (N=13,157) and instrumental variables methods. Results show that, in a sample of children of age 0-17 years, kinship care is as stable as other types of care, and only when the kin caregiver is particularly empathic and dutiful does this type of care prove more stable. Thus, in terms of stability, most children do not benefit additionally from being placed with kin.

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2. The Vital Few foster parents: replication and extension


**ABSTRACT:** The Pareto Principle, also known as the 80–20 rule or the Vital Few, has been successfully used as a framework to identify the small proportion of highly productive foster parents who provide a disproportionate amount of care. This study replicated and extended this research using a nationally representative sample of foster families (N = 876) with a focus on willingness to foster, and actually fostering, children with special needs. Using latent class analysis, two classes of foster parents were identified: one accounted for 19% of respondents and the other 81%. We refer to the former as the Vital Few and the latter as the Useful Many. Vital Few respondents fostered 74.2% of foster children — 11 times more than the Useful Many, although only fostering two times longer. They also had almost 1-1/2 times as many foster children in their homes at the time of the study. Notably, the Vital Few were willing to foster more types of children with special needs and a higher percentage had actually fostered children with each of the seven types of special needs studied. The classes were similar demographically except that Vital Few respondents were less likely to work outside the home and Vital Few mothers were slightly less educated as compared to Useful Many mothers. This study further validates the utility of the Pareto Principle for understanding foster parents and, by extension, has important implications for the well-being and stability of foster children with special needs. Considerations for supporting the Vital Few, including education and training needs, are discussed.

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**Child Protection Professionals**

1. Support person presence and child victim testimony: believe it or not


**ABSTRACT:** This study examined the effects of support person presence on participants’ perceptions of an alleged child sexual abuse victim and defendant. Two hundred jury-eligible community members (n = 100 males) viewed a DVD of an 11-year-old girl's simulated courtroom testimony either with or without a female support person seated next to her. Participants found the child victim to be less accurate and trustworthy, and the defendant to be less guilty and less likely to have sexually abused children, when the support person was present. Participants who viewed the female support person (n = 100) believed that she had probably coached and spent a great deal of time with the child victim before testifying. Female participants perceived the child to be more accurate, and the defendant to be more guilty and likely to have sexually abused children, than male participants. The degree to which the child victim's testimonial behavior violated participants’ expectancies mediated the negative relation between support person presence and child victim accuracy and trustworthiness. Support person presence was positively associated with expectancy violation, which in turn was negatively associated with child victim accuracy and trustworthiness. These preliminary findings suggest that seating a support person next to an alleged child victim in court may have the unintended effect of decreasing the child's perceived credibility and, if replicated, suggest that alternative seating arrangements might be necessary.


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2. Inter-rater reliability of criteria-based content analysis of children’s statements of abuse


**ABSTRACT:** The evaluation of children's statements of sexual abuse cases in forensic cases is critically important and must and reliable. Criteria-based content analysis (CBCA) is the main component of the statement validity assessment (SVA), which is the most frequently used approach in this setting. This study investigated the inter-rater reliability (IRR)
of CBCA in a forensic context. Three independent raters evaluated the transcripts of 95 statements of sexual abuse. IRR was calculated for each criterion, total score, and overall evaluation. The IRR was variable for the criteria, with several being unsatisfactory. But high IRR was found for the total CBCA scores (Kendall's W = 0.84) and for overall evaluation (Kendall's W = 0.65). Despite some shortcomings, SVA remains a robust method to be used in the comprehensive evaluation of children's statements of sexual abuse in the forensic setting. However, the low IRR of some CBCA criteria could justify some technical improvements.

3. Barriers and facilitators to detecting child abuse and neglect in general emergency departments


OBJECTIVES: Child abuse and neglect is common in the United States, and victims often present to emergency departments (EDs) for care. Most US children who seek care in EDs are treated in general EDs without specialized pediatric services. We aim to explore general ED providers' experiences with screening and reporting of child abuse and neglect to identify barriers and facilitators to detection of child abuse and neglect in the ED setting. METHODS: We conducted 29 semistructured interviews with medical providers at 3 general EDs, exploring experiences with child abuse and neglect. Consistent with grounded theory, researchers coded transcripts and then collectively refined codes and identified themes. Data collection and analysis continued until theoretical saturation was achieved. RESULTS: Barriers to recognizing child abuse and neglect included providers' desire to believe the caregiver, failure to recognize that a child's presentation could be due to child abuse and neglect, challenges innate to working in an ED such as lack of ongoing contact with a family and provider biases. Barriers to reporting child abuse and neglect included factors associated with the reporting process, lack of follow-up of reported cases, and negative consequences of reporting such as testifying in court. Reported facilitators included real-time case discussion with peers or supervisors and the belief that it was better for the patient to report in the setting of suspicion. Finally, providers requested case-based education and child abuse and neglect consultation for unclear cases. CONCLUSION: Our interviews identified several approaches to improving detection of child abuse and neglect by general ED providers. These included providing education through case review, improving follow-up by Child Protective Services agencies, and increasing real-time assistance with patient care decisions.

Reviews & Guidelines


PURPOSE: To review data on health-related quality of life (HRQoL) in individuals with childhood trauma, including psychological maltreatment, physical maltreatment, sexual abuse, and neglect. METHODS: The literature search was conducted with pre-defined keywords using the following electronic bibliographic databases: EMBASE, PubMed, MEDLINE, CINAHL, PsyINFO, PSYNDEx, and Cochrane Database of Systematic Reviews. Further databases were searched for relevant dissertations. Study selection and data extraction were completed by two independent reviewers. RESULTS: The literature search yielded 1568 entries. Nineteen articles met all inclusion criteria and were retained for further analysis. Findings quite consistently showed significant negative associations between child maltreatment and both self- and proxy-rated HRQoL. Effect sizes range from small to large. Number of types of maltreatment and HRQoL were found to be negatively related. CONCLUSION: Data on HRQoL for maltreated children are still rare. Studies often investigate adult survivors of child maltreatment. Considering HRQoL in children and adolescents who suffered...
maltreatment would allow the planning of effective interventions and the evaluation of treatments to improve HRQoL of these children.

**Case reports**

1. Case review: 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 haemorrhages 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.

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Statewide Child Protection Clinical Partnership

Update

The work of the sub-groups continues to be the focus for the Partnership over the month of August.

The Education and Peer Review and Support sub-groups met for the first time, which saw the action plans for both of these groups agreed.

The Child Aware sub-group also met and determined clear plans for taking activities forward to in relation to promoting Child Aware Approaches across health services.

The Out-of-Home Care sub-group has developed a detailed draft model to facilitate comprehensive health and developmental assessments for children and young people who have entered care. To take this work forward, connections have been made with the area responsible for actioning this within the Department of Communities, Child Safety and Disability Services.

In support of Child Protection Week 2015 (6-12 September), the Partnership is participating in a range of activities being facilitated by the Child Protection and Forensic Medical Service, Children’s Health Queensland. The purpose of the week is to raise awareness of child protection and promote the key message that protecting children is everyone’s business.

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

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
# Events

## September – October 2015

### SEPTEMBER 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6-9</td>
<td>Population Health Congress</td>
<td>Hobart, TAS</td>
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<tr>
<td>6-9</td>
<td>European Conference on Domestic Violence</td>
<td>Belfast, Northern Ireland</td>
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<tr>
<td>6-9</td>
<td>International Federation of Social Workers – European Conference</td>
<td>Edinburgh, Scotland</td>
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<tr>
<td>6-12</td>
<td>Queensland Child Protection Week</td>
<td>QLD</td>
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<tr>
<td>14-17</td>
<td>3rd International Indigenous Social Work Conference</td>
<td>Darwin, NT</td>
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<tr>
<td>15-16</td>
<td>National Domestic and Aboriginal Family Violence Conference</td>
<td>Adelaide, SA</td>
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<tr>
<td>15-16</td>
<td>National Domestic and Aboriginal Family Violence Conference</td>
<td>Adelaide, SA</td>
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<tr>
<td>15-17</td>
<td>SNAICC Conference</td>
<td>Perth, WA</td>
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<tr>
<td>15-17</td>
<td>Sexual Violence Research Initiative International Conference</td>
<td>Stellenbosch, South Africa</td>
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<tr>
<td>27-30</td>
<td>ISPCAN (International Society for the Prevention of Child Abuse and Neglect) European Regional Conference</td>
<td>Bucharest, Romania</td>
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<tr>
<td>29 Sep – 2 Oct</td>
<td>Australian Psychological Society Annual Conference</td>
<td>Gold Coast, QLD</td>
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### OCTOBER 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>2-4</td>
<td>Youth for Change: creating a better future</td>
<td>Brisbane, QLD</td>
</tr>
<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>
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<tr>
<td>14-15</td>
<td>Ending domestic and family violence conference: taking the next steps</td>
<td>Melbourne, VIC</td>
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<tr>
<td>29-31</td>
<td>Australian Association for Infant Mental Health National Conference</td>
<td>Perth, WA</td>
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References


