Queensland Child Protection Newsletter

October 2015

Included in this edition:

Children’s Health Queensland Child Protection Symposium

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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/child-protection.

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.

Contact

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📞 (07) 3068 2660
It is with great pleasure that we announce the upcoming “Inaugural Children’s Health Queensland (CHQ) Child Protection Symposium” to be held on 18 & 19 FEBRUARY 2016 at the Brisbane Convention and Exhibition Centre.

This two-day symposium aims to enhance professional relationships, and strengthen the child protection workforce. The symposium will cover:

- Navigating the children’s court
- Ethics in child protection
- The out-of-home-care journey
- Strengthening interagency collaboration

A more detailed symposium program will be available in the coming weeks.

**Registration**

To register for the 2016 CHQ Child Protection Symposium, please download a registration form via the link below, or contact the Symposium coordinator:

The Statewide Child Protection Clinical Partnership (SCPCP) has made funding available to co-contribute to the registration of designated Child Protection Advisors (CPAs) and Child Protection Liaison Officers (CPLOs) who are currently employed by Queensland Health and hold substantive positions within child protection. To be eligible for SCPCP sponsorship, you will be required to provide proof of your position as CPA or CPLO with your registration. A draft letter of recognition is provided on the registration form.

Contact information

For more information, please contact:

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| Registrations close on Monday, 21 December 2015. All payments must be received by this date. |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| Early bird (before 27 November 2015)        | Regular (before 21 December 2015)            | SCPCP sponsored (before 21 December 2015)   |
| Both days: $175                             | Both days: $190                              | Both days: $150                             |
| Thursday only: $100                         | Thursday only: $115                          | Thursday only: $90                          |
| Friday only: $80                            | Friday only: $95                             | Friday only: $70                            |

Both days: $175
Thursday only: $100
Friday only: $80

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Both days: $175
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Friday only: $80

Early bird (before 27 November 2015)
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Research Update

Abusive Head Trauma

1. Initial clinical presentation of children with acute and chronic versus acute subdural hemorrhage resulting from abusive head trauma


OBJECTIVES: At presentation, children who have experienced abusive head trauma (AHT) often have subdural hemorrhage (SDH) that is acute, chronic, or both. Controversy exists whether the acute SDH associated with chronic SDH results from trauma or from spontaneous rebleeding. The authors compared the clinical presentations of children with AHT and acute SDH with those having acute and chronic SDH (acute/chronic SDH).

METHODS: The study was a multicenter retrospective review of children who had experienced AHT during 2004-2009. The authors compared the clinical and radiological characteristics of children with acute SDH to those of children with acute/chronic SDH.

RESULTS: The study included 383 children with AHT and either acute SDH (n = 291) or acute/chronic SDH (n = 92). The children with acute/chronic SDH were younger, had higher initial Glasgow Coma Scale scores, fewer deaths, fewer skull fractures, less parenchymal brain injury, and fewer acute noncranial fractures than did children with acute SDH. No between-group differences were found for the proportion with retinal hemorrhages, healing noncranial fractures, or acute abusive bruises. A similar proportion (approximately 80%) of children with acute/chronic SDH and with acute SDH had retinal hemorrhages or acute or healing extracranial injuries. Of children with acute/chronic SDH, 20% were neurologically asymptomatic at presentation; almost half of these children were seen for macrocephaly, and for all of them, the acute SDH was completely within the area of the chronic SDH.

CONCLUSION: Overall, the presenting clinical and radiological characteristics of children with acute SDH and acute/chronic SDH caused by AHT did not differ, suggesting that repeated abuse, rather than spontaneous rebleeding, is the etiology of most acute SDH in children with chronic SDH. However, more severe neurological symptoms were more common among children with acute SDH. Children with acute/chronic SDH and asymptomatic macrocephaly have unique risks and distinct radiological and clinical characteristics.

2. Potential impact of a validated screening tool for pediatric abusive head trauma


OBJECTIVES: To conduct a retrospective, theoretical comparison of actual pediatric intensive care unit (PICU) screening for abusive head trauma (AHT) vs AHT screening guided by a previously validated 4-variable clinical prediction rule (CPR) in datasets used by the Pediatric Brain Injury Research Network to derive and validate the CPR.

DESIGN: We calculated CPR-based estimates of abuse probability for all 500 patients in the datasets. Next, we demonstrated a positive and very strong correlation between these estimates of abuse probability and the overall diagnostic yields of our patients’ completed skeletal surveys and retinal examinations. Having demonstrated this correlation, we applied mean estimates of abuse probability to predict additional, positive abuse evaluations among patients lacking skeletal survey and/or retinal examination. Finally, we used these predictions of additional, positive abuse evaluations to extrapolate and compare AHT detection (and 2 other measures of AHT screening accuracy) in actual PICU screening for AHT vs AHT screening guided by the CPR.

RESULTS: Our results suggest that AHT screening guided by the CPR could theoretically increase AHT detection in PICU settings from 87%-96% (P < .001), and increase the overall diagnostic yield of completed abuse evaluations from 49%-56% (P = .058), while targeting slightly fewer, though not significantly less, children for abuse evaluation.
CONCLUSION: Applied accurately and consistently, the recently validated, 4-variable CPR could theoretically improve the accuracy of AHT screening in PICU settings.

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

3. Parenchymal brain laceration as a predictor of abusive head trauma


BACKGROUND: Accurate differentiation of abusive head trauma and accidental head injury in infants and young children is critical and impacts clinical care, patient prognosis, forensic investigations, and medicolegal proceedings. No specific finding seen on cross-sectional brain imaging has been reported to distinguish abusive head trauma from accidental injury. Our study investigated whether a specific imaging finding, parenchymal brain laceration, is unique to children diagnosed with abusive head trauma.

METHODS: We retrospectively identified 137 patients with abusive head trauma and 28 patients who incurred moderate to severe accidental brain injury. Brain MR imaging represented the imaging standard for characterizing intracranial injuries.

RESULTS: Among the abusive head trauma cohort, parenchymal brain lacerations were identified in 18 patients, while none were identified in any patients with accidental injury.

CONCLUSION: Our findings are in concurrence with the existing forensic, pathology, and imaging literature, which suggests that parenchymal brain lacerations may be related to abusive injury mechanisms.


4. Retinal haemorrhages associated with fatal paediatric infections


ABSTRACT: For many physicians, retinal haemorrhages (RHs) in infants and young children remain highly diagnostic of non-accidental (abusive) head trauma. Because clinicians have applied indirect ophthalmoscopy selectively to cases of suspected child abuse, the association between RH and other conditions such as infection, coagulopathy and accidental trauma has encountered habitual bias, creating the potential for iatrogenic misdiagnosis of child abuse. We present an autopsy case series of four children, aged three years old or younger, in whom RHs were detected by post-mortem monocular indirect ophthalmoscopy after the patient s had died from infections. We discuss the laterality, number, type and location of RHs in these cases, and summarize proposed mechanisms of RH formation in fatalities from paediatric infection. We demonstrate that many of the ophthalmological findings that have been considered diagnostic of abusive head trauma can also occur in association with infective processes.


Physical Abuse

1. Ehlers-Danlos syndrome(s) mimicking child abuse: Is there an impact on clinical practice?


ABSTRACT: Ehlers-Danlos syndrome is a heterogeneous group of heritable connective tissue disorders characterized by increased fragility of various non-ossified tissues. It is usually ascertained due to abnormal skin texture, scarring complications, vascular fragility, or chronic symptoms, such as fatigue and musculoskeletal pain. Sometimes, Ehlers-Danlos syndrome remains undetected until the patient, usually in the pediatric age, shows extensive or severe
mucocutaneous injuries after only minor traumas. In this scenario, the misdiagnosis of Ehlers-Danlos syndrome with child abuse is a possibility, as occasionally reported in the literature. Recently, more attention was posed by lay people between the possible association of Ehlers-Danlos syndrome and bone fragility. Literature and personal experience show a strong association between Ehlers-Danlos syndrome, generalized joint hypermobility and reduced bone mass density in older children and adults, especially fertile women. The existence of a true increased risk of fracture in Ehlers-Danlos syndrome is still a matter of debate in children and adults with little and conflicting evidence. In case of suspected child abuse, Ehlers-Danlos syndrome is certainly on the differential for bruising, especially in EDS types with marked cutaneous and capillary involvement. In suspected child abuse cases, careful examination of the index case and her/his extended family is routine, as well as exclusion of other disorders such as osteogenesis imperfecta. The hypothesis of Ehlers-Danlos syndrome as an alternative explanation for infantile fractures remains speculative.


2. Prolonged abusive chest compressions in an infant: an occult form of child abuse: review of hemodynamics


ABSTRACT: This is the case of a 4-month-old male infant whose mother sought medical care because of poor feeding and low-grade temperature. The infant had no external evidence of abuse, but chest radiographs showed multiple bilateral rib fractures. There were no retinal hemorrhages. Investigation revealed that the father had repeatedly squeezed the child to unconsciousness. The cardiopulmonary effects of this form of abuse are restriction of respiration and reduced cardiac output. This is an unusual case of occult child abuse.


3. Testing for abuse in children with sentinel injuries


OBJECTIVES: Child physical abuse is commonly missed, putting abused children at risk for repeated injury and death. Several so-called sentinel injuries have been suggested to be associated with high rates of abuse, and to imply the need for routine testing for other, occult traumatic injuries. Our objective was to determine rates of abuse evaluation and diagnosis among children evaluated at leading children's hospitals with these putative sentinel injuries.

METHODS: This is a retrospective secondary analysis of the Pediatric Health Information System database. We identified 30 355 children with putative sentinel injuries. We measured rates of abuse diagnosis and rates of testing commonly used to identify occult injuries.

RESULTS: Among all visits for children <24 months old to Pediatric Health Information System hospitals, the rate of abuse diagnosis was 0.17%. Rates of abuse diagnosis for children with at least 1 putative sentinel injury ranged from 3.5% for children <12 months old with burns to 56.1% for children <24 months with rib fractures. Rates of skeletal survey and other testing that can identify occult traumatic injury were highly variable between centers and for different injuries.

CONCLUSIONS: Several putative sentinel injuries are associated with high rates of physical abuse. Among eligible children with rib fracture(s), abdominal trauma, or intracranial hemorrhage, rates of abuse were more than 20%. Future work is warranted to test whether routine testing for abuse in these children can improve early recognition of abuse.

https://www.ckn.org.au/
4. Common skin and bleeding disorders that can potentially masquerade as child abuse


**ABSTRACT:** Child abuse and neglect remains a major cause of morbidity and mortality among children worldwide. Over the last few decades, there has been growing research in the field of Child Abuse Pediatrics with greater recognition and research into potential diagnostic mimics of inflicted injury. This paper reviews some common skin findings and bleeding disorders that have features in common with child abuse.


5. Clinical perspectives on osteogenesis imperfecta versus non-accidental injury


**ABSTRACT:** Although non-accidental injuries (NAI) are more common in cases of unexplained fractures than rare disorders such as osteogenesis imperfecta (OI), ruling out OI and other medical causes of fracture is always indicated. The majority of OI patients can be diagnosed with the help of family history, physical examination, and radiographic findings. In particular, there are a few radiological findings which are seen more commonly in NAI than in OI which may help guide clinician considerations regarding the probability of either of these diagnoses. At the same time, molecular testing still merits careful consideration in cases with unexplained fractures without obvious additional signs of abuse.


6. Vitamin D deficiency versus non-accidental trauma: comment on “Rickets or abuse? A histologic comparison of rickets and child abuse-related fractures


No abstract available.


7. Rib fractures in osteogenesis imperfecta: Have we learnt anything about child abuse?


No abstract available.

Sexual Abuse

1. Misinterpretation of anogenital findings and misdiagnosis of child sexual abuse: the role of the forensic pathologist


BACKGROUND: The interpretation of anogenital post-mortem findings is an issue of main concern, since the nature and appearance of anogenital tissues during the post-mortem interval is not widely known by health providers.

CASE: An 8-year-old female died in hospital 48 hours after hospitalization. On the basis of the atypical anogenital findings, the healthcare professionals notified the fact to the Public Prosecutor as an alleged child abuse. The forensic pathologist ruled out this possibility, interpreting the anal findings due to physiological post-mortem anal alterations and to the insertion of suppositories before death.

CONCLUSIONS: Forensic pathological analysis should be included in routine post-mortem evaluation in the case of suspicion of child sexual abuse, since normal post-mortem findings could be misinterpreted by physicians, whose sole experience is based on ante-mortem scenarios.

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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.

3. Trends in child sexual abuse cases referred for forensic examination in Southern Denmark from 2000 to 2011 - Did the 'Tonder-case' have an impact?


ABSTRACT: In 2005 a serious case of child sexual abuse from the region of Southern Denmark was revealed to the Danish public. The case became known as the 'Tonder-case'. It was the first in a series of 4-5 serious cases of child maltreatment in Denmark, cases which spurred heavy public debate. In this study all the cases of child sexual abuse referred for forensic examination in a 12 year period, a total of 368 cases, were systematically evaluated. In order to identify any trends that could be correlated to an impact of the 'Tonder-case', cases from 2000 to 2002 and cases from 2009 to 2011 underwent an in-depth analysis. In the 12 year period there was a significant increase in numbers of cases. In the subgroups, comprised of 113 cases meeting the inclusion criteria, we found a significant increase in the frequency of cases involving incest and systematic abuse, as well as an uncorrelated increase in the frequency of cases where children were placed in foster care prior to the examination. These results were countered by a significant decrease in the number cases police reported child sexual abuse in the same period. The possible impact that cases like the 'Tonder-case' and the following press coverage may have on disclosure and the handling of this type of case by authorities is discussed, as well as further perspectives of extensive press coverage.

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Emotional Abuse & Neglect

No articles identified.

Outcomes

1. Disentangling the association between child abuse and eating disorders: A systematic review and meta-analysis


OBJECTIVES: The aim of this systematic review and meta-analysis was to estimate the association between distinct types of child abuse-sexual (CSA), physical (CPA), and emotional (CEA)-and different eating disorders (EDs).

METHODS: Electronic databases were searched through January 2014. Studies reporting rates of CSA, CPA, and CEA in people with anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED), as compared with individuals without EDs, were included. Pooled analyses were based on odds ratios (ORs), with relevant 95% confidence intervals (CIs), weighting each study with inverse variance models with random effects. Risk of publication bias was estimated.

RESULTS: Thirty-two of 1714 studies assessed for eligibility met the inclusion criteria, involving more than 14,000 individuals. The association between EDs and any child abuse showed a random-effects pooled OR of 3.21 (95% CI = 2.29-4.51, p < .001) with moderate heterogeneity (I = 57.2%, p = .005), whereas for CSA, this was 1.92 (95% CI = 1.13-3.28, p = .017), 2.73 (95% CI = 1.96-3.79, p < .001), and 2.31 (95% CI = 1.66-3.20, p < .001), for AN, BN, and BED, respectively. However, adjusting for publication bias, the estimate for CSA and AN was not significant (OR = 1.06, 95% CI = 0.59-1.88, p = .85). Although CPA was associated with AN, BN, and BED, CEA was associated just with BN and BED.

CONCLUSIONS: BN and BED are associated with childhood abuse, whereas AN shows mixed results. Individuals with similar trauma should be monitored for early recognition of EDs. http://www.ncbi.nlm.nih.gov/pubmed/26461853
2. Sexual problems and post-traumatic stress disorder following sexual trauma: A meta-analytic review


OBJECTIVES: Difficulties with sex often develop following sexual trauma, yet are rarely targeted within treatment of post-traumatic stress disorder (PTSD). Where outcomes of sexual function are included, they are secondary to other measures. This review aimed to assess whether psychological treatment for PTSD (from sexual trauma) has an effect on sexual functioning.

METHODS: Systematic searches of MEDLINE, PsycINFO, EMBASE, and trial registers were performed. Five studies met inclusion criteria. Pre-post treatment effect sizes were also calculated. Results Data from four good-quality RCTs were included in the meta-analyses. These examined females (n = 799) who had experienced adult sexual trauma or child sexual abuse. Studies compared psychological treatment to control conditions, but no effect on outcomes of sexual concerns, standardized mean difference (SMD) = 0.03 and dysfunctional sexual behaviour, SMD = 0.02, was found. Pre-post treatment effect sizes were small to medium (SMD = 0.36 and 0.47, respectively).

CONCLUSION: While firm conclusions cannot be drawn, the available evidence suggests that psychological treatment for PTSD has no effect on sexual problems. Pre-post effects indicate some improvement over the course of treatment, which may be strengthened if treatment actively targeted sexual problems. The paucity of evidence in this area suggests that there is substantial need for further research in order to establish a set of evidence-based guidelines for practitioners implementing treatment in this area.

http://dx.doi.org/10.1111/papt.12077

Intervention & Prevention

No articles available.

Child Protection Professionals

1. Pediatricians' role in preventing child maltreatment fatalities: A call to action


No abstract available.

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2. Data research on child abuse and neglect without informed consent? Balancing interests under Dutch law


BACKGROUND: According to the Declaration of Helsinki, participation of human subjects in medical research is only acceptable if subjects have given their consent. But in child abuse and neglect, many studies use a design in which subjects do not actively participate. Data in these studies are gathered from sources such as medical records or Child Protective Services. As long as such data are used anonymously, this does not interfere with individual privacy rights. However, some research is only possible when carried out with personally identifiable data, which could potentially be misused. In this paper, we discuss in which situations and under which conditions personal data of children may be
used for a study without obtaining consent. In doing so, we make use of two recent studies, performed in our hospital, in which we encountered this issue. Both studies involved collecting personal data. After careful consideration, we decided not to ask informed consent; instead, we arranged for specific safeguards to protect the subject's and their parents' privacy as well as possible.

CONCLUSION: Altogether, we conclude that our approach fits within the Dutch legal framework and seems a reasonable solution in situations in which individual privacy rights are at odds with the public interest of child abuse and neglect research. We argue that, although, in principle, data research is only acceptable after informed consent is obtained, the law should allow that, under specific circumstances and safeguards, this requirement is put aside to make research in the field of child abuse and neglect possible.

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Reviews & Guidelines

1. Guidelines for conducting a victim-sensitive interview

**Thakkar, M. J., et al. J Child Sex Abus Ahead of print [Epub 06/10/2015].**

**ABSTRACT:** Victim sensitive interviews allow the adult investigator to gather vital facts from a child. Within these interviews, the investigator is provided with an opportunity to elicit responses from the child regarding allegations that have taken place. These allegations often have many origins and may involve sexual impropriety, abuse, taunting, and torture of a physical nature, verbal nature, or both. The purpose of this article is to provide standardized guidelines that can assist individuals from various occupational fields in conducting victim sensitive interviews. The standardized guidelines provided offer an assemblage of general principles that have consistently appeared within literature as well as in manuals provided by various jurisdictions. These guidelines refer to a practice of conduct that is recommended; however, variance with implementation is allowed. It is assumed that the reader brings a level of clinical experience to the material provided in this article.


2. A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment


**BACKGROUND:** Consistent findings about the effectiveness of parent programs to prevent or reduce child maltreatment are lacking.

**METHODS:** In the present meta-analysis we synthesized findings from 27 independent samples from randomized controlled trials (RCTs) on the effectiveness of 20 different intervention programs aimed at (i) preventing the occurrence of child maltreatment in the general population or with at-risk but non-maltreating families, or (ii) reducing the incidence of child maltreatment in maltreating families.

**RESULTS:** A significant combined effect on maltreatment (d = 0.13; N = 4883) disappeared after the trim-and-fill approach that takes into account publication bias against smaller studies without significant outcomes. However, moderator analyses showed that larger effect sizes were found for more recent studies, studies with smaller samples, programs that provide parent training instead of only support, programs that target maltreating instead of at-risk families, and programs with a moderate length (6-12 months) or a moderate number of sessions (16-30).

**CONCLUSION:** More RCTs are needed to further unravel which factors are associated with program effectiveness. Because currently existing programs appeared to only reduce and not prevent child maltreatment, efforts in the field of
preventive intervention should also focus on the development and testing of preventive programs for families at risk for child maltreatment.

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Case reports

   Pediatr Emerg Care Ahead of print [Epub 01/10/2015].
   Sexual abuse of children is prevalent in today's society. In 2012, approximately 686,000 children (9.2 per 1000) in the United States were determined to be victims of substantiated child abuse and neglect, according to national data compiled by child protective service agencies; victimization rates were highest for children younger than 1 year. Nearly 9.3% of maltreated children were victims of sexual abuse, this finding was reported by US Department of Health and Human Services (http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment).
   Previous research has shown that as many as 1 in 3 girls and 1 in 7 boys will be sexually abused during childhood (Child Abuse Negl. 2003;27:1205-1222). Although sexual abuse seems to be less common in boys than girls, this may be partly due to underdiagnosis and underreporting of sexual abuse in boys (Arch Dis Child. 2007;92:328-331). Clinicians should therefore consider the possibility of sexual abuse when boys present with genital injuries, because failing to recognize and diagnose sexual abuse can pose an ongoing safety risk to a child. However, an erroneous diagnosis of sexual abuse can have equally hazardous repercussions, including removal of a child from their caregivers or prosecution of an innocent individual. A number of medical conditions can mimic child sexual abuse injuries, including anal fissures, failure of midline fusion, perianal streptococcal dermatitis, and straddle injury (J Pediatr Health Care. 2009;23:283-288 and Acta Paediatr. 2011;100:590-593). The following case involves a 5-week-old male infant who presented to the pediatric emergency department with an avulsion injury to his penis concerning for sexual abuse. He was ultimately diagnosed with a relatively rare anatomic variant of the genitalia and determined to have sustained an accidental injury whose appearance mimicked abuse.

2. A case of female hypersexuality and child abuse and a review
   ABSTRACT: Mother-son incest as well as female pedophilic disorder remain underrecognized and misdiagnosed. This is the case of a female child abuser who suffered from hypersexual disorder and mental retardation and whose son was viewed as a substitute transitional sexual partner. Our clinical case shared some common features with female sex offenders previously described in the literature but the association of sexual gratification and hypersexuality without pedophilic fantasies is quite uncommon in female child abusers.
   https://www.ckn.org.au/

3. Case report: When an induced illness looks like a rare disease
   The recognition of fabricated illness (FI) in a child represents a diagnostic challenge. The suspicion of FI often arises from the discrepancy between laboratory tests and clinical history. For instance, (unnecessary) insulin injections by
caregivers has been widely described as a common cause of factitious hypoglycemia that may be inferred from discrepancies between plasma insulin and c-peptide. However, contemporary administration of insulin with an insulin secretagogue (glyburide), and of additional drugs, can make the diagnostic pathway problematic. We report the case of a child 4 years and 11 months old, admitted for alternance of hypo- and hyperglycemia associated with hirsutism, hypokalemia, nephrocalcinosis, and neurodevelopmental delay. All these features were compatible with Rabson-Mendenhall syndrome, a rare disorder of severe insulin resistance linked to mutations of insulin receptor. At admission, plasma insulin levels were high during hypoglycemic episodes, but c-peptide was repeatedly in the normal range. The genetic analysis of insulin receptor was negative. The story of previous hospital admissions, inconsistency between insulin and c-peptide values, and association between hypoglycemic episodes in the child with the presence of the mother, raised the suspicion of FI. This hypothesis was confirmed by a video recording that revealed the administration by the mother of multiple drugs (insulin, glyburide, progesterone, and furosemide) that mimicked most of the features of Rabson-Mendenhall syndrome, including hirsutism and hypoglycemia with coincident, inappropriately normal c-peptide values due to the administration of the insulin secretagogue. Our case indicates that inconsistency among consecutive diagnostic tests should be regarded as a clue of FI.

4. Genetic drift: A case of abuse


ABSTRACT: In this essay, an infant with multiple fractures is removed from the custody of her parents because of suspected child abuse. Subsequently studies reveal that the child has osteogenesis imperfecta, type III. Though the child is eventually returned to the mother’s custody, her entire first year has been spent in foster care. The essay illustrates the toll taken on families when a diagnosis of OI is missed or delayed.

http://dx.doi.org/10.1002/ajmg.c.31461
Statewide Child Protection Clinical Partnership

Update

During October, significant progress has been made around the practicalities of publishing and distributing three Practice Guidance documents, the first resources the Partnership has produced.

The purpose of Practice Guidance specifically aligns to the key priority of the Partnership to *promote principles for best practice, equity and consistency in service delivery*. Developing clinical resources which can be recommended for use in all HHSs to support child protection service delivery also operationalizes the key priority of *providing expert advice in relation to child protection*. Keep an eye out for Practice Guidance around Information Sharing, Urine Drug Screening in Child Protection and Document Storage in the coming months.

Exciting progress has also been made with the development of a draft model to implement Comprehensive Health and Developmental Assessments for children and young people in out-of-home care. This work is being led by the Out-of-Home Care sub-group and important interagency links have been made with the Department of Communities, Child Safety and Disability Services to take this piece of work forward.

Membership of the Partnership Steering Committee is coming up for review and renewal so please consider if you have capacity to contribute - an Expression of Interest will be sent out over the coming month. If you have any queries or 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

### November/ December 2015

#### November 2015

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<thead>
<tr>
<th>Date</th>
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<th>Location</th>
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<td>International Foster Care Organization Conference</td>
<td>Sydney NSW</td>
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<td>10-12</td>
<td>Family Relationship Services Australia Conference</td>
<td>Brisbane QLD</td>
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<td>11-13</td>
<td>Youth Health Conference</td>
<td>Melbourne VIC</td>
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<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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#### December 2015

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<tr>
<td>1-3</td>
<td>National Indigenous Health Conference</td>
<td>Cairns QLD</td>
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<td>7-9</td>
<td>Stop Domestic Violence Conference</td>
<td>Canberra ACT</td>
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References

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<th>No.</th>
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<th>Title</th>
<th>Journal</th>
<th>Publication Date</th>
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<tr>
<td>32.</td>
<td>Pinsker, J.E. et al.</td>
<td>Vitamin D deficiency versus non-accidental trauma: comment on &quot;Rickets or abuse? A histologic comparison of rickets and child abuse-related fractures&quot;</td>
<td>Forensic Sci Med Pathol</td>
<td>Ahead of print [Epub 05/10/2015]</td>
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<td>40.</td>
<td>Vachon, D.D. et al.</td>
<td>Assessment of the harmful psychiatric and behavioral effects of different forms of child maltreatment</td>
<td>JAMA Psychiatry</td>
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