Queensland Child Protection Newsletter

November 2015

Included in this edition:

Inaugural 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.


**Access to links**

Hold down the **Ctrl** key and click 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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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.

| 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 |

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Research Update

Abusive Head Trauma

1. Development of a screening MRI for infants at risk for abusive head trauma

BACKGROUND: Abusive head trauma (AHT) is an important cause of morbidity in infants. Identifying which well-appearing infants are at risk for AHT and need neuroimaging is challenging, and concern about radiation exposure limits the use of head CT. Availability of an MRI protocol that is highly sensitive for intracranial hemorrhage would allow for AHT screening of well-appearing infants without exposing them to radiation.

OBJECTIVE: To develop a screening MRI protocol to identify intracranial hemorrhage in well-appearing infants at risk for AHT.

METHODS: Infants enrolled in a parent study of well-appearing infants at increased risk for AHT were eligible for the current study if they underwent both head CT and conventional brain MRI. A derivation cohort of nine infants with AHT was used to identify sequences that provided the highest sensitivity for intracranial hemorrhage. A validation cohort of 78 infants including both controls with normal neuroimaging and cases with AHT was used to evaluate the accuracy of the selected sequences.

RESULTS: Three pulse sequences - axial T2, axial gradient recalled echo (GRE) and coronal T1-W inversion recovery - were 100% sensitive for intracranial hemorrhage in the derivation cohort. The same sequences were 100% sensitive (25/25) and 83% specific (44/53) for intracranial hemorrhage in the validation cohort.

CONCLUSION: A screening MRI protocol including axial T2, axial GRE and coronal T1-W inversion recovery sequences is highly sensitive for intracranial hemorrhage and may be useful as a screening tool to differentiate well-appearing infants at risk for AHT who should undergo head CT from those who can safely be discharged without head CT. Additional research is needed to evaluate the feasibility of this approach in clinical practice.


2. Examination of postmortem retinal folds: A non-invasive study

ABSTRACT: The post-mortem retinal fold has been previously documented, but its mechanism of formation is not known. All previous studies of the fold involved invasive techniques and the post-mortem ocular fundus has yet to be non-invasively examined. Our study used the non-invasive techniques of monocular indirect ophthalmoscopy and ocular echography to examine 79 post-mortem eyes of 42 bodies. We examined whether the post-mortem retinal fold was associated with post-mortem time, position, and/or age. Age was significantly associated with post-mortem retinal fold formation (Mann-Whitney U test, P = 0.013), which led us to examine the effect of posterior vitreous detachment (PVD) on retinal folds. The absence of a PVD was statistically associated with the presence of a retinal fold (Fisher's exact test, P < 0.0001). Interestingly, the presence of a PVD was also significantly correlated with retinal fold height (Mann-Whitney U test, P < 0.0001). Therefore, we hypothesized that retinal folds result from post-mortem vitreoretinal traction caused by eyeball flaccidity. We also believe that the loss of retinochoroidal hydrostatic pressure plays a role. It is important that forensic pathologists not confuse a post-mortem retinal fold with traumatic retinal detachment.
or perimacular retinal folds caused by child abuse. When child abuse is suspected, forensic pathologists should perform enucleation and a subsequent histological examination for confirmation.

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

Physical Abuse

1. Beyond osteogenesis imperfecta: Causes of fractures during infancy and childhood
   ABSTRACT: Fractures in infancy or early childhood require prompt evaluation with consideration of accidental or non-accidental trauma as well as a large number of genetic disorders that predispose to fractures. Bone fragility has been reported in more than 100 genetic disorders, including skeletal dysplasias, inborn errors of metabolism and congenital insensitivity to pain. Most of these disorders are rare but often have distinctive clinical or radiographic findings to assist in the diagnosis. Gene sequencing is available, albeit connective tissue and skeletal dysplasia panels and biochemical studies are only helpful in a minority of cases. This article presents the clinical, radiographic, and molecular profiles of the most common heritable disorders other than osteogenesis imperfecta with increased bone fragility. In addition, the clinicians must consider non-heritable influences such as extreme prematurity, prenatal viral infection and neoplasia in the diagnostic process.

2. What every clinical geneticist should know about testing for osteogenesis imperfecta in suspected child abuse cases
   Pepin, M. G. and P. H. Byers AJMG Ahead of print [Epub 14/11/2015].
   ABSTRACT: Non-accidental injury (NAI) is a major medical concern in the United States. One of the challenges in evaluation of children with unexplained fractures is that genetic forms of bone fragility are one of the differential diagnoses. Infants who present with fractures with mild forms of osteogenesis imperfecta (OI) (OI type I or OI type IV), the most common genetic form of bone disease leading to fractures might be missed if clinical evaluation alone is used to make the diagnosis. Diagnostic clinical features (blue sclera, dentinogenesis imperfecta, Wormian bones on X-rays or positive family history) may not be present or apparent at the age of evaluation. The evaluating clinician faces the decision about whether genetic testing is necessary in certain NAI cases. In this review, we outline clinical presentations of mild OI and review the history of genetic testing for OI in the NAI versus OI setting. We summarize our data of molecular testing in the Collagen Diagnostic Laboratory (CDL) from 2008 to 2014 where NAI was noted on the request for DNA sequencing of COL1A1 and COL1A2. We provide recommendations for molecular testing in the NAI versus OI setting. First, DNA sequencing of COL1A1, COL1A2, and IFITM5 simultaneously and duplication/deletion testing is recommended. If a causative variant is not identified, in the absence of a pathologic clinical phenotype, no additional gene testing is indicated. If a VUS is found, parental segregation studies are recommended.
3. Evaluation for occult fractures in injured children


OBJECTIVES: To examine variation across US hospitals in evaluation for occult fractures in (1) children <2 years old diagnosed with physical abuse and (2) infants <1 year old with injuries associated with a high likelihood of abuse and to identify factors associated with such variation.

METHODS: We performed a retrospective study in children <2 years old with a diagnosis of physical abuse and in infants <1 year old with non-motor vehicle crash-related traumatic brain injury or femur fractures discharged from 366 hospitals in the Premier database from 2009 to 2013. We examined across-hospital variation and identified child- and hospital-level factors associated with evaluation for occult fractures.

RESULTS: Evaluations for occult fractures were performed in 48% of the 2502 children with an abuse diagnosis, in 51% of the 1574 infants with traumatic brain injury, and in 53% of the 859 infants with femur fractures. Hospitals varied substantially with regard to their rates of evaluation for occult fractures in all 3 groups. Occult fracture evaluations were more likely to be performed at teaching hospitals than at nonteaching hospitals (all P < .001). The hospital-level annual volume of young, injured children was associated with the probability of occult fracture evaluation, such that hospitals treating more young, injured patients were more likely to evaluate for occult fractures (all P < .001).

CONCLUSIONS: Substantial variation in evaluation for occult fractures among young children with a diagnosis of abuse or injuries associated with a high likelihood of abuse highlights opportunities for quality improvement in this vulnerable population.

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Sexual Abuse

1. Child sexual abuse in Turkey: an analysis of 1002 cases


ABSTRACT: This study investigated the characteristics of abuse suffered by children, the dimensions of the psychiatric effects associated with abuse, and the factors affecting these. One thousand two cases aged under 18, exposed to sexual abuse, and referred over a 7-year period were assessed. Girls represented 80.8% of cases, and the numbers rose with age. The aggressors were all male, and 88.2% were known to their victim. Approximately half the children were exposed to sexual abuse involving penetration. Psychological pathology was identified in 62.1%. Female gender, the presence of penetration, physical violence, and incest significantly increased the development of psychological pathology. Levels of awareness in people close to and trusted by the child must be raised to minimize the adverse effects of trauma in the long term, preventive measures must be taken, and medical and social support units from which victims can receive assistance need to be established.

2. Urine specimen collection following consensual intercourse - A forensic evidence collection method for Y-DNA and spermatozoa


ABSTRACT: The purpose of the prospective research was to evaluate the benefit of urine specimen as a collection technique for biological forensic evidence in adult volunteers following consensual intercourse. For detecting Y-chromosomal material Buccal Swab Spin Protocol(R) was used in DNA extraction and purification and samples were analysed with Quantifiler Y Human Male DNA Quantification Kit(R). The time frame for positive Y-DNA was evaluated. Immediate microscopy for detection of spermatozoa was performed. Y-DNA was detected in 173/205 (84.4%) urine samples. Of the 86 first post-coital void urine samples available, Y-DNA was detected in 83 (96.5%) specimens. Of the 119 urine samples from volunteers with post-coital activities Y-DNA was still measurable in 70 (58.8%) urine specimens. The male DNA amount was below 0.023 ng/mul in 28/153 (18.3%) urine samples. Of the 22 urine samples obtained after 24 post-coital hours, 9 (40.9%) were still Y-DNA positive. No associations were found between coital durance, coital frequency during the past two weeks prior to the study intercourse, post-coital activities, and the urine sample Y-DNA positivity. Of the 111 urine samples where the immediate microscopy was performed, in 66 (59.5%) samples spermatozoa were verified and one sample even contained motile spermatozoa. Microscopy detected 66 (67.3%) and failed to detect spermatozoa in 32 (32.7%) of Y-DNA positive samples. In addition to conventional invasive swab techniques, urine samples seem to be an effective biological trace collection method for Y-DNA and spermatozoa within 24 h following penile-vaginal penetration. Furthermore, it may be considered as a non-invasive collection method in suspected acute child sexual abuse cases to diminish time delay in forensic evidence collection and to improve patients’ positive attitudes towards evidence collection.

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Emotional Abuse & Neglect

1. Psychological maltreatment, emotional and behavioral problems in adolescents: The mediating role of resilience and self-esteem

Arslan, G. Child Abuse Negl Ahead of print [Epub 28/10/2015].

ABSTRACT: In this study, structural equation modeling was used to examine the mediating role of resilience and self-esteem in the relationships between psychological maltreatment-emotional problems and psychological maltreatment-behavioral problems in adolescents. Participants were 937 adolescents from different high schools in Turkey. The sample included 502 female (53.6%) and 435 male (46.4%) students, 14-19 years old (mean age=16.51, SD=1.15). Results indicated that psychological maltreatment was negatively correlated with resilience and self-esteem, and positively correlated with behavioral problems and emotional problems. Resilience and self-esteem also predicted behavioral problems and emotional problems. Finally, psychological maltreatment predicted emotional and behavioral problems mediated by resilience and self-esteem. Resilience and self-esteem partially mediated the relationship between psychological maltreatment-behavioral and psychological maltreatment-emotional problems in adolescents. Thus, resilience and self-esteem appear to play a protective role in emotional problems and behavioral problems in
psychologically maltreated individuals. Implications are discussed and suggestions for psychological counselors and other mental health professionals are presented.

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2. Types, subtypes, and severity of substantiated child neglect in U.S. Army communities

**BACKGROUND:** Neglect has been linked to short-term and long-term deleterious outcomes in children, but has received little attention in the research literature.

**OBJECTIVE:** Identify types, subtypes, and severity of child neglect in a sample of substantiated cases at 4 U.S. Army installations. Describe demographic correlates of victims and offenders by type and subtype.

**PARTICIPANTS:** Data were collected from archived clinical records. A stratified random sample of 100 substantiated child neglect case files were selected per site (N = 400). Data from a single child per case file were used.

**RESULTS:** 5 types and 17 subtypes of neglect were represented, singly or in combination, with varying severity. Lack of Supervision was most common (n = 177, 35.3%), followed by Emotional Neglect (n = 159, 31.8%), Failure to Provide Physical Needs (n = 131, 26.2%), Moral-Legal Neglect (n = 20, 4%), and Educational Neglect (n = 13; 2.6%). Child neglect occurred mostly among young children and in young enlisted families.

**CONCLUSION:** Current results highlight the need to focus on types, subtypes, and severity of neglect incidents that provide specific understanding of child risk to better inform policy. Further study should examine specific risk factors and their relationship to neglect types and severity outcomes.

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3. The clinical geneticist and the evaluation of failure to thrive versus failure to feed

**ABSTRACT:** Common clinical genetic referrals for the pediatric patient include a single major or multiple minor anomalies, dysmorphic features, especially when accompanied by developmental delay or intellectual disability, and failure to thrive (FTT). This review provides pediatric definitions of FTT and the genetic differential for FTT, which includes chromosomal disorders, microdeletion/duplication syndromes, uniparental disomy/methylation disorder, disorders of DNA repair, teratogens, metabolic syndromes, and skeletal dysplasias. Three clinical genetics cases highlight challenges in deciphering the cause of FTT. The review concludes with a ten-step approach that might improve diagnostic ability in differentiating FTT cases (those with genetic or other metabolic causes) from “failure to feed,” in other words FTT as the direct result of neglect and/or child abuse.

Outcomes

1. Children in nonparental care: Health and social risks

Beal, S. J. and M. V. Greiner Pediatr Res Ahead of print [Epub 14/10/2015].

ABSTRACT: Approximately 2.3 million children in the United States live separately from both parents; 70%-90% of those children live with a relative. Compared to children living with one or both parents, children in nonparental care are in poorer health, are at heightened risk for experiencing disruptions and instability in caregiving, and are vulnerable to other social antecedents of child health (e.g., neglect, poverty, maltreatment). Given the significant impact of adversity in childhood on health across the lifespan, which is increased among children in nonparental care, it is informative to consider the health risks of children living in nonparental care specifically. Research examining the contributions of poverty, instability, child maltreatment, and living in nonparental care, including meta-analyses of existing studies, are warranted. Longitudinal studies describing pathways into and out of nonparental care and the course of health throughout those experiences are also needed. Despite these identified gaps, there is sufficient evidence to indicate that attention to household structure is not only relevant but essential for the clinical care of children and may aid in identifying youth at risk for developing poor health across the lifespan.

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2. Epigenetics and child abuse: Modern-day Darwinism - the miraculous ability of the human genome to adapt, and then adapt again


ABSTRACT: It has long been recognized that early adversity can have life-long consequences, and the extent to which this is true is gaining increasing attention. A growing body of literature implicates Adverse Childhood Experiences, including physical, sexual, and emotional abuse, in a broad range of negative health consequences including adult psychopathology, cardiovascular, and immune disease. Increasing evidence from animal, clinical, and epidemiological studies highlight the critical role of epigenetic programming, such as DNA methylation and histone modification, in altering gene expression, brain structure and function, and ultimately life-course trajectories. This review outlines our developing insight into the interplay between our human biology and our changing environment, and explores the growing evidence base for how interventions may prevent and ameliorate damage inflicted by toxic stress in early life.

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3. Age of trauma onset and hpa axis dysregulation among trauma-exposed youth


ABSTRACT: The hypothalamic–pituitary–adrenal axis (HPA axis) is a pathway through which childhood trauma may increase risk for negative health outcomes. The HPA axis is sensitive to stress throughout development; however, few studies have examined whether timing of exposure to childhood trauma is related to differences in later HPA axis functioning. Therefore, we examined the association between age of first trauma and HPA axis functioning among adolescents, and whether these associations varied by sex.
Parents of 97 youth (aged 9–16 years) completed the Early Trauma Inventory (ETI), and youth completed the Socially-Evaluated Cold-Pressor Task (SECPT). We measured salivary cortisol response to the SECPT, the cortisol awakening response, and diurnal regulation at home across 2 consecutive weekdays. Exposure to trauma during infancy related to delayed cortisol recovery from peak responses to acute stress, $d = 0.23$ to $0.42$. Timing of trauma exposure related to diverging patterns of diurnal cortisol regulation for males, $d = 0.55$, and females, $d = 0.57$. Therefore, the HPA axis may be susceptible to developing acute stress dysregulation when exposed to trauma during infancy, whereas the consequences within circadian cortisol regulation may occur in the context of later trauma exposure and vary by sex. Further investigations are warranted to characterize HPA axis sensitivity to exposure to childhood trauma across child development.

4. Multilevel developmental approaches to understanding the effects of child maltreatment: Recent advances and future challenges


ABSTRACT: Recent research in the field of child maltreatment has begun to shed new light on the emergence of health problems in children by emphasizing the responsiveness of developmental processes to children's environmental and biological contexts. Here, I highlight recent trends in the field with an emphasis on the effects of early life stress across multiple levels of developmental domains.

5. Symptoms of major depressive disorder subsequent to child maltreatment: Examining change across multiple levels of analysis to identify transdiagnostic risk pathways


ABSTRACT: Major depressive disorder (MDD) is a prevalent psychiatric condition in the child maltreatment population. However, not all children who have been maltreated will develop MDD or MDD symptoms, suggesting the presence of unique risk pathways that explain how certain children develop MDD symptoms when others do not. The current study tested several candidate risk pathways to MDD symptoms following child maltreatment: neuroendocrine, autonomic, affective, and emotion regulation. Female adolescents ($N = 110$; age range = 14-19) were recruited into a substantiated child maltreatment or comparison condition and completed a laboratory stressor, saliva samples, and measures of emotion regulation, negative affect, and MDD symptoms. MDD symptoms were reassessed 18 months later. Mediational modeling revealed that emotion regulation was the only significant indirect effect of the relationship between child maltreatment and subsequent MDD symptoms, demonstrating that children exposed to maltreatment had greater difficulties managing affective states that in turn led to more severe MDD symptoms. These results highlight the importance of emotion dysregulation as a central risk pathway to MDD following child maltreatment. Areas of future research and implications for optimizing prevention and clinical intervention through the direct targeting of transdiagnostic risk pathways are discussed.
Intervention & Prevention

1. Trauma-informed care in the Massachusetts child trauma project

   ABSTRACT: Child maltreatment is a serious public health concern, and its detrimental effects can be compounded by traumatic experiences associated with the child welfare (CW) system. Trauma-informed care (TIC) is a promising strategy for addressing traumatized children's needs, but research on the impact of TIC in CW is limited. This study examines initial findings of the Massachusetts Child Trauma Project, a statewide TIC initiative in the CW system and mental health network. After 1 year of implementation, Trauma-Informed Leadership Teams in CW offices emerged as key structures for TIC systems integration, and mental health providers' participation in evidence-based treatment (EBT) learning collaboratives was linked to improvements in trauma-informed individual and agency practices. After approximately 6 months of EBT treatment, children had fewer posttraumatic symptoms and behavior problems compared to baseline. Barriers to TIC that emerged included scarce resources for trauma-related work in the CW agency and few mental providers providing EBTs to young children. Future research might explore variations in TIC across service system components as well as the potential for differential effects across EBT models disseminated through TIC.

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2. Working in a family therapy setting with families where a parent has a mental illness: practice dilemmas and strategies

   ABSTRACT: There is strong evidence supporting the benefits of family work, for both parents and children, in the treatment of parental mental illness. However, there has been only limited research on the implementation of family work in settings outside the mental health sector, such as family therapy or family counselling services, where mental illness may not be the primary presenting issue for a family. This article reports on a qualitative study that explored the experiences of family therapists working with families affected by parental mental illness. The article focuses on dilemmas clinicians faced integrating discussions about parental mental illness into family sessions. The findings support the need for clinicians to have appropriate training in family work related to mental health issues and also to develop the skill set needed to actively introduce, negotiate and explore the topic of mental illness with families.


3. Systematic review of fetal alcohol spectrum disorder interventions across the life span

   BACKGROUND: Individuals with fetal alcohol spectrum disorders (FASDs) can experience profound impairments and long-term adverse outcomes. This systematic review adopts a life span perspective providing an extensive analysis of the available literature.
METHODS: Studies were identified from PsycInfo, PubMed, Scopus, Web of Knowledge, CINAHL, ERIC, The Cochrane Central Register of Controlled Trials, and gray literature. Two reviewers independently screened the title and abstract of each reference, and the methodological rigor of the included studies was assessed using the Effective Public Health Project assessment tool.

RESULTS: Thirty-two studies met the inclusion criteria, of which the vast majority targeted early to middle childhood. Two studies focused on early intervention in the postnatal period, and 6 studies aimed to improve attention and/or self-regulation in childhood. Three of these provided promising evidence on improving self-regulatory difficulties for children with FASDs. Nine studies focused on improving specific areas of dysfunction. Six studies addressed social skills; 3 of these used an adaptation of a well-validated social skills program. Three studies provided promising initial evidence that parents and caregivers could benefit from support with child behavior and a further 4 studies provided education and advocacy for parents/caregivers, teachers, or child welfare workers. The final 2 studies were aimed at supporting parents who were themselves affected by prenatal alcohol exposure.

CONCLUSION: There is growing evidence for interventions that improve outcomes for early to middle childhood. However, a lack of research exists outside of this developmental period. This lack of research is concerning given the potential positive impact of early intervention, for individuals and, financially, for governments. In addition, the lack of interventions for adolescents and adults further highlights the widening developmental gap and the potential influence of secondary disabilities for this at-risk population.


**Child Protection Professionals**

1. Evaluation of forensic cases admitted to pediatric intensive care unit


AIM: This study aimed to determine the epidemiological and clinical characteristics of pediatric forensic cases to contribute to the literature and to preventive health care services.

METHODS: Pediatric forensic cases hospitalized in our pediatric intensive care unit below the age of 17 years were reviewed retrospectively (January 2009-June 2014). The patients were evaluated in two groups as physical traumas (Group A) and poisonings (Group B). The patients’ age, gender, complaints at presentation, time of presentation and referral (season, time) and, mortality rates were determined. Cases of physical trauma (Group A) were classified as traffic accidents, falling down from height, falling of device, drowning, electric shock, burns and child abuse. Poisonings (Group B) were classified as pharmaceuticals, pesticides, other chemicals and unknown drug poisonings.

RESULTS: Two hundred twenty cases were included. The mean age was 5.1+3.1 years. One hundred fifteen (%52.5) of the cases were male and 105 (%47.5) were female. Group A consisted of 62 patients and Group B consisted of 158 patients. The patients presented most frequently in summer months. The most common reason for presentation was falling down from height (12.7%) in Group A and accidental drug poisoning (most frequently antidepressants) in Group B. The mortality rate was 5%.

CONCLUSION: Forensic cases in the pediatric population (physical trauma and poisoning) are preventable health problems. Especially, preventive approach to improve the environment for falling down from height must be a priority. Increasing the awareness of families and the community on this issue, in summer months...
2. Child protection workers dealing with child abuse: The contribution of personal, social and organizational resources to secondary traumatization


ABSTRACT: The present study compared secondary traumatization among child protection social workers versus social workers employed at social service departments. In addition, based on Conservation of Resources (COR) theory, the study examined the contribution of working in the field of child protection as well as the contribution of background variables, personal resources (mastery), and resources in the workers' social and organizational environment (social support, effectiveness of supervision, and role stress) to secondary traumatization. The findings indicate that levels of mastery and years of work experience contributed negatively to secondary traumatization, whereas exposure to child maltreatment, trauma history, and role stress contributed positively to secondary traumatization. However, no significant contribution was found for social support and effectiveness of supervision. The study identifies factors that can prevent distress among professionals such as child protection workers, who are exposed to the trauma of child abuse victims. Recommendations are provided accordingly.

3. Defining 'reasonable medical certainty' in court: What does it mean to medical experts in child abuse cases?


ABSTRACT: Physicians and others who provide expert testimony in court cases involving alleged child abuse may be instructed to state their conclusions within a ‘reasonable medical certainty’ (RMC). However, neither judges nor jurors knows what degree of probability constitutes RMC for a given expert, nor whether different experts use different standards to formulate their opinions. We sought to better understand how experts define RMC in the context of court cases. An email survey was sent to members of six list-serves, representing four specialties, whose members testify in child abuse cases. Respondents were asked to define how RMC corresponded to (1) the numerical probability that abuse occurred, (2) the ordinal probability, and (3) how their determinations relate to common legal standards ('preponderance of the evidence', 'clear and convincing', and 'beyond a reasonable doubt'). Participants were also asked how comfortable they were in defining RMC; whether their definition changed according to the charges or type of proceeding; and how they would apply RMC to several hypothetical cases. The 294 list-serve participants who responded included child abuse pediatricians (46%), forensic pathologists (21%), pediatric neurosurgeons (15%), pediatric ophthalmologists (12%), and others (6%). Though 95% of respondents had testified in court, only 45% had received training in the definition of RMC. Only 37% were comfortable defining RMC. Although many responses were highly clustered and paired comparisons showed that 95% of participants' responses were internally consistent, there was variability in respondents' definitions of RMC.
There is some variability in how child abuse expert witnesses define and use the term RMC; we provide suggestions about how to more accurately and transparently define RMC to ensure justice in these cases.

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4. The contemporary politics of child protection: Part two (the BASPCAN Founder's Lecture 2015)

ABSTRACT: This paper is based on the Founder's lecture of the same title presented at the BASPCAN Congress, ‘New Directions in Child Protection and Well-being’, in April 2015 in Edinburgh. In a very schematic way, it attempts to critically review changes in child protection policies in the UK since the first BASPCAN Congress in 1991. It argues that while there are similarities, there are also important differences. The nature of the problems to be addressed has become both broader and more complex and this is reflected in developments in policy and practice. At the same time, the challenges for child protection have become increasingly politicised such that the narrative of professional and system failure has become more dominant and pervasive. This has the effect of deflecting political and policy attention from the size and nature of the social problems to be addressed. The paper concludes by considering the most recent developments and their possible impact including the statutory Independent Inquiry into Child Sexual Abuse chaired by Justice Lowell Goddard. ‘Attempts to critically review changes in child protection policies in the UK’.

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Reviews & Guidelines

1. Malingering by proxy: A literature review and current perspectives

ABSTRACT: Malingering by proxy (MAL-BP) is a form of maltreatment that involves a caregiver who fabricates or induces signs or symptoms in a child, dependent adult, or pet in pursuit of external, tangible incentives. Rarely studied, MAL-BP has an unknown prevalence, and is a challenging diagnosis for healthcare professionals. Therefore, a comprehensive computer literature search and review was conducted. The review uncovered a total of sixteen case reports of MAL-BP (eleven human, five veterinary). The motive for malingering was financial in all human cases and medication-seeking in all veterinary cases. Although the strategies employed differed among the identified cases, common themes regarding the best approach to identification of MAL-BP cases became evident. A comprehensive workup including a thorough history, physical examination, appropriate neuropsychological testing, and relevant collateral information forms the basis of an effective identification strategy. The optimal method of management is currently unclear due to a relative paucity of data and guidelines. However, management of these cases would likely include a team-based approach with a prudent assessment of safety for the proxy and a low threshold for referral to appropriate services. Long-term follow-up is essential and should be approached from a biopsychosocial
perspective. Attention, research, and guidance on this topic are needed to develop further evidence-based guidelines for the identification and management of MAL-BP.


Case Reports

1. Acute enlargement of subdural hygroma due to subdural hemorrhage in a victim of child abuse

ABSTRACT: An 11-month-old female baby was found dead by her mother. Cranial postmortem CT prior to the forensic autopsy showed dilatation of bilateral extra-axial spaces and ventricles. The autopsy revealed a new linear fracture of the left parietal bone and occipital bone, and a healed linear fracture of the right parietal bone and occipital bone like a mirror image of the left one as well. Intracranially, 230ml of subdural fluid were collected, which was mixed with blood. There was a fresh hemorrhage around a bridging vein of the left parietal lobe and the dura mater. Moreover, the outer side of the cerebrum and the inner side of the dura mater were covered by a thin membrane, which mater might have been previously formed because of being positive for Fe-staining and anti-CD68 antibody. A subdural hematoma might have been developed when the right side of the skull was previously fractured, which was transformed into a subdural hygroma. Subsequently, it is likely that, after the left side fracture of the skull occurred, the subdural hygroma rapidly enlarged due to hemorrhaging from the bridging vein, which resulted in intracranial hypertension, because microbleeding was detected in the brain stem. Accordingly, we diagnosed the cause and manner of death as intracranial hypertension due to subdural hemorrhage in subdural hygroma, and homicide, including child abuse, respectively.

2. Acute kidney injury in a child: A case of Munchausen syndrome by proxy

ABSTRACT: Renal and urologic problems in pediatric condition falsification (PCF) or Munchausen by proxy (MSP) can result in serious diagnostic dilemma. Symptoms of hematuria, pyuria and recurrent urinary tract infections have occasionally been described. However, MSP presenting as azotemia has not been previously reported. We describe the case of an unfortunate boy who had to undergo unnecessary hemodialysis for persistent hyperkalemia and azotemia before a final diagnosis of the falsification of investigations by the parents was made.
3. Genetic differentials of child abuse: Is your case rare or real?


ABSTRACT: The clinical geneticist can be called upon to play a role in the medical evaluation of children with clinical findings concerning for child abuse. This Introduction describes a case of suspected child abuse in an 8-month-old baby referred to clinical genetics to exclude osteogenesis imperfecta. The experience from this case raised medical and ethical considerations and prompted consideration of the role of the clinical geneticist in distinguishing rare mimics of child abuse from real cases. From this single case, and a discussion regarding similar cases, arose the idea of this issue in Seminars in Medical Genetics, Genetic Differentials of Child Abuse: Is Your Case Rare or Real? In thinking about child abuse from a clinical genetics perspective, we categorize clinical presentations into fractures, skin lesions, hemorrhage, growth disturbances, and concern for caregiver-fabricated illness (previously known as Munchausen syndrome by proxy). In this Introduction, we also discuss recent questions regarding Ehlers-Danlos syndrome and infantile fractures and concerns about caregiver-fabricated illness in the context of mitochondrial or other rare diseases. The goal is that this issue on child abuse and genetics will serve as a resource to help distinguish the rare causes from the real cases of child abuse, and those critical distinctions and correct diagnoses may be life-saving for some infants and children.

Statewide Child Protection Clinical Partnership

Update

I am pleased to inform you that our first resource ‘Sharing relevant information under the Child Protection Act 1999’ has been approved for publication. Final document preparation is underway and will be distributed to all Hospital and Health Services (HHSs) once this process has been completed. I would like to thank Renae Macjen and the Information Sharing-Child Aware sub-group for their hard work in developing and preparing the guidance. It is hoped this resource will support statewide consistency and best practice around the sharing of relevant child protection information.

The Partnership’s second resource, ‘Urine drug screening in child protection contexts’ has also been submitted for approval.

Interagency collaboration with the Department of Communities Child Safety and Disability Services is continuing around the development of a model to implement Comprehensive Health and Developmental Assessments for children and young people in out-of-home care. Thank you to the Out-of-Home Care sub-group for the work to date to progress this.

Other sub-groups have also been busy - the Education sub-group is making headway to identify four key areas to be the focus the Partnership’s first educational modules and the Child Aware sub-group has developed a draft survey to determine the current use of Child Aware approaches across HHSs.

An Expression of Interest has been circulated regarding membership of the Partnership Steering Committee. If you would like to register your interest, please outline in no more than one page, the experience, knowledge and skills you can contribute to the work of the SCPCP as well as your availability to attend monthly meetings and participate in related activities and send to:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

SCPCP Steering Committee applications close on 11 December 2015.

Dr Ryan Mills

Clinical Chair
## Events

### December 2015/ January 2016

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References


44. Rabago, J., et al., *The clinical geneticist and the evaluation of failure to thrive versus failure to feed*. AJMG. Ahead of print [Epub 18/11/2015].


