Queensland Child Protection Newsletter

December 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 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
To ensure receipt of this newsletter or to unsubscribe, please contact Laura Koopmans, Project Officer, Child Protection and Forensic Medical Service, Lady Cilento Children’s Hospital, South Brisbane:
Laura.Koopmans@health.qld.gov.au
📞 (07) 3068 2660
CHQ Child Protection Symposium – Last chance to Register

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. Please refer to the full Symposium program at the end of this newsletter.

Registration deadline extended

The registration deadline for the 2016 CHQ Child Protection Symposium has been extended to Friday 29 January. There are limited spaces still available, so don’t miss out. To register, please 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.

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Registrations close on Monday, 21 December 2015. All payments must be received by this date.

Contact information

Laura Koopmans
Children’s Health Queensland Child Protection Symposium Coordinator
T: 07 3068 5174
E: laura.koopmans@health.qld.gov.au
Research Update

Abusive Head Trauma

1. Assessing the accuracy of the International Classification of Diseases codes to identify abusive head trauma: a feasibility study


OBJECTIVES: To assess the accuracy of an International Classification of Diseases (ICD) code-based operational case definition for abusive head trauma (AHT).

METHODS: Subjects were children <5 years of age evaluated for AHT by a hospital-based Child Protection Team (CPT) at a tertiary care paediatric hospital with a completely electronic medical record (EMR) system. Subjects were designated as non-AHT traumatic brain injury (TBI) or AHT based on whether the CPT determined that the injuries were due to AHT. The sensitivity and specificity of the ICD-based definition were calculated.

RESULTS: There were 223 children evaluated for AHT: 117 AHT and 106 non-AHT TBI. The sensitivity and specificity of the ICD-based operational case definition were 92% (95% CI 85.8 to 96.2) and 96% (95% CI 92.3 to 99.7), respectively. All errors in sensitivity and three of the four specificity errors were due to coder error; one specificity error was a physician error.

CONCLUSIONS: In a paediatric tertiary care hospital with an EMR system, the accuracy of an ICD-based case definition for AHT was high. Additional studies are needed to assess the accuracy of this definition in all types of hospitals in which children with AHT are cared for.

https://www.ckn.org.au

2. Subdural hygromas in abusive head trauma: pathogenesis, diagnosis, and forensic implications


ABSTRACT: Are subdural hygromas the result of abusive head trauma? CT and MR imaging represent important tools for the diagnosis of abusive head trauma in living infants. In addition, in-depth understanding of the pathogenesis of subdural hygromas is increasingly required by neuroradiologists, pediatricians, and forensic physicians. Therefore, the current knowledge on subdural hygromas is summarized and forensic conclusions are drawn. The most important diagnostic pitfalls, benign enlargement of the subarachnoid space, and chronic subdural hematoma, are discussed in detail. Illustrative cases from forensic practice are presented. Literature analysis indicates that subdural hygromas can occur immediately or be delayed. If other infrequent reasons can be excluded, the presence of subdural hygromas strongly suggests a posttraumatic state and should prompt the physician to search for other signs of abuse. To differentiate subdural hygromas from other pathologies, additional MR imaging of the infant's head is indispensable after initial CT scan. http://www.ncbi.nlm.nih.gov/pubmed/24948499

Comments:


Physical Abuse

1. Osteogenesis imperfecta


ABSTRACT: Osteogenesis imperfecta (OI) describes a group of rare heritable disorders of connective tissue characterized by varying degrees of low bone mass and increased susceptibility to fractures. Most cases of OI are due to heritable defects in the synthesis or metabolism of type I collagen. The resulting bone tissue is prone to fracture due to a combination of alterations in both material and architectural qualities. The range of OI encompasses antenatal lethality to individuals with only small numbers of fractures. There are various classifications of OI, some of which have expanded along with understanding of the genetic diversity of rarer forms of OI. Accurate diagnosis at the earliest opportunity is important because specialist multidisciplinary input can dramatically improve outcomes in both the short and long term. Bisphosphonates are widely recognized as standard of care in childhood OI but the maximum benefits are only realized alongside the delivery of a multidisciplinary package of care including physiotherapy. There should be a planned and timely transfer of care to an appropriately skilled team based in adult services.

http://dx.doi.org/10.1016/j.paed.2015.07.007

2. Frequency of skeletal injuries in children with inflicted burns


BACKGROUND: It is estimated that inflicted burn injuries in physically abused children occur with a prevalence of approximately 6-20%. Identification of burns of a nonaccidental nature is oftentimes difficult. Underlying skeletal injuries in abusive environments are often overshadowed by the acute burn injury. OBJECTIVE: We assessed the prevalence of inflicted burns and the frequency of associated skeletal injuries in a population from a large children's hospital.

METHODS: From a database of nearly 3,000 children who were assessed for possible abuse from 1997 to 2012, we identified 142 children with burn injuries. We included only those who had undergone skeletal surveys as part of the diagnostic workup. The final diagnosis, based on the burn, was categorized as nonaccidental, accidental or indeterminate by a child abuse pediatrician. We excluded children with no skeletal survey (n = 18), children in whom the final diagnosis could not be found (n = 6), and other conditions misdiagnosed as burn (n = 6). The resulting cohort consisted of 112 children.

RESULTS: Of the 112 children with burns, 54 were girls and 58 boys with ages ranging from 1 month to 110 months, mean age of 15 months. Forty-five (40%) were determined to be nonaccidental, 36 (32%) were indeterminate and 31 (28%) accidental. The most common causative mechanism was scalding and the most common location was the perineum and lower extremity in all three diagnostic categories. Skeletal surveys were positive for fractures in 15/45 (33%) of the nonaccidental group; 2/36 (6%) in the indeterminate group, and 0/29 (0%) in the accidental group. Fractures in the nonaccidental group included healing rib fractures in seven, classic metaphyseal lesions in three, healing shaft fractures in six, skull fracture in one and clavicle fracture in two children. Fractures in the indeterminate group included shaft fractures in two, one of which was healing.

CONCLUSION: Intentional burns in children appear to be more common than previously known, occurring in 40% of the children in our series, a greater percentage than has been reported in the literature. In addition, nearly one-third of these children with inflicted burns had associated skeletal injuries, most commonly healing rib fractures. Thus young children with concern for nonaccidental burns should undergo a skeletal survey.

1. Navigating ethical dilemmas in child sexual assault counselling and the legal system


**ABSTRACT:** Child Protection Unit (CPU) therapists work with the family system, providing support, counselling, and facilitating change. At the same time the counsellor is part of the wider child protection system, its legislation, organisation, and practices, and the justice system. Social workers must act in accordance with the law and organisational directives, and are encouraged to critically reflect on ethical decisions while observing professional values. When these directives conflict with perceived moral obligations, and complex systems intersect in a way that is at times unhelpful and at the worst re-traumatising for children and families, CPU counsellors may find themselves in a state of ‘ethics anxiety’; attempting to juggle the systemic imperatives, the needs of the child and the family, ethics, and the law. While our experience arises from the CPU context, the themes we will discuss are relevant for anyone working with people whose presenting problem relates to a court process such as in matters of domestic violence and adult sexual assault.

[http://dx.doi.org/10.1002/anzf.1130](http://dx.doi.org/10.1002/anzf.1130)

2. Correlates of joint child protection and police child sexual abuse investigations: results from the Canadian Incidence Study of Reported Child Abuse and Neglect-2008


**INTRODUCTION:** Our study examines the frequency of joint investigations by child protection workers and the police in sexual abuse investigations compared to other maltreatment types and the association of child-, caregiver-, maltreatment- and investigation-related characteristics in joint investigations, focussing specifically on investigations involving sexual abuse.

**METHODS:** We analyzed data from the Canadian Incidence Study of Reported Child Abuse and Neglect-2008 using logistic regression.

**RESULTS:** The data suggest that sexual abuse (55%), and then physical abuse, neglect and emotional maltreatment, are most often co-investigated. Substantiation of maltreatment, severity of maltreatment, placement in out-of-home care, child welfare court involvement and referral of a family member to specialized services was more likely when the police were involved in an investigation.

**CONCLUSION:** This study adds to the limited information on correlates of joint child protection agency and police investigations. Further research is needed to determine the effectiveness of these joint investigations.

[https://www.ckn.org.au](https://www.ckn.org.au)
Emotional Abuse & Neglect

1. Beyond “witnessing”: Children’s experiences of coercive control in domestic violence and abuse


ABSTRACT: Children’s experiences and voices are underrepresented in academic literature and professional practice around domestic violence and abuse. The project “Understanding Agency and Resistance Strategies” (UNARS) addresses this absence, through direct engagement with children. We present an analysis from interviews with 21 children in the United Kingdom (12 girls and 9 boys, aged 8-18 years), about their experiences of domestic violence and abuse, and their responses to this violence. These interviews were analysed using interpretive interactionism. Three themes from this analysis are presented: (a) “Children’s experiences of abusive control,” which explores children’s awareness of controlling behavior by the adult perpetrator, their experience of that control, and its impact on them; (b) “Constraint,” which explores how children experience the constraint associated with coercive control in situations of domestic violence; and (c) “Children as agents,” which explores children’s strategies for managing controlling behaviour in their home and in family relationships. The article argues that, in situations where violence and abuse occur between adult intimate partners, children are significantly affected, and can be reasonably described as victims of abusive control. Recognizing children as direct victims of domestic violence and abuse would produce significant changes in the way professionals respond to them, by (a) recognizing children’s experience of the impact of domestic violence and abuse; (b) recognizing children’s agency, undermining the perception of them as passive “witnesses” or “collateral damage” in adult abusive encounters; and (c) strengthening professional responses to them as direct victims, not as passive witnesses to violence.

http://jiv.sagepub.com/content/early/2015/12/10/0886260515618946.abstract

Outcomes

1. Childhood maltreatment, maladaptive personality types and level and course of psychological distress: A six-year longitudinal study


BACKGROUND: Childhood maltreatment and maladaptive personality are both cross-sectionally associated with psychological distress. It is unknown whether childhood maltreatment affects the level and longitudinal course of psychological distress in adults and to what extent this effect is mediated by maladaptive personality.

METHODS: A sample of 2947 adults aged 18-65, consisting of healthy controls, persons with a prior history or current episode of depressive and/or anxiety disorders according to the Composite Interview Diagnostic Instrument were assessed in six waves at baseline (T0) and 1 (T1), 2 (T2), 4 (T4) and 6 years (T6) later. At each wave psychological distress was measured with the Inventory of Depressive Symptomatology, Beck Anxiety Inventory, and Fear Questionnaire. At T0 childhood maltreatment types were measured with a semi-structured interview (Childhood Trauma Interview) and personality traits with the NEO-Five Factor Inventory.

RESULTS: Using latent variable analyses, we found that severity of childhood maltreatment (emotional neglect and abuse in particular) predicted higher initial levels of psychological distress and that this effect was mediated by maladaptive personality types. Differences in trajectories of distress between persons with varying levels of childhood maltreatment remained significant and stable over time.

LIMITATIONS: Childhood maltreatment was assessed retrospectively and maladaptive personality types and level of psychological distress at study entry were assessed concurrently.
CONCLUSIONS: Routine assessment of maladaptive personality types and possible childhood emotional maltreatment in persons with severe and prolonged psychological distress seems warranted to identify persons who may need a different or more intensive treatment.

https://www.ckn.org.au

Intervention & Prevention

1. Efficacy or chaos? Parent–child interaction therapy in maltreating populations: A review of research


ABSTRACT: Child abuse remains a serious and expensive social problem in the United States. Few evidence-based treatments (EBTs) exist for at-risk families and/or maltreating families where neglect or abuse has occurred, limiting the ability of social service agencies to comply with legislative mandates to use EBTs with clients. One promising intervention, parent–child interaction therapy (PCIT), has been tested in 11 separate trials with this population. This review of research on PCIT with abusive adults found that overall PCIT is an appropriate, efficacious intervention method to prevent future maltreatment by targeting parenting skills and child externalizing behaviors. These findings must be taken with caution, since the key factor to determine efficacy is completion of treatment, and all the studies involved showed significant problems with sample attrition. While the current studies are promising, there is a need for research that focuses on measuring parental sensitivity and attachment levels, explores use in the foster and adoptive communities, and studies that use tertiary subjects to serve as unbiased reporters of perceived levels of behavioral changes.

http://tva.sagepub.com/content/early/2015/12/07/1524838015620819.abstract

2. War-affected children’s approach to resettlement: Implications for child and family services


ABSTRACT: In Canada, the resettlement of thousands of war-affected children every year poses new challenges to child and family services. Since young people arrive from multiple contexts either alone or accompanied by family or caregiver(s), after having endured significant trauma, stress, and adversity, conventional approaches to service delivery are seldom adequate. Drawing on anthropology of childhood literature, this paper calls for increased inclusion of young people’s experiences and perspectives in reconfiguring psychosocial services. Interactive focus groups and in-depth interviews with youth from war-affected countries and service providers in Québec uncovered the ways that war alters family and how young people rely on both formal and informal support systems during resettlement. Young people and service providers reflected on inadequacies of current services in meeting the complex needs of youth while service professionals reported being ill-equipped to support war-affected youth. This paper posits that perspectives from the anthropology of childhood are critical in liaising between youth and professionals to provide services that build on a socioecological view of development, provide healing, and recognize the diversity of children and families’ kinship ties.

http://dx.doi.org/10.1111/napa.12075


ABSTRACT: Child maltreatment impacts approximately two million children each year, with physical abuse and neglect the most common form of maltreatment. These children are at risk for mental and physical health concerns and the ability to form positive social relationships is also adversely affected. Child Adult Relationship Enhancement (CARE) is a set of skills designed to improve interactions of any adult and child or adolescent. Based on parent training programs, including the strong evidence-based treatment, Parent-Child Interaction Therapy (PCIT), CARE was initially developed to fill an important gap in mental health services for children of any age who are considered at-risk for maltreatment or other problems. CARE subsequently has been extended for use by adults who interact with children and youth outside of existing mental health therapeutic services as well as to compliment other services the child or adolescent may be receiving. Developed through discussions with Parent-Child Interaction Therapy (PCIT) therapists and requests for a training similar to PCIT for the non-mental health professional, CARE is not therapy, but is comprised of a set of skills that can support other services provided to families. Since 2006, over 2000 caregivers, mental health, child welfare, educators, and other professionals have received CARE training with a focus on children who are exposed to trauma and maltreatment. This article presents implementation successes and challenges of a trauma-informed training designed to help adults connect and enhance their relationships with children considered at-risk.

4. Improving care quality and preventing maltreatment in institutional care - a feasibility study with caregivers


Institutionalized children in low-income countries often face maltreatment and inadequate caregiving. In addition to prior traumatization and other childhood adversities in the family of origin, abuse and neglect in institutional care are linked to various mental health problems. By providing a manualized training workshop for caregivers, we aimed at improving care quality and preventing maltreatment in institutional care. In Study 1, 29 participating caregivers rated feasibility and efficacy of the training immediately before, directly after, and 3 months following the training workshop. The results showed high demand, good feasibility, high motivation, and acceptance of caregivers. They reported improvements in caregiver-child relationships, as well as in the children's behavior. Study 2 assessed exposure to maltreatment and the mental health of 28 orphans living in one institution in which all caregivers had been trained. The children were interviewed 20 months before, 1 month before, and 3 months after the training. Children reported a decrease in physical maltreatment and assessments showed a decrease in mental health problems. Our approach seems feasible under challenging circumstances and provides first hints for its efficacy. These promising findings call for further studies testing the efficacy and sustainability of this maltreatment prevention approach.
Child Protection Professionals

1. The productivity of Wh- prompts in child forensic interviews


ABSTRACT: Child witnesses are often asked wh- prompts (what, how, why, who, when, where) in forensic interviews. However, little research has examined the ways in which children respond to different wh- prompts, and no previous research has investigated productivity differences among wh- prompts in investigative interviews. This study examined the use and productivity of wh- prompts in 95 transcripts of 4- to 13-year-olds alleging sexual abuse in child investigative interviews. What–how questions about actions elicited the most productive responses during both the rapport building and substantive phases. Future research and practitioner training should consider distinguishing among different wh-prompts.

http://jiv.sagepub.com/content/early/2015/12/12/0886260515621084.abstract

2. Toward developmentally aware practices in the legal system: Progress, challenge, and promise


ABSTRACT: Much research in developmental psychology has implications for practice and policy. In this article, I first describe how initial attempts to understand early social development and embrace multidisciplinary perspectives helped inform more nuanced approaches to the development of parenting plans for children with separating and maltreating parents. Second, I trace the ways in which notorious child abuse cases fostered research on children's testimonial capacities, which, in turn, informed the development of more effective forensic interview techniques. Progress in these domains has, however, been offset by failures to apply similar developmentally sensitive principles when dealing with children classified as suspects rather than victims, with children who testify in court, and with children in the child welfare system.


3. Pediatric photo documentation in the emergency department


This brief discussion delves into current and future uses of digital imaging and photo documentation in the emergency department.

https://www.ckn.org.au

Reviews & Guidelines

1. The economic burden of child maltreatment in high income countries


ABSTRACT: Maltreatment is a common cause of children's functional and emotional impairment. Costs for the society are high, as a substantial amount of resources have been allocated for various types of services connected to maltreatment of children. These include acute treatment, long-term care, family rehabilitation programs, and judiciary
There is a long-lasting debate on how child abuse could be prevented or reduced. How can the costs of related services be contained? What is the role of pediatricians in such efforts? This article raises these important questions within the framework of the debate opened by the article by Gerber-Grote et al regarding the role of health economics in improving children's health care.

https://www.ckn.org.au

2. Effects of childhood experiences of family violence on adult partner violence: A meta-analytic review


ABSTRACT: This meta-analysis examined the association between being raised in a physically violent home and becoming an adult victim or perpetrator of physical intimate partner violence (IPV). We also explored the effects of sex of child victim and sex of parent perpetrator. In total, 124 studies, which reported 288 effect sizes measuring the association between witnessing interparental violence and/or experiencing child abuse and adult IPV, were included. Results revealed small effect sizes, with stronger effect sizes for perpetration than for victimization. The relationship between experiencing family-of-origin violence and subsequent IPV perpetration was significantly stronger for males than for females. The relationship between experiencing family-of-origin violence and subsequent IPV victimization was significantly stronger for females than for males.

http://dx.doi.org/10.1111/jftr.12113

Case Reports

1. Paediatric femur fractures at the emergency department: accidental or not?


OBJECTIVES: Only a small proportion of all paediatric fractures is caused by child abuse or neglect, especially in highly prevalent long bone fractures. It can be difficult to differentiate abusive fractures from non-abusive fractures. This paper focuses on femoral fractures in young children. Based on 3 cases, this paper presents a forensic evidence-based approach to differentiate between accidental and non-accidental causes of femoral fractures.

CASES: We describe three cases of young children who are presented to the emergency department because of a suspected femur fracture. Although in all cases the fracture has a similar location and appearance, the clinical history and developmental stage of the child led to three different conclusions. In the first two cases an accidental mechanism was a plausible conclusion, although in the second case neglect of parental supervision was cause for concern. In the third case, a non-accidental injury was diagnosed and appropriate legal prosecution followed.

CONCLUSION: Any doctor treating children should always be aware of the possibility of child abuse and neglect in children with injuries, especially in young and non-mobile children presenting with an unknown trauma-mechanism. If a suspicion of child abuse or neglect arises, a thorough diagnostic work-up should be performed, including a full skeletal survey according to the guidelines of the Royal College of Radiologists and the Royal College of Paediatrics and Child Health. In order to make a good assessment, the radiologist reviewing the skeletal survey needs access to all relevant clinical and social information.

2. Two cases of sublingual hematoma as a manifestation of child abuse


Common intraoral manifestations of child abuse include tears of the frenula, burns, and pharyngeal perforations. Sublingual hematomas can also occur as a result of trauma, but to the best of our knowledge, only 1 case has been previously described in the context of child abuse. We report 2 new cases of sublingual hematoma in infants that were the result of physical abuse. Cases of sublingual hematoma in infants and children without a clear and legitimate explanation of the cause should prompt consideration of child abuse.

[https://www.ckn.org.au](https://www.ckn.org.au)

3. Fatal hyponatremic encephalopathy as a result of child abuse from forced exercise


ABSTRACT: We report a case of fatal hyponatremic encephalopathy in a child who was forced to exercise as a form of punishment. A 9-year-old girl with attention-deficit/hyperactivity disorder was forced to run repeated 50-ft sprints to the point of exhaustion by her grandmother as punishment for taking candy from a classmate. After more than 3 hours of forced running, the child collapsed, began to vomit, and had repeated clonic seizures. Upon presentation to the emergency department, she was nonresponsive with a Glasgow Coma Scale score of 11 and had noncardiogenic pulmonary edema with serum sodium of 117 mEq/L. She was treated with antiepileptic medications and transferred to a university children's hospital where she later died. On postmortem examination, she was found to have massive cerebral edema with transtentorial herniation and pulmonary edema. Her clinical presentation closely resembled exercise-associated hyponatremic encephalopathy seen in adult endurance athletes. This appears to be the first report of fatal exercise-associated hyponatremia in a child.


Other

1. Fetal alcohol spectrum disorders


ABSTRACT: FASD is a complex neurodevelopmental disorder related to prenatal alcohol exposure. A diagnosis of both inclusion and exclusion it is one that has been frequently missed due to the complexity of the overlap in symptoms with other conditions. It is only by careful evaluation of features, ruling out and ruling in symptoms that a confident diagnosis can be made. Whilst FASD remains one of the most common causes of developmental delay, having been first recognized in 1973, many aspects remain unclear and under investigation. The rates of the disorder have been recognized to be as high as 3–8% of the population depending on the group studied. When considering poor understanding and recognition of the disorder alongside uncertain individual exposure risk prevention of the disorder remains a challenge. The article will focus on the background, exposure risk, pathology and clinical evaluation and management of this disorder.

[https://www.ckn.org.au](https://www.ckn.org.au)
2. Neurological manifestations of medical child abuse


BACKGROUND: Medical child abuse occurs when a child receives unnecessary and harmful, or potentially harmful, medical care at the instigation of a caretaker through exaggeration, falsification, or induction of symptoms of illness in a child. Neurological manifestations are common with this type of maltreatment.

OBJECTIVES: We sought to review common reported neurological manifestations that may alert the clinician to consider medical child abuse. In addition, the possible sequelae of this form of child maltreatment is discussed, as well as practice recommendations for establishing the diagnosis and stopping the abuse once it is identified.

METHODS: A review of the medical literature was conducted regarding the reported neurological presentations of this entity.

RESULTS: Neurological manifestations of medical child abuse include false reports of apparent life-threatening events and seizures and reports of induction of symptoms from poisoning. Failure to correlate objective findings with subjective complaints may lead to unnecessary and potentially harmful testing or treatment. This form of child maltreatment puts a child at significant risk of long-term morbidity and mortality.

CONCLUSIONS: A wide variety of neurological manifestations have been reported in cases of medical child abuse. It is important for the practicing neurologist to include medical child abuse on the differential diagnosis.

3. A scoping study: children, policy and cultural shifts in homelessness services in South Australia: are children still falling through the gaps?


ABSTRACT: Homeless families are the fastest growing segment of the homelessness population. Homelessness services are often the first to know when children are at risk of disengagement with health, welfare and education services. Changes to Australian policy to explicitly attend to the needs of children are attempts to address the complexity of, and provide better outcomes for, homeless children. There are mounting levels of evidence describing some of the needs of children who are homeless. Using the scoping study methodological framework, this review of academic and grey literature identified the extent to which service providers provide for the needs of homeless children. The literature search was conducted from September 2012 to April 2013 using ProQuest, Science Direct, Sage and OVID databases. Therefore, the objectives of this scoping study were to: (i) identify the specific needs of children in homelessness; (ii) describe recent changes in policy relating to care for children in homelessness services; (iii) explore the evidence on how service providers can enact care for children in homelessness services; (iv) identify the types of practice changes that are needed to optimise outcomes for children; and (v) identify the gaps in service delivery. This article describes the Australian policy changes and explores the potential impact of subsequent sector reforms on the internal practices in front-line homelessness services, in order to overcome structural and systemic barriers, and promote opportunities for children in homeless families. This scoping study literature review contributes to the understanding of the impact of policy change on front-line staff and suggests possible practice changes and future research options.

http://dx.doi.org/10.1111/hsc.12309
4. The Canadian Incidence Study of Reported Child Abuse and Neglect: a partnership


**ABSTRACT:** In the mid-1990s, Health Canada’s Family Violence Prevention Unit commissioned a study to assess the possibility of collecting child maltreatment data from child welfare agencies across Canada. A Health Canada group responsible for maternal and child health surveillance built on the results of this study. This group consulted widely with provincial and territorial partners to build a surveillance system, resulting in a truly collaborative effort that led to the implementation of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). This was a remarkable accomplishment considering the challenge of working with multiple partners, different legislative frameworks and the stigma that often accompanies the experience of child maltreatment.

https://www.ckn.org.au

5. Interpretation of drug presence in the hair of children


**ABSTRACT:** Hair analyses for drugs of abuse are being increasingly used in both clinical and forensic toxicology, including cases involving children exposed to a drug using environment. A review was conducted of peer-reviewed publications reporting hair concentrations of drugs in children published in the English language. Fifty-two publications were aggregated into three categories: results published on the newborn where hair was sampled at, or shortly after, birth that reflected in utero exposure and/or short-term exposure from the mother's breast milk, and publications in which children were either believed to have been exposed passively from drugs of abuse through their environment or by active exposure from accidental ingestion or deliberate administration by a caregiver. There was limited data for comparison of all three exposure routes. On average, cocaine, codeine, 6-AM and morphine showed higher concentrations in hair from in utero exposure compared to children exposed passively; however, there was considerable overlap in concentrations. Methamphetamine showed no significant difference between passive and in utero exposure, although there was only one study reporting hair concentrations from in utero exposure. There was no difference in concentrations for those cases exposed passively or actively for codeine and methadone. There was insufficient data for other drugs and other comparisons. Comparison data was confounded by the variability in extraction techniques employed as well as a variety of washing techniques, including studies that did not employ any decontamination technique. These data further illustrate the difficulties in interpreting hair concentrations in isolation of relevant contextual data, particularly in children.

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Statewide Child Protection Clinical Partnership

Update

As foreshadowed last month, the first SCPCP Practice Guidance, ‘Sharing relevant information under the Child Protection Act 1999’ has now been distributed. The resource has already started generating discussion, which we see as a positive, and unsurprising given that there are varying practices around the state in relation to information sharing. A second Practice Guidance, ‘Urine drug screening in child protection contexts’ has now been approved and will be distributed soon.

We are continuing to work with the Department of Communities, Child Safety and Disability Services in relation to the health needs of children and young people in out-of-home care, including a model for implementing comprehensive health and developmental checks on entering care. General Practice engagement in this process will be crucial, and this process has commenced productively.

The Education sub-group has settled on four key areas to be the focus the Partnership’s first educational modules, and the Child Aware sub-group is continuing to investigate current Child Aware approaches across the HHSs.

Applications for membership of the Partnership Steering Committee have now closed, with a number of new people expressing interest. We will update the general membership on the Steering Committee changes early in the New Year.

If you want to raise any issues or share any learnings that may be of interest to the Statewide membership, please contact us on:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
## Events

### January & February 2016

<table>
<thead>
<tr>
<th>January 2016</th>
<th>February 2016</th>
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<tbody>
<tr>
<td><strong>7-11</strong></td>
<td><strong>18-19</strong></td>
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<tr>
<td><strong>International Conference on Adoption Research</strong>&lt;br&gt;<a href="http://www.icar5newzealand.com">http://www.icar5newzealand.com</a></td>
<td><strong>The Inaugural Children’s Health Queensland Child Protection Symposium</strong>&lt;br&gt;Brisbane QLD</td>
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<tr>
<td><strong>13-14</strong></td>
<td><strong>23-25</strong></td>
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<tr>
<td><strong>12-14</strong></td>
<td><strong>Melbourne VIC</strong></td>
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<td><strong>12-14</strong></td>
<td><strong>Melbourne VIC</strong></td>
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## Children’s Health Queensland Child Protection Symposium Program

### Thursday 18 February 2016

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration tea &amp; coffee</td>
</tr>
<tr>
<td>09:00 – 09:15</td>
<td>Acknowledgement to country</td>
</tr>
<tr>
<td>09:15 – 09:30</td>
<td><strong>WELCOME</strong></td>
</tr>
<tr>
<td></td>
<td>Fionnagh Dougan – Chief Executive, Children’s Health Queensland Hospital and Health Service</td>
</tr>
<tr>
<td>09:30 – 11:00</td>
<td><strong>SESSION 1: BUILDING A CASE BEFORE THE CHILDREN’S COURT – Part 1</strong></td>
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<tr>
<td></td>
<td><strong>GOAL:</strong> To explore a range of professional perspectives when bringing a case before the Children’s Court, to promote best outcomes for children, young people and families</td>
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<td></td>
<td><strong>CHAIR:</strong> Dr Jan Connors – Director, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
</tr>
<tr>
<td></td>
<td><strong>CONTRIBUTORS:</strong></td>
</tr>
<tr>
<td></td>
<td>• Leanne O’Shea – Deputy Chief Magistrate, Brisbane Magistrates Court, Queensland Courts</td>
</tr>
<tr>
<td></td>
<td>• Nigel Miller – Principal Lawyer, Children &amp; Young People Team, Child Protection Legal Aid</td>
</tr>
<tr>
<td></td>
<td>• Natalie Parker – Acting Assistant Director-General, Strategic Policy &amp; Legal Services, Department of Justice &amp; Attorney-General</td>
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<tr>
<td></td>
<td>• Catherine Moynihan – Official Solicitor, Office of the Public Guardian</td>
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<tr>
<td></td>
<td>• Dr Liam Tjia – Paediatrician, Cold Coast University Hospital</td>
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<tr>
<td></td>
<td>• Dr Ryan Mills – Deputy Director of Paediatrics, Logan Hospital; Clinical Chair, Statewide Child Protection Clinical Partnership</td>
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<tr>
<td></td>
<td>• TBC – Office of the Child &amp; Family Official Solicitor, Department of Child Safety, Communities &amp; Disability Services</td>
</tr>
<tr>
<td>11:00 – 11:25</td>
<td><strong>MORNING TEA</strong></td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td><strong>SESSION 1: BUILDING A CASE BEFORE THE CHILDREN’S COURT – Part 2</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CHAIR:</strong> Dr Jan Connors – Director, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
</tr>
<tr>
<td>12:35 – 13:25</td>
<td><strong>LUNCH</strong></td>
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</table>
### Thursday 18 February – Continued

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
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</thead>
<tbody>
<tr>
<td>13:30 – 15:00</td>
<td>SESSION 2: THE ROLE OF PERMANENCY PLANNING FOR INFANTS AND YOUNG CHILDREN AT HIGH RISK OF ONGOING HARM – Part 1</td>
</tr>
<tr>
<td></td>
<td><strong>GOAL:</strong> To identify critical factors influencing early decision making around permanency planning for infants and young children</td>
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<tr>
<td></td>
<td><strong>CHAIR:</strong> Dr Ryan Mills – Deputy Director of Paediatrics, Logan Hospital; Clinical Chair, Statewide Child Protection Clinical Partnership</td>
</tr>
<tr>
<td></td>
<td><strong>CONTRIBUTORS:</strong></td>
</tr>
<tr>
<td></td>
<td>• Prof. Ben Mathews – Professor, Faculty of Law, Queensland University of Technology</td>
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<td></td>
<td>• Catherine Moynihan – Official Solicitor, Office of the Public Guardian</td>
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<td></td>
<td>• Dr Melanie Jansen – Ethics Fellow, Children’s Health Queensland</td>
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<td></td>
<td>• Dr Stephen Stathis – Medical Director, Child &amp; Youth Mental Health Service, Children’s Health Queensland</td>
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<td></td>
<td>• Michael Coutts – Manager, Adoption Services, Department of Child Safety, Communities &amp; Disability Services</td>
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<tr>
<td>15:00 – 15:25</td>
<td>AFTERNOON TEA</td>
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<tr>
<td>15:30 – 16:30</td>
<td>SESSION 2: THE ROLE OF PERMANENCY PLANNING FOR INFANTS AND YOUNG CHILDREN AT HIGH RISK OF ONGOING HARM – Part 2</td>
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<tr>
<td></td>
<td><strong>CHAIR:</strong> Dr Ryan Mills – Deputy Director of Paediatrics, Logan Hospital; Clinical Chair, Statewide Child Protection Clinical Partnership</td>
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<tr>
<td>16:30 – 17:00</td>
<td>CLOSE &amp; FINISH</td>
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<td></td>
<td><strong>Dr Jan Connors</strong> – Director, Child Protection &amp; Forensic Medical Service, Lady Cilento Children's Hospital</td>
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## Friday 19 February 2016

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<tr>
<th>TIME</th>
<th>SESSION</th>
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<tbody>
<tr>
<td>08:30 – 10:30</td>
<td>SESSION 3: THE OUT OF HOME CARE JOURNEY – Part 1</td>
</tr>
<tr>
<td><strong>Presentations</strong></td>
<td><strong>GOAL:</strong> To reflect on the complexities and opportunities to support children and young people in their journey through out-of-home care</td>
</tr>
<tr>
<td><strong>CHAIR:</strong> Dr Reeny Jurczyszyn – Program Manager, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
<td><strong>Entering care</strong></td>
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<tr>
<td></td>
<td>▪ Department of Child Safety, Communities &amp; Disability Services</td>
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<td></td>
<td>o Toni Cash – Manager, Complex Case Advice &amp; Practice Support, Practice Leadership Unit</td>
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<td></td>
<td>o TBC – Placement Services Unit, Brisbane</td>
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<td></td>
<td>▪ Carissa Inglis – Team Leader, Foster Care Queensland (Banyo office)</td>
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<tr>
<td><strong>The Care experience</strong></td>
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<td></td>
<td>▪ Young Consultant – The CREATE Foundation</td>
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<td><strong>Transitioning &amp; exiting from care</strong></td>
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<td></td>
<td>▪ Dean Keep – Area Operations Manager, South East Queensland area; Adam McMurray – Operations Manager, NEXTSTEPS After Care Services, Life Without Barriers</td>
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<td></td>
<td>▪ Platform 18 Team – PLATFORM 18, Child Protection &amp; Forensic Medical Service, Children’s Health Queensland</td>
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<tr>
<td>10:30 – 10:55</td>
<td>MORNING TEA</td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>SESSION 3: THE OUT OF HOME CARE JOURNEY – Part 2</td>
</tr>
<tr>
<td><strong>Panel Discussion</strong></td>
<td><strong>CHAIR:</strong> Dr Reeny Jurczyszyn – Program Manager, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
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<tr>
<td><strong>PANEL:</strong></td>
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<tr>
<td></td>
<td>▪ Toni Cash – Manager, Complex Case Advice &amp; Practice Support, Practice Leadership Unit (Brisbane), Department of Child Safety, Communities &amp; Disability Services</td>
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<tbody>
<tr>
<td>12:30 – 12:55</td>
<td>LIGHT LUNCH</td>
</tr>
<tr>
<td>13:00 – 14:25</td>
<td>SESSION 4: PERSPECTIVES ON INTERAGENCY COLLABORATION – ADOLESCENTS IN C-FEMALE WITH HIGH RISK BEHAVIOURS</td>
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<td>GOAL: To explore safeguarding strategies for adolescents in care with high risk behaviours</td>
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<tr>
<td></td>
<td>CHAIR: Dr Jan Connors – Director, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
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<td>PANEL:</td>
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<td></td>
<td>• TBC – Queensland Police Service</td>
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<td>• TBC – Department of Child Safety, Communities &amp; Disability Services</td>
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<td></td>
<td>• Dr Stephen Stathis – Medical Director, Child &amp; Youth Mental Health Service, Children’s Health Queensland</td>
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<td></td>
<td>• Rebecca Wilkins – Acting Team Leader, EVOLVE Therapeutic Services, Child &amp; Youth Mental Health Service, Brisbane North</td>
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<td></td>
<td>• Dr Catherine Skellern – Paediatrician, Child Protection &amp; Forensic Medical Service, Lady Cilento Children’s Hospital</td>
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<td>• Lindsay Wegener – Executive Director, PeakCare Queensland</td>
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<tbody>
<tr>
<td>14:30 – 14:45</td>
<td>CLOSE &amp; FINISH</td>
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References


