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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.

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Research Update

Abusive Head Trauma

1. Acute subdural hematoma in infants with abusive head trauma: A literature review


ABSTRACT: The number of cases with child abuse is increasing in Japan, and abusive head trauma (AHT) is a major cause of death in abused children. Child abuse has been recognized by the late 19th century, and widely accepted as battered child syndrome in the middle of the 20th century. As terms, there had been considerable mechanistic controversies between shaken-baby and -impact syndrome until the beginning of the 21st century. In recent years, AHT has been utilized as a less mechanistic term. Most of the characteristics of AHT in Japan have been similar to those in the United States as follows: infant is the most common victim, acute subdural hematoma (SDH) is the most common intracranial lesion, and retinal hemorrhage is often complicated. On the other hand, several characteristics have been different as follows: mother is the most common perpetrators, impact is a more common mechanism of trauma than shaking, and external trauma is more common reflecting the existence of impact. Since AHT as well as child abuse is a social pathological phenomenon influenced by victims, perpetrators, socioeconomic circumstances, and so on, various aspects of AHT as well as child abuse can be changed with times. Actually, a recent paper suggests such changes in infants with acute SDH due to AHT. In this review article, AHT, abusive infantile acute SDH in particular, are reviewed from the aspect of neurosurgical perspectives, including its mechanisms of trauma, biomechanics, clinical features, management, and prognosis, to update the trend in Japan.

Physical Abuse

1. Impact sites representing potential bruising locations associated with rearward falls in children


ABSTRACT: Children presenting multiple unexplained bruises can be an early sign of physical abuse. Bruising locations on the body can be an effective indicator of abusive versus accidental trauma. Additionally, childhood falls are often used as falsely reported events in child abuse, however, characterization of potential bruising locations associated with these falls does not exist. In our study we used a 12-month old pediatric anthropomorphic test device (ATD) adapted with a custom developed force sensing skin to predict potential bruising locations during rearward falls from standing. The surrogate bruising detection system measured and displayed recorded force data on a computerized body image mapping system when sensors were activated. Simulated rearward fall experiments were performed onto two different impact surfaces (padded carpet and linoleum tile over concrete) with two different initial positions (standing...
upright and posteriorly inclined) so that the ATD would fall rearward upon release. Findings indicated impact locations, and thus the potential for bruising in the posterior plane primarily within the occipital head and posterior torso regions.

2. Should parents’ physical punishment of children be considered a source of toxic stress that affects brain development?


ABSTRACT: The notion that negative childhood experiences can be sources of toxic stress that have short- and long-term consequences for children's health and well-being has gained increasing attention in recent years. The family environment can be a key source of stress, particularly when parents inflict pain on children; when that pain rises to the level of physical abuse the stress is thought to be toxic. In this article the author considers the possibility that nonabusive physical punishment may also constitute a source of toxic stress in the lives of children that affects their brain structure and functioning. The research linking physical abuse and physical punishment to children's brain structure and functioning is summarized, and the article concludes with a discussion of implications for future research, policy, and practice.

http://dx.doi.org/10.1111/fare.12177

3. The classic metaphyseal lesion and traumatic injury


BACKGROUND: It is widely accepted that the classic metaphyseal lesion (CML) is a traumatic lesion, strongly associated with abuse in infants. Nevertheless, various non-traumatic origins for CMLs continue to be suggested in medical and legal settings. No studies to date systematically describe the association of CMLs with other traumatic injuries.

OBJECTIVES: The primary objective of this study is to examine the association of CMLs with other traumatic injuries in a large data set of children evaluated for physical abuse.

METHODS: This was a retrospectively planned secondary analysis of data from a prospective, observational study of children <120 months of age who underwent evaluation by a child abuse physician. For this secondary analysis, we identified all children <12 months of age with an identified CML and determined the number and type of additional injuries identified. Descriptive analysis was used to report frequency of additional traumatic injuries.

RESULTS: Among 2,890 subjects, 119 (4.1%) were identified as having a CML. Of these, 100 (84.0%) had at least one additional (non-CML) fracture. Thirty-three (27.7%) had traumatic brain injury. Nearly half (43.7%) of children had cutaneous injuries. Oropharyngeal injuries were found in 12 (10.1%) children. Abdominal/thoracic injuries were also found in 12 (10.1%) children. In all, 95.8% of children with a CML had at least one additional injury; one in four children had three or more categories of injury.

CONCLUSION: CMLs identified in young children are strongly associated with traumatic injuries. Identification of a CML in a young child should prompt a thorough evaluation for physical abuse.

Sexual Abuse

1. Children with sexual behavior problems: Clinical characteristics and relationship to child maltreatment

**ALLEN, B. Child Psychiatry Hum Dev. Ahead of print [Epub 29/02/2016].**

**ABSTRACT:** Research examining children with sexual behavior problems (SBP) almost exclusively relies on caregiver reports. The current study, involving a sample of 1112 children drawn from a prospective study, utilizes child self-reports and teacher reports, as well caregiver-reports. First, analyses examined children displaying any SBP; a second set of analyses specifically examined children displaying interpersonal forms of SBP. Caregivers reported greater internalizing, externalizing, and social problems for children with general SBP and/or interpersonal SBP when compared to children without SBP. Caregiver concerns were rarely corroborated by teacher and child reports. Protective services records indicated that SBP was linked to childhood sexual abuse, but sexual abuse occurred in the minority of these cases. Physical abuse was more common among children with interpersonal forms of SBP. The data in the current study suggest the need for multiple reporters when assessing children presenting with SBP and that conventional views of these children may be misleading.


2. Sexualized behaviors in cohorts of children in the child welfare system


**ABSTRACT:** The current retrospective archival study investigated the patterns of normative sexualized behavior (NSB), problematic sexualized behavior (PSB), and sexual perpetration for three age cohorts of boys and girls in a high-risk child welfare sample. All children in the present sample had exhibited some form of PSB in the past. We hypothesized that the incidence rates (IR) of NSBs would increase linearly from the early childhood cohort (Ages 2/3-7) to the middle childhood cohort (Ages 8-11) to the preadolescence/adolescence cohort (Ages 12-17), for girls and boys. Although the base rate of sexual behaviors generally increases as children age, children tend to hide sexual behaviors starting at an early age. We therefore hypothesized that a concave quadratic trend would be evident for most PSBs. We further predicted that older children would have a greater incidence of PSB, as well as more victims, compared with younger children. We found the predicted upward linear trend for NSB for both girls and boys, with minimal IR differences between the early childhood and middle childhood cohorts. IRs were remarkably high and comparable across age groups for both boys and girls, with respect to the same three PSBs. For the two perpetration history variables, there was a concave effect, with girls and boys in the middle childhood cohort exhibiting the lowest IR. Results are explained in the context of previously established patterns of sexualized behavior, as well as the reporting of such behaviors.
3. Emotion regulation in sexually abused preschoolers: The contribution of parental factors


ABSTRACT: Child sexual abuse (CSA) is associated with emotion regulation deficits in childhood. Parents play a crucial role in the development of emotion regulation in their children, especially at younger ages. Close to 50% of mothers of sexually abused children report having been sexually victimized themselves as children. They are consequently at risk of experiencing significant distress following the disclosure of sexual abuse of their child. Parents' distress could interfere with their ability to provide support and to foster development of emotion regulation in their children. The aim of the present study was to explore the relationship of parental factors (history of sexual victimization in childhood and the current level of distress) to sexually abused preschoolers' emotion regulation competencies. Emotion regulation was assessed in 153 preschoolers by their parents with the Emotion Regulation Checklist; 75 of these children were abused (14 boys); 78 were not abused (21 boys) and were part of a comparison group. Parents reported their level of distress using the Psychiatric Symptom Index. Results indicated that parental factors contributed to some dimensions of preschoolers' emotion regulation (namely displays of underregulation of emotion) above and beyond children's victimization status and gender (Cohen's f2 = .15). Identifying parental distress and history of sexual victimization as positively associated with emotional dysregulation in preschool children victims of CSA has important research and clinical implications.


4. The lived experience of childbearing from survivors of sexual abuse: "It was the best of times, it was the worst of times


INTRODUCTION: In the United States, one in every 5 women will experience sexual violence. Survivors are at risk for difficult pregnancies, substance abuse, stress, fear, and preterm births. A history of sexual abuse can impact several aspects of a woman's childbirth, thereby affecting her long-term physical and emotional well-being. The adverse pregnancy outcomes, combined with the prevalence of sexual abuse, underscore the need for research to understand survivors' experiences.

METHODS: This study's purpose was to understand the lived experience of pregnancy, labor, and birth from survivors. A qualitative, descriptive phenomenological research design was utilized. The purposeful sample included 8 female, self-identifying survivors of sexual abuse with at least one childbearing experience.

RESULTS: Analysis identified 302 significant statements that formed 7 overarching themes: 1) No one asked me. Just ask me!; 2) An emotional roller coaster: From excitement to grief for what could have been a better experience; 3) All of a sudden I was that little girl again and/or I compartmentalized it: The all-or-nothing experience; 4) Am I even here?: Nothing was explained and I had no voice; 5) All too familiar: No support, nowhere to turn; 6) Holding on to the choices I can make: Who my doctor is and how I feed my baby; and 7) Overprotection: Keeping my child safe.

CONCLUSION: The final result was the essence of childbearing for survivors in this study. They were not screened for a history of sexual abuse. Enjoyment and excitement were juxtaposed with guilt and fear. They had no voice, lacked support, and overwhelmingly desired control. They overprotected their children, from infancy into adulthood. The childbearing experience was a complex, emotional roller coaster permeated by the past. Women's health care providers
can utilize the results to provide therapeutic care to survivors to prevent revictimization. The results elucidate the importance of screening for a history of sexual abuse and discussing the implications such a history can have on the childbearing experience.


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Emotional Abuse & Neglect

No articles identified.

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Outcomes

1. Child abuse and physical health in adulthood


BACKGROUND: A large literature exists on the association between child abuse and mental health, but less is known about associations with physical health. The study objective was to determine if several types of child abuse were related to an increased likelihood of negative physical health outcomes in a nationally representative sample of Canadian adults.

METHODS: Data are from the 2012 Canadian Community Health Survey-Mental Health (n = 23,395). The study sample was representative of the Canadian population aged 18 or older. Child physical abuse, sexual abuse, and exposure to intimate partner violence were assessed in relation to self-perceived general health and 13 self-reported, physician-diagnosed physical conditions.

RESULTS: All child abuse types were associated with having a physical condition (odds ratios = 1.4 to 2.0) and increased odds of obesity (odds ratios = 1.2 to 1.4). Abuse in childhood was associated with arthritis, back problems, high blood pressure, migraine headaches, chronic bronchitis/emphysema/COPD, cancer, stroke, bowel disease, and chronic fatigue syndrome in adulthood, even when sociodemographic characteristics, smoking, and obesity were taken into account (odds ratios = 1.1 to 2.6). Child abuse remained significantly associated with back problems, migraine headaches, and bowel disease when further adjusting for mental conditions and other physical conditions (odds ratios = 1.2 to 1.5). Sex was a significant moderator between child abuse and back problems, chronic bronchitis/emphysema/COPD, cancer, and chronic fatigue syndrome, with slightly stronger effects for women than men.

INTERPRETATION: Abuse in childhood was associated with increased odds of having 9 of the 13 physical conditions assessed in this study and reduced self-perceived general health in adulthood. Awareness of associations between child abuse and physical conditions is important in the provision of health care.

2. Adversity, maltreatment and resilience in young children


**OBJECTIVES:** Much of the research on children in high risk environments, particularly those who have been maltreated, has focused on negative outcomes. Yet, much can be learned from some of these children who fare relatively well. The objective was to examine resilience in high risk preschoolers, and to probe contributors to their adaptive functioning.

**METHODS:** The sample of 943 families was from the Longitudinal Studies on Child Abuse and Neglect (LONGSCAN), a consortium of 5 sites, prospectively examining the antecedents and outcomes of maltreatment. Most of the families were at high risk for maltreatment, and many had been reported to Child Protective Services by age 4. Standardized measures were used at ages 4 and 6 to assess the children's functioning in Behavioral, Social and Developmental domains, and parental depressive symptoms and demographic characteristics. Maltreatment was based on CPS reports. Logistic regressions were conducted to predict resilience, defined as competencies in all three domains, over time.

**RESULTS:** Forty-eight percent of the sample appeared resilient. This was associated with no history of maltreatment (OR=1.50, 95%CI=1.02-2.20, P=.04)), a primary caregiver reporting few depressive symptoms (OR=2.19, 95%CI=1.63-2.94, P<.001), was employed (P=.014), and fewer children in the home (P=.03).

**CONCLUSIONS:** Almost half the sample appeared resilient during this important developmental period of transition to school. This enables clinicians to be cautiously optimistic in their work with high risk children and their families. However, over half the sample was not faring well. Child maltreatment and caregiver depressive symptoms were strongly associated with poor outcomes. These children and families deserve careful attention by pediatric practitioners and referral for prevention and early intervention services.

3. Structural pathways between child abuse, poor mental health outcomes and male-perpetrated intimate partner violence (IPV)


**BACKGROUND:** Violent trauma exposures, including child abuse, are risk factors for PTSD and comorbid mental health disorders. Child abuse experiences of men exacerbate adult male-perpetrated intimate partner violence (IPV). The relationship between child abuse, poor mental health and IPV perpetration is complex but research among the general population is lacking. This study describes the relationship and pathways between history of child abuse exposure and male-perpetrated IPV while exploring the potentially mediating effect of poor mental health.

**METHODS:** We analysed data from a randomly selected, two-stage clustered, cross-sectional household survey conducted with 416 adult men in Gauteng Province of South Africa. We used multinomial regression modelling to identify associated factors and Structural Equation Modelling (SEM) to test the primary hypothesis that poor mental health (defined as abusing alcohol or having PTSD or depressive symptoms) mediates the relationship between child abuse and IPV perpetration.
RESULTS: Eighty eight percent of men were physically abused, 55% were neglected, 63% were emotionally abused and 20% were sexually abused at least once in their childhood. Twenty four percent of men had PTSD symptoms, 24% had depressive symptoms and 36% binge drank. Fifty six percent of men physically abused and 31% sexually abused partners at least once in their lifetime. Twenty two percent of men had one episode and 40% had repeat episodes of IPV perpetration. PTSD symptomatology risk increased with severity of child trauma and other trauma. PTSD severity increased the risk for binge drinking. Child trauma, other trauma and PTSD symptomatology increased the severity of depressive symptoms. PTSD symptomatology was comorbid with alcohol abuse and depressive symptoms. Child trauma, having worked in the year before the survey, other trauma and PTSD increased the risk of repeat episodes of IPV perpetration. Highly equitable gender attitudes were protective against single and repeat episodes of IPV perpetration. There was a direct path between the history of child trauma and IPV perpetration and three other indirect paths showing the mediating effects of PTSD, other trauma and gender attitudes.

CONCLUSIONS: Child trauma is a risk factor for both poor mental health and male-perpetrated IPV among men in Gauteng. Male-perpetrated IPV in these settings should be explained through a combination of the Trauma, Feminist, and Intergenerational Transmission of Family Violence theories. Prevention interventions for male-perpetrated IPV in South Africa need to incorporate strategies and therapies to address poor mental health conditions.

4. Paradise lost: The neurobiological and clinical consequences of child abuse and neglect


ABSTRACT: In the past two decades, much evidence has accumulated unequivocally demonstrating that child abuse and neglect is associated with a marked increase in risk for major psychiatric disorders (major depression, bipolar disorder, post-traumatic stress disorder [PTSD], substance and alcohol abuse, and others) and medical disorders (cardiovascular disease, diabetes, irritable bowel syndrome, asthma, and others). Moreover, the course of psychiatric disorders in individuals exposed to childhood maltreatment is more severe. Recently, the biological substrates underlying this diathesis to medical and psychiatric morbidity have been studied. This Review summarizes many of the persistent biological alterations associated with childhood maltreatment including changes in neuroendocrine and neurotransmitter systems and pro-inflammatory cytokines in addition to specific alterations in brain areas associated with mood regulation. Finally, I discuss several candidate gene polymorphisms that interact with childhood maltreatment to modulate vulnerability to major depression and PTSD and epigenetic mechanisms thought to transduce environmental stressors into disease vulnerability.


5. A longitudinal examination of toddlers’ behavioral cues as a function of substance-abusing mothers’ disengagement


ABSTRACT: As a group, substance-abusing parents are at risk for maladaptive parenting. The association between substance abuse and parenting may result, in part, from parents’ emotional disengagement from the parent-child relationship, which makes perceiving and responding to children's cues more challenging. In this study, we examined...
whether substance-abusing mothers’ levels of disengagement from their relationship with their children (ages 2-44 months), operationalized in two different ways using parenting narratives (representational and linguistic disengagement), prospectively predicted children's engagement and disengagement cues during a structured mother-child interaction. Within a sample of 29 mothers, we tested the hypotheses that greater maternal disengagement at Time 1 would predict a decrease in children's engagement and an increase in children's disengagement at Time 2. Results indicated that representational disengagement predicted a decrease in children's engagement cues whereas linguistic disengagement predicted an increase in children's disengagement cues. Results provide partial support for a reciprocal, iterative process in which mothers and children mutually adjust their emotional and behavioral disengagement with one another.

**Intervention & Prevention**

1. Child maltreatment prevention and the scope of child and adolescent psychiatry


ABSTRACT: Child maltreatment is one of the most deleterious known influences on the mental health and development of children. This article briefly reviews a complement of methods that are ready to incorporate into child and adolescent psychiatric practice, by having been validated either with respect to the prevention of child maltreatment or with respect to adverse outcomes associated with maltreatment (and primarily focused on enhancing the caregiving environment); they are feasible for integration into clinical decision making, and most importantly, can be included in the training of the next generation of clinicians.

2. A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families

HANSON, R. F. and J. Lang Child Maltreat. Ahead of print [Epub 07/03/2016].

ABSTRACT: The past two decades have witnessed an increase in programs targeting children and youth impacted by traumatic events, with a heightened focus on ensuring that all such programs and relevant service systems are trauma informed. While such efforts are laudable, trauma-informed care (TIC) is defined in a number of ways, limiting evaluation of these initiatives, specifically as they relate to the potential for improved outcomes or reduced costs often used to advocate for TIC. Widespread interest in TIC, despite an apparent dearth of empirical research, served as the impetus for this special section. Our goal was to identify the most rigorous empirical studies available. These six papers were selected based on their inclusion of a definition of TIC, focus on at least one component of TIC in a child-serving system, and availability of empirical data demonstrating the effectiveness of their efforts. In addition to introducing these papers, we share preliminary data from a brief, anonymous survey of child-serving professionals across various systems and roles to obtain feedback about definitional and conceptual issues related to TIC. While this special section
provides a representation of available empirical work, significant gaps between research and practice of TIC remain, with important implications for future work.

3. Building capacity for trauma-informed care in the child welfare system: Initial results of a statewide implementation


ABSTRACT: Exposure to childhood trauma is a major public health concern and is especially prevalent among children in the child welfare system (CWS). State and tribal CWSs are increasingly focusing efforts on identifying and serving children exposed to trauma through the creation of trauma-informed systems. This evaluation of a statewide initiative in Connecticut describes the strategies used to create a trauma-informed CWS, including workforce development, trauma screening, policy change, and improved access to evidence-based trauma-focused treatments during the initial 2-year implementation period. Changes in system readiness and capacity to deliver trauma-informed care were evaluated using stratified random samples of child welfare staff who completed a comprehensive assessment prior to (N = 223) and 2 years following implementation (N = 231). Results indicated significant improvements in trauma-informed knowledge, practice, and collaboration across nearly all child welfare domains assessed, suggesting system-wide improvements in readiness and capacity to provide trauma-informed care. Variability across domains was observed, and frontline staff reported greater improvements than supervisors/managers in some domains. Lessons learned and recommendations for implementation and evaluation of trauma-informed care in child welfare and other child-serving systems are discussed.


4. Addressing early adversity through mental health consultation in early childhood settings


ABSTRACT: The science of early childhood adversity has advanced in recent years, documenting long-term consequences of exposure to traumatic events and toxic stress for health and development. Sequelae of toxic stress exposure can be mitigated by the buffering effect of a caregiver who can help young children manage their reactivity to these early stressors. Interventions are needed to build the capacity for caregivers (including the early childhood workforce) to build resilience in young children exposed to early adversity. This article shares best practices from the field of early childhood mental health consultation (ECMHC) as a strategy to help reduce the impact of stressors on young children. ECMHC embedded with child care, focused on children in foster care, and lessons learned from early work on ECMHC in home visiting are highlighted as examples of interventions to build the buffering capacities of important adults in children’s lives. Policy recommendations are offered for integrating mental health services into early childhood settings to build resilience in high-risk children and families.

http://dx.doi.org/10.1111/fare.12172
Child Protection Professionals

1. Using simulation to identify sources of medical diagnostic error in child physical abuse


ABSTRACT: Little is known regarding sources of diagnostic error at the provider level in cases of possible child physical abuse. This study examines medical diagnosis as part of medical management and not as part of legal investigation. Simulation offers the opportunity to evaluate diagnostic accuracy and identify error sources. We aimed to identify sources of medical diagnostic error in cases of possible abuse by assessing diagnostic accuracy, identifying gaps in evaluation, and characterizing information used by medical providers to reach their diagnoses. Eight femur fracture simulation cases, half of which were abuse and half accident, were created. Providers from a tertiary pediatric emergency department participated in a simulation exercise involving 1 of the 8 cases. Performance was evaluated using structured scoring tools and debriefing, and qualitative analysis characterized participants’ rationales for their diagnoses. Overall, 39% of the 43 participants made an incorrect diagnosis regarding abuse. An incorrect diagnosis was over 8 times more likely to occur in accident than in abuse cases (OR=8.8; 95% CI 2 to 39). Only 58% of participants correctly identified the fracture morphology, 60% correctly identified the mechanics necessary to generate the morphology, and 30% of ordered all appropriate tests for occult injury. In misdiagnoses, participants frequently falsely believed the injury did not match the proposed mechanism and the history provided by the caregiver had changed. Education programs targeting the identified error sources may result in fewer diagnostic errors and improve outcomes. The findings also support the need for referral to child abuse experts in many cases.

2. Female genital mutilation: what every paediatrician should know


ABSTRACT: Female genital mutilation (FGM) is almost always performed on children and consequently paediatricians should have a central role in the detection and prevention of FGM. FGM has no health benefits and can cause lifelong damage to physical and psychological health. Extensive migration of FGM practising communities means that FGM is now a global problem. Paediatricians worldwide need to be familiar with the identification and classification of FGM and its impact upon health as well as current trends in practice. However information about FGM is hampered by the secrecy surrounding the procedure and a lack of rigorous evidence based research. This review summarises what is currently known about the health aspects of FGM and how paediatricians should manage children with FGM in their clinical practice.
3. 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.

4. Child maltreatment prevention: the pediatrician’s role. Part 2. Prevention before it happens, when suspected and when abuse is confirmed


ABSTRACT: Pediatric actions that can prevent child abuse are described. Interdisciplinary work, training in communication skills, child development and family functions are recommended. Given the intense feelings generated by this subject, selfcare strategies are suggested.

5. The role of a designated doctor for looked after children


The Designated Doctor has a responsibility to engage, share and influence health professionals, commissioners and partner agencies to ensure good quality health services for Looked After Children in their area of responsibility and for those placed out of area. They also have a joint responsibility to local Corporate Parenting Board to implement local prevention and safeguarding strategies to support children on the edge of care.
1. Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: systematic review, meta-analysis, and proportional attributable fractions


BACKGROUND: Literature supports a strong relationship between childhood maltreatment and mental illness but most studies reviewed are cross-sectional and/or use recall to assess maltreatment and are thus prone to temporality and recall bias. Research on the potential prospective impact of maltreatment reduction on the incidence of psychiatric disorders is scarce.

METHOD: Electronic databases and grey literature from 1990 to 2014 were searched for English-language cohort studies with criteria for depression and/or anxiety and non-recall measurement of childhood maltreatment. Systematic review with meta-analysis synthesized the results. Study quality, heterogeneity, and publication bias were examined. Initial screening of titles and abstracts resulted in 199 papers being reviewed. Eight high-quality articles met eligibility criteria. Population attributable fractions (PAFs) estimated potential preventive impact.

RESULTS: The pooled odds ratio (OR) between any type of maltreatment and depression was 2.03 [95% confidence interval (CI) 1.37-3.01] and 2.70 (95% CI 2.10-3.47) for anxiety. For specific types of maltreatment and depression or anxiety disorders, the ORs were: physical abuse (OR 2.00, 95% CI 1.25-3.19), sexual abuse (OR 2.66, 95% CI 1.88-3.75), and neglect (OR 1.74, 95% CI 1.35-2.23). PAFs suggest that over one-half of global depression and anxiety cases are potentially attributable to self-reported childhood maltreatment. A 10-25% reduction in maltreatment could potentially prevent 31.4-80.3 million depression and anxiety cases worldwide.

CONCLUSION: This review provides robust evidence of childhood maltreatment increasing the risk for depression and anxiety, and reinforces the need for effective programs and policies to reduce its occurrence.

2. Managing stress levels of parents of children with developmental disabilities: A meta-analytic review of interventions


ABSTRACT: Parents of children diagnosed with disabilities often experience elevated levels of stress compared to those parenting children without disabilities (Baker-Ericzén, Brookman-Frazee, & Stahmer, 2005; Tomanik, Harris, & Hawkins, 2004). This increase in stress can have a negative impact on parent well-being (Trute & Hiebert-Murphy, 2002) resulting in a stress-induced dysregulation of the immune system. In their article in this issue, Gouin, da Estrela, Desmarais, and Baker found that increased levels of social support served as protection against this dysregulation. In the current study, we examined the nature and beneficial components of formal support services targeted at reducing the stress levels of parental caregivers of children with developmental disabilities. With this meta-analytic review we attempt to examine the efficacy of these interventions and potential moderators to their effects by reviewing comparison group studies conducted in North America with parent stress interventions and stress outcome measures. Six studies...
were identified that met this review's criteria, reporting an overall effect of $d = 0.51$. In sum, stress management interventions were found to effectively reduce the reported stress of parents caring for children with developmental disabilities. A significant issue identified was the limited number of comparison group studies that examined stress management interventions for this population. Implications of these findings and need for further exploration are discussed.

http://dx.doi.org/10.1111/fare.12185

3. The healthy immigrant paradox and child maltreatment: A systematic review


ABSTRACT: Prior studies suggest that foreign-born individuals have a health advantage, referred to as the Healthy Immigrant Paradox, when compared to native-born persons of the same socio-economic status. This systematic review examined whether the immigrant advantage found in health literature is mirrored by child maltreatment in general and its forms in particular. The author searched Academic Search Premier, CINAHL, CINAHL PLUS, Family and Society Studies Worldwide, MEDLINE, PsychINFO, Social Work Abstracts, and SocIndex for published literature through December 2015. The review followed an evidence-based Preferred Reporting Items for Systematic reviews and Meta-Analyses checklist. The author identified 822 unique articles, of which 19 met the inclusion criteria. The reviewed data showed strong support for the healthy immigrant paradox for a general form of maltreatment and physical abuse. The evidence for emotional and sexual abuse was also suggestive of immigrant advantage though relatively small sample size and lack of multivariate controls make these findings tentative. The evidence for neglect was mixed: immigrants were less likely to be reported to Child Protective Services; however, they had higher rates of physical neglect and lack of supervision in the community data. The study results warrant confirmation with newer data possessing strong external validity for immigrant samples.


Access full text:
http://ac.els-cdn.com/S0277953616300533/1-s2.0-S0277953616300533-main.pdf?_tid=1e50ae0e-f15b-11e5-b316-000000aacb361&acdnat=1458781115_760e35350e91e463678a73e89aafbb1c7

ABSTRACT: Children in humanitarian settings are thought to experience increased exposure to violence, which can impair their physical, emotional, and social development. Violence against children has important economic and social consequences for nations as a whole. The purpose of this review is to examine population-based approaches measuring violence against children in humanitarian settings. The authors reviewed prevalence studies of violence against children in humanitarian contexts appearing in peer-reviewed journals within the past twenty years. A Boolean search procedure was conducted in October 2014 of the electronic databases PubMed/Medline and PsychInfo. If abstracts contained evidence of the study's four primary themes - violence, children, humanitarian contexts and population-based measurement - a full document review was undertaken to confirm relevance. Out of 2634 identified articles, 22 met the final inclusion criteria. Across studies, there was varying quality and no standardization in
measurement approach. Nine out of 22 studies demonstrated a relationship between conflict exposure and adverse health or mental health outcomes. Among studies that compared rates of violence between boys and girls, boys reported higher rates of physical violence, while girls reported higher rates of sexual violence. Children in infancy and early childhood were found to be among the most under-researched. Ultimately, the body of evidence in this review offers an incomplete picture regarding the prevalence, nature and impact of violence against children in emergencies, demonstrating a weak evidence base for some of the basic assumptions underpinning humanitarian practice. The development of standardized approaches to more rigorously measure violence against children is urgently needed in order to understand trends of violence against children in humanitarian contexts, and to promote children’s healthy development and well-being.

Case Reports

1. Female genital mutilation in children presenting to a London safeguarding clinic: a case series


Access full text: http://adc.bmj.com/content/101/3/212.full.pdf

OBJECTIVE: To describe the presentation and management of children referred with suspected female genital mutilation (FGM) to a UK safeguarding clinic.

SETTING: Case series of all children under 18 years of age referred with suspected FGM between June 2006 and May 2014.

MAIN OUTCOME MEASURES: These include indication for referral, demographic data, circumstances of FGM, medical symptoms, type of FGM, investigations and short-term outcome.

RESULTS: Of the 47 girls referred, 27 (57%) had confirmed FGM. According to the WHO classification of genital findings, FGM type 1 was found in 2 girls, type 2 in 8 girls and type 4 in 11 girls. No type 3 FGM was seen. The circumstances of FGM were known in 17 cases, of which 12 (71%) were performed by a health professional or in a medical setting (medicalisation). Ten cases were potentially illegal, yet despite police involvement there have been no prosecutions.

CONCLUSION: This study is an important snapshot of FGM within the UK paediatric population. The most frequent genital finding was type 4 FGM with no tissue damage or minimal scarring. FGM was performed at a young age, with 15% reported under the age of 1 year. The study also demonstrated significant medicalisation of FGM, which matches recent trends in international data. Type 4 FGM performed in infancy is easily missed on examination and so vigilance in assessing children with suspected FGM is essential.
2. Restrictive diet control as a means of child abuse


ABSTRACT: We have recently encountered a series of cases where an obese caretaker is juxtaposed to a severely starved, malnourished dependent. The cases described all share a common characteristic: that the primary perpetrator was an obese caretaker who tried to exert absolute control over their victim's daily life in a way that included either a severe restriction or complete denial of food. Because the pathophysiology of both child abuse and obesity are incredibly complex and multifactorial, these cases are presented to encourage further discussion and more rigorous investigation into the validity of a hypothesis that has been derived from this set of cases: that the obesity of a child's caretaker may be an additional risk factor for child maltreatment by starvation.


3. Diffuse bilateral retinal hemorrhages in an infant with a coagulopathy and prolonged cardiopulmonary resuscitation


We report a case of diffuse bilateral retinal and optic nerve sheath hemorrhages in an 8-week-old boy who was found unresponsive. The child underwent prolonged cardiopulmonary resuscitation and was noted on admission to have a coagulopathy. An autopsy determined the cause of death to be a myocardial infarct in the distribution of an anomalous coronary artery. This case demonstrates the difficulty that may occur in establishing whether child abuse caused death in the setting of another potential cause of mortality.

4. Subdural haematoma following infant spinal anaesthesia


INTRODUCTION: Subdural haematoma (SDH) is rare following spinal anaesthesia and has not been reported previously in an infant. Non-accidental injury is the commonest cause of subdural haematoma in infants.

METHODS: We describe two cases of SDH following spinal anaesthesia in infants.

RESULTS: In both cases, forensic investigation was commenced and no evidence of child abuse was found. Both children are well 2 years after diagnosis.

CONCLUSION: Paediatric health workers should be aware of the possibility of SDH after spinal anaesthesia and consider this as a differential diagnosis when investigating possible non-accidental injury in an infant.

5. An accessory skull suture mimicking a skull fracture


**ABSTRACT:** This paper describes an investigation of the sudden and unexpected death of a five-and-a-half-month-old boy. As in every Dutch case of sudden unexpected death in infancy (SUDI), a multidisciplinary diagnostic approach was used. This included post-mortem radiography, showing a linear discontinuity of the parietal bone. Originally this was interpreted as a skull fracture, but autopsy indicated no signs of mechanical trauma. Instead the defect was defined as a unilateral accessory suture of the parietal bone. The initial erroneous diagnosis had severe adverse consequences and thus every health care professional or forensic specialist dealing with paediatric mechanical traumas should be cautious of this rare anomaly.

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**Other**

1. The meaning of the Child Interview: A new procedure for assessing and understanding parent-child relationships of 'at-risk' families

*GREY, B. and S. Farnfield* Clin Child Psychol Psychiatry. Ahead of print [Epub 05/03/2016].

**Access full text:** [http://ccp.sagepub.com/content/early/2016/03/02/1359104516633495.full.pdf](http://ccp.sagepub.com/content/early/2016/03/02/1359104516633495.full.pdf)

**ABSTRACT:** Reder and Duncan's well-known studies of the 1990s on fatal child abuse drew attention to how parental scripts regarding their children could dangerously distort relationships in ways that were sometimes fatal to children. This article reports on a new system for assessing the 'meaning of the child to the parent', called the Meaning of the Child Interview (MotC). Parents are interviewed using the established Parent Development Interview, or equivalent, and the transcript of the interview is then analysed according to parental sensitivity and likely risk to the child. The MotC constructs were developed from those used in observed parent-child interaction (specifically, the CARE-Index) and the form of discourse analysis used in the Dynamic Maturational Model - Adult Attachment Interview, allowing a more systemic and inter-subjective understanding of parenting representations than often put forward. This article discusses the theoretical background to the MotC, gives a brief review of similar measures and then introduces the coding system and patterns of caregiving. The validity of the MotC is addressed elsewhere.

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**Full text via CKN:** [https://www.ckn.org.au/](https://www.ckn.org.au/)

**ABSTRACT:** Previous studies have shown decreasing child homicide rates in many countries - in Sweden mainly due to a drop in filicide-suicides. This study examines the rate of child homicides during 21 years, with the hypothesis that a decline might be attributable to a decrease in the number of depressive filicide offenders (as defined by a proxy measure). In addition, numerous characteristics of child homicide are presented. All homicide incidents involving 0-14-year-old victims in Sweden during 1992-2012 (n = 90) were identified in an autopsy database. Data from multiple
registries, forensic psychiatric evaluations, police reports, verdicts and other sources were collected. Utilizing Poisson regression, we found a 4% annual decrease in child homicides, in accordance with prior studies, but no marked decrease regarding the depressive-offender proxy. Diagnoses from forensic psychiatric evaluations (n = 50) included substance misuse (8%), affective disorders (10%), autism-spectrum disorders (18%), psychotic disorders (28%) and personality disorders (30%). Prior violent offences were more common among offenders in filicides than filicide-suicides (17.8% vs. 6.9%); and about 20% of offenders in each group had previously received psychiatric inpatient care. Aggressive methods of filicide predominated among fathers. Highly lethal methods of filicide (firearms, fire) were more commonly followed by same-method suicide than less lethal methods. Interestingly, a third of the extra-familial offenders had an autism-spectrum disorder. Based on several findings, e.g., the low rate of substance misuse, the study concludes that non-traditional risk factors for violence must be highlighted by healthcare providers. Also, the occurrence of autism-spectrum disorders in the present study is a novel finding that warrants further investigation.

3. The enduring impact of violence against children


ABSTRACT: More than one billion children - half of all children in the world - are exposed to violence every year. The violence children are exposed to includes both direct experiences of physical, sexual, and emotional abuse, as well as indirectly witnessing violence in their homes, schools, and communities. What these various forms of violence share, based on a review of the literature, is their enduring potential for life-long consequences. These consequences include increases in the risks of injury, HIV, sexually transmitted infections, mental health problems, reproductive health problems, and non-communicable diseases, including cardiovascular disease, cancer, chronic lung disease, and diabetes. Studies addressing biologic underpinnings of such consequences demonstrate that violence-associated toxic stress may cause damage to the nervous, endocrine, circulatory, musculo-skeletal, reproductive, respiratory, and immune systems. Furthermore, rigorous economic evaluations suggest that costs associated with the consequences of violence against children exceed $120 billion in the U.S. and account for up to 3.5% of the GDP in sub-regions of East Asia. The expanding literature confirming the mechanisms of consequences and the associated costs of violence against children has been accompanied by growing evidence on effective approaches to prevention. Moreover, the expanding evidence on prevention has been accompanied by a growing determination on the part of global leaders to accelerate action. Thus, as part of the Post-2015 Sustainable Development agenda, the UN has issued a call-to-action: to eliminate violence against children. This unprecedented UN call may foster new investments, to fuel new progress for protecting children around the world from violence and its preventable consequences.


4. Review of child maltreatment in immigrant and refugee families


OBJECTIVES: Study results on child maltreatment based on general population samples cannot be extrapolated with confidence to vulnerable immigrant or refugee families because of the specific characteristics and needs of these families. The aims of this paper are 1) to conduct an evidence review of the prevalence, risk factors and protective
factors for child maltreatment in immigrant and refugee populations, and 2) to integrate the evidence in an analytical ecosystemic framework that would guide future research.

METHODS: We used a 14-step process based on guidelines from Preferred Reporting Items for Systematic Reviews and Meta-Analyses and the Canadian Collaboration for Immigrant and Refugee Health. We searched major databases from "the oldest date available to July 2014". The eligibility criteria for paper selection included qualitative or quantitative methodologies; papers written in English or French; papers that describe, assess or review prevalence, risk and protection factors for child maltreatment; and a studied population of immigrants or refugees.

RESULTS: Twenty-four articles met the criteria for eligibility. The results do not provide evidence that immigrant or refugee children are at higher risk of child maltreatment. However, recently settled immigrants and refugees experience specific risk factors related to their immigration status and to the challenges of settlement in a new country, which may result in high risk of maltreatment.

CONCLUSION: Future research must incorporate more immigrant and refugee samples as well as examine, within an ecosystemic framework, the interaction between migratory and cultural factors with regard to the prevalence, consequences and treatment of child maltreatment for the targeted groups.
Statewide Child Protection Clinical Partnership

Update

CPA-CPLO Annual Workshop

Registrations are now open for the upcoming Child Protection Advisor (CPA) and Child Protection Liaison Officer (CPLO) Workshop on 16-17 June at the Brisbane Convention and Exhibition Centre.

The CPA-CPLO Annual Workshop is an important professional development opportunity for CPAs and CPLOs which brings together designated child protection staff from around the State.

This year, the Workshop is titled “A careful balance: Minimising risk and maximising safety in child protection”, and will provide an opportunity to explore the challenges of balancing risk and safety in child protection practice. As well as considering this from a service delivery perspective, we will focus on the need for those working in child protection to be aware of self-care and the importance of this to support safe practice.

Register

If you are a CPA or CPLO, you can register online using the following link: https://www.surveymonkey.com/r/RegistrationCPA-CPLOWorkshop2016

EOI for presentations

The CPA-CPLO Workshop is always enhanced by presentations from Child Protection Advisors and Child Protection Liaison Officers. If you have an example that links to balancing risk and safety, or are aware of contemporary research in this area that you would like to share, please email: Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

SCPCP Subgroups

In other work, the SCPCP sub-groups are continuing to progress various activities related to the Operational Plan. The Out-Of-Home Care subgroup has an ongoing focus on developing GP engagement strategies and exploring a range of options to support the completion of Comprehensive Health and Development Assessments, including the proposed development of an integrated IT platform. The Reporting sub-group met again after some time and is focused on developing a resource to support high quality report writing. This group is looking for new membership - if you are interested in participating, please email: Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
## Events

### April – May 2016

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| 6-7 | Victoria Police sex offenders registry Asia Pacific conference  
(http://registrationriskconference2016.com/) | Melbourne VIC  
| 17-19 | Caring for country kids conference  
(http://www.countrykids.org.au/) | Alice Springs NT  
| 18-19 | No to bullying conference  
(http://no2bullying.org.au/) | Gold Coast QLD  

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| 17 | Technology, children and families – The good, the bad and the ugly  
| 18-20 | Australian and New Zealand addiction conference  
(http://addictionaustralia.org.au/) | Gold Coast QLD  
| 19-20 | VICSERV’S Biannual mental health conference  
(http://conference.vicserv.org.au/) | Melbourne VIC  
| 23-24 | Child Aware approaches conference  
(http://childawareconference.org/) | Brisbane QLD  
| 25-26 | Connections Uniting Care conference – Making lives better  

References


36. LoGiudice, J.A. and C.T. Beck, The lived experience of childbearing from survivors of sexual abuse: “It was the best of times, it was the worst of times”. J Midwifery Womens Health. Ahead of print [Epub 11/03/2016].


