Queensland Child Protection Newsletter

April 2016
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Published by the State of Queensland (Queensland Health), April 2016

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For more information contact:

Child Protection and Forensic Medical Service, Lady Cilento Children’s Hospital, South Brisbane QLD 4101. Email laura.koopmans@health.qld.gov.au or phone 07 3068 2660.

An electronic version of this document is available at http://cairns.health.qld.libguides.com/child-protection.

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# Table of contents

Introduction ................................................................................................................................. 5  
CPA – CPLO ANNUAL WORKSHOP – REGISTER NOW!............................................................... 1  
Research Update ........................................................................................................................ 2  
   Abusive Head Trauma .............................................................................................................. 2  
      1. Epidemiology of children with head injury: a national overview ...................................... 2  
Physical Abuse ............................................................................................................................. 2  
      1. The impact of force on the timing of bruises evaluated in a porcine model ...................... 2  
      2. Three-dimensional imaging of human cutaneous forearm bite marks in human volunteers over a 4 day period ........................................................................................................ 3  
      3. Children with burns referred for child abuse evaluation: Burn characteristics and co-existent injuries ......................................................................................................................... 4  
      4. The prevalence of bruising among infants in pediatric emergency departments .............. 4  
      5. Value of systematic detection of physical child abuse at emergency rooms: a cross-sectional diagnostic accuracy study ........................................................................................................ 5  
      6. Female genital mutilation: Survey of paediatricians' knowledge, attitudes and practice .......... 6  
      7. COL1A1 and COL1A2 sequencing results in cohort of patients undergoing evaluation for potential child abuse ........................................................................................................... 6  
Sexual Abuse ................................................................................................................................. 7  
   1. The disclosure experiences of male child sexual abuse survivors ......................................... 7  
Emotional Abuse & Neglect ......................................................................................................... 7  
   1. Childhood emotional maltreatment as a robust predictor of suicidal ideation: A 3-year multi-wave, prospective investigation .................................................................................. 7  
Outcomes ....................................................................................................................................... 8  
   1. Prevalence and predictors of Axis I disorders in a large sample of treatment-seeking victims of sexual abuse and incest ........................................................................................................ 8  
   2. Maltreatment history as persistent risk: An extension of Li and Godinet (2014) ................. 8  
Intervention & Prevention ......................................................................................................... 9  
   1. Reunification in intrafamilial child abuse cases: A model for intervention ......................... 9  
   2. Professional and youth perspectives on higher education-focused interventions for youth transitioning from foster care ......................................................................................................... 9  
Child Protection Professionals .................................................................................................... 10  
   1. Photographing injuries in the acute care setting: Development and evaluation of a standardized protocol for research, forensics, and clinical practice ........................................... 10  
   2. The radiologist's role in child abuse: imaging protocol and differential diagnosis ............. 11  
   3. Exploring the acceptability of a clinical decision rule to identify paediatric burns due to child abuse or neglect .................................................................................................................... 11  
   4. Multi-camera system for 3D forensic documentation ........................................................ 12  
   5. The impact of child sexual abuse training for educators on reporting and victim outcomes: the Texas Educator Initiative ............................................................................................. 12  
Reviews & Guidelines ................................................................................................................. 13  
   1. The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis ................................................................. 13  
   2. Child maltreatment: a review of key literature in 2015 ......................................................... 14  
   3. Sexual health behaviors and outcomes among current and former foster youth: A review of the literature ......................................................................................................................... 14  
Other ......................................................................................................................................... 15
1. The complexities of cultural support planning for Indigenous children in and leaving out-of-home care: the views of service providers in Victoria, Australia ................................................................. 15
2. Baby steps: Understanding normal baby behaviour .................................................... 15
3. The population's confidence in the child protection system – A survey study of England, Finland, Norway and the United States (California) .................................................................................. 15
4. Neurocognitive deficits in children and adolescents following maltreatment: Neurodevelopmental consequences and neuropsychological implications of traumatic stress .... 16

Statewide Child Protection Clinical Partnership ............................................................................................................................... 17
  Update ...................................................................................................................................................................................... 17
  CPA – CPLO Workshop .................................................................................................................................................. 17
  Other SCPCP activities .................................................................................................................................................. 17

Events ...................................................................................................................................................................................... 18
  May – June 2016 .................................................................................................................................................................. 18

References .................................................................................................................................................................................. 19
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
CPA – CPLO ANNUAL WORKSHOP – REGISTER NOW!

If you are a Child Protection Advisor (CPA) or Child Protection Liaison Officer (CPLO), make sure you don’t miss out on the upcoming CPA & CPLO Annual Workshop on 16-17 June at the Brisbane Convention and Exhibition Centre.

The Workshop is an important professional development opportunity for CPAs and CPLOs and 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.

For more information about the workshop, please email:
Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

To register, please use the link below. Please note, this event is for CPAs and CPLOs only.
Research Update

Abusive Head Trauma

1. Epidemiology of children with head injury: a national overview


**BACKGROUND:** The National Confidential Enquiry describes the epidemiology of children admitted to hospital with head injury.

**METHODS:** Children (<15 years old) who died or were admitted for >4 h with head injury were identified from 216 UK hospitals (1 September 2009 to 28 February 2010). Data were collected using standard proformas and entered on to a database. A descriptive analysis of the causal mechanisms, child demographics, neurological impairment, CT findings, and outcome at 72 h are provided.

**RESULTS:** Details of 5700 children, median age 4 years (range 0-14.9 years), were analysed; 1093 (19.2%) were <1 year old, 3500 (61.4%) were boys. There was a significant association of head injury with social deprivation 39.7/100 000 (95% CI 37.0 to 42.6) in the least deprived first quintile vs. 55.1 (95% CI 52.1 to 58.2) in the most deprived fifth quintile (p<0.01). Twenty-four children died (0.4%). Most children were admitted for one night or less; 4522 (79%) had a Glasgow Coma Scale score of 15 or were Alert (on AVPU (Alert, Voice, Pain, Unresponsive)). The most common causes of head injury were falls (3537 (62.1%); children <5 years), sports-related incidents (783 (13.7%); median age 12.4 years), or motor vehicle accidents (MVAs) (401 (7.1%); primary-school-aged children). CT scans were performed in 1734 (30.4%) children; 536 (30.9%) were abnormal (skull fracture and/or intracranial injury or abnormality): 269 (7.6%) were falls, 82 (10.5%) sports related and 100 (25%). A total of 357 (6.2%) children were referred to social care because of child protection concerns (median age 9 months (range 0-14.9 years)).

**CONCLUSIONS:** The data described highlight priorities for targeted age-specific head injury prevention and have the potential to provide a baseline to evaluate the effects of regional trauma networks (2012) and National Institute of Health and Care Excellence (NICE) head injury guidelines (2014), which were revised after the study was completed.

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Physical Abuse

1. The impact of force on the timing of bruises evaluated in a porcine model


**ABSTRACT:** In animal models developed in order to estimate the age of bruises, focus has been on the changes over time and not considering the force used to inflict the trauma. In the present study, gross and histological changes in 2, 4,
6 and 8 h old bruises which were inflicted with a low, moderate and high force were compared. Twelve experimental pigs were randomly assigned to three groups of force (low, moderate and high force). All pigs were anesthetized, and on each animal four blunt traumas were inflicted on the back with the low, moderate or high force according to the groups. The pigs were kept in anesthesia for 2, 4, 6 or 8 h, after which they were euthanized, and skin and muscle tissues were sampled for histology. As control, two pigs were included. The gross appearance of bruises developed similarly until 0.5 h after infliction at which time the visibility of the bruises depended on the force. The infiltration of subcutaneous neutrophils depended on the time and force used which was confirmed by both manual evaluation and image analysis of immunostained skin sections. In the muscle tissue, the number of macrophages was found useful for age determination in bruises inflicted with the highest force. Therefore, when evaluating forensic cases of bruises in both human and veterinary pathology the impact of force and not only the timing should be taken into consideration.

2. Three-dimensional imaging of human cutaneous forearm bite marks in human volunteers over a 4 day period


Available on CKN: https://www.ckn.org.au

INTRODUCTION: Human bite marks are often sustained during sexual, domestic or child abuse. Currently, analysis of these marks involves digital photography techniques along with an expert forensic odontologist opinion. Photographs often focus closely on the bite mark and give little context to the anatomical location of the injury. Due to variation in camera models and expertise of the photographer, photograph quality can affect its interpretation. Additionally, it can sometimes be days between injury and examination, allowing the injury pattern and colour to alter, making it harder to analyse. AIM: To investigate if a 3D imaging technique, creating a time-lapse image of a bite mark in three dimensions, can provide context to the injury in terms of nature and location, and also allow analysis of the change in appearance of a bite mark over time.

METHODS: Participants had an experimental bite mark produced on their forearm by dental casts mounted on a dental articulator. The forearms were photographed immediately following the bite, and at intervals of 3, 6, 24, 48, 72 and 96 h. A DI3D(R) (Dimensional Imaging 3D) photogrammetry system and Autodesk Maya 2015(R) software was used to create a 3D animation from the images obtained. The clearest, long lasting bite mark injuries were selected for animation, enabling the 3D imaging technique to be used optimally.

RESULTS: 3D time-lapse animations were successfully created with the ability to be viewed on most electronic devices. With further refinement this technique could be valuable in a number of areas. We anticipate animations produced in this way to have significant benefit to the presentation of photographic evidence in a court setting, and in age estimation of injuries.
3. Children with burns referred for child abuse evaluation: Burn characteristics and co-existent injuries


**ABSTRACT:** Intentional burns represent a serious form of physical abuse that must be identified to protect children from further harm. This study is a retrospectively planned secondary analysis of the Examining Siblings To Recognize Abuse (ExSTRA) network data. Our objective was to describe the characteristics of burns injuries in children referred to Child Abuse Pediatricians (CAPs) in relation to the perceived likelihood of abuse. We furthermore compare the extent of diagnostic investigations undertaken in children referred to CAPs for burn injuries with those referred for other reasons. Within this dataset, 7% (215/2890) of children had burns. Children with burns were older than children with other injuries (median age 20 months vs. 10 months). Physical abuse was perceived as likely in 40.9% (88) and unlikely in 59.1% (127). Scalds accounted for 52.6% (113) and contact burns for 27.6% (60). Several characteristics of the history and burn injury were associated with a significantly higher perceived likelihood of abuse, including children with reported inflicted injury, absent or inadequate explanation, hot water as agent, immersion scald, a bilateral/symmetric burn pattern, total body surface area >/=10%, full thickness burns, and co-existent injuries. The rates of diagnostic testing were significantly lower in children with burns than other injuries, yet the yield of skeletal survey and hepatic transaminases testing were comparable between the two groups. This would imply that children referred to CAPs for burns warrant the same level of comprehensive investigations as those referred for other reasons.

4. The prevalence of bruising among infants in pediatric emergency departments


**OBJECTIVES:** Bruising can indicate abuse for infants. Bruise prevalence among infants in the pediatric emergency department (ED) setting is unknown. Our objective is to determine prevalence of bruising, associated chief complaints, and frequency of abuse evaluation in previously healthy infants presenting to pediatric EDs.

**METHODS:** We conducted a prospective, observational, multicenter study of infants aged 12 months or younger presenting to pediatric EDs. Structured sampling was used. Pediatric emergency medicine clinicians performed complete skin examinations to screen for bruising. Study investigators documented skin findings, date of visit, patient's age, chief complaint, and abuse evaluation. The primary outcome was prevalence of bruising. Secondary outcomes were prevalence of bruising based on chief complaint and frequency of abuse evaluation. Point estimates of bruise prevalence and differences in bruise prevalence between patient subgroups were calculated with 95% confidence intervals (CIs).

**RESULTS:** Bruising was identified in 88 of 2,488 infants (3.5%; 95% CI 2.9% to 4.4%). Rates of bruising for infants 5 months and younger and older than 5 months were 1.3% and 6.4%, respectively (difference 5.1%; 95% CI 3.6% to 6.8%). For infants 5 months and younger, 83% of bruising was associated with a trauma chief complaint and only 0.2%
of infants presenting with a medical chief complaint had bruising. Pediatric emergency medicine clinicians obtained abuse evaluations on 23% of infants with bruising, and that rate increased to 50% for infants 5 months and younger.

CONCLUSION: Bruising prevalence in children 12 months and younger who were evaluated in pediatric EDs was low, increased within age strata, and was most often associated with a trauma chief complaint. Most bruised infants did not undergo an abuse evaluation.

5. Value of systematic detection of physical child abuse at emergency rooms: a cross-sectional diagnostic accuracy study


OBJECTIVES: The aim of our diagnostic accuracy study Child Abuse Inventory at Emergency Rooms (CHAIN-ER) was to establish whether a widely used checklist accurately detects or excludes physical abuse among children presenting to ERs with physical injury.

DESIGN: A large multicentre study with a 6-month follow-up.

SETTING: 4 ERs in The Netherlands. PARTICIPANTS: 4290 children aged 0-7 years attending the ER because of physical injury. All children were systematically tested with an easy-to-use child abuse checklist (index test). A national expert panel (reference standard) retrospectively assessed all children with positive screens and a 15% random sample of the children with negative screens for physical abuse, using additional information, namely, an injury history taken by a paediatrician, information provided by the general practitioner, youth doctor and social services by structured questionnaires, and 6-month follow-up information.

OUTCOME MEASURES: Physical child abuse, Injury due to neglect, and need for help.

RESULTS: 4253/4290 (99%) parents agreed to follow-up. At a prevalence of 0.07% (3/4253) for inflicted injury by expert panel decision, the positive predictive value of the checklist was 0.03 (95% CI 0.006 to 0.085), and the negative predictive value 1.0 (0.994 to 1.0). There was 100% (93 to 100) agreement about inflicted injury in children, with positive screens between the expert panel and child abuse experts.

CONCLUSIONS: Rare cases of inflicted injury among preschool children presenting at ERs for injury are very likely captured by easy-to-use checklists, but at very high false-positive rates. Subsequent assessment by child abuse experts can be safely restricted to children with positive screens at very low risk of missing cases of inflicted injury. Because of the high false positive rate, we do advise careful prior consideration of cost-effectiveness and clinical and societal implications before de novo implementation.
6. Female genital mutilation: Survey of paediatricians’ knowledge, attitudes and practice


Available on CKN: https://www.ckn.org.au

ABSTRACT: The study objective was to determine paediatricians’ experience with female genital mutilation (FGM) in Australian children and adolescents. A cross-sectional, pilot-tested national survey of paediatricians practising in Australia and contributing to the Australian Paediatric Surveillance Unit was conducted. Clinicians’ knowledge, attitudes and clinical experience with FGM, awareness of clinical guidelines and education/training needs were recorded. Of 1311 paediatricians surveyed, 497 (38%) responded. Fifty-seven percent were aged 50 years or more, and 51.3% were males. Over half believed that FGM was performed in children in Australia and most were aware of its complications, but few asked about or examined for FGM. Fifty (10.3%) had seen at least one case of FGM in girls aged <18 years during their clinical career, including 16 (3.3%) in the past 5 years. Most were aware that FGM is illegal in Australia (93.9%), agreed all types of FGM were harmful (97.4%) and agreed that FGM violated human rights (98.2%). Most (87.6%) perceived FGM as a traditional cultural practice, although 11.6% thought it was required by religion. The majority (81.8%) knew notification of FGM to child protection authorities was mandatory. Over half (62.0%) were aware of the WHO Statement on FGM, but only 22.0% knew the WHO classification of FGM. These novel data indicate a minority of paediatricians in Australia have clinical experience with or education about FGM. Educational programs, best-practice clinical guidelines and policies are required to address knowledge gaps and help paediatricians identify, manage and prevent FGM in children.

7. COL1A1 and COL1A2 sequencing results in cohort of patients undergoing evaluation for potential child abuse


ABSTRACT: Child abuse is a major public health concern that can explain a proportion of fractures in children. Osteogenesis imperfecta (OI) is the most common inherited syndrome that predisposes to skeletal fractures. We conducted a retrospective analysis of data from clinical, laboratory, and radiographic information from children evaluated for child abuse in which molecular testing for COL1A1 and COL1A2 genes was conducted. A total of 43 patients underwent molecular testing for OI. Pathogenic variants predicted to result in a mild form of OI were found in two patients (5%), both clinically suspected to have this diagnosis. None of the cases in whom OI molecular testing was ordered when maltreatment concerns were thought to be more likely (0/35) were identified to have pathogenic variants. After reviewing each individual case, the final diagnosis was child abuse for 34 cases (77%), and additional radiographic and laboratory studies did not identify any with inherited metabolic predisposition to fracture or rickets. We conclude that routine testing for OI in the setting of child abuse when no other suggestive clinical findings are present has a low yield. A careful review of the medical history and a detailed clinical evaluation help identify those at risk for genetic alterations.

Sexual Abuse

1. The disclosure experiences of male child sexual abuse survivors


ABSTRACT: This article explores the diversity in the disclosure process of male survivors of child sexual abuse. Disclosure is a complex process for victims of both genders, however masculine norms and stereotypes have contributed to an environment that often negates the experiences of men. The disclosure process of 17 adult male survivors of child sexual abuse was explored using transcripts of telephone interviews. A combination of two qualitative methodologies, the phenomenological method and interpretive description approach, was used to analyze this secondary data. The results indicated that the majority of the men in the study waited until adulthood to disclose their abuse, with negative stereotypes contributing to their delayed disclosures. In terms of specific experiences with disclosure, the participants found they received both positive and negative responses. These results were consistent with the literature.


Emotional Abuse & Neglect

1. Childhood emotional maltreatment as a robust predictor of suicidal ideation: A 3-year multi-wave, prospective investigation


ABSTRACT: Despite literature suggesting a relationship between child maltreatment and suicidal ideation, few studies have examined the prospective course of this relationship. The current study examined this relationship in a sample of 682 community youth who were followed over the course of 3 years. Repeated measures of suicidal ideation, emotional maltreatment, and depressive symptom severity were examined in multi-wave path analysis models. Overall, results suggest that emotional maltreatment over time contributes uniquely to the prospective prediction of suicidal ideation, even when controlling for age, previous suicidal ideation, biological sex, and depression symptom severity. Unlike previous studies that have only measured emotional maltreatment at one-time point, the current study demonstrates that emotional maltreatment contributes unique risk to suicidal ideation prospectively among youth. Results speak to the importance of examining emotional maltreatment and suicidal ideation within prospective models of risk and suggest that emotional maltreatment is a robust predictor of suicidal ideation, over and above history of suicidal ideation and depression.

Outcomes

1. Prevalence and predictors of Axis I disorders in a large sample of treatment-seeking victims of sexual abuse and incest


BACKGROUND: Childhood sexual abuse (CSA) is a common occurrence and a robust, yet non-specific, predictor of adult psychopathology. While many demographic and abuse factors have been shown to impact this relationship, their common and specific effects remain poorly understood.

OBJECTIVES: This study sought to assess the prevalence of Axis I disorders in a large sample of help-seeking victims of sexual trauma, and to examine the common and specific effects of demographic and abuse characteristics across these different diagnoses.

METHOD: The participants were attendees at four treatment centres in Denmark that provide psychological therapy for victims of CSA (N=434). Axis I disorders were assessed using the Millon Clinical Multiaxial Inventory-III (MCMI-III). Multivariate logistic regression analysis was used to examine the associations between CSA characteristics (age of onset, duration, number of abusers, number of abusive acts) and 10 adult clinical syndromes.

RESULTS: There was significant variation in the prevalence of disorders and the abuse characteristics were differentially associated with the outcome variables. Having experienced sexual abuse from more than one perpetrator was the strongest predictor of psychopathology.

CONCLUSIONS: The relationship between CSA and adult psychopathology is complex. Abuse characteristics have both unique and shared effects across different diagnoses.

2. Maltreatment history as persistent risk: An extension of Li and Godinet (2014)


ABSTRACT: Using individual growth curves with mixed models, this study examined the influence of maltreatment on the trajectories of both internalizing and externalizing behavioral problems from early childhood (age 4) to late adolescence/emerging adulthood (age 16) in the LONGSCAN samples of children with early maltreatment exposure or early risk for maltreatment. Maltreatment reports for each child were used to create a time-varying predictor, which was assessed on an ongoing basis in the LONGSCAN study. Child/youth emotional and behavioral problems were measured at ages 4, 6, 8, 10, 12, 14, and 16 using the Child Behavior Checklist. Maltreatment allegations significantly predicted subsequent trajectories of both internalizing and externalizing problems. For both types of problems, the effect of repeated maltreatment was on the rate of change (the trajectory), and in the case of externalizing problems, this effect grew more pronounced through age 16. Although behavioral problems may not be seen in younger children who experience maltreatment, these children are at ongoing risk for such problems as they grow older, and this risk is either maintained through adolescence (in the case of internalizing problems) or increases in strength through adolescence (in the case of externalizing problems). Maltreatment history is a persistent risk factor for child outcomes through
adolescence. Assessment for recent maltreatment, as well as for earlier history of maltreatment, in adolescent children would improve treatment and service plans for children with behavioral and emotional problems through adolescence.

http://dx.doi.org/10.1016/j.childyouth.2016.03.003

Intervention & Prevention

1. Reunification in intrafamilial child abuse cases: A model for intervention


ABSTRACT: In response to a growing number of requests to help reunify parents and children separated by allegations of child abuse, we developed a model for intervention informed by clinical experience, feedback from clients and professionals, and insights from a growing body of interdisciplinary literature. This article presents a retrospective analysis of 29 intrafamilial cases describing the intervention, outcomes, and problems presented by these challenging situations. The safety and protection of the child was the paramount consideration in determining success, whether or not reunification was achieved. Using informal follow-up data, 24 of the 29 cases were categorized as successful, 21 resulted in full or partial reunification, and 3 cases resulted in the voluntary or court-ordered withdrawal of an accused father believed to pose a risk to the child. In 5 cases, the nonaccused parent thwarted efforts at reunification, and the case returned to the court of relevant jurisdiction.

http://dx.doi.org/10.1111/fcre.12219

2. Professional and youth perspectives on higher education-focused interventions for youth transitioning from foster care


ABSTRACT: Youth transitioning from foster care to adulthood access and succeed in college at much lower rates than the general population. A variety of services exist to support youth with their postsecondary goals, but few if any have evidence for their effectiveness. As part of a National Institute on Drug Abuse-funded intervention development project to design Fostering Higher Education, a structured, testable postsecondary access and retention intervention for youth transitioning from foster care to adulthood, focus groups were conducted with community stakeholders to collect recommendations for how to most effectively structure the intervention. Analyses of focus group findings resulted in four theme groups: (1) general recommendations for intervention development; (2) recommendations for an educational advocacy intervention component; (3) recommendations for a mentoring intervention component; and (4) recommendations for a substance abuse prevention intervention component. These themes offered a variety of important insights for developing interventions in a way that is usable for youth and feasible for communities to implement.
1. Photographing injuries in the acute care setting: Development and evaluation of a standardized protocol for research, forensics, and clinical practice


BACKGROUND: Photographing injuries in the acute setting allows for improved documentation as well as assessment by clinicians and others who have not personally examined a patient. This tool is important, particularly for telemedicine, tracking of wound healing, the evaluation of potential abuse, and injury research. Despite this, protocols to ensure standardization of photography in clinical practice, forensics, or research have not been published. In preparation for a study of injury patterns in elder abuse and geriatric falls, our goal was to develop and evaluate a protocol for standardized photography of injuries that may be broadly applied.

METHODS: We conducted a literature review for techniques and standards in medical, forensic, and legal photography. We developed a novel protocol describing types of photographs and body positioning for 8 body regions, including instructional diagrams. We revised it iteratively in consultation with experts in medical photography, forensics, elder, child, and domestic abuse. The resulting protocol requires a minimum of four photos of each injury at multiple distances with and without a ruler/color guide. To evaluate the protocol's efficacy, multiple research assistants without previous photography experience photographed injuries from a convenience sample of elderly patients presenting to a single large, urban, academic emergency department. A selection of these patients' images were then evaluated in a blinded fashion by four non-treating emergency medicine physicians and the inter-rater reliability between these physicians was calculated.

RESULTS: Among the 131 injuries, from 53 patients, photographed by 18 photographers using this protocol, photographs of 25 injuries (10 bruises, 7 lacerations, and 8 abrasions) were used to assess characterization of the injury. Physicians' characterizations of the injuries were reliable for the size of the injury (kappa=0.91; 95% CI 0.77, 1.00), side of the body (kappa=0.97; 95% CI 0.88, 1.00), precise location of the injury (kappa=0.74; 95% CI 0.63, 0.81), and type of abrasion (kappa=0.76; 95% CI 0.45, 1.00). The exact shape of the injury (kappa=0.44; 95% CI 0.17, 0.51) and the primary color of bruises (kappa=0.37; 95% CI 0.25, 0.48) were not as reliably characterized.

CONCLUSIONS: Standardizing the documentation of injuries with photographs for clinical and research assessment can be conducted by non-professional photographers. A photography protocol will ensure that this important mechanism for documentation is optimized.
2. The radiologist's role in child abuse: imaging protocol and differential diagnosis


**ABSTRACT:** Child abuse or nonaccidental trauma is a major problem worldwide; in Spain, there are about 12,000 victims per year. The detection of specific lesions or findings that are incongruent with the reported mechanism of trauma mean that radiologists are often the physician responsible for sounding the alarm in cases of abuse. The triad consisting of subdural hematoma, metaphyseal fracture, and posterior rib fractures is very characteristic of the battered child syndrome. The finding of acute and chronic lesions in the same patient is highly specific for nonaccidental trauma. Fractures of long bones in patients who have yet begun to walk should also alert to possible child abuse. Lesions that are highly specific for abuse, such as classic metaphyseal fractures or posterior rib fractures, can be difficult to demonstrate radiographically and are usually clinically occult. The American College of Radiology (ACR) protocols recommend obtaining three separate X-rays of each upper and lower limb. It is important to use X-ray systems that give high resolution images with low kilovoltage (50-70 kvp) and appropriate milliamperage. A skeletal survey consisting of a series of images collimated to each body region is recommended for all children under the age of two years in whom abuse is suspected. A follow-up skeletal survey about two weeks after the initial survey is useful for detecting new fractures and for assessing the consolidation of others, which helps in dating the lesions. Head injuries are the leading cause of death in abused children. Although computed tomography is the first neuroimaging technique in nonaccidental trauma, magnetic resonance imaging of the head can better characterize the lesions seen on computed tomography and can help to estimate the age of the lesions.

3. Exploring the acceptability of a clinical decision rule to identify paediatric burns due to child abuse or neglect


**OBJECTIVE:** An evidence based clinical decision rule (CDR) was developed from a systematic review and epidemiological study to identify burns due to child maltreatment (abuse or neglect). Prior to an implementation evaluation, we aim to explore clinicians' views of the CDR, the likelihood that it would influence their management and factors regarding its acceptability.

**METHODS:** A semistructured questionnaire exploring demographics, views of the CDR and data collection pro forma, ability to recognise maltreatment and likelihood of following CDR recommended child protection (CP) action, was administered to 55 doctors and nurses in eight emergency departments and two burns units. Recognition of maltreatment was assessed via four fictitious case vignettes.

**ANALYSIS:** Fisher's exact test and variability measured by coefficient of unalikeability.

**RESULTS:** The majority of participants found the CDR and data collection pro forma useful (45/55, 81.8%). Only five clinicians said that they would not take the action recommended by the CDR (5/54, 9.3%). Lower grade doctors were
more likely to follow the CDR recommendations \( (p=0.04) \) than any other grade, while senior doctors would consider it within their decision making. Factors influencing uptake include: brief training, background to CDR development and details of appropriate actions.

CONCLUSIONS: It is apparent that clinicians are willing to use a CDR to assist in identifying burns due to child maltreatment. However, it is clear that an implementation evaluation must encompass the influential variables identified to maximise uptake.

4. Multi-camera system for 3D forensic documentation


**ABSTRACT:** Three-dimensional (3D) surface documentation is well established in forensic documentation. The most common systems include laser scanners and surface scanners with optical 3D cameras. An additional documentation tool is photogrammetry. This article introduces the botscan(c) (botspot GmbH, Berlin, Germany) multi-camera system for the forensic markerless photogrammetric whole body 3D surface documentation of living persons in standing posture. We used the botscan(c) multi-camera system to document a person in 360 degrees. The system has a modular design and works with 64 digital single-lens reflex (DSLR) cameras. The cameras were evenly distributed in a circular chamber. We generated 3D models from the photographs using the PhotoScan(c) (Agisoft LLC, St. Petersburg, Russia) software. Our results revealed that the botscan(c) and PhotoScan(c) produced 360 degrees 3D models with detailed textures. The 3D models had very accurate geometries and could be scaled to full size with the help of scale bars. In conclusion, this multi-camera system provided a rapid and simple method for documenting the whole body of a person to generate 3D data with Photoscan(c).

5. The impact of child sexual abuse training for educators on reporting and victim outcomes: the Texas Educator Initiative.


**ABSTRACT:** Child sexual abuse recognition and intervention training requirements for educators are rapidly being adopted by states and school districts throughout the nation. There are a plethora of home-grown programs being used to meet these requirements, none of which have data to demonstrate an impact on child-protective behaviors or child sexual abuse reports, substantiations, or interventions.

Darkness to Light offers the Stewards of Children program, an evidence-informed child sexual abuse prevention, recognition, and intervention educator training available nationally. More than one million people, including 250,000 educators, have completed the Stewards of Children program. The training has been shown to change child-protective behaviors but, until now, Darkness to Light has not had the data necessary to demonstrate an impact on child sexual abuse reports, substantiations, or interventions in cases of abuse.
In October 2015, Darkness to Light conducted a one-year follow-up survey of 79,544 Texas educators who had taken the Stewards of Children training, alone or in tandem with Texas Mandated Reporter training, during the fall of 2014. The purpose of this survey was to determine if educators increased their reports of previously unrecognized child sexual abuse to authorities in the year after training.

In the year following training, educators increased their reports of child sexual abuse to authorities by 283% as compared with career averaged reports in the year prior to training. Texas Department of Family and Protective Services (DFPS) data was obtained to corroborate the results. An analysis of 2011 – 2015 data from DFPS allow for the possibility that there was increased reporting of cases of previously unrecognized abuse by educators from 2014 to 2015. More children were also substantiated as sexually abused during this time period.

The effectiveness of a training program such as Stewards of Children can be evaluated by whether more children receive intervention services as a result of that program. Intervention services have been shown to mitigate many of the negative effects of child sexual abuse. The data allow for the possibility that more children received intervention services in 2014 and 2015 as a result of the Texas Educator Initiative. This implies that the Stewards of Children program, alone or in tandem with Texas Mandated Reporter training, may be effective in creating positive outcomes for children.

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Reviews & Guidelines

1. The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis


ABSTRACT: Youth residing in out-of-home care settings have often been exposed to childhood trauma, and commonly report experiencing adverse outcomes after transitioning from care. This meta-analysis appraised internationally published literature investigating the impact of transitional programme participation (among youth with a baseline age of 15–24 years) on post-transition outcomes of housing, education, employment, mental health and substance use. A comprehensive search of sociology (e.g. ProQuest Sociology), psychology (e.g. PsycInfo) and health (e.g. ProQuest Family Health) electronic abstraction databases was conducted for the period 1990–2014. Search terms included ‘out-of-home care’, ‘transition’, ‘housing’, ‘education’, ‘employment’, ‘mental health’ and ‘substance use’. Nineteen studies, all from the United States, met the inclusion criteria and were included in the meta-analysis. Living independently and homelessness were the most commonly described housing outcomes. Rates of post-transition employment varied, while rates of post-secondary education were low. Depression and alcohol use were commonly reported among transitioning youth. Findings of the meta-analysis showed that attention should be given to the potential benefit of transitional programme participation on outcomes such as housing, employment and education. Moderator analyses showed that these benefits may differ based on study design, sample size and sampling unit, but not for mean age or...
gender. Detailed and rigorous research is needed internationally to examine the characteristics of transitional programmes resulting in more successful outcomes for youth, and whether these outcomes are sustained longitudinally.

2. Child maltreatment: a review of key literature in 2015

Newton, A. W. Curr Opin Pediatr Ahead of print [Epub 16/4/2016].

PURPOSE: This review addresses some of the more salient articles in the field of child maltreatment published in 2015, with a goal of helping the general practitioner understand the evolution of research in the field of child abuse pediatrics (a board-certified specialty since 2009).

FINDINGS: Researchers continue to refine the database for child abuse pediatrics. Several articles focus on the inconsistencies in approach to the evaluation of possible physical child abuse between hospitals and practitioners. Multiple researchers aim to develop a protocol that standardizes the response to findings of a sentinel injury, such as a rib fracture, abdominal trauma, or unexplained bruising in a nonambulatory infant. Professionals are also working to improve our understanding about the impact of trauma on children and how best to ameliorate its effects.

SUMMARY: With solid, evidence-based literature published on various topics in the field of child abuse pediatrics, experts work to refine and unify the clinician's approach to the evaluation of possible physical abuse.


3. Sexual health behaviors and outcomes among current and former foster youth: A review of the literature


ABSTRACT: This review examines literature related to pregnancy, sexual health outcomes, and sexual risk behaviors for foster youth and youth who are aging/have aged out of foster care. Using the search terms foster youth, aging out, pregnancy, sexually transmitted diseases, sexually transmitted infections, sexual risk, sexual behavior, and sexual health, 26,376 sources were initially identified. After removing duplicate sources and those that did not meet inclusion criteria and adding others identified through the references of identified sources, 53 sources were included in the review. Outcome measures were grouped into broad categories of pregnancy, sexually transmitted infections, and risky sexual behaviors, with each having several subparts. Implications for social work practice and policy are presented and directions for future research are highlighted.
Other

1. The complexities of cultural support planning for Indigenous children in and leaving out-of-home care: the views of service providers in Victoria, Australia


   ABSTRACT: Indigenous children and young people are over-represented at all stages of the Australian child protection system. Policy and legislative initiatives exist in the state of Victoria, Australia aiming to support the connection between Indigenous children and young people in state care and their culture and community. This exploratory research involved focus group consultations with seven child and family welfare agencies to investigate the impacts, barriers, benefits and limitations of cultural support planning for Indigenous young people in, and leaving care in, Victoria. Findings indicated that cultural planning was of value when it could be completed. However, various shortcomings of current systems were identified including limited resourcing of Aboriginal Community Controlled Organisations to generate plans and provide direct and secondary consultation services to implement plans, difficulty gathering information for plans and some Indigenous young people expressing disinterest in connecting to their culture and community. Complexities in the relationships between the Indigenous and non-Indigenous agencies that aimed to support Indigenous young people in care were also acknowledged. Participants identified a number of strategies to improve outcomes, such as facilitating better relationships between agencies, promoting opportunities for ongoing cultural training for staff in mainstream agencies and improving the resourcing of Aboriginal Community Controlled Organisations to deliver planning and to support cultural connections.

2. Baby steps: Understanding normal baby behaviour


   No abstract available.

3. The population’s confidence in the child protection system – A survey study of England, Finland, Norway and the United States (California)


   ABSTRACT: This article examines the confidence the population (N = 4,003) has in the child welfare system in four countries – England, Finland, Norway and the USA (California). We find that about half or less of the population reports having confidence in the system, which is slightly higher than the confidence in the civil servants in the same countries. The Nordic countries display more confidence in the child welfare system than the Anglo-American countries. The
similarity between the countries is, however, greater than anticipated. As for independent variables that can shed light on differences in confidence levels, we find three variables to be related to a higher confidence level, and these are a left wing political orientation, lower age, and higher education. This study contributes in filling a knowledge gap on studies about trust in the child welfare system, but we emphasize that we have studied an aspect of trust that rests on the population's impressions of a system, and not their substantial knowledge about, or identification with, this system.

4. Neurocognitive deficits in children and adolescents following maltreatment: Neurodevelopmental consequences and neuropsychological implications of traumatic stress


ABSTRACT: Childhood maltreatment is a significant risk factor for a host of psychiatric, developmental, medical, and neurocognitive conditions, often resulting in debilitating and long-term consequences. However, there is no available neuropsychological resource reviewing the literature on the associated neurocognitive deficits in children and adolescents. This review comprehensively examines the 23 prior studies that evaluated the intellectual, language, visual-spatial, memory, motor, and/or attention/executive functions in children and adolescents following an experience of childhood abuse and/or neglect. Neurocognitive impairments were frequently reported. Impairments in executive functions were the most frequent and severe reported impairments, although intelligence, language, visual-spatial skills, and memory are also at serious risk for compromised development following maltreatment. However, specific factors such as abuse/neglect duration, severity, type, and timing during development were all associated with neurocognition. This indicates that these factors are of greater importance than just the presence of abuse/neglect in identifying risk for neurocognitive compromise. Such neurocognitive deficits appear to be a consequence to the known neurobiological and brain development abnormalities of this population, suggesting traumatic stress can be a potential cause of neurodevelopmental disorders. These findings have critical implications for the clinical practice and research involving children following childhood maltreatment and other types of traumatic stress.

Statewide Child Protection Clinical Partnership

Update

CPA – CPLO Workshop

Just a reminder that registrations are open for the upcoming CPA-CPLO Workshop on 16-17 June at the Brisbane Convention and Exhibition Centre. If you are a CPA or CPLO, you can register online using the following link:


The workshop program is nearly finalised and there are a range of innovative sessions around the theme of ‘A careful balance: Minimising risk and maximising safety in child protection’ which we hope will provide learning opportunities for everyone. As with the past couple of years, the days will have both plenary and concurrent sessions, which allow for professional streams to have time together to focus on role specific matters.

Other SCPCP activities

The SCPCP continues to advocate through various consultation processes to ensure a clinical child protection health perspective is a strategic consideration. Sub-groups are continuing to progress various pieces of work – thank you to those who have recently joined the Reporting sub-group. That group has met again with a number of new members and work has started on the development of a resource to support quality report writing.

In other activities, at the recent Steering Committee meeting, it was agreed that the development of some guidance focusing on Health obligations around contact orders would have benefit across the State. A small group will come together over the next month to progress this.

If you have any queries about the work of the Partnership, please email:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au

Dr Ryan Mills
Clinical Chair
## Events

### May – June 2016

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| **17** | Pushed, pulled and ignored: Exploring messages from research into children and young people’s research into child sexual exploitation  
UK |
| **17** | Technology, children and families  
SA |
| **18-20** | Australian and New Zealand Addiction Conference  
QLD |
| **19-20** | VICSERV Mental Health Conference  
VIC |
| **23-24** | Child Aware Approaches Conference  
QLD |
| **25-26** | Connections Uniting Care Conference - Making lives better  
QLD |

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| **6-10** | Second Biennial International Childhood Trauma Conference  
VIC |
| **13-15** | Centre for Research on Families and Relationships : Unequal families and relationships Conference  
[http://www.cfr.ac.uk/international-conference-2016/](http://www.cfr.ac.uk/international-conference-2016/) | Edinburgh  
SCO |
| **16-17** | CPA – CPLO Annual Workshop  
Brisbane Convention & Exhibition Centre  
For more info, refer to page 1 of this newsletter | Brisbane  
QLD |
| **21-23** | Violence Intervention and Prevention Summit  
USA |
| **22** | 8th World Congress of Behavioural and Cognitive Therapies  
VIC |
| **27** | Leeds- Learning from Experts-by-Experience, working with parents who have mental health problems  
UK |
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   http://www.d2l.org/atf/cf/%7B64af78c4-5eb8-45aa-bc28-f7ee2b581919%7D/THE%20IMPACT%20OF%20CSA%20TRAINING%20FOR%20EDUCATORS.PDF

