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Introduction

Welcome to the *Queensland Child Protection Newsletter*. This newsletter is a joint initiative of the Child Protection and Forensic Medical Service of the Lady Cilento Children’s Hospital (LCCH) under Children’s Health Queensland and the Statewide Child Protection Clinical Partnership (SCPCP). This newsletter includes research updates and other relevant resources in support of best practice in Child Protection, and further serves a communication pathway for news and updates from the SCPCP.

Each monthly edition of this newsletter is also available via the *Child Protection Library Guide* at: [http://cairns.health.qld.libguides.com/childprotection](http://cairns.health.qld.libguides.com/childprotection).

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
Editorial

Dear Colleagues,

We have been benefiting from the excellent resource provided by the “Child Protection Newsletter” for a number of years now. Recently, Laura Koopmans and I discussed the idea of drawing attention to a “clinical highlight” from the extensive child protection literature that is summarised each month. I offered to try my hand at it this month, and if it’s well received we could look at rotating the task among Queensland’s Child Protection Advisors.

This month, I consider the clinical highlight to be the supplementary issue of *Pediatric Radiology* (Vol 44, Issue 4 Supplement) focused on abusive head trauma (AHT). The contents are 15 relatively short and user-friendly review articles that provide a summary of the current expert consensus in many aspects of AHT.

What I found especially pleasing was that the range of articles is very useful and accessible for a general paediatric audience. The scope extends well beyond technical aspects of radiology, with articles covering topics such as:

- Clinical diagnosis of AHT (*Leventhal et al, pp 537-542*). This article contains some pertinent points about the paediatrician’s approach to the parents and history taking in suspected maltreatment.
- A useful summary of controversial alternative causation theories in AHT, with the rebutting expert consensus presented quite even-handedly (*Jenny, pp 543-547*).
- A discussion of normal infant crying and its role in AHT, with mention of some of the better-studied AHT prevention programs (*Barr, pp 559-564*).
- Retinal haemorrhages (*Binenbaum and Forbes, pp 571-577*).
- Injury mechanisms in AHT (*Nadarasa et al, pp 565-570*); An article that contains a good summary of current biomechanical understandings of shaking.
- Outcomes following AHT (*Chevingnard and Lind, pp 548-558*).
- Spinal injuries in AHT (*Kemp et al, pp 604-612*).
- Skeletal injuries often associated with AHT (*Barber and Kleinman, pp 613-620*).
- Several other articles approaching AHT from perspectives including pathology, epidemiology, and medicolegal practice.

One thing I found quite reassuring was that while the contributions in the journal were clearly very expert, most of the topics had previously been canvassed and well presented in Queensland’s various child protection education forums such as the CP Telehealth, CPA/CPLO Workshop, and the Mater Child Protection Conference. Nevertheless, this is a very useful set of expert reviews, and I’m quite sure that as a non-tertiary CPA I will be referring to it often in the future.

**Dr Ryan Mills**  
Child Protection Advisor, Logan Hospital  
Clinical Chair, Statewide Child Protection Clinical Partnership
Research Update

Abusive Head Trauma

1. Pediatric Radiology 44 (Supplement 4): 535-659
   http://link.springer.com/journal/247/44/4/suppl/page/1
   Note: Full text available via library walk-in access only, or through document delivery via your HHS library service

Pediatric Radiology dedicated a special issue on Abusive Head Trauma (AHT) in December, which includes 15 articles addressing current issues around AHT imaging and diagnosis, injury mechanisms, associated injuries, risk factors, long-term outcomes and international issues regarding AHT:

1. Imaging in abusive head trauma: An in-depth look at current issues (Editorial). Adamsbaum, C. & Barr, M.
   http://download.springer.com/static/pdf/7/art%253A10.1007%252Fs00247-014-3069-y.pdf?auth66=1421736472_7193e45d681aece80511b971be8a45&ext=.pdf
3. Alternate theories of causation in abusive head trauma: What the science tells us. Jenny, C.
4. Long-term outcome of abusive head trauma. Chevignard, M.P & Lind, K.
5. Crying as a trigger for abusive head trauma: A key to prevention. Barr, R.G.
7. The eye in child abuse: Key points on retinal hemorrhages and abusive head trauma. Binenbaum, G. & Forbes, B.J.
8. Dating the abusive head trauma episode and perpetrator statements: Key points for imaging. Adamsbaum, C. et al.
9. Imaging abusive head trauma: Why use both computed tomography and magnetic resonance imaging? Vázquez, E. et al.
11. Imaging of skeletal injuries associated with abusive head trauma. Barber, I. & Kleinman, P.K.
13. Distinguishing accidental from inflicted head trauma at autopsy. Case, M.E.
14. Epidemiological data on shaken baby syndrome in France using judicial sources. Turtz, A. & Cook, J.M.
2. Development of a computational biomechanical infant model for the investigation of infant head injury by shaking


SUMMARY: The inertial loading thresholds for infant head injury are of profound medico-legal and safety-engineering significance. Injurious experimentation with infants is impossible, and physical and computational biomechanical modelling has been frustrated by a paucity of paediatric biomechanical data. This study describes the development of a computational infant model (MD Adams(R)) by combining radiological, kinematic, mechanical modelling and literature-based data. Previous studies have suggested the neck as critical in determining inertial head loading. The biomechanical effects of varying neck stiffness parameters during simulated shakes were investigated, measuring peak translational and rotational accelerations and rotational velocities at the vertex. A neck quasi-static stiffness of 0.6 Nm/deg and lowest rate-dependent stiffness predisposed the model infant head to the highest accelerations. Plotted against scaled infant injury tolerance curves, simulations produced head accelerations commensurate with those produced during simulated physical model shaking reported in the literature. The model provides a computational platform for the exploitation of improvements in head biofidelity for investigating a wider range of injurious scenarios. http://www.ncbi.nlm.nih.gov/pubmed/25550310

Physical Abuse

1. Patterns of bruising in preschool children: A longitudinal study


http://adc.bmj.com/content/early/2015/01/14/archdischild-2014-307120.full.pdf+html?sid=76606176-76eb-4b77-afcc-0504aeabdbe4

INTRODUCTION: This study aims to identify the prevalence and pattern of bruises in preschool children over time, and explore influential variables. METHODS: Prospective longitudinal study of children (<6 years) where bruises were recorded on a body chart, weekly for up to 12 weeks. The number and location of bruises were analysed according to development. Longitudinal analysis was performed using multilevel modelling. RESULTS: 3523 bruises recorded from 2570 data collections from 328 children (mean age 19 months); 6.7% of 1010 collections from premobile children had at least one bruise (2.2% of babies who could not roll over and 9.8% in those who could), compared with 45.6% of 478 early mobile and 78.8% of 1082 walking child collections. The most common site affected in all groups was below the knees, followed by 'facial T' and head in premobile and early mobile. The ears, neck, buttocks, genitalia and hands were rarely bruised (<1% of all collections). None of gender, season or the level of social deprivation significantly influenced bruising patterns, although having a sibling increased the mean number of bruises. There was considerable variation in the number of bruises recorded between different children which increased with developmental stage and was greater than the variation between numbers of bruises in collections from the same child over time. CONCLUSIONS: These data should help clinicians understand the patterns of
everyday bruising' and recognise children who have an unusual numbers or distribution of bruises who may need assessment for physical abuse or bleeding disorders.

2. Rickets or abuse? A histologic comparison of rickets and child abuse-related fractures

Kepron, C. and M. S. Pollanen Forensic Sci Med Pathol. Ahead of print [Epub 04/01/2015].

PURPOSE: The bone changes of vitamin D deficiency rickets have been invoked as an alternate explanation for child-abuse related fractures identified through medical imaging. The lack of modern histopathologic comparisons between these two entities limits the abilities of the forensic pathologist to address this differential diagnosis, both in their autopsy reports and on the witness stand. METHODS: We report a comparison of the histologic appearance of the bones in a two year old child with vitamin D deficiency rickets with fractures occurring in three young children with child abuse. RESULTS: In the case of rickets, there was marked architectural disorganization of endochondral ossification at the costochondral junctions and growth plates of long bones. The child abuse-related fractures showed osteochondral callus at different stages of healing, either centered on a discrete fracture line or at metaphyses (e.g. classical metaphyseal lesions). In many instances, the healing fractures disrupted the line of endochondral ossification. In none of the child abuse-related fractures was there any similarity to the histologic appearance of rickets. CONCLUSION: The maturation disturbance in the growth plate that occurs in rickets is a distinctive entity that cannot be confused histologically with healing fractures, including the classical metaphyseal lesion. http://www.ncbi.nlm.nih.gov/pubmed/25557084

3. High incidence of occult, serious injury in possibly-abused infants presenting with isolated bruising


No abstract available.


4. Radiographic skeletal survey for non-accidental injury: Systematic review and development of a national New Zealand protocol


INTRODUCTION: Clinically occult fractures from non-accidental injury (NAI) are best detected on radiographic skeletal survey. However, there are regional variations regarding the views included in such surveys. We undertook a systematic review of the evidence supporting skeletal survey protocols to design a protocol that could be implemented across New Zealand. METHODS: In June 2013, we searched Medline, Google Scholar, the Cochrane database, UpToDate and relevant reference lists for English-language publications on skeletal survey in NAI from 1946. We included publications that contained a protocol or
reported evidence supporting including, or excluding, specific views in a skeletal survey. All included publications were critically appraised. Based on this systematic review, a draft protocol was developed and presented to an Australian and New Zealand Society for Paediatric Radiology NAI symposium in October 2013. Feedback from the symposium and later discussions was incorporated into the final protocol.

RESULTS: We identified 2 guidelines for skeletal survey, 13 other protocols and 15 articles providing evidence for inclusion of specific images in a skeletal survey. The guidelines scored poorly on critical appraisal of several aspects of their methods. We found no studies that validate any of the protocols or compare their performance. Evidence supporting inclusion in a skeletal survey is limited to ribs, spine, pelvis, hands and feet, and long bone views. Our final protocol is a standardised, two-tiered protocol consisting of between 17 and 22 views. CONCLUSION: A standardised protocol for radiographic skeletal survey protocol has been developed in New Zealand. We present it here for consideration by others.


5. Development of hospital based guidelines for skeletal survey in young children with bruises


OBJECTIVE: To develop guidelines for performing an initial skeletal survey (SS) for children <24 months of age presenting with bruising in the hospital setting, combining available evidence with expert opinion. METHODS: Applying the Rand/UCLA Appropriateness Method, a multispecialty panel of 10 experts relied on evidence from the literature and their own clinical expertise in rating the appropriateness of performing SS for 198 clinical scenarios characterizing children <24 months old with bruising. After a moderated discussion of initial ratings, the scenarios were revised. Panelists re-rated SS appropriateness for 219 revised scenarios. For the 136 clinical scenarios in which SS was deemed appropriate, the panel finally assessed the necessity of SS. RESULTS: Panelists agreed that SS is "appropriate" for 62% (136/219) of scenarios, and "inappropriate" for children >/=12 months old with nonpatterned bruising on bony prominences. Panelists agreed that SS is "necessary" for 95% (129/136) of the appropriate scenarios. SS was deemed necessary for infants <6 months old regardless of bruise location, with rare exceptions, but the necessity of SS in older children depends on bruise location. According to the panelists, bruising on the cheek, eye area, ear, neck, upper arm, upper leg, hand, foot, torso, buttock, or genital area necessitates SS in children <12 months. CONCLUSIONS: The appropriateness and necessity of SS in children presenting for care to the hospital setting with bruising, as determined by a diverse panel of experts, depends on age of the child and location of bruising. http://www.ncbi.nlm.nih.gov/pubmed/25601982
Sexual Abuse

1. O'Keeffe v Ireland: The liability of states for failure to provide an effective system for the detection and prevention of child sexual abuse in education


SUMMARY: In O'Keeffe v Ireland, the Grand Chamber of the European Court of Human Rights found that Ireland failed to protect the applicant from sexual abuse suffered as a child in an Irish National School in 1973 and violated her rights under Article 3 (prohibition of inhuman and degrading treatment) and Article 13 (right to an effective remedy) of the European Convention on Human Rights. This note argues that the decision is important in expanding the Court's jurisprudence regarding positive obligations under Article 3 to child sexual abuse in a non-state setting where there was no knowledge of a 'real and immediate' risk to the applicant. It also argues that the case raises concerns about the Court's methodology for the historical application of the Convention and about the interaction of Article 3 positive obligations with vicarious liability in common law tort regimes. [http://dx.doi.org/10.1111/1468-2230.12110](http://dx.doi.org/10.1111/1468-2230.12110)

2. Standards to prevent, detect, and respond to sexual abuse and sexual harassment involving unaccompanied children. Interim final rule (IFR)


SUMMARY: This IFR proposes standards and procedures to prevent, detect, and respond to sexual abuse and sexual harassment involving unaccompanied children (UCs) in ORR’s care provider facilities.

DATES: This IFR is effective on December 24, 2014. ORR care provider facilities must be in compliance with this IFR by June 24, 2015 but encourages care provider facilities to be in compliance sooner, if possible. HHS will work with facilities to implement and enforce the standards contained in this rule. Comments on this IFR must be received on or before February 23, 2015. [http://www.ncbi.nlm.nih.gov/pubmed/25546883](http://www.ncbi.nlm.nih.gov/pubmed/25546883)

3. The public health crisis of child sexual abuse in low and middle income countries: An integrative review of the literature


PURPOSE: Theoretical and empirical studies conducted to ascertain the incidence and characteristics of child sexual abuse (CSA) in developing countries around the world are inconsistent and poorly synthesized. In order to prevent and respond to these heinous acts, clinicians and policymakers require a substantive body of evidence on which to base interventions and treatment programs. The purpose of this study is to conduct an integrative review of the literature concerning CSA in non-industrialized nations.
Ultimately, this evidence could be used to drive research and policy implementation in this area. METHODS: An integrative literature review of publications identified through a comprehensive search of five relevant databases (PubMed, CINAHL, EMBase, PsycINFO, and Web of Science) regarding the incidence and characteristics of all forms of child sexual assault in low and middle-income countries (LMICs) since 1980. Independent and collective thematic assessment and analysis was utilized to identify major concepts of the phenomenon. FINDINGS: Forty-four articles were identified. These represented 32 separate low or middle-income countries. More studies were identified in low-income countries, and there was a disproportional distribution of studies conducted on regions of the world. CSA has been identified at all levels of society in nearly every region and continent of the world. It is being falsely perceived as a new phenomenon in some developing countries, most likely as a result of increases in CSA reporting. Researching and discussing CSA is difficult because of the sensitive and taboo nature of the topic. Four major themes emerged including difficulty of accurate measurement, barriers to reporting, barriers to justice, and the false perception of CSA as a new phenomenon. Themes of early marriage, human trafficking, sexual coercion and forced first sex, and males as victims have been identified as characteristics and topics placing individuals at risk for CSA. Poverty and its resultant social or family strain are exacerbating factors to CSA. CONCLUSIONS: There is inadequate representation of CSA research in LMICs, and an increasing awareness that sexual abuse of children is an endemic threat to the health and safety of children worldwide. This review lays the foundation for an array of further areas of analysis to explore the expanse of unanswered questions that remain regarding the phenomena of CSA in low and middle-income countries. CLINICAL RELEVANCE: Healthcare workers hold a unique position and responsibility for identifying and responding to CSA.

Emotional Abuse & Neglect

1. Child neglect and onset of substance use disorders among child welfare-involved adolescents


SUMMARY: In relation to child abuse, child neglect has been understudied even though it is more common and causes at least as much harm. While child maltreatment (in a single category) has been linked to substance use disorders (SUD), and while child abuse alone (without neglect) has been linked to SUD, it remains unclear whether differences exist in the link between SUD and child abuse alone (without neglect) versus SUD and child neglect alone (without abuse). Utilising the National Survey of Child and Adolescent Well-Being II (NSCAW II, 2014): Wave I – 2008–09; Wave II – 18 months later: N=5872), we used logistic regression to longitudinally assess whether past-year abuse versus past-year neglect in Wave I are equally influential in predicting newly diagnosed substance dependence in Wave II (among youth without SUD in Wave I). After adjusting for several factors, we found that past-year child neglect in Wave I was a significant predictor of newly diagnosed substance dependence in Wave II among youth who did not have SUD in Wave I. Other forms of youth maltreatment were unrelated. The findings suggest that child welfare and substance
abuse professionals could pay special attention to youth with past-year neglect in order to help prevent the emergence of new substance dependence disorders.  

http://dx.doi.org/10.1002/car.2372

Case Reports

1. Unexplained facial scar: child abuse or ehlers-danlos syndrome?

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4264297/?report=classic

CONTEXT: Child abuse is a serious problem, and its physical manifestations can be mimicked by certain diseases and conditions. These conditions can include genetic, congenital and other disorders that may result in poor weight gain, bone fractures or skin lesions that look like bruises or burns. CASE REPORT: This paper reports the case of a seven-year-old girl with Ehlers-Danlos Syndrome (EDS), which was misdiagnosed as child abuse. This child was referred to us for treatment of an unexplained facial scar that was alleged to be the result of child abuse. CONCLUSION: When unusual skin presentations are observed, dermatologists should consider the possibility of child abuse to protect the child. Furthermore, they should be aware of the cutaneous abnormalities that mimic injuries associated with abuse to avoid the unnecessary reporting of child abuse.

2. Sock-line hyperpigmentation in infancy
Forde, K. and M. Glover Arch Dis Child Ahead of print [Epub 30/12/2014].

http://adc.bmj.com/content/early/2014/12/30/archdischild-2014-307591.full.pdf+html

No abstract available.

Outcomes

1. Children's academic achievement and foster care

http://pediatrics.aappublications.org/content/135/1/e109.full.pdf+html

OBJECTIVES: Poor school outcomes for children in out-of-home placement (OHP) raise concerns about the adequacy of child welfare and educational policy for this vulnerable population. We analysed the relation between OHP and academic achievement, focusing on reading and math achievement in grades 3 through 8. METHODS: Linked administrative data were used for our analytic sample comprising 529 597
child-year observations for 222,049 children who experienced OHP or were in a comparison group. Three models were estimated: a pooled ordinary least squares regression that considered placement status and test scores net of the full set of control variables; an identical model that added the previous year’s test scores as an additional control; and a final model that included child-specific fixed effects. RESULTS: Children in OHP settings had achievement test scores at least 0.6 SD below average. However, we found similar deficits across children with past, current, and future exposure to OHP and, in our preferred model, OHP (past, current, or future placement) had no statistically discernible relation with either reading or math achievement. CONCLUSIONS: OHP by itself is not significantly related to school achievement; however, evidence reveals consistently low average math and reading achievement among children involved with Child Protective Services.

2. Child maltreatment and children’s developmental trajectories in early to middle childhood
Font, S. A. and L. M. Berger Child Dev Ahead of print [17/12/2014].

SUMMARY: Associations between experiencing child maltreatment and adverse developmental outcomes are widely studied, yet conclusions regarding the extent to which effects are bidirectional, and whether they are likely causal, remain elusive. This study uses the Fragile Families and Child Wellbeing Study, a birth cohort of 4,898 children followed from birth through age 9. Hierarchical linear modeling and structural equation modeling are employed to estimate associations of maltreatment with cognitive and social-emotional well-being. Results suggest that effects of early childhood maltreatment emerge immediately, though developmental outcomes are also affected by newly occurring maltreatment over time. Additionally, findings indicate that children's early developmental scores predict their subsequent probability of experiencing maltreatment, though to a lesser extent than early maltreatment predicts subsequent developmental outcomes. [http://dx.doi.org/10.1111/cdev.12322]

3. Borderline personality disorder and childhood maltreatment: a genome-wide methylation analysis

SUMMARY: Early life adversity plays a critical role in the emergence of borderline personality disorder (BPD) and this could occur through epigenetic programming. In this perspective, we aimed to determine whether childhood maltreatment could durably modify epigenetic processes by the means of a whole-genome methylation scan of BPD subjects. Using the Illumina Infinium(R) HumanMethylation450 BeadChip, global methylation status of DNA extracted from peripheral blood leucocytes was correlated to the severity of childhood maltreatment in 96 BPD subjects suffering from a high level of child adversity and 93 subjects suffering from major depressive disorder (MDD) and reporting a low rate of child maltreatment. Several CpGs within or near the following genes (IL17RA, miR124-3, KCNQ2, EFNB1, OCA2, MFAP2, RPH3AL, WDR60, CST9L, EP400, A2ML1, NT5DC2, FAM163A, SPSB2) were found to be differently methylated, either in BPD compared to MDD or in relation to the severity of childhood maltreatment. A highly
A relevant biological result was observed for cg04927004 close to miR124-3 that was significantly associated with BPD and severity of childhood maltreatment. miR124-3 codes for a microRNA (miRNA) targeting several genes previously found to be associated with BPD such as NR3C1. Our results highlight the potentially important role played by miRNAs in the etiology of neuropsychiatric disorders such as BPD and the usefulness of using methylome-wide association studies to uncover such candidate genes. Moreover, they offer new understanding of the impact of maltreatments on biological processes leading to diseases and may ultimately result in the identification of relevant biomarkers. [17]

4. Recalled maltreatment, migraine, and tension-type headache: Results of the AMPP study


**OBJECTIVES:** To examine the relationship of recalled adverse childhood experiences (ACEs) with migraine and episodic tension-type headache (ETTH). Methods: We conducted a cross-sectional analysis of ACEs among 2007 American Migraine Prevalence and Prevention Study survey respondents with ETTH and migraine. We modeled headache type using logistic regression adjusting for sociodemographic variables (age, race, sex, income), depression, and anxiety, and headache day frequency using ordinal logistic regression with a proportional odds model. Results: Participants had migraine (n = 8,305) or ETTH (n = 1,429). Rates of ACEs were significantly higher among respondents with migraine than ETTH for emotional neglect (24.5% vs 21.5%), emotional abuse (22.5% vs 16.7%), and sexual abuse (17.7% vs 13.3%). Odds of migraine vs ETTH were significantly higher for those reporting emotional neglect (odds ratio [OR] = 1.23, 95% confidence interval [CI] 1.07–1.42), emotional abuse (OR = 1.46, 95% CI 1.25–1.71), or sexual abuse (OR = 1.35, 95% CI 1.11–1.62) when adjusted for sociodemographics. Results remained significant only for emotional abuse when adjusting for depression and anxiety (OR = 1.33, 95% CI 1.13–1.57). Odds of migraine were higher with 2 (OR 1.52, 95% CI 1.25–1.86) vs 1 (OR 1.17, 95% CI 1.00–1.36) ACE, which held after adjusting for depression and anxiety. All forms of maltreatment were associated with higher headache day frequency category in migraine but results lost significance after adjusting for depression and anxiety. Conclusions: ACEs are associated with a higher risk of migraine vs ETTH. Attenuation of the influence of ACEs by depression and anxiety suggests confounding or mediation, although results for emotional abuse were generally maintained.

[http://www.neurology.org/content/early/2014/12/24/WNL.0000000000001120.abstract](http://www.neurology.org/content/early/2014/12/24/WNL.0000000000001120.abstract)
Prevention and Intervention

1. Effects of parenting programs on child maltreatment prevention: A meta-analysis


SUMMARY: The objective of this study is to evaluate the effectiveness of parenting programs in reducing child maltreatment and modifying associated factors as well as to examine the moderator variables that are linked to program effects. For this meta-analysis, we searched nine electronic databases to identify randomized controlled trials published before September 2013. The effect sizes of various outcomes at different time points were computed. From the 3,578 studies identified, we selected 37 studies for further analysis. The total random effect size was 0.296. Our results showed that parenting programs successfully reduced substantiated and self-reported child maltreatment reports and reduced the potential for child maltreatment. The programs also reduced risk factors and enhanced protective factors associated with child maltreatment. However, the effects of the parenting programs on reducing parental depression and stress were limited. Parenting programs produced positive effects in low-, middle-, and high-income countries and were effective in reducing child maltreatment when applied as primary, secondary, or tertiary child maltreatment intervention. In conclusion, parenting programs are effective public health approaches to reduce child maltreatment. The evidence-based service of parenting programs could be widely adopted in future practice. http://www.ncbi.nlm.nih.gov/pubmed/25573846

2. Attachment interventions with foster and adoptive parents: A systematic review


SUMMARY: Children who have been adopted or fostered are at high risk of experiencing interpersonal difficulties and placement breakdown may occur if these difficulties are not addressed through interventions. The aim of this review was to identify the impact of attachment interventions with foster and adoptive parents on children’s behavioural, emotional and relational functioning. A systematic search process was undertaken; electronic databases were searched; key journals were hand searched; reference lists of included articles were searched; and authors who have published work in the field were contacted. Ten studies met the inclusion criteria. There is some evidence to support the positive impact of these interventions for children, particularly young children aged six months to six years. However, overall, the studies were of relatively poor methodological quality, making conclusions about the efficacy of these interventions difficult. Further research is therefore required to draw clearer conclusions about the impact of attachment interventions for fostered and adopted children. http://dx.doi.org/10.1002/car.2313
3. Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial


**SUMMARY:** Over the past 20 years, jurisdictions across the United States have implemented differential response (DR), which provides child protective services with the flexibility to tailor their response to reports of child abuse or neglect based on the level of risk. Given the widespread adoption of DR, there has been an increasing demand from policymakers, practitioners, and community stakeholders to build the evidence base for this innovative child welfare approach. This study was designed to answer the big questions regarding the effect of differential response on child welfare outcomes and costs using a randomized controlled trial in five Colorado counties. Specifically, the study examined the safety outcomes and costs of families who were randomly assigned to either a family assessment response (FAR) or an investigation response (IR). According to the regression results, there were no differences between the tracks on measures of system re-involvement. However, survival analysis findings indicate that FAR families were 18% less likely, over time, to have a high risk assessment after their initial accepted referral than were IR families. The cost study revealed no differences between the tracks on initial costs for caseworker contacts, services, and out-of-home placements. However, the results suggest that follow-up costs for IR cases were significantly higher (p < 0.001) than for FAR cases. The authors discuss policy and practice implications for jurisdictions considering DR.

Child Protection Professionals

1. Differential response family assessments: Listening to what parents say about service helpfulness


**SUMMARY:** An increasing number of Child Protective Services (CPS) systems are implementing Differential Response (DR) approaches in which lower-risk families are served through a family assessment response that emphasizes a family centered approach and the provision of concrete and preventative services. Quantitative survey data collected from parents suggests that those who receive family assessments are more engaged, receive more concrete services, and have higher overall satisfaction than those who receive a traditional investigation; yet little is known about which services provided through a family assessment are most helpful to parents. This qualitative study sought input from 20 parents who received a DR family assessment response in order to provide an in-depth analysis of which aspects of their CPS experience they perceived as most helpful. Results suggest that a positive and emotionally supportive
relationship with the caseworker was of utmost significance. Other caseworker-provided services were described as helpful, particularly those that helped parents establish or improve relationships with others, including advocacy with other service providers, mediation of family disagreements, and coaching on parenting or relationship skills. Material support, such as providing cash assistance for rent or furniture, was helpful when received but occurred less frequently and was sometimes a source of frustration when accompanied by lengthy waits for assistance. These findings have implications for CPS practice, including enhancing caseworkers’ relationship-building and engagement skills through pre-service educational coursework and in-service trainings; allowing caseworkers adequate time to develop supportive relationships with parents; and reducing the institutional barriers that delay the provision of concrete support.

2. Bringing research into practice: An evaluation of Michigan’s sexual assault kit

SUMMARY: The importance of research-informed practice for the field of sexual assault has been stressed by academics and practitioners alike. However, there are few examples of researcher–practitioner partnerships in the literature, therefore providing minimal guidance for this process. This article describes a researcher–practitioner partnership that was successful in using evaluation data to guide practice and policy decisions regarding the development and implementation of a new sexual assault kit for the state of Michigan. Cousins’s practical participatory evaluation theory was used as the guiding framework for the evaluation. Data collection methods included focus groups with practitioners from five, regionally dispersed health care settings in Michigan, and surveys with forensic scientists throughout the state’s regional laboratory system. This case study highlights how researchers and practitioners worked together for data collection, analysis, and dissemination to support research-informed practice in this state. Lessons learned and future recommendations for forming researcher–practitioner partnerships to improve the response to sexual assault are discussed. http://jiv.sagepub.com/content/early/2015/01/12/0886260514567964.abstract

Reviews & Guidelines

1. Guidelines for skeletal survey in young children with fractures
Borg, K. and D. Hodes Arch Dis Child Educ Pract Ed Ahead of print [Epub 14/01/2015].

http://ep.bmj.com/content/early/2015/01/14/archdischild-2014-307533.full.pdf+html

No abstract available.
2. Fifty years of paediatric ethics  

SUMMARY: In 1965, when the first issue of Journal of Paediatrics and Child Health appeared, medical ethics was just becoming established as a discipline. The sub-speciality of paediatric ethics did not make an appearance until the late 1980s, with the first key texts appearing in the 1990s. Professional concern to practice ethically in paediatrics obviously goes much further back than that, even if not named as such. In clinical areas of paediatrics, the story of the last 50 years is essentially a story of progress - better understanding of disease, better diagnosis, more effective treatment, better outcomes. In paediatric ethics, the story of the last 50 years is a bit more complicated. In ethics, the idea of progress, rather than just change, is not so straightforward and is sometimes hotly contested. There has certainly been change, including some quite radical shifts in attitudes and practices, but on some issues, the ethical debate now looks remarkably similar to that of 40-50 years ago. This is the story of some things that have changed in paediatric ethics, some things that have stayed the same and the key ethical ideas lying beneath the surface.

3. Child protection: A 50-year perspective  

SUMMARY: It has been 50 years since Kempe et al. published ‘The Battered Child Syndrome’, describing harm from inflicted injury mechanisms derived from parents and caregivers. Since then, there has emerged a rapidly expanding literature on paediatric forensic medicine and child protection, which has offered new insights into injury mechanisms, informed us of the sequelae of abuse and neglect, aided diagnosis and guided clinical practice in the treatment and management of children who become involved in the child protection system. Through the scrutiny of government inquiries and at times uncomfortable media exposure, there have been improvements in child protection and forensic practices resulting in recognition of need for specialised forensic training, improved funding, development of resources and development of professional standards that support accountable, objective, safe and robust practice. From the perspective of an Australian child protection paediatrician, this paper chronicles some of the most significant and at times controversial research in the last 50 years in child protection that have played a key role in shaping our current understanding of child abuse and neglect.
Other

1. Indigenous child health: Are we making progress?

SUMMARY: We identified 244 relevant articles pertinent to indigenous health (4% of the total) with a steady increase in number since 1995. Most Australian publications in the journal (with a small Indigenous population) have focussed on conditions such as malnutrition, diarrhoeal disease, iron deficiency, rheumatic fever, acute glomerulonephritis and respiratory and ear infections, and in settings where nearly all affected children are Indigenous. In contrast, New Zealand publications (with a large Maori and Pacific Islander population) have addressed important health issues affecting all children but emphasised the over-representation of Maori and Pacific Islanders. Publications in the journal are largely descriptive studies with relatively few systematic reviews and randomised trials. Our review attempts to cover the important Indigenous health issues in our region as represented by articles published in the Journal. The studies do document definite improvements in indigenous child health over the last 50 years.

2. Examining predictors of re-reports and recurrence of child maltreatment using two national data sources

SUMMARY: This study examined predictors of child maltreatment re-reports and recurrence (substantiated re-reports) using two nationally representative data sets: the National Survey of Child and Adolescent Well-Being (NSCAW II) and the National Child Abuse and Neglect Data System (NCANDS). Maltreatment data from the survey and administrative data sources were merged for children who participated in NSCAW II and had an NCANDS record. Re-report and recurrence data were examined among the sample of 4715 with an NCANDS record and a subsample of 1873 who received a caseworker interview at the NSCAW II 18-months' follow-up because the child was in out-of-home care and/or the family had been involved with child welfare services since the baseline interview. Many of the regression and hazard estimates of the predictors of re-report and recurrence differed across the two samples due to endogenous selection bias that arises from conditioning on the “collider” variable of caseworker interviews which is itself partially an outcome of re-report and recurrence. Similar estimates, on the other hand, were obtained: Children with prior involvement with child protective services were more likely to have re-reports and recurrence than children without prior involvement. Children that the child welfare agency reported as receiving services at the time of investigation were also less likely to have re-reports and recurrence when compared with children not receiving services. The threats to the validity of inferences that are drawn from
statistical models and samples that condition on collider variables are reviewed, and the use of administrative data to supplement survey information that is unavailable from caseworkers are discussed. 


SUMMARY: Child maltreatment is widespread and has a tremendous impact on child victims and their families. Over the past decade, definitions of child maltreatment have been developed that are operationalized, face valid, and can be reliably applied in clinical settings. These definitions have informed the revised Diagnostic and Statistical Manual (American Psychiatric Association, 2013) and are being considered for the International Classification of Disease-11 (World Health Organization). Now that these definitions are available in major diagnostic systems, primary healthcare providers and clinicians who see children and families are poised to help screen for, identify, prevent, and treat child maltreatment. This article reviews the definitions of maltreatment in these diagnostic systems, along with assessment and screening tools, and empirically supported prevention and intervention approaches.

Statewide Child Protection Clinical Partnership

Update

From the SCPCP Clinical Chair

Welcome to the first update from the Statewide Child Protection Clinical Partnership (SCPCP) in this edition of the Queensland Child Protection Newsletter.

For those of you who aren't aware, the SCPCP is a multidisciplinary network of health professionals who have expertise and a demonstrated commitment to achieving optimal child protection service delivery within the health context.

The SCPCP was established to promote a statewide clinical agenda for child protection within health services. The core business of the SCPCP is to:

- Provide expert advice in relation to child protection
- Promote principles for best practice, equity and consistency in service delivery
- Identify priority areas for delivering child protection services
- Support and contribute to the development of strategic health policies and standards relevant to child protection
- Promote clinician engagement and opportunities for professional development
- Support evidence based practice through education and research

The SCPCP is sponsored by Children’s Health Queensland (CHQ) and has a clear statewide remit to promote best practice and clinician engagement in child protection.

Over the past month, the SCPCP has been engaged in various activities to support the implementation of the child protection reforms, which took effect on 19 January 2014. Activities include progressing specific areas of work to support consistency in practice around information sharing, reporting and responding to children in out-of-home care and consulting with Strategic Policy, Department of Health in relation to the review and development of child protection resources.

The SPCP is also progressing a scoping study to map and contextualise statewide health service systems relevant to child protection. It is hoped this will enable us to gain a greater understanding of the landscape of child protection health service delivery by:

- Assessing existing systems and local contexts
- Ascertaining gaps and strengths
- Identifying domains of activity pertaining to child protection services common to all HHSs
Next month, the SCPCP Steering Committee will come together for a planning morning to reflect on our activities over 2014 and to establish an action plan for 2015.

Regards,

Dr Ryan Mills
Clinical Chair

If you aren’t a general member of the Statewide Child Protection Clinical Partnership yet but would like to be, please email Selina Kelly, SCPCP Co-ordinator on:
Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au
# Events

## February/ March 2015

### February 2015

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### March 2015

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<td>29 Mar - 1 Apr</td>
<td><strong>Australasian conference on child abuse and neglect</strong></td>
<td>Auckland</td>
<td><a href="https://www.etouches.com/ehome/accan2015">https://www.etouches.com/ehome/accan2015</a></td>
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References


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