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Child physical abuse that results in injury to the head or brain has been described using many terms, including battered child syndrome, whiplash injuries, shaken infant or shaken impact syndrome, and nonmechanistic terms such as abusive head trauma or nonaccidental trauma. These injuries sustained by child abuse victims are discussed in detail in this article, including information about diagnosis, management and outcomes. The use of forensics, the use imaging studies, and associated injuries are also detailed.	
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Retinal hemorrhage is a cardinal manifestation of abusive head injury characterized by repetitive acceleration-deceleration with or without blunt head impact. Detailed description of the hemorrhages and documentation are critical to diagnosis. Vitreoretinal traction appears to be the major causative factor. Outcome is largely dependent on brain and optic nerve injury.	
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Pediatricians and other medical providers caring for children need to be aware of the dynamics in the significant relationship between substance abuse and child maltreatment. A caregiver's use and abuse of alcohol, marijuana, heroin, cocaine, methamphetamine, and other drugs place the child at risk in multiple ways. Members of the medical community need to understand these risks because the medical community plays a unique and important role in identifying and caring for these children. Substance abuse includes the abuse of legal drugs as well as the use of illegal drugs. The abuse of legal substances may be just as detrimental to parental functioning as abuse of illicit substances. Many substance abusers are also polysubstance users and the compounded effect of the abuse of multiple substances may be difficult to measure. Often other interrelated social features, such as untreated mental illness, trauma history, and domestic violence, affect these families.	
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Child neglect, the most prevalent form of maltreatment, poses challenges for pediatricians. There often is uncertainty regarding what constitutes	

neglect and how best to address it. The complexity is compounded by the many ways neglect can manifest. This article first discusses why neglect is so important a concern and then provides definitional considerations and a description of forms of neglect. Next presented are principles for assessing and addressing neglect and suggestions for prevention and advocacy.

Child Fatality Review Teams

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Michael Durfee, Juan M. Parra, and Randell Alexander

The history of child fatality review (CFR) begins with the work of Ambrose Tardieu in 1860. More than a century later, in 1978, the first team was established in Los Angeles, California. This article reviews the history of CFR, the composition of teams, and its purpose based in preventive public health. The successes of three decades and challenges for the future of CFR are discussed.

Home Visiting for the Prevention of Child Maltreatment: Lessons Learned During the Past 20 Years

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Nancy Donelan-McCall, John Eckenrode, and David L. Olds

For nearly two decades, home visitation has been promoted as a promising strategy to prevent child maltreatment, but reviews of the literature on home visiting programs have been mixed. This article examines how home visitation for the prevention of child maltreatment has evolved during the past 20 years. It reviews several home visitation programs focused on preventing child maltreatment and highlights the Nurse-Family Partnership home visitation program. It discusses how advocacy and public policy for prevention of child maltreatment have shifted from a general call to promote universal home visitation programs to a more refined emphasis on promoting programs that are evidence-based, targeted to those most at risk for maltreatment, and with infrastructure in place to ensure implementation with fidelity to the model tested in trials. Finally, it discusses how primary care providers may advocate to ensure that their patients have access to evidence-based home visiting programs that meet their needs.

Achieving Better Health Care Outcomes for Children in Foster Care

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Robin Mekonnen, Kathleen Noonan, and David Rubin

This article reviews the challenges health care systems face as they attempt to improve health care outcomes for children in foster care. It discusses several of the promising health care strategies occurring outside the perimeter of child welfare and identifies some of the key impasses in working alongside efforts in child welfare reform. The authors posit that the greatest impasse in establishing a reasonable quality of health care for these children is placement instability, in which children move frequently among multiple homes and in and out of the child welfare system. The authors propose potential strategies in which efforts to improve placement stability can serve as a vehicle for multidisciplinary reform across the health care system.

Mental Health Treatment of Child Abuse and Neglect: The Promise of Evidence-Based Practice 417

Kimberly Shipman and Heather Taussig

In 2006, 3.6 million children in the United States received a child protective services' investigation and 905,000 children (about one-quarter of those investigated) were found to have been abused or neglected. Children who have been maltreated are at risk for experiencing a host of mental health problems, including depression, posttraumatic stress, dissociation, reactive attachment, low self-esteem, social problems, suicidal behavior, aggression, conduct disorder, attention-deficit hyperactivity disorder (ADHD) and problem behaviors, including delinquency, risky sexual behavior and substance use. Given the high rate of mental health problems, it is not surprising that maltreated youth are in need of mental health services. Unfortunately, only a fraction of these children and adolescents receive services. Recently, several evidence-based practices have been rigorously tested and are demonstrating efficacy in reducing mental health problems associated with maltreatment. This article details these developments.

Child Maltreatment Law and Policy as a Foundation for Child Advocacy 429

Donald C. Bross and Richard D. Krugman

Advocacy for children is a fundamental pediatric concern and activity. Notwithstanding achievements for children to date, pediatrics can do more in the twenty-first century to advocate for children and promote research on ways in which advocacy for children can be improved. Evidence-based advocacy should take many directions including legislation, system change in local and state agencies such as social services and health departments, financial assistance including Medicaid, evidence provided to courts at trial and on appeal through "friend of the court" participation, family guidance, public education, and the promotion of pediatric law and bioethics.

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