The Queensland Child Protection Information Network Newsletter APRIL 2014
Introduction

Welcome to the Queensland Child Protection Information Network Newsletter. This newsletter is a joint initiative of the Mater Children’s Hospital Child Protection Unit, the Statewide Child Protection Clinical Partnership and the Strategic Policy Priority Area Unit of the System Policy and Performance Division, Department of Health. It supports best practice in Child Protection by facilitating timely access to recent clinical and professional development information.

Each monthly edition is distributed to all Hospital and Health Service Child Protection Units and is posted on the CKN Child Protection Library guide. Access the CP library guide here:
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To ensure receipt of this newsletter or to unsubscribe, please contact your Hospital and Health Service Child Protection Unit or contact Laura Koopmans directly.

We appreciate your professional opinion and feedback. If there are any matters you would like to raise with the editorial team, or if you would like to share information relating to best practice or professional development via the information network, please contact Laura Koopmans (Research Officer, Child Protection Unit, Mater Children’s Hospital, South Brisbane).

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Research Update

Abusive Head Trauma

1. An inability to learn to read caused by shaken baby syndrome

SUMMARY: We report a 12-year-old boy who suffered from shaken baby syndrome at the age of 4 months and has been unable to learn to read even high-frequency, three-letter words, despite slow but accurate letter naming. He had a right homonymous hemianopia and evidence of impaired higher visual function, but not at a severe enough level to account for his inability to read. Speech production and reception of language were impaired for his age but at least of an order of magnitude better than his reading performance. MRI scanning revealed focal damage to the dorsal and ventral reading pathways. This case challenges the Kennard principle, a widely accepted assumption which claims that the earlier a brain injury occurs, the better the recovery. It also adds to the growing literature suggesting that early damage to multiple parts of the language learning network can result in relatively selective impairments later in life. http://www.ncbi.nlm.nih.gov/pubmed/24777081

2. Multicystic encephalopathy in abusive head trauma

OBJECTIVES: The proof of abusive head trauma (AHT) in infants is difficult, especially in cases with a long posttraumatic survival period. In the acute phase, injury to the cranio-cervical junction causes disturbances in respiratory and cardiac control, leading to apnoea and bradycardia. Infants who survive the acute phase may subsequently develop multicystic encephalopathy. Because some types of changes are age-dependent, examination of the patterns of brain damage in these cases could provide information about the time in which they were inflicted. In particular, this could apply to the extent of the cystic changes, namely that the severity thereof may decrease with older age upon infliction of the trauma. This could potentially date the injury and thereby help to identify the perpetrator. We present an analysis of the patterns of brain damage in cases of AHT-
induced multicystic encephalopathy and comment on the possible aetiology and the implications thereof.

METHODS: Nine archival cases of trauma-induced multicystic encephalopathy, originating between the years 2005 and 2011, were identified. In 8 of these cases, haematoxilin-eosin stained whole-hemisphere histologic slides, as well as small histologic slides of cerebellar hemispheres, were available for the evaluation of the topographic distribution of the macroscopic and microscopic changes.

RESULTS: The cerebral hemispheres were more affected than the cerebellum. The magnitude of the cystic changes did not correlate with the age at which the trauma had occurred, nor the survival period. All cases showed asymmetrical affection of the cerebral hemispheres, which in 3 cases was very pronounced. The analysis revealed both ischemia- and hypoperfusion-induced injury patterns.

CONCLUSION: Analysis of the magnitude and the distribution of the damage do not assist in the estimation of the period at which the trauma had occurred. The evaluation showed that ischemia, and to a lesser extent, hypoperfusion, were the major mechanisms of brain injury in these cases, which does not narrow the differential diagnosis of the underlying problem. However, in cases of multicystic encephalopathy, in the absence of a plausible medical explanation for the development of this condition, a remote (abusive) head trauma should be considered.


3. Oral, jaw, and neck injury in infants and children: from abusive trauma or intubation?

OBJECTIVES: The objective of this study was to identify the incidence of oral, jaw, and neck injury secondary to endotracheal intubation in young children.

METHODS: This prospective observational study was conducted in the paediatric intensive care unit at a level 1 trauma centre. From October 1998 to January 1999 and November 2007 to April 2008, all intubated patients younger than 3 years with no prior oral procedures were examined within 24 hours of intubation. A standardized form was used to record injuries. Separately, medical records were reviewed for prior injuries.
square/Fisher exact test was used for statistical analysis.

RESULTS: Of 105 patients included in the study, 12 had oral, jaw, or neck injury. One patient had a hard palate injury from a pen cap in his mouth during a seizure. Another broke a tooth biting the laryngoscope blade (the only injury directly attributable to intubation). The remaining 10 patients were determined to be those who experienced abusive trauma. The overall incidence of injury directly from intubation was 0.9%. Oral, jaw, and neck injuries were all significantly associated with abusive trauma (P<0.001). Eleven patients had difficult intubations: 9 had no injuries, 1 experienced abusive trauma and the second was the patient who broke his tooth during intubation.

CONCLUSIONS: Oral, jaw, or neck injury in young children is rarely caused by endotracheal intubation, regardless of difficulty during the procedure.


4. Characterization of microstructural injury: a novel approach in infant abusive head trauma-initial experience


BACKGROUND: Abusive head trauma (AHT) is the leading cause of morbidity and mortality among abused children, yet the neuroanatomical underpinnings of AHT outcome is incompletely understood.

OBJECTIVES: To characterize white matter (WM) abnormalities in infants with AHT using diffusion tensor imaging (DTI) and determine which microstructural abnormalities are associated with poor outcome.

DESIGN: Retrospective DTI data from 17 infants (>3 months) diagnosed with AHT and a comparison cohort of 34 term infants of similar post-conceptual age (PCA) were compared using a voxel-based DTI analysis of cerebral WM. AHT cases were dichotomously classified into mild/moderate versus severe outcome. Clinical variables and conventional imaging findings were also analysed in relation to outcome. Outcomes were classified in accordance with the Paediatric
Cerebral Performance Category Score (PCPCS).

RESULTS: Reduced axial diffusivity (AD) was shown in widespread WM regions in the AHT infants compared to controls as well as in the AHT severe outcome group compared to the AHT mild/moderate outcome group. Reduced mean diffusivity (MD) was also associated with severe outcome. Radial diffusivity (RD), conventional MR findings, brain metric measurements and clinical/laboratory variables did not differ among AHT outcome groups.

CONCLUSION: Findings support the unique role of DTI techniques, beyond conventional imaging, in the evaluation of microstructural WM injury of AHT. Reduced AD (likely reflecting axonal damage) and MD were associated with poor clinical outcome. DTI abnormalities may uniquely reflect AHT patterns of axonal injury that are not characterized by conventional imaging, which may have both therapeutic and prognostic implications.


5. Experimental analyses of the retinal and subretinal haemorrhages accompanied by shaken baby syndrome/abusive head trauma using a dummy doll

INTRODUCTION: We explored several modes of violent shaking using a dummy doll with an eyeball model to reproduce abusive events that lead to retinal haemorrhages (RH) seen in shaken baby syndrome or abusive head trauma (SBS/AHT).

METHODS: A dummy doll equipped with an eyeball model was prepared. The eyeball model was filled with a model of vitreous body, i.e. agar gel or water, and was with a pressure sensor to measure normal stress.

RESULTS: The modes of shaking were classified into three patterns, i.e. fast shaking with the fore arms, fast shaking with the whole arms and synchronized shaking with the whole arms. The frequency of the cyclic acceleration-deceleration history experienced by the head of the dummy doll was 5.0, 4.0 and 2.2Hz, respectively, with the maximum acceleration of 20, 20 and 60m/s2, respectively. We considered the last of these three modes of shaking as
possibly corresponding to the worst case of violent shaking. This mode of shaking could be instructed to volunteers who acted as imitate perpetrators, and resulted in both increased peak intensities of the acceleration experienced by the head of the dummy doll and increased stresses on the retina at the posterior pole of the eyeball model.

CONCLUSION: The time integral of the stress through a single cycle of shaking was 107Pa.s, much larger than that of a single event of fall, which resulted in 60-73Pa.s. Taking into account that abusive shaking is likely to include multiple cycles, the time integral of the stress due to abusive shaking can be even larger. This clear difference may explain why RH in SBS/AHT is frequent, while RH in accidental falls is rare.


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Child Physical Abuse

1. Kaposiform hemangioendothelioma with Kasabach-Merritt syndrome mistaken for child abuse in a newborn


No abstract.


2. Additional injuries in young infants with concern for abuse and apparently isolated bruises


OBJECTIVES: To determine the prevalence of additional injuries or bleeding disorders in a large population of young infants evaluated for abuse because of apparently isolated bruising.

STUDY DESIGN: This was a prospectively planned secondary analysis of an observational study of children <10 years (120 months) of age evaluated for possible physical abuse by 20 US child abuse teams. This analysis included infants <6 months of age with apparently isolated bruising who underwent diagnostic
testing for additional injuries or bleeding disorders.

RESULTS: Among 2890 children, 33.9% (980/2890) were <6 months old, and 25.9% (254/980) of these had bruises identified. Within this group, 57.5% (146/254) had apparently isolated bruises at presentation. Skeletal surveys identified new injury in 23.3% (34/146), neuroimaging identified new injury in 27.4% (40/146), and abdominal injury was identified in 2.7% (4/146). Overall, 50% (73/146) had at least one additional serious injury. Although testing for bleeding disorders was performed in 70.5% (103/146), no bleeding disorders were identified. Ultimately, 50% (73/146) had a high perceived likelihood of abuse.

CONCLUSIONS: Infants younger than 6 months of age with bruising prompting subspecialty consultation for abuse have a high risk of additional serious injuries. Routine medical evaluation for young infants with bruises and concern for physical abuse should include physical examination, skeletal survey, neuroimaging, and abdominal injury screening.


3. Non-cutaneous conditions clinicians might mistake for abuse


OBJECTIVE: To determine the frequency of non-cutaneous mimics identified in a large, multicentre cohort of children evaluated for physical abuse.

METHODS: Prospectively planned, secondary analysis of 2890 physical abuse consultations from the Examining Siblings To Recognize Abuse (ExSTRA) research network. Data for each enrolled subject were entered at the child abuse physician's diagnostic disposition. Physicians prospectively documented whether or not a 'mimic' was identified and the perceived likelihood of abuse. Mimics were divided into 3 categories: (1) strictly cutaneous mimics, (2) strictly non-cutaneous mimics and (3) cutaneous and non-cutaneous mimics. Perceived likelihood of abuse was described for each child on a 7-point scale (7=definite abuse).

RESULTS: Among 2890 children who were evaluated for physical abuse, 137 (4.7%) had mimics identified; 81 mimics (59.1% of mimics and 2.8% of the whole cohort) included non-
cutaneous components. Six subjects (7.4%) were assigned a high level of abuse concern and 17 (20.1%) an intermediate level despite the identification of a mimic. Among the identified mimics, 28% were classified as metabolic bone disease, 20% haematologic/vascular, 16% infectious, 10% skeletal dysplasia, 9% neurologic, 5% oncologic, 2% gastrointestinal and 10% other. Osteomalacia/osteoporosis was the most common non-cutaneous mimic followed by vitamin D deficiency.

CONCLUSIONS: A wide variety of mimics exist affecting most disease categories. Paediatric care providers need to be familiar with these conditions to avoid pitfalls in the diagnosis of physical abuse. Identification of a mimic does not exclude concurrent abuse.


4. Factors related to child maltreatment in children presenting with burn injuries

SUMMARY: The underpinnings of maltreatment in children presenting with burn injuries are necessary to discern as detection and prevention rest on a clear delineation of factors associated with maltreatment. Inaccurate identification of child victims can result in perpetuation of the maltreatment and its attendant neuropsychological sequelae. The authors sought to determine factors associated with maltreatment in children presenting with burn injuries, which would guide the burn team in assessing the likelihood of maltreatment. All consenting children admitted with burn injuries were surveyed regarding their injury mechanism and current sociodemographic status. Suspicious injuries were referred by the burn team to the multidisciplinary review team (MRT). The MRT reported injuries with signs of physical abuse, supervision neglect, neglect of other basic needs, or sexual abuse. These children constituted the cases in our study. Variables related to maltreatment were entered into stepwise logistic regression to identify independent predicting variables. P<0.05 was considered significant. MRT identified 16 children (24%) admitted with burn injuries with suspicions of maltreatment. Risk factors related to suspicions of maltreatment included: young age, large burns, tap water
injury, immersion lines, delay in care, absence of a two-parent family (unconventional family structure), young parents, inconsistent history, and injury pattern. In this single-centre prospective study, the authors identified several factors that, when present in injuries with initial suspicion of maltreatment, should trigger a child maltreatment workup. Burn clinicians have an important role as advocates for children and their families. It is important to continue to further the knowledge of maltreatment detection and prevention among children presenting with burn injuries.


Child Sexual Abuse

1. Childhood sexual abuse and suicidal behavior: a meta-analysis


OBJECTIVES: Self-inflicted injuries are one of the major causes of disease burden and death globally. Understanding the extent to which this is associated with childhood sexual abuse (CSA) exposure can help inform prevention strategies. We aimed to quantify to what extent CSA was associated with incident suicide attempts in men and women.

METHODS: We searched 20 health and social science databases from first record until February 2009 and updated the search in Medline from February 2009 to February 1, 2013. Longitudinal studies and cotwin analyses from twin studies in any population from any year were eligible for inclusion. Of 22 235 abstracts screened as part of a series of reviews, 9 studies met the inclusion criteria for this review. Characteristics, effect estimates, and quality data were extracted. Random-effects meta-analysis was used to generate pooled odds ratios (ORs).

RESULTS: Seven longitudinal and 2 twin studies with 8733 participants met the inclusion criteria. The overall pooled estimate for longitudinal studies was OR = 2.43 (95% confidence interval: 1.94-3.05), I² = 87.5%, P < .0001. The pooled OR from cotwin analysis was 2.65 (95% confidence interval: 0.82-4.49, I² = 0%, P = .867). Studies adjusted for a range of confounders, but baseline suicidal behaviour was not well-controlled. Too few studies met the inclusion criteria to quantitatively examine sources of heterogeneity.
CONCLUSIONS: CSA exposure is associated with suicide attempts when a range of different confounders are controlled for, but the temporality of the association is not well established, and the association is highly heterogeneous.


2. Sexually coercive behavior following childhood maltreatment


OBJECTIVES: Child maltreatment is associated with adult sexually coercive behaviour. The association may be causal or confounders that increase the risk of both childhood victimization and sexually coercive behaviour might explain the observed links. We examined if childhood maltreatment was related to sexual coercion independently of familial (genetic or common family environment) risk factors, thereby addressing potential causality.

METHODS: Participants were 6,255 18 to 33-year-old twins from the Finnish population-based study "Genetics of Sex and Aggression" who responded to self-report questionnaires of child maltreatment and sexually coercive behaviour. We used generalized estimating equations to elucidate risk of sexual coercion in maltreated compared to unrelated, non-maltreated individuals. To adjust for unmeasured familial factors, we used the co-twin control method and compared sexual coercion risk within maltreatment-discordant twin pairs. Further, we examined possible differential effects of maltreatment subtypes and compared mean differences in maltreatment summary scores between sexually coercive individuals and controls.

RESULTS: Sexual coercion was moderately more common among individuals maltreated as children versus unrelated controls (38.3 vs. 22.8 %; age- and gender-adjusted odds ratio, aOR = 2.31, 95 % CI 1.75-3.05) and the risk increase remained similar within maltreatment-discordant twins (OR = 2.82, 95 % CI 1.42-5.61). Moreover, different maltreatment subtypes predicted sexual coercion equally well and effect sizes remained similar within discordant twin pairs.

CONCLUSION: We conclude that associations between child maltreatment and sexual coercion are largely independent of shared familial confounds, consistent with a causal inference. Importantly, detection and
targeted interventions for maltreated children should remain a priority to reduce societal sexually coercive behavior.


3. Gonorrhoea, chlamydia, syphilis and trichomonas in children under 13 years of age: national surveillance in the UK and Republic of Ireland


BACKGROUND: Sexually transmitted infections in children ought to raise concerns about sexual abuse. It is not known how frequently they are identified in the UK and Ireland, nor how well they are investigated. AIMS: To measure the incidence, mode of presentation, investigations and child protection procedures among children under 13 years and over 12 months of age presenting with infections of Neisseria gonorrhoea, Treponema pallidum, Chlamydia trachomatis or Trichomonas vaginalis in the UK and Republic of Ireland.

METHODS: National surveillance study over 25 months through the British Paediatric Surveillance Unit. All consultant paediatricians in the UK and Republic of Ireland reported laboratory confirmed infections followed by a confidential questionnaire covering clinical details, investigation results and child protection outcomes.

RESULTS: Fifteen cases were reported, giving an overall incidence of these infections of 0.075 cases per 100 000 children per year. Most were identified because they presented with symptoms. Five cases presented with ophthalmic infection. Laboratory investigation and screening for other infections was adequate in most cases. Although only three cases of sexual abuse were confirmed in court or case conference, abuse was suspected in a further seven cases based on clinical factors, family or social history.

CONCLUSION: Sexually transmitted infections in children, although rare, are generally well investigated. The findings support current guidance on the management of sexually transmitted infection in young children and the need to maintain a high index of suspicion for sexual abuse. Isolated ophthalmic infection with N gonorrhoea and C trachomatis occurs beyond infancy, but the mode of transmission is unclear.
4. The usefulness of Neisseria gonorrhoeae strain typing by Pulse-Field Gel Electrophoresis (PFGE) and DNA detection as the forensic evidence in child sexual abuse cases: a case series

SUMMARY: Diagnosis of alleged child sexual abuse can be made from history in conjunction with physical examination, psychosocial evaluation, and laboratory investigations. Sexually transmitted infection associated with sexual abuse is found in 5% of the victims, with Neisseria gonorrhoea being the most common organism. Identification of sexually transmitted disease, particularly N. gonorrhoea infection, can be useful for the diagnosis of sexual abuse and thus, the initiation of the child protection process. Polymerase Chain Reaction (PCR) is a newer diagnostic assay with a higher sensitivity compared with conventional culture method. In addition, N. gonorrhoea strain typing (PFGE technique) to identify the abuser, and the confirmation of gonococcal vaginitis by PCR technique.

5. Reflex anal dilatation: an observational study on non-abused children

OBJECTIVES: Reflex anal dilatation (RAD) is considered as a possible sign of anal abuse, however studies evaluating its prevalence in non-abused children are limited. The aim of this study was to evaluate the prevalence of RAD in a convenience sample of children with no suspicion of abuse admitted to a Paediatric Emergency Department (PED).

METHODS: Prospective observational study including children admitted to the PED of Padova, Italy, between January and June 2011. Patients with no suspicion of abuse and for whom anogenital examination was part of their medical evaluation were included. Children were excluded if in critical clinical conditions or if any suspicion of abuse arose during medical evaluation. Presence/absence of RAD
and of factors favouring its appearance were recorded for each patient.

RESULTS: Two-hundred and thirty children (median age of 12 months, interquartile range 5-35 months) were finally included. A positive RAD was reported in 14 (6.1%, CI 95% 3.4-10). Only 3 patients (1.3%, CI 95% 0.3-3.7) showed a positive RAD in the absence of any predisposing factor.

CONCLUSION: RAD is an infrequent sign in non-abused children and it is particularly rare in the absence of any predisposing factor. Case-control studies are necessary to better clarify its diagnostic relevance.


6. Gram-negative diplococci in vaginal smear mistaken for child sexual abuse


No abstract.


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### Emotional Abuse & Neglect

1. **Understanding child neglect**


No abstract.


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### Prevention and Interventions

1. **A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse**


OBJECTIVES: Approximately 50% of child protective service (CPS) referrals abuse drugs; yet, existing treatment studies in this population have been limited to case examinations. Therefore, a family-based behavioural therapy was evaluated in mothers referred from CPS for child neglect and drug abuse utilizing a controlled experimental design.

METHODS: Seventy-two mothers evidencing drug abuse or dependence...
and child neglect were randomly assigned to family behaviour therapy (FBT) or treatment as usual (TAU). Participants were assessed at baseline, 6 months, and 10 months post-randomization.

RESULTS: As hypothesized, intent-to-treat repeated measures analyses revealed mothers referred for child neglect not due to their children being exposed to illicit drugs demonstrated better outcomes in child maltreatment potential from baseline to 6- and 10-month post-randomization assessments when assigned to FBT, as compared with TAU mothers and FBT mothers who were referred due to child drug exposure. Similar results occurred for hard drug use from baseline to 6 and 10 months post-randomization. However, TAU mothers referred due to child drug exposure were also found to decrease their hard drug use more than TAU mothers of non-drug-exposed children and FBT mothers of drug-exposed children at 6 and 10 months post-randomization. Although effect sizes for mothers assigned to FBT were slightly larger for marijuana use than TAU (medium vs. large), these differences were not statistically significant. Specific to secondary outcomes, mothers in FBT, relative to TAU, increased time employed from baseline to 6 and 10 months post-randomization. Mothers in FBT, compared to TAU, also decreased HIV risk from baseline to 6 months post-randomization. There were no differences in outcome between FBT and TAU for number of days children were in CPS custody and alcohol intoxication, although FBT mothers demonstrated marginal decreases (p = .058) in incarceration from baseline to 6 months post-randomization relative to TAU mothers.

CONCLUSION: Family-based behavioural treatment programs offer promise in mothers who have been reported to CPS for concurrent substance abuse and child neglect of their children. However, continued intervention development in this population is very much needed.


2. Engaging foster parents in treatment: a randomized trial of supplementing trauma-focused cognitive behavioral therapy with evidence-based engagement strategies

OBJECTIVES: The goal of this study was to examine the impact of supplementing Trauma-focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2006) with evidence-based engagement strategies on foster parent and foster youth engagement in treatment, given challenges engaging foster parents in treatment.

METHODS: A randomized controlled trial of TF-CBT standard delivery compared to TF-CBT plus evidence-based engagement strategies was conducted with 47 children and adolescents in foster care and one of their foster parents. Attendance, engagement, and clinical outcomes were assessed 1 month into treatment, end of treatment, and 3 months post-treatment.

RESULTS: Youth and foster parents who received TF-CBT plus evidence-based engagement strategies were more likely to be retained in treatment through four sessions and were less likely to drop out of treatment prematurely. The engagement strategies did not appear to have an effect on the number of cancelled or no-show sessions or on treatment satisfaction. Clinical outcomes did not differ by study condition, but exploratory analyses suggest that youth had significant improvements with treatment.

CONCLUSION: Strategies that specifically target engagement may hold promise for increasing access to evidence-based treatments and for increasing likelihood of treatment completion.


3. Mindfulness intervention for child abuse survivors: A 2.5-year follow-up


OBJECTIVES: The present study reports on the long-term effects of a mindfulness-based stress reduction (MBSR) program for adult survivors of childhood sexual abuse.

METHODS: Of the study participants, 73% returned to the clinic for a single-session follow-up assessment of depression, posttraumatic stress disorder (PTSD), anxiety, and mindfulness at 2.5 years.

RESULTS: Repeated measures mixed regression analyses revealed significant long-term improvements in depression, PTSD, anxiety symptoms, and mindfulness scores. The magnitude of intervention effects at
CONCLUSION: MBSR may be an effective long-term treatment for adults who have experienced childhood sexual abuse. Further investigation of MBSR with this population is warranted given the durability of treatment effects described here.


OBJECTIVES: Paediatric abusive head trauma causes significant cognitive and behavioural morbidity, yet very few post-acute interventions exist to facilitate long-term recovery. To meet the needs of this vulnerable population, we piloted a web-based intervention with live coaching designed to improve positive parenting and child behaviour. The efficacy of this parenting skills intervention was compared with access to Internet resources on brain injury.

METHODS: Participants included seven families (four randomized to the parenting intervention and three randomized to receive Internet resources). Parenting skills were observed and child behavior was rated at baseline and intervention completion.

RESULTS: At completion, parents who received the parenting skills intervention showed significantly more positive parenting behaviours and fewer undesirable behaviours during play than parents who received access to Internet resources. Additionally, during play, children in the parenting skills intervention group were more compliant following parent commands than children in the Internet resources group. Lastly, parents who received the parenting intervention reported less intense oppositional and conduct behaviour problems in their children post-intervention than did parents in the Internet resources group.

CONCLUSION: These findings provide preliminary evidence for the use of this web-based positive parenting skills intervention to improve parenting skills and child behavior following abusive head trauma.

Long term outcomes

1. Child abuse and mental disorders in Canada

OBJECTIVE: Nationally representative Canadian data on the prevalence of child abuse and its relation with mental disorders are lacking. We used contemporary, nationally representative data to examine the prevalence of 3 types of child abuse (physical abuse, sexual abuse and exposure to intimate partner violence) and their association with 14 mental conditions, including suicidal ideation and suicide attempts.

METHODS: We obtained data from the 2012 Canadian Community Health Survey: Mental Health, collected from the 10 provinces. Respondents aged 18 years and older were asked about child abuse and were selected for the study sample (n = 23 395). The survey had a multistage stratified cluster design (household response rate 79.8%).

RESULTS: The prevalence of any child abuse was 32% (individual types ranged from 8% to 26%). All types of child abuse were associated with all mental conditions, including suicidal ideation and suicide attempts, after adjustment for sociodemographic variables (adjusted odds ratios ranged from 1.4 to 7.9). We found a dose-response relation, with increasing number of abuse types experienced corresponding with greater odds of mental conditions. Associations between child abuse and attention deficit disorder, suicidal ideation and suicide attempts showed stronger effects for women than men.

CONCLUSION: We found robust associations between child abuse and mental conditions. Health care providers, especially those assessing patients with mental health problems, need to be aware of the relation between specific types of child abuse and certain mental conditions. Success in preventing child abuse could lead to reductions in the prevalence of mental disorders, suicidal ideation and suicide attempts. http://www.ncbi.nlm.nih.gov/pubmed/24756625
2. Neurobiology of attachment to an abusive caregiver: short-term benefits and long-term costs

SUMMARY: Childhood maltreatment is associated with adverse brain development and later life psychiatric disorders, with maltreatment from the caregiver inducing a particular vulnerability to later life psychopathologies. Here we review two complementary rodent models of early life abuse, which are used to examine the infant response to trauma within attachment and the developmental trajectories that lead to later life neurobehavioral deficits. These rodent models include being reared with an abusive mother, and a more controlled attachment-learning paradigm using odor-shock conditioning to produce a new maternal odor. In both of these rodent models, pups learn a strong attachment and preference to the maternal odor. However, both models produce similar enduring neurobehavioral deficits, which emerge with maturation. Importantly, cues associated with our models of abuse serve as paradoxical safety signals, by normalizing enduring neurobehavioral deficits following abuse. Here we review these models and explore implications for human interventions for early life maltreatment.

http://onlinelibrary.wiley.com/doi/10.1002/dev.21219/abstract;jsessionid=C0F458AAB34516847785CD32A469997.f04t03

3. Evaluation of sex differences in health-related quality of life outcomes associated with child abuse: Results from the Ontario Child Health Study

OBJECTIVES: Despite the advances in child maltreatment research, there is still the need for comprehensive information about how abuse affects a broad range of categories of young adult functioning, and the extent to which these vary by sex. We examined the associations between child physical abuse (PA) and sexual abuse (SA) and six areas of functioning (mental health, physical health, life satisfaction, illegal substance use, alcohol problems and daily smoking).

METHODS: Data were obtained from the 1983 Ontario Child Health Study
and follow-up in 2000/2001 (n = 1893). Multilevel regression estimated the adjusted associations for PA (with severity) and SA with each of the outcomes. Estimates with an entire sample were presented with sex-by-abuse interactions to examine sex differences and then presented separately by sex.

RESULTS: In the adjusted model, severe PA and SA were associated with impairment in mental health, and both forms of PA (severe and non-severe) and SA were associated with low life satisfaction. In addition, severe PA was associated with illegal substance use. Child abuse variables were not associated with poor physical health, alcohol problems or smoking. Although sex-stratified analyses revealed different patterns, there was no significant sex difference in the integrated sample.

CONCLUSION: This is among the first community-based studies to show a strong association between child PA and SA and low life satisfaction in young adults. The abuse effects were similar for both sexes.


4. Long-term effects of child abuse and neglect on emotion processing in adulthood

OBJECTIVES: To determine whether child maltreatment has a long-term impact on emotion processing abilities in adulthood and whether IQ, psychopathology, or psychopathy mediate the relationship between childhood maltreatment and emotion processing in adulthood.

METHODS: Using a prospective cohort design, children (ages 0-11) with documented cases of abuse and neglect during 1967-1971 were matched with non-maltreated children and followed up into adulthood. Potential mediators (IQ, Post-Traumatic Stress [PTSD], Generalized Anxiety [GAD], Dysthymia, and Major Depressive [MDD] Disorders, and psychopathy) were assessed in young adulthood with standardized assessment techniques.

RESULTS: In middle adulthood (Mage=47), the International Affective Picture System was used to measure emotion processing. Structural equation modelling was used to test mediation models. Individuals with a
history of childhood maltreatment were less accurate in emotion processing overall and in processing positive and neutral pictures than matched controls. Childhood physical abuse predicted less accuracy in neutral pictures and childhood sexual abuse and neglect predicted less accuracy in recognizing positive pictures. MDD, GAD, and IQ predicted overall picture recognition accuracy. However, of the mediators examined, only IQ acted to mediate the relationship between child maltreatment and emotion processing deficits.

CONCLUSION: Although research has focused on emotion processing in maltreated children, these findings show an impact child abuse and neglect on emotion processing in middle adulthood. Research and interventions aimed at improving emotional processing deficiencies in abused and neglected children should consider the role of IQ.


1. Child sexual abuse-Medical statement conclusions in criminal legal process

OBJECTIVES: To evaluate medical statement conclusions in the criminal-legal process in suspected cases of child sexual abuse (CSA).

METHODS: An observational study of a random sample of 130 medically examined, police reported CSA suspected cases during 2001-2009. Medical statements were evaluated and their conclusions were analysed with an end-point in the legal process. The data consists of official investigation documents from the University Hospital records, the Police, crime laboratories, the State Prosecutor, and the Courts of Law.

RESULTS: The median age of the children was 5.3 years (range 11 months-17.3 years) at the time of the suspected sexual abuse. In most cases (76.2%, 99/130) medical statement conclusions neither supported nor excluded the suspicion of CSA. Twenty-one (16.2%) medical statements supported and in 10 cases (7.7%) the conclusion did not support the suspected CSA. Of the suspected
CSA cases a hundred (76.9%) proceeded to the Prosecutor. The charge filing rate was 41.5% (54/130). The final conviction rate was 30.8% (40/130) and 74% in the charged cases. Medical statements were mentioned as evidence in the Prosecutor's decision to file charges in 18 (33.3%) of suspected CSA cases and in 15 (36%) of verdicts. A child's clear disclosure of CSA (p<0.001) and medical statements (p=0.037) had a significant role in decision making on convictions.

CONCLUSION: In medical statement conclusions, physical findings with proper documentation and interpretation are needed to avoid misunderstandings in the legal process. The present study supports a routine medical statement peer review to minimize the risk of neglect caused by lack of knowledge among authorities working with sexually abused children.


2. A qualitative exploration of factors that facilitate and impede adherence to child abuse prevention guidelines in Dutch preventive child health care


OBJECTIVES: In the Netherlands, evidence-based child abuse prevention (CAP) guidelines have been developed to support child health care professionals (CHPs) in recognizing and responding to suspected child abuse. The aim of this study was to identify factors related to characteristics of the guidelines, the user, the organization and the socio-political context that facilitate or impede adherence to the CAP guidelines.

METHODS: Three semi-structured focus groups including 14 CHPs working in one large Dutch child health care organization were conducted in January and February 2012. Participants were asked questions about the dissemination of the guidelines, adherence to their key recommendations and factors that impeded or facilitated desired working practices. The interviews were audiotaped and transcribed. Impeding
and facilitating factors were identified and classified. An innovation framework was used to guide the research.

RESULTS: CHPs mentioned 24 factors that facilitated or impeded adherence to the CAP guidelines. Most of these factors were related to characteristics of the user. Familiarity with the content of the guidelines, a supportive working environment and good inter-agency cooperation were identified as facilitating factors. Impeding factors included lack of willingness of caregivers to cooperate, low self-efficacy and poor inter-agency cooperation.

CONCLUSION: The results indicate that a broad variety of factors may influence CHPs' (non-)adherence to the CAP guidelines. Efforts to improve implementation of the guidelines should focus on improving familiarity with their contents, enhancing self-efficacy, promoting intra-agency cooperation, supporting professionals in dealing with uncooperative parents and improving inter-agency cooperation. Recommendations for future research are provided.


3. Recurrent concerns for child abuse: repeated consultations by a subspecialty child abuse team


OBJECTIVES: Physically abused children may be repeatedly reported to child protection services and undergo multiple medical evaluations. Less is known about recurrent evaluations by hospital-based child abuse teams for possible abuse. The objectives of this study were to determine the frequency of repeated consultations by child abuse teams and to describe this cohort in terms of injury pattern, perceived likelihood of abuse, disposition plan, and factors related to repeat consultation.

METHODS: This was a prospectively planned, secondary analysis of data from the Examining Siblings to Recognize Abuse (ExSTRA) research network. Subjects included children younger than 10 years of age who were referred to child abuse subspecialty teams at one of 20 U.S. academic centres.

RESULTS: Repeat consultations occurred in 101 (3.5%; 95% CI 2.9-4.2%) of 2890 subjects. The incidence of death was 4% (95% CI 1-9%) in
subjects with repeated consults and 3% (95% CI 2-3%) in subjects with single consults. Perceived likelihood of abuse from initial to repeat visit remained low in 33% of subjects, remained high in 24.2% of subjects, went from low to high in 16.5%, and high to low in 26.4% of subjects. Themes identified among the subset of patients suspected of repeated abuse include return to the same environment, failure to comply with a safety plan, and abuse in foster care.

CONCLUSION: Repeated consultation by child abuse specialists occurs for a minority of children. This group of children may be at higher risk of subsequent abuse and may represent an opportunity for quality improvement.

4. Skeletal surveys and head computed tomographies in the evaluation of child abuse: refining practice patterns


No abstract.


5. Child abuse pediatric consults in the pediatric emergency department improve adherence to hospital guidelines


BACKGROUND: Little data describes the role of child abuse paediatricians in consultation for physical abuse patients the paediatric emergency department.

OBJECTIVES: To compare adherence in the emergency department to hospital physical abuse guidelines and need to return for testing between 2 groups: those receiving a child abuse consultation in the paediatric emergency department vs. those who received standard emergency department care with subsequent child abuse review.

METHODS: We reviewed 471 records of visits to the paediatric emergency department for physical abuse. Data collected included demographics, studies performed, whether patients need to return after child abuse review, child abuse subpoenas, child abuse testimony in court.

RESULTS: Patients who received a child abuse consult in the emergency department or inpatient were more likely to be younger and to have more
Severe injuries. In cases where a consult was obtained, there was 100% adherence to emergency department clinical guidelines vs. 66% when no consult was obtained. In addition, in cases that did not receive a child abuse consult, 8% had to return to the hospital for labs or radiographs after their emergency department visit.

CONCLUSION: Child abuse consultation in the paediatric emergency department improves compliance with clinical guidelines and decreases the likelihood that patients will need to return for further testing.


Reviews & Guidelines

1. Child death reviews: developing CLEAR recommendations


SUMMARY: This paper is based on a study commissioned by the Department of Children and Youth Affairs in Ireland. It addresses the topic of recommendations emanating from child death inquiries and reviews; it looks at the factors which privilege some recommendations over others when it comes to implementation and explores whether a more collaborative approach to development might be more beneficial. As part of the study, the researchers to propose a new model for developing recommendations which will address the complexity of child protection practice, reflect its core principles and promote learning. ‘New model for developing recommendations which will address the complexity of child protection practice, reflect its core principles and promote learning’ The study found that recommendations were generally implemented when they fitted with social norms and aspiration of the time and particularly when they synchronised with policy developments that had already been initiated and required increased investment and public support to reach completion. The research drew a distinction between addressing and implementing recommendations, and overall found that a type of ‘recommendation fatigue’ had evolved following the succession if inquiries. It proposed that in the future, recommendations should be drafted in collaboration with key stakeholders which would provide the team with a range of expert knowledge strengthen the methodological rigour of the process and promote the likelihood that they would be feasible and
realistic. The study proposed a new model of CLEAR recommendations.  

2. Child maltreatment: a review of key literature in 2013

OBJECTIVES: This review summarizes new findings in the field of maltreatment, addressing epidemiology, physical abuse, abusive head trauma, sexual abuse, sequelae, and prevention.

RECENT FINDINGS: Many articles this year focus on establishing a framework for thinking about how to evaluate a child for maltreatment, the consequences of maltreatment, and the current understanding of prevention efforts. Interestingly, some research has helped to reinforce some concepts that were clinically appreciated, especially related to retinal haemorrhages.

SUMMARY: The volume, quality, and breadth of research relating to child maltreatment continue to improve and expand our understanding of child abuse paediatrics. These authors summarize notable advances in our understanding of child maltreatment over the past year.

1. Association of maternal developmental disorder traits with child mistreatment: A prospective study in Japan

OBJECTIVES: Maternal mental disorders are known risk factors for child mistreatment. However, little is known about the involvement of maternal developmental disorder traits. The aim of this study was to examine maternal traits related to Pervasive Developmental Disorder (PDD) and Attention Deficit Hyperactivity Disorder (ADHD), and their possible association with child mistreatment.

METHODS: Maternal PDD and ADHD were assessed through a self-administered questionnaire (N=846) during mid-pregnancy using the Pervasive Developmental Disorders Autism Society Japan Rating Scale (PARS) and Adult ADHD Self-Report Scale (ASRS). The mothers completed another questionnaire on child
mistreatment when the offspring was approximately 18 months of age. The associations between maternal PDD and ADHD traits and child mistreatment score were analysed using linear regression models adjusted for covariates.

RESULTS: Mothers who exhibited stronger PDD traits showed significantly higher child mistreatment score, even after adjustment for maternal characteristics at baseline and ADHD traits. At the same time, ADHD traits were significantly associated with child mistreatment after adjustment of covariates, although the association became non-significant after adjustment of PDD traits.

CONCLUSION: Mothers who showed PDD and ADHD traits during pregnancy were more likely to mistreat their children. It is essential to educate mothers with such traits with appropriate, easy-to-follow childcare instructions, preferably in simple language combined with pictorial aids. 


No Abstract.

Full text:
Professional development

National

**Australian Child & Adolescent Trauma, Loss & Grief Network**

The network aims to promote understanding of child and adolescent trauma, loss and grief. It offers key resources to help people involved with, or who have responsibility for, children and adolescents and those who are interested in the impact of psychological trauma, loss and other adversities as they affect young people. It also provides an online forum for communication and sharing of information and expertise among professionals and community workers; as well as people involved in research, policy, education and training and other interested members of the community. The website includes a sub-section on abuse, neglect and violence.

*Website:*  
http://www.earlytraumagrief.anu.edu.au/

**Australian Childhood Foundation**

The Australian Childhood Foundation has developed a reputation for providing high quality education and training programs which focus on the neurobiology of trauma, attachment and related practice issues.

*Website:*  
http://www.childhood.org.au/home/

**Australian Institute for Family Studies (AIFS) – Seminar series**

The Australian Institute for Family Studies seminar series presents eminent speakers focusing on contemporary issues in national and international family research. All seminars are free and open to the public.

*Events calendar:*  

**Adult Survivors of Child Abuse (ASCA)**

ASCA is an Australian national charity which advances the health and wellbeing of people and communities affected by child abuse, for this and future generations. There are an estimate 4-5 million adult survivors of childhood trauma in Australia. This includes people who have experienced childhood abuse in all its forms, neglect, family and community violence in childhood and/or other adverse childhood events (complex trauma). ASCA provides professional support, education and training programs, as well as a trauma-informed approach to care to improve the lives of adults abused as children. It also advocates nationally for the often complex needs of trauma survivors to be better met.

*Events calendar:*  
http://www.earlytraumagrief.anu.edu.au/ProfessionalDevelopmentSeminars/
Caraniche Training and Research

Caraniche draws on the applied expertise of its staff to deliver professional development training in the health and welfare sector, including supervision and clinical skills, professional practice and critical incidents. They provide customized in-house training that can be modified to meet specific learning needs and participant requirements.

Website:

Training and research:

Centre for Community Child Health (CCCH)

CCCH offers a wide range of professional development activities that are designed to meet the needs of all professionals who work with children and families. Drawing on its world-class research and its clinical practice, CCCH's training and seminars are run by experienced early childhood facilitators.

Website:
http://www.rch.org.au/rch/home.cfm

Events calendar:
http://www.rch.org.au/ccch/events.cfm

Child Abuse Consultancy Education and Training (CACET)

CACET (Kay-set) Global offer a wide range of awareness seminars designed to equip professionals and volunteers who work with children to manage and appropriately respond to suspicions of, or disclosures of child maltreatment throughout Australia and the Asia-Pacific region.

Website:

Child Wise

Child Wise provides a range of specialized training packages, consultancies and services to protect children when they are in someone else’s care; to inform parent’s and carers about how they can keep their children safe; and to help children recover from the trauma of abuse.

Website:
http://www.childwise.net/

Professional training programs:
http://www.childwise.net/Table/Available-Training-Programs/

Compass Seminars Australia

Compass is Queensland’s newest professional development training provider
for people who work with children, young people and families.

**Website:**

**Events calendar:**

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**Education Centre Against Violence (ECAV) NSW Health**

Education Centre Against Violence (ECAV) NSW Health, administered by Sydney West Area Health Service. ECAV is committed to enhancing the quality and accessibility of services to people whose lives have been affected by interpersonal violence.

**Website:**

**Events calendar:**

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**ENCOMPASS - Family and Community**

ENCOMPASS regularly develop and deliver small group and workplace-based training for child protection workers, family support workers, youth workers, and community support workers. All training is informed by latest research and thinking, is evidence-based where applicable, and regularly updated.

**Website:**

**Training schedule:**

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**Family and Relationship Services Australia (FRSA)**

FRSA list a range of training and workshop events for professionals looking to refresh their skills in a range of areas related to family relationship service provision.

**Website:**

**Training and events calendar:**

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**In Safe Hands**

In Safe Hands offers a wide variety of child protection workshops and online training for all sectors, including educators, community and health professionals. The workshops can be tailored to meet the service requirements of individual agencies.

**Website:**
http://www.insafehands.net.au/

**Online child protection courses:**
http://www.insafehands.net.au/courses

**In service training courses:**
http://www.insafehands.net.au/our-services
Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) establishes and supports interdisciplinary mental health networks across Australia. MHPN further provides a range of online learning and networking opportunities for people working in primary mental health care. This includes a series of regular, free webinars with panels of expert presenters participating in a facilitated case study discussion.

Website:

Webinars:

National Guide to Training Programs in Psychotherapy and Counseling

This guide provides information on the many different training programs in psychotherapy and counseling offered by numerous training bodies across Australia and New Zealand.

Website:

Secretariat of National Aboriginal and Islands Child Care

SNAICC lists a range of Indigenous-focused professional development training resources in the areas of governance and management, community and family services and family violence and sexual assault.

Website:
http://www.snaicc.asn.au/index.cfm

Training:

Signs of Safety (resolutions consultancy)

Resolutions Consultancy provides training and consultancy in safety-organized child protection practice across the globe. They are constantly developing new practice-based materials and resources to help agencies and professionals build their practice. Tailored training and implementation options are available for a fee.
Website:  
http://www.signsofsafety.net/home

Events calendar:  
http://www.signsofsafety.net/calendar

Training.gov.au (TGA)

TGA is a database on Vocational Education and Training in Australia. It is the official National Register of information on Training Packages, Qualifications, Courses, Units of Competency and Registered Training Organizations (RTOs) and has been developed for experienced training sector users.

Website:  

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International

The American Professional Society on the Abuse of Children (APSAC)

USA

The American Professional Society on the Abuse of Children is a national organization whose mission is to enhance the ability of professionals to respond to children and families affected by abuse and violence. APSAC tries to fulfil this mission in a number of ways, most notably through providing education and other sources of information to professionals who work in the child maltreatment and related fields.

Website:  
http://www.apsac.org/

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)

UK

BASPCAN is primarily a membership association for professionals and volunteers working in the field of child protection who can demonstrate active participation or interest in the aims of the Association. It is the only multi-disciplinary association of its kind in the UK, bringing together personnel from all agencies who work in the field with children in need, and with those who are abused and neglected.

Website:  
http://www.baspcan.org.uk/index.php

Events calendar:  
http://www.baspcan.org.uk/calendar.php

Chadwick Center for Child and Families

USA

The centre promotes the health and well-being of abused and traumatized children and their families through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research.

Website:  
http://www.chadwickcenter.org/default.htm

2012 conference proceedings:  
http://www.sandiegoconference.org/
International Society for Prevention of Child Abuse and Neglect (ISPCAN)

USA

The International Society for Prevention of Child Abuse and Neglect (ISPCAN) is the only multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation globally.

Website:
http://www.ispcan.org/

Events Calendar
http://www.ispcan.org/events/event_list.asp

Training Calendar
http://www.ispcan.org/?page=TrainingEvents

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UK

This website is for all practitioners, researchers, trainers, policy-makers and other professionals, and provides free access to the most current information on child abuse, child protection and safeguarding in the UK.

Website:
http://www.nspcc.org.uk/

Events calendar:
http://www.nspcc.org.uk/Inform/informhub_wda49931.html

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NEARI Press

USA

For over 20 years, NEARI has been providing nationally recognized “cutting edge” work with seriously emotionally disturbed children and youth as well as providing “state of the art” resources about sexual abuse prevention. NEARI’s mission is to provide education and treatment services for emotionally disturbed, traumatized, neurologically challenged and learning disabled children and adolescents, and to create effective learning opportunities for the organizations, professionals and other adults who care about these children, youth and other at-risk populations. NEARI Press further organises online trainings and free webinars.

Website:
http://www.nearipress.org/

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Stop It Now! – Preventing Sexual Abuse of Children

USA

Stop It Now! aims to prevent the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed. Stop It Now! further offers (free) online training to help adults prevent child sexual abuse. Webinars help parents, professionals and all adults learn about the Stop It Now! approach and research,
and about using online tools for prevention.

Website
http://www.stopitnow.org/

Past and current webinars:
http://www.stopitnow.org/training
Professional Interest

National

Australian Centre for the Study of Sexual Assault (ACSSA)

The Australian Centre for the Study of Sexual Assault (ACSSA) is a central collection point for research, information and resources about sexual assault in Australia. ACSSA’s key role is to facilitate access to the growing evidence-base on sexual assault and to support organizations, agencies and others who use research and evidence in shaping policy, practice and research directions in responding to, and reducing, sexual assault.

Website:

Australian Domestic & Family Violence Clearinghouse

The Australian Domestic & Family Violence Clearinghouse is a national organisation, providing high quality information about domestic and family violence issues and practice. The primary goal of the Clearinghouse is to prevent domestic and family violence. We do this by supporting specialist and generalist service providers, government agencies, researchers, advocates and activists in their efforts, through the dissemination of information and research, and through facilitating discussion.

Website:
http://www.austdvclearinghouse.unsw.edu.au/home.html

Child Protection Special Interest Group – RACP

The Child Protection Special Interest Group (CPSIG) is a special interest group within the Chapter of Community Child Health of the Royal Australasian College of Physicians (RACP). RACP – CPSIG is collective of doctors interested in the field of child protection. Membership is open to all doctors regardless of qualifications and experience. Interests range from the forensic evaluation of children’s injuries to concern for vulnerable and disadvantaged children.

Website:

RACP Home:
http://www.racp.edu.au/

Commission for Children and Young People and Child Guardian (CCYPCG)

The Commission for Children and Young People and Child Guardian promotes and protect the rights, interests and wellbeing of children and young people in Queensland, particularly those who are in care or detention, have no one to act on their behalf, are not able to protect themselves or those disadvantaged
because of a disability, geographic isolation, homelessness or poverty.

Commission’s latest reports:

Institute of Child Protection Studies, Australian Catholic University

The Institute of Child Protection Studies aims to enhance the well-being of children, young people and families through quality research, evaluation, training and community education.

Website:

National Association for the Prevention of Child Abuse and Neglect (NAPCAN)

Child abuse and neglect is one of Australia's most significant social problems. Last year over 30,000 Australian children were proven to have been abused or neglected. The mission of the National Association of Child Abuse and Neglect (NAPCAN) is to prevent child abuse and neglect and to ensure the safety and wellbeing of every Australian child.

Website:

National Child Protection Clearing House (NCPCH)

The NCPCH is an information, advisory and research unit focused on child abuse prevention, child protection and out-of-home care.

Website:

Events calendar:

Subscribe to news alerts:

CPCH publications:

Protecting Australia's Children: Research and Evaluation Register

The Protecting Australia's Children: Research and Evaluation Register is a searchable database of Australian research and evaluation undertaken since 1995.

The 1371 projects and publications included in this Register cover a range of topics relating to the protection of Australia's children including:

- The prevention of child abuse and neglect
- Early intervention
- Child protection services
- Out of home care; and
- Support for children who have experience abuse or neglect
The projects and publications included in the Register were identified through a literature search and through details provided by researchers working in the field.

**Website:**

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**International**

**California Evidence Based Clearinghouse (CEBC)**
USA

The California Evidence Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.

**Website:**
http://www.cebc4cw.org/

**Events calendar:**
http://www.cebc4cw.org/resources/cebc-calendar/

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**Child Protection Special Interest Group – BACCH & RCPCH**
UK

The Child Protection Special Interest Group (CPSIG) is a special interest group of the British Association for Community Child Health (BACCH) and the Royal College of Paediatrics and Child Health (RCPCH). CPSIG provides peer support at local and national level as well as regional and national study days. CPSIG membership is open to BACCH and RCPCH members, and to doctors from other appropriate professional organisations.

**Website:**
http://www.cpsig.org.uk/

**BACCH Home:**
http://www.bacch.org.uk/index.php

**RCPCH Home:**
http://www.rcpch.ac.uk/

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**Child and Woman Abuse Studies Unit**
UK

The Child and Woman Abuse Studies Unit conducts independent research into the abuse of children and women, working from a feminist perspective. The website contains information on the Unit's research projects and publications, as well as an FAQ section including rape and sexual assault and trafficking in women and children for sexual exploitation.

**Website:**
http://www.cwasu.org/

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**CORE INFO**

**UK**

Cardiff Child Protection Systematic Reviews. The Welsh Group provides a series of systematic reviews defining the
evidence base behind the diagnosis of physical child abuse.

Website:  
http://www.core-info.cardiff.ac.uk/

Division of Violence Prevention, Centers for Disease Control and Prevention (CDC)  
USA
The Division of Violence Prevention is a division within the Centers of Disease Control and Prevention (CDC) of the US Department of Health and Human Services. It provides general information on violence and violence prevention, as well as statistics on sexual violence, preventing violence against women, fact sheets, definitions and data sources.

Website:  
http://www.cdc.gov/ViolencePrevention/overview/index.html

DynaMed
DynaMed is a clinical reference tool created by physicians for physicians and other health care professionals for use at the point-of-care. With clinically-organized summaries for more than 3,200 topics, DynaMed provides the latest content and resources with validity, relevance and convenience.

Access DynaMed:  

FirstConsult
FirstConsult leverages evidence-based medical information to deliver answers that are trusted, quick, and accessible anytime, anywhere. Content is subject to rigorous oversight by expert peer reviewers, a renowned editorial board, physician editors, and the Editor-in-Chief.

Access First Consult:  

Institute on Violence, Abuse and Trauma (IVAT)  
USA
The Family Violence and Sexual Assault Institute has now merged with Alliant International University to form The Institute on Violence, Abuse and Trauma (IVAT). The IVAT is an important International resource, research and training centre that includes all areas of violence, abuse and trauma. The Institute encompasses multiple centres, which focus on family violence in the broad sense, including sexual assault, youth and school violence, workplace violence, violence prevention and traumatic stress.
Minnesota Center Against Violence and Abuse (MINCAVA)
USA
MINCAVA provides research, education, and access to violence related resources through the MINCAVA Electronic Clearinghouse. As well as articles, research and bibliographies the website contains information about training resources and courses.

Website:
http://www.mincava.umn.edu/

National Clearinghouse for Family Violence Canada
The National Clearinghouse on Family Violence (NCFV) is a resource centre for information on the prevention of violence and abuse within the family. Operating on behalf of the 15 partners that make up the Family Violence Initiative (FVI), the NCFV facilitates knowledge exchange between those working on the prevention, protection and treatment aspects of violence. It also helps increase public awareness, encouraging Canadian communities to become more involved in reducing family violence.

Website:
http://www.nsvrc.org/

Search the NSVRC Library database:
http://207.67.203.54/N80002Staff/OPAC/Index.asp

National Sexual Violence Resource Center (NSVRC)
USA
The National Sexual Violence Resource Center (NSVRC) is a central clearinghouse for resources and research on sexual violence in the USA. NSVRC aims to strengthen the support system for sexual assault survivors, provide information and assistance for effective interventions in preventing sexual violence, and identify emerging policy issues and research needs. The National Sexual Violence Resource Center Library contains library collections of both the NSVRC and the Pennsylvania Coalition Against Rape (PCAR). To search and access one or both collections, use the link provided below.

Website:
http://www.nsvrc.org/

National Criminal Justice Reference Services
USA
The NCJRS website contains a wide collection of criminal justice publications organised by subject and a searchable abstracts database. You can search for national and international upcoming events around juvenile and criminal
justice, victim assistance and drug policy here.

Website:  
https://www.ncjrs.gov/

New Zealand Family Violence Clearinghouse

The New Zealand Family Violence Clearinghouse is a national center for collating and disseminating information about family violence in Aotearoa New Zealand. The aim of the Clearinghouse is to provide resources for people interested in working towards the elimination of family violence. An outcome of the Government's Te Rito: New Zealand Family Violence Prevention Strategy, the Clearinghouse supports the vision of Te Rito: to create a society families/whanau are living free from violence.

Website:  
http://www.nzfvc.org.nz/

PediatricRadiology.com

PediatricRadiology.com is a paediatric radiology and paediatric imaging digital library. The goal of PediatricRadiology.com is to provide a starting point for entry into paediatric radiology places of enlightenment, entertainment and education on the Internet. PediatricRadiology.com identifies high quality paediatric radiology World-Wide Web sites that can teach, illuminate, and inspire. In essence, PediatricRadiology.com is meant to serve as a "pico portal" for users interested in paediatric radiology.

Website:  
http://www.pediatricradiology.com/

Sexual Abuse Survivors Trust NZ

The Sexual Abuse Survivors Trus (SAST) offers information and support for those who have experienced sexual abuse.

Website:  
http://www.sast.org.nz/

Sexual abuse of Males - Jim Hopper USA

Jim Hopper is a clinical psychologist and researcher specialising in childhood sexual abuse in boys. This page provides resources around the sexual abuse of boys and the lasting effects of childhood sexual abuse in the lives of men.

Website:  
http://www.jimhopper.com/male-ab/

Welsh Child Protection Systematic Review Group UK

The Welsh Group provides a series of systematic reviews defining the evidence
base behind the diagnosis of physical child abuse.

Website:
http://www.core-info.cf.ac.uk/index.html
# Events

## June 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>4-6</td>
<td>The National Indigenous Drug &amp; Alcohol Conference 2014</td>
<td>Melbourne VIC</td>
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<tr>
<td>6-8</td>
<td>Queensland Early Childhood Conference</td>
<td>Brisbane QLD</td>
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<tr>
<td>19-20</td>
<td>Annual CPA-CPLO Joint Workshop (SWCPCP)</td>
<td>Brisbane QLD</td>
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<tr>
<td>23-24</td>
<td>2nd Annual Out-Of-Home Care Summit</td>
<td>Sydney NSW</td>
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<tr>
<td>25-26</td>
<td>Creating Synergy: Engaging Clients, Couples and Communities</td>
<td>Wollongong NSW</td>
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<tr>
<td>26-27</td>
<td>Racism and the Health and Wellbeing of Children and Youth</td>
<td>Melbourne VIC</td>
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</tbody>
</table>

## July 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>1-4</td>
<td>7th European Conference on Positive Psychology</td>
<td>Amsterdam NL</td>
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<tr>
<td>5-6</td>
<td>Aboriginal Health Conference</td>
<td>Perth WA</td>
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<tr>
<td>9-12</td>
<td>Joint World Conference on Social Work, Education and Social Development</td>
<td>Melbourne VIC</td>
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<tr>
<td>10-11</td>
<td>Western Australian Youth Sector Conference</td>
<td>Perth WA</td>
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<tr>
<td>23-25</td>
<td>Suicide Prevention Australia Conference</td>
<td>Perth WA</td>
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<tr>
<td>30 Jul - 1 Aug</td>
<td>13th Australian Institute of Family Studies Conference 2014 – Families in a rapidly changing world</td>
<td>Melbourne VIC</td>
</tr>
</tbody>
</table>
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