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 Unit, Policy and Clinician Engagement, Health Service and Clinical Innovation. 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: http://www.health.qld.campusguides.com/child-protection

Contact

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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Access to links

Hold down the Ctrl key and click on blue link to access full text journal articles or web pages. Where full text articles are not linked, please use the corresponding reference to access the article via CKN.

(Note: The access to full-text journal articles is dependent on CKN e-journal subscription. If your access is restricted, document delivery can be requested via your professional library).
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Australian Child & Adolescent Trauma, Loss & Grief Network

Australian Childhood Foundation

Australian Institute for Family Studies (AIFS) – Seminar series

Adult Survivors of Child Abuse (ASCA)

Caraniche Training and Research

Child Abuse Consultancy Education and Training (CACET)

Child Wise

Compass Seminars Australia

Education Centre Against Violence (ECAV) NSW Health

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Research Update

**Abusive Head Trauma**

1. Imaging of bridging vein thrombosis in infants with abusive head trauma: the "Tadpole Sign"


*Eur Radiol* Ahead of print [Epub 03/10/2014].

OBJECTIVES: Abusive head trauma (AHT) in infants is usually diagnosed using a multi-disciplinary approach by investigating the circumstances and identifying morphological indicators, for example, subdural hematomas (SDHs), subdural hygromas (SDHys), retinal haemorrhages and encephalopathy. The present morphological study investigates the incidence, radiological characteristics and non-radiological co-factors of bridging vein thrombosis (BVT) in infants with AHT.

METHODS: From 2002 to 2013, computed tomography (CT) and magnetic resonance imaging (MRI) material of 628 infants aged 0-2 years were analysed retrospectively. If available, medicolegal expert opinions were additionally considered. Cases with SDHs and/or SDHys were identified and systematically evaluated as to the presence and characteristics of BVT.

RESULTS: SDHs and/or SDHys were present in 29 of the 81 cases exhibiting morphological abnormalities in the initial CT. Among these, 11 cases (40%) had BVT (mean age = 5.0 months). BVT could be best depicted in the T1-weighted spin echo and T2*/susceptibility-weighted MRI. In one case, BVT could be depicted indirectly using time-of-flight MR venography. The predominant (73%) BVT shape was found to be tadpole-like ("Tadpole Sign").

CONCLUSION: In the absence of appropriate accidental trauma, BVT appears to be a strong indicator of AHT. Therefore, the BVT/Tadpole Sign represents compelling cause to search for other signs of AHT.


2. Abusive head trauma: Past, present, and future

*Narang, S. and J. Clarke* *J Child Neurol* Ahead of print [Epub 16/10/2014].

ABSTRACT: Abusive head trauma has a robust and interesting scientific history. Recently, the American Academy of Pediatrics has endorsed a change in terminology to a term that is
more general in describing the vast array of abusive mechanisms that can result in pediatric head injury. Simply defined, abusive head trauma is "child physical abuse that results in injury to the head or brain." Abusive head trauma is a relatively common cause of childhood neurotrauma, with an estimated incidence of 16 to 33 cases per 100,000 children per year in the first 2 years of life. Clinical findings are variable; AHT should be considered in all children with neurologic signs and symptoms, especially if no or only mild trauma is described. Subdural and retinal haemorrhages are the most common findings. The current best evidence-based literature has identified some features—apnoea and severe retinal haemorrhages—that reliably discriminate abusive from accidental injury. Longitudinal studies of outcomes in abusive head trauma patients demonstrate that approximately one-third of the children are severely disabled, one third of them are moderately disabled, and one third have no or only mild symptoms. Abusive head trauma cases are complex cases that require a rigorous, multidisciplinary team approach. The clinician can establish this diagnosis with confidence if he/she maintains a high index of suspicion for the diagnosis, has knowledge of the signs, symptoms, and risk factors of abusive head trauma, and reasonably excludes other etiologies on the differential diagnosis.


3. Head injury pattern in children can help differentiate accidental from non-accidental trauma


OBJECTIVES: Our aim was to define the radiographic findings that help differentiate abusive head trauma (AHT) from accidental head injury.

METHODS: Our trauma registry was queried for all children ≤ 5 years of age presenting with traumatic brain injury (TBI) from 1996-2011.

RESULTS: Of 2,015 children with TBI, 71% had accidental injury and 29% had AHT. Children with AHT were more severely injured (ISS 22.1 vs 14.4; p < 0.0001) and had a higher mortality rate (15 vs 5%; p < 0.0001). Patients with AHT had higher rates of diffuse axonal injury (14 vs 8%; p < 0.0001) and subdural haemorrhage (76 vs 23%; p < 0.0001). Children with accidental injury had higher rates of skull fractures (52 vs 21%; p <
0.0001) and epidural haemorrhages (11 vs 3 %).

CONCLUSION: AHT occurred in 29 % of children and resulted in increased mortality rates. These children had higher rates of subdural haemorrhages and diffuse axonal injury. Physicians initially evaluating injured children must maintain a high index of suspicion for abuse in those who present with subdural hematoma or diffuse axonal injury.


4. A finite element analysis of the retinal hemorrhages accompanied by shaken baby syndrome/abusive head trauma


ABSTRACT: We aimed to elucidate the mechanism of the retinal haemorrhage (RH) accompanied by shaken baby syndrome or abusive head trauma (SBS/AHT) by analyses using a computational model. We focused on a hypothesis that the vitreoretinal traction due to acceleration and deceleration caused by abusive shaking leads to retinal haemorrhage. A finite element (FE) mechanical model with simple spherical geometry was constructed. When the FE mechanical model was virtually shaken, the intensity of the stress applied to the retinal plane agreed well with the results from an analysis using a physical model made of agar gel. Impacts due to falling events induced more intensive tensile stresses, but with shorter duration, than the shake did. By applying a mathematical theory on tackiness, we propose a hypothesis that the time integration of the stress, in the unit of Pa.s, would be a good predictor of the RH accompanied by SBS/AHT. A single cycle of abusive shake amounted to 101Pa.s of time integration of inflicted stress, while a single impact event amounted to 36Pa.s. This would explain the paradoxical observation that shaking induces RH while RH due to impact events is only seen in a major event such as a fatal motor vehicle accident.

Child Physical Abuse

1. A comparison of accidental and nonaccidental trauma: It is worse than you think


BACKGROUND: Child abuse, or non-accidental trauma (NAT), is a major cause of pediatric morbidity and mortality, and is often unrecognized. Our hypothesis was that injuries due to accidental trauma (AT) and NAT are significantly different in incidence, injury, severity, and outcome, and are often unrecognized.

OBJECTIVES: Our aim was to carry out an examination of the differences between pediatric injuries due to AT and NAT regarding incidence, demographics, injury severity, and outcomes.

METHODS: A 4-year retrospective review of the Trauma Registry at Children's Medical Center Dallas, a large Level I pediatric trauma center, comparing incidence, age, race, trauma activation, intensive care unit (ICU) need, Injury Severity Score (ISS), and mortality between AT and NAT patients was carried out.

RESULTS: There were 5948 admissions, 92.5% were AT and 7.5% were NAT victims. The NAT patients were younger (1.8 +/- 3.3 years vs. 6.8 +/- 4.2 years for AT patients; p < 0.01), more often required an ICU stay (NAT 36.5% vs. 13.8% for AT patients; p < 0.0001), and had a higher ISS 14.0 +/- 9.7 vs. 7.5 +/- 7.2; p < 0.0001). The mortality rate in NAT was 8.9% vs. 1.4% for AT (p < 0.001). Of the 40 NAT patients who ultimately died, 17.5% were not initially diagnosed as NAT.

CONCLUSIONS: NAT victims differ significantly from the AT patients, with a greater severity of injury and a 6-fold higher mortality rate. Delayed recognition of NAT occurred in almost 20% of the cases. It is generally accepted that NAT is underestimated. Its increased mortality rate and severity of injury are also not well recognized compared to the typical pediatric trauma child.


2. Frequency of skeletal injuries in children with inflicted burns


BACKGROUND: It is estimated that inflicted burn injuries in physically abused children occur with a
prevalence of approximately 6-20%. Identification of burns of a non-accidental nature is oftentimes difficult. Underlying skeletal injuries in abusive environments are often overshadowed by the acute burn injury.

OBJECTIVES: We assessed the prevalence of inflicted burns and the frequency of associated skeletal injuries in a population from a large children's hospital.

METHODS: From a database of nearly 3,000 children who were assessed for possible abuse from 1997 to 2012, we identified 142 children with burn injuries. We included only those who had undergone skeletal surveys as part of the diagnostic workup. The final diagnosis, based on the burn, was categorized as non-accidental, accidental or indeterminate by a child abuse paediatrician. We excluded children with no skeletal survey (n = 18), children in whom the final diagnosis could not be found (n = 6), and other conditions misdiagnosed as burn (n = 6). The resulting cohort consisted of 112 children.

RESULTS: Of the 112 children with burns, 54 were girls and 58 boys with ages ranging from 1 month to 110 months, mean age of 15 months. Forty-five (40%) were determined to be non-accidental, 36 (32%) were indeterminate and 31 (28%) accidental. The most common causative mechanism was scalding and the most common location was the perineum and lower extremity in all three diagnostic categories. Skeletal surveys were positive for fractures in 15/45 (33%) of the non-accidental group; 2/36 (6%) in the indeterminate group, and 0/29 (0%) in the accidental group. Fractures in the non-accidental group included healing rib fractures in seven, classic metaphyseal lesions in three, healing shaft fractures in six, skull fracture in one and clavicle fracture in two children. Fractures in the indeterminate group included shaft fractures in two, one of which was healing.

CONCLUSION: Intentional burns in children appear to be more common than previously known, occurring in 40% of the children in our series, a greater percentage than has been reported in the literature. In addition, nearly one-third of these children with inflicted burns had associated skeletal injuries, most commonly healing rib fractures. Thus young children with concern for non-accidental burns should undergo a skeletal survey.

3. Child Abuse, Physical

No abstract available.

Full text: http://eds.b.ebscohost.com/eds/pdfviewer?sid=e096eebf-9595-451d-a5bc-8800e9cb09aa%40sessionmgr198&vid=0&hid=122

4. Who are we missing? Too few skeletal surveys for children with humeral and femoral fractures

AIM: To determine the potential shortfall in skeletal survey referral for children presenting with an acute non-supracondylar humeral or femoral fracture.

METHODS: Plain radiograph reports were reviewed retrospectively using the radiology information system database over a 5 year study period (May 2008-2013) in children under 18 months of age who presented with an acute fracture. Subsequent skeletal survey referral was used as a surrogate marker for further investigation of child abuse. Application of robust meta-analysis derived probability data regarding likelihood of child abuse as a cause of non-supracondylar humeral or femoral fracture was applied. An estimation of the expected number of cases of abuse, with shortfall in skeletal survey referrals, was then calculated.

RESULTS: There were 288 fractures in 281 children. Three children presented with multiple fractures and were considered separately in the present data. The mean patient age was 10.5 months. Nine (3%) non-supracondylar humeral fractures were identified of which four cases may have been due to non-accidental injury (NAI). One (11%) of these patients was referred for a skeletal survey indicating a potential shortfall of three referrals. Twenty-five (9%) femoral fractures were identified of which 13 cases may have been due to NAI, with six (24%) referrals for skeletal surveys generated. This indicates a potential shortfall of seven referrals.

CONCLUSION: The present study serves as a current analysis of practice within a tertiary paediatric referral centre. There appeared to be local under-investigation of NAI. Improved child protection education and
awareness programmes have now been introduced.

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### Child Sexual Abuse

1. **Child sexual abuse: A review of the recent literature**
   
   **Ben Natan, M. Minerva Pediatr Ahead of print [Epub 23/09/2014].**

   **ABSTRACT:** Research of child sexual abuse has considerably evolved and continues to evolve exponentially. Professionals in various fields are required to be updated in the latest guidelines in practice, as well as in research. The present paper summarizes the most recent scientific literature on child sexual abuse, mainly systematic reviews and meta-analyses, focusing on central issues, namely, the international prevalence of the phenomenon, its negative consequences, and the offender's characteristics; referring to the potential victim's profile. Finally, the paper summarizes the recent recommendations and implications for practice and research in child sexual abuse.


2. **The construct of grooming in child sexual abuse: Conceptual and measurement issues**
   
   **Bennett, N. and W. O'Donohue J Child Sex Abus Ahead of print [27/09/2014].**

   **ABSTRACT:** There have been claims that some child molesters engage in a "seduction stage" prior to committing abuse. These behaviours, commonly known as "grooming," are understood as methods child molesters use to gain access to and prepare future victims to be compliant with abuse. However, there is a lack of consensus regarding exactly what this process entails and how it is clearly distinguished from normal adult-child interactions. It is important to devise an accurate definition of grooming for scientific, clinical, and forensic purposes. We critically evaluate the various definitions and reveal problematic heterogeneity. Furthermore, there are no methods of known psychometrics to validly assess grooming. We review the empirical literature regarding the occurrence of grooming and propose future directions for research.

3. Heterogeneous symptom patterns of sexually abused children in treatment: understanding the complexity of the problem
Sawyer, G. K. and D. J. Hansen J Child Sex Abus Ahead of print [Epub 27/09/2014].

ABSTRACT: A major challenge for clinicians and researchers is the heterogeneity of the severity and type of symptoms presented by sexually abused youth including those who are subclinical on traditional clinical measures but still present to treatment. Most research continues to treat sexually abused youth as a single population and has not assessed the outcomes or symptom trajectories of various groups of sexually abused youth. Participants included 107 sexually abused children and their non-offending parents presenting to a cognitive-behavioural group treatment. A cluster analysis using child- and parent-report measures revealed four profiles including Subclinical, Highly Distressed, Problem Behaviours, and Self-Reported Distress clusters. Hierarchical Linear Modelling was used to create separate child- and parent-report models of weekly symptomatology to examine differential change over the course of treatment. Contrary to expectation, there was little variation in the weekly rates of change for the different symptom groups; however, all groups evidenced a decrease in symptoms over the course of treatment, including the Subclinical cluster.


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Emotional Abuse & Neglect

1. Child maltreatment and psychological symptoms in a Portuguese adult community sample: the harmful effects of emotional abuse

ABSTRACT: Child maltreatment (CM) is associated with poor long-term health outcomes. However, knowledge about CM prevalence and related consequences is scarce among adults in South European countries. We examined the self-reported prevalence of five different forms of CM in a community sample of 1,200 Portuguese adults; we compared the results with similar samples from three other countries, using the same instrument. We also explored the
relationship between CM and psychological symptoms. Cross-sectional data using the Childhood Trauma Questionnaire-Short Form and the Brief Symptom Inventory were analysed. Moderate or severe CM exposure was self-reported by 14.7% of the sample, and 67% was exposed to more than one form of CM. Emotional neglect was the most endorsed experience, with women reporting greater emotional abuse and men reporting larger physical abuse. Physical and sexual abuse was less self-reported by Portuguese than by American or German subjects. CM exposure predicted 12.8% of the psychological distress. Emotional abuse was the strongest predictor for psychological symptoms, namely for paranoid ideation, depression, and interpersonal sensitivity. Emotional abuse overlapped with the exposure to all other CM forms, and interacted with physical abuse, physical neglect, and emotional neglect to predict psychological distress. Low exposure to emotional abuse was directly associated with the effects of physical abuse, physical neglect, and emotional neglect to predict adult psychological distress. Verbal abuse experiences were frequently reported and had the highest correlations with adult psychological distress. Our results underline the potential hurtful effects of child emotional abuse among Portuguese adults in the community. They also highlight the need to improve prevention and intervention actions to reduce exposure and consequences of CM, particularly emotional abuse.


2. Child Abuse (Neglect)


No abstract available.

Full text:

http://eds.b.ebscohost.com/eds/pdfviewer?sid=e096eebf-9595-451d-a5bc-8800e9cb09aa%40sessionmgr198&vid=0&hid=122
1. Shaken baby syndrome prevention programme: A pilot study in Turkey
Taşar, M. A. and Y. Dallar Bilge Child Abuse Review Ahead of print [Epub 18/10/2014].

ABSTRACT: The purpose of this study is to evaluate the effectiveness of the training materials of a shaken baby syndrome (SBS) prevention programme produced in Western Sydney, Australia, when used with parents in Turkey, and to evaluate the best timing for this training. In this intervention study, a total of 545 mothers, 39.8 per cent of whom were in the first 48 hours after birth (group 1), 43.1 per cent three to seven days after birth (group 2) and 17.1 per cent pregnant (group 3), were tested before and after watching the educational film, for evaluation of their perception, and knowledge of and attitudes towards SBS. The total points measuring the levels of knowledge of shaking hazards changed from an average of 5.0 ± 2.2 pre-intervention to 6.4 ± 1.7 post-intervention (p = 0.001). There was no statistically significant difference between the groups in the pre-test score, whereas in the post-test score group one was significantly lower than the other groups (p = 0.001). In conclusion, training using the SBS Prevention Program was useful for mothers; their level of knowledge about the dangers of shaking increased. Education given prior to the birth and three to seven days after the birth was found to be more useful than during the immediate postnatal period. http://dx.doi.org/10.1002/car.2326

1. Childhood adversity and adult chronic disease: An update from ten states and the district of Columbia, 2010

BACKGROUND: Adverse childhood experiences (ACEs), including child abuse and family dysfunction, are linked to leading causes of adult morbidity and mortality. Most prior ACE studies were based on a non-representative patient sample from one Southern California HMO.

PURPOSE: To determine if ACE exposure increases the risk of chronic disease and disability using a larger, more representative sample of adults than prior studies.
METHODS: Ten states and the District of Columbia included an optional ACE module in the 2010 Behavioral Risk Factor Surveillance Survey, a national cross-sectional, random-digit-dial telephone survey of adults. Analysis was conducted in November 2012. Respondents were asked about nine ACEs, including physical, sexual, and emotional abuse and household member mental illness, alcoholism, drug abuse, imprisonment, divorce, and intimate partner violence. An ACE score was calculated for each subject by summing the endorsed ACE items. After controlling for sociodemographic variables, weighted AORs were calculated for self-reported health conditions given exposure to zero, one to three, four to six, or seven to nine ACEs.

RESULTS: Compared to those who reported no ACE exposure, the adjusted odds of reporting myocardial infarction, asthma, fair/poor health, frequent mental distress, and disability were higher for those reporting one to three, four to six, or seven to nine ACEs. Odds of reporting coronary heart disease and stroke were higher for those who reported four to six and seven to nine ACEs; odds of diabetes were higher for those reporting one to three and four to six ACEs.

CONCLUSIONS: These findings underscore the importance of child maltreatment prevention as a means to mitigate adult morbidity and mortality.


2. Childhood trauma and schizotypy: a systematic literature review

BACKGROUND: Schizotypy is a complex concept, commonly defined as a genetic vulnerability to schizophrenia that falls on a continuum between healthy variation and severe mental illness. There is a growing body of evidence supporting an association between childhood trauma and increased psychotic experiences and disorders. However, the evidence as to whether there is a similar association with schizotypy has yet to be systematically synthesized and assessed.

METHOD: We conducted a systematic search of published articles on the association between childhood trauma and schizotypy in four major databases. The search covered articles from 1806 to 1 March 2013.
and resulted in 17,003 articles in total. Twenty-five original research studies met the eligibility criteria and were included in this review.

RESULTS: All 25 studies supported the association between at least one type of trauma and schizotypy, with odds ratios (ORs) ranging between 2.01 and 4.15. There was evidence supporting the association for all types of trauma, with no differential effects. However, there was some variability in the quality of the studies, with most using cross-sectional designs. Individuals who reported adverse experiences in childhood scored significantly higher on positive and negative/disorganized schizotypy compared to those who did not report such experiences.

CONCLUSION: All forms of childhood trauma and other stressful events (e.g. bullying) were found to be associated with schizotypy, with especially strong associations with positive schizotypy. However, because of the methodological limitations of several studies and a lack of further exploration of different possible mechanistic pathways underlying this association, more research is required.


3. Social functioning and mental health among children who have been living in kinship and non-kinship foster care: results from an 8-year follow-up with a Norwegian sample


ABSTRACT: Studies have shown relatively high rates of emotional and behavioural problems among children living in out-of-home care. This study reports the prevalence of social problems at an 8-year follow-up for a group of children/young adults. Predictors for prevalence and change in emotional and behavioural problems at the follow-up are examined. A prospective cohort design with 233 children who had been living in foster care was used. Forty-eight per cent (n=111) of those interviewed at baseline were located and interviewed at follow-up. Mean age was 17.4 (standard deviation=2.9) years. Mental health symptomatology was measured with Child Behaviour Checklist and Adult Self-Report. Linear and generalized mixed model analyses were used. Changes in internalizing and externalizing problems from baseline to follow-up was associated.
with gender. Boys showed more problems at a young age, whereas girls developed more problems later. Predictors for social problems at follow-up were mental health at baseline, kinship care and care placement away from the local community.

http://dx.doi.org/10.1111/cfs.12180

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**Child Protection Professionals**

1. Don’t forget the children: Court protection from parental conflict is in the best interests of children


**ABSTRACT:** This commentary notes that the White Paper of the Honouring Families Initiative failed to address how including the child’s voice in best interests of the child determinations fits or does not fit into their proposal. To the extent appropriate and possible, the child’s preferences and voice should be heard. In addition, the White Paper’s emphasis on avoiding the adversarial nature of litigation distracts it from a necessary emphasis that conflict is the enemy of children and that conflict can emanate from one or more of numerous sources, some connected to the court processes and some independent of court. This commentary ends by noting that courts are needed for enforcement of orders and protection, yet they also have much more to do despite the inconvenient truth of dwindling resources. As the figurative and literal head of each community’s interdisciplinary team, courts must continue to serve as conflict managers protecting children in high-conflict families.

http://dx.doi.org/10.1111/fcre.12116

2. Home sweet home?

Professionals’ understanding of ‘home’ within residential care for unaccompanied youths in Sweden


**ABSTRACT:** The number of unaccompanied minors arriving in Sweden continues to rise. The majority are placed in residential care units. This qualitative study aims to increase the understanding given by the professionals to the concept of ‘home’ within the framework of residential care for unaccompanied young people. Data are based on participatory observations at two residential care units, followed up by individual interviews with staff. The findings confirm that the concept of home has a
complex meaning involving both objective aspects such as physical buildings, and more subjective components that can be seen as state of mind. The staff's desire to offer an ‘ordinary home’ fails because of the surveillance, their dominant positions and especially due to the legal restrictions that were not initially meant for this target group. Unaccompanied young people have to be considered based on their own specific needs in order to make it possible for society to offer the most suitable care.

http://dx.doi.org/10.1111/cfs.12183

Reviews & Guidelines

1. Evaluation and treatment of childhood physical abuse and neglect: a review

ABSTRACT: According to 2010 CDC estimates, 1 in 5 US children have experienced maltreatment. Risk factors for child maltreatment include child characteristics such as non-compliance and diagnostic conditions that increase caregiver burden. Parent characteristic risk factors include parental mental illness and low social support. New developments in radiologic evaluation of child maltreatment will be reviewed. New findings in evidence based psychotherapies for childhood maltreatment will be discussed. A review of the role of pharmacotherapy in child maltreatment cases will also be presented. New evidence from prevention models targeting young mothers and families are also reviewed.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=mdc&AN=24326535&site=eds-live

2. Evaluation of suspected child abuse at the ED; implementation of American Academy of Pediatrics guidelines in the Netherlands

ABSTRACT: Emergency departments (EDs) are important to detect child physical abuse. A structured approach will contribute to an adequate detection of abused children at the ED. The American Academy of Pediatrics (AAP) provided guidance in the clinical approach to the evaluation of suspected physical abuse in children. In the Netherlands, these American
Academy of Pediatrics guidelines have been adopted for the clinical process of child abuse detection. Here, we describe the outcome of the clinical process in the year 2010 with 65 cases of suspected child abuse out of 3660 children presenting at an ED, and we discuss the strengths and pitfalls of this current clinical approach.

Full text:
http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?sid=184702d5-717a-4cb7-ad7e-d72f6e2fbae0%40sessionmgr110&vid=0&hid=122

3. The prevalence of child maltreatment across the globe: Review of a series of meta-analyses

ABSTRACT: In this review, we combine and compare the results of a series of meta-analyses on the prevalence of child sexual, physical and emotional abuse and physical and emotional neglect, including 244 publications and 551 prevalence rates for the various types of maltreatment. Child maltreatment research seems to be dominated by research on sexual abuse, studies in developed parts of the world and research using self-report measures. The overall estimated prevalence rates for self-report studies (mainly assessing maltreatment ever during childhood) were 127/1000 for sexual abuse (76/1000 among boys and 180/1000 among girls), 226/1000 for physical abuse, 363/1000 for emotional abuse, 163/1000 for physical neglect and 184/1000 for emotional neglect. The overall estimated prevalence rates for studies using informants (mainly assessing the 1-year prevalence of maltreatment) were four per 1000 for sexual abuse and three per 1000, respectively, for physical abuse and emotional abuse. We conclude that child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world, which is in sharp contrast with the United Nation’s Convention on the Rights of the Child.

http://dx.doi.org/10.1002/car.2353
1. Support and monitoring of families after child abuse detection based on parental characteristics at the Emergency Department


BACKGROUND: The ‘Hague Protocol’ enables professionals at the adult Emergency Department (ED) to detect child abuse based on three parental characteristics: (i) suicide attempt or self-harm, (ii) domestic violence or (iii) substance abuse, and to refer them to the Reporting Centre for Child Abuse and Neglect (RCCAN). This study investigates what had happened to the families three months after this referral.

METHODS: ED referrals based on parental characteristics (N = 100) in which child abuse was confirmed after investigation by the RCCAN were analysed. Information was collected regarding type of child abuse, reason for reporting, duration of problems prior to the ED referral, previous involvement of support services or other agencies, re-occurrence of the problems and outcome of the RCCAN monitoring according to professionals and the families.

RESULTS: Of the 100 referred cases, 68 families were already known to the RCCAN, the police or family support services, prior to the ED referral. Of the 99 cases where information was available, existing support was continued or intensified in 31, a Child Protection Services (CPS) report had to be made in 24, new support was organized for 27 cases and in 17 cases support was not necessary, because the domestic problems were already resolved. Even though the RCCAN is mandated to monitor all referred families after three months, 31 cases which were referred internally were not followed up.

CONCLUSIONS: Before referral by the ED two thirds of these families were already known to organizations. Monitoring may help provide a better, more sustained service and prevent and resolve domestic problems. A national database could help to link data and to streamline care for victims and families. We recommend a Randomized Controlled Trial to test the effectiveness of this Protocol in combination with the outcomes of the provided family support.

http://dx.doi.org/10.1111/cch.12201
2. A crisis worker’s observations on the psychosocial support for victims and families following child sexual abuse; a case study

ABSTRACT: The Lancashire Sexual Assault Forensic Examination (SAFE) centre in Preston saw 204 children aged 16 and under for examination following allegation of sexual assault in 2013. The psychological impact on the child is well known but not always addressed correctly or appropriately; the impact and resulting difficulties faced by the parent/carer of the child can also easily go un-noticed. Mrs A attended the centre with her 2 year old daughter in 2013, where I was the crisis worker in the case. She was contacted five months later and the support they received after attending the centre discussed. Her experiences, along with my own anecdotal experiences are discussed. Independent Sexual Assault Advisors (ISVAs) offer support following attendance at the centre, and various charitable organisations offer counselling, emotional and practical support. Health visitors, paediatricians, school nurses and social workers also play a role in looking after children and families following allegations of assault. However, the organisations and agencies involved in psychological aftercare for victims and parents are hindered by strict referral criteria and lack of funding or appropriate specialist expertise. The psychological, educational and behavioural support for parents and children, and specifically pre-trial counselling for children need significant improvement if we are to offer the best support for victims.


3. Mental health of infants in foster care

No abstract available.

Full text:
http://adc.bmj.com/content/early/2014/09/17/archdischild-2014-307086.full.pdf+html
ABSTRACT: We used a regional sample of children in long-term foster care to investigate the prevalence of placement breakdown in adolescence, and to assess risk factors/risk markers for placement disruption. The sample consisted of all 136 foster children in the region, born 1980–1992, who on their 12th birthday had been in the same foster family for at least 4 years. They were followed in case files until date of disruption or their 18th birthday. Data on conditions before and during placement were retrieved from case files, and analysed in bi- and multivariate models. Results showed that one in four placements broke down in adolescence. The median child who experienced a breakdown was 14 years old, and had been in the same foster home for more than 10 years. Prominent risk factors were (i) being placed after age 2 and (ii) having a birth sibling in the same foster home. We also uncovered strong risk markers that can be viewed as precursors of placement disruption.

When the child or the foster parents repeatedly over time expressed dissatisfaction with the placement, this ended with a placement breakdown in 60% of cases. Implications for practice are discussed.

http://dx.doi.org/10.1111/cfs.12189
Professional development

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

Events calendar:

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.

Website:  
http://www.asca.org.au

Workshops:  

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:  
http://www.caraniche.com.au

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/home

Events calendar:  

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:  
http://www.cacetaustralia.com.au

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/events

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**Compass Seminars Australia**

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

**Website:**
http://www.compassaustralia.com.au

**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:**
http://www.ecav.health.nsw.gov.au

**Courses and Forums**

**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:**
http://www.efac.com.au

**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:**
http://www.frsa.org.au

**Training and events calendar:**
http://www.frsa.org.au/training-events

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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:
http://www.mhpn.org.au

Webinars:
http://www.mhpn.org.au/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:

Relationships Australia

Relationships Australia provides training for professionals and human services workers to develop specialist counseling, mediation and management skills in the area of relationships. Training is provided from basic to advanced professional competency levels.

Website:
http://www.relationships.org.au

Training guide:
http://www.relationships.org.au/what-we-do/courses/professional-training

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

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

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

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:
http://training.gov.au

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

Events calendar:
http://www.apsac.org/events

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

**Events calendar:**
http://www.baspcan.org.uk/events.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

**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

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_wd a49931.html

**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

**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

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**Professional Interest**

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**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

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

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:
http://www.napcan.org.au

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:
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:

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/

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

**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

**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:**
https://dynamed.ebscohost.com
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.

Website:
http://www.ivatcenters.org

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.
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

Search the NSVRC Library database:
http://n80002.eos-intl.net/N80002/OPAC/Index.aspx

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

**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
# Events

## November 2014

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<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>4-6</td>
<td>FRSA Conference: Wellbeing for Children, Families &amp; Communities</td>
<td>Adelaide SA</td>
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<tr>
<td>9-12</td>
<td>APSAD (Australian Professional Society on Alcohol and other Drugs) Conference</td>
<td>Adelaide SA</td>
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<tr>
<td>11-12</td>
<td>Family drug treatment court conference</td>
<td>Melbourne VIC</td>
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<tr>
<td>12-13</td>
<td>Ballarat Community Health - Challenging responses to family violence</td>
<td>Ballarat VIC</td>
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<tr>
<td>12-14</td>
<td>Rural and Remote Mental Health Symposium</td>
<td>Albury NSW</td>
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<tr>
<td>17-19</td>
<td>International conference - 25 years of the Convention on the Rights of the Child</td>
<td>Leiden NL</td>
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<td>19-22</td>
<td>National Council on Family Relations Conference</td>
<td>Baltimore USA</td>
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<tr>
<td>21-22</td>
<td>Honoring the child, honoring equity conference</td>
<td>Parkville VIC</td>
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<tr>
<td>24-27</td>
<td>Indigenous Allied Health Australia Conference</td>
<td>Canberra ACT</td>
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## December 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>3-5</td>
<td>Australasian Ethics Network Conference</td>
<td>Sydney NSW</td>
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<tr>
<td>5</td>
<td>Healthier Kids: insights from twin research</td>
<td>Melbourne VIC</td>
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References


33. Matschke, J., et al., *Erratum to: Encephalopathy and death in infants with abusive head trauma is due to hypoxic-ischemic injury following local brain trauma to vital brainstem centers*. Int J Legal Med. **Ahead of print [Epub 23/09/2014]**.


56. Webermann, A.R., B.L. Brand, and G.S. Chasson, Childhood maltreatment and intimate partner violence in dissociative disorder patients. Eur J Psychotraumatol. 5(Ahead of print [Epub 04/10/2014]).

Disclaimer: The views or opinions expressed in the information found in this newsletter do not necessarily reflect those of the Mater Children’s Hospital or QLD Health. This document is simply a platform which facilitates access to existing relevant information.