The Queensland Child Protection Information Network Newsletter

NOVEMBER 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 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

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).

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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Research Update

Abusive Head Trauma

1. Bilateral first rib anomalous articulations with pseudarthroses mimicking healing fractures in an infant with abusive head injury


ABSTRACT: Bilateral symmetric bone nodules were observed in the anterolateral first ribs of an infant with shaking injuries at autopsy. The location prompted diagnostic considerations of healing fractures versus anomalous articulations with pseudarthroses. The forensic pathologist worked with forensic anthropologists and pediatric radiologists to evaluate autopsy findings and compare premortem and postmortem X-rays. Gross examination of the bones by the pathologist and anthropologists confirmed bilateral, callus-like bone nodules in first-rib locations associated with pseudarthroses. Histologic examination of one of the bones further showed features most consistent with pseudarthrosis, not a healing fracture. Radiologists then compared multiple premortem and postmortem radiographs that showed no remodelling of the bone over a 2-week interval between the time of injury and death, which would be unexpected for a healing fracture in an infant. This multidisciplinary approach resulted in the appropriate diagnosis of pseudarthroses due to anomalous articulations, an uncommon finding in forensic pathology.


Child Physical Abuse

1. Vitamin D deficiency in children with fractures


OBJECTIVE: This study aimed to determine whether healthy children with fractures resulting from minor accidental trauma have a higher prevalence of vitamin D deficiency than that of healthy children without fractures.

METHODS: This was a prospective case-control study of ambulatory children younger than 18 years with and without fractures in a pediatric emergency department. Evaluation included serum 25-hydroxyvitamin D (25(OH)D) level, complete metabolic
panel, and phosphorus level. Vitamin D deficiency was defined as a 25(OH)D level of less than 20 ng/mL and insufficiency less than 30 ng/mL but 20 ng/mL or greater. A level of 30 ng/mL or greater was considered sufficient. Fisher exact test was used to test for association between 25(OH)D level and fracture status. Logistic regression was used to examine the relationship between 25(OH)D levels and the odds of fracture, conditioned on season, age, race, body weight percentile, history of fracture, multivitamin use, and estimated daily milk intake.

RESULTS: The sample included 100 case and 100 control patients. There was no statistical difference in median 25(OH)D levels between fracture and control groups (26.7 vs 25.45 ng/mL, P=0.84). There was no difference in the proportion of patients with sufficient 25(OH)D levels or in the distribution of sufficient, insufficient, and deficient. After adjusting for male sex and season of enrolment, vitamin D sufficiency was not a significant predictor of fracture status in a multiple variable logistic model (odds ratio, 0.94; 95% confidence interval, 0.51-1.77; Wald P=0.859).

CONCLUSION: We found no relationship between vitamin D deficiency and fracture risk in our study population.


2. Bruising in children: Practice patterns of pediatric hematologists and child abuse paediatricians


ABSTRACT: The evaluation for children with bruising may be affected by the specialty to which they are referred. We conducted a 3-year retrospective review of subjects referred for bruising to Child Abuse Pediatrics (CAP) or Pediatric Hematology to identify characteristics associated with referral to each specialty and to compare the diagnostic evaluations and diagnoses based on specialty. Of 369 subjects, 275 were referred to CAP and 94 to Hematology. Clinical exam findings were similar in both groups. Hematology referrals were significantly more likely to have laboratory evaluations. Among those referred to CAP, 9.5% had head computed tomography scans and 27.3% had skeletal surveys. No children referred to Hematology had these imaging studies performed. Hematology never
diagnosed child physical abuse, and CAP never diagnosed bleeding disorders. Pediatric hematologists and CAPs perform different evaluations and reach different diagnostic conclusions for similar patients with bruising. Further investigation of these practice patterns is warranted.


3. Burns as a consequence of child maltreatment

ABSTRACT: Over 25,000 children a year attend emergency departments in the UK with burns. Scalds predominate, with infants aged one year being 10 times more likely to sustain a burn than any other age group. Identifying which burns result from abuse or neglect is challenging, but inflicted injuries are more likely to have certain characteristics and differences in the causative agent, mechanism and pattern of burns have been observed in children with non-accidental burn injuries. Children have been subjected to every type of burn as a consequence of abuse including scalds, contact, caustic, flame and radiation burns, thus careful scrutiny of all burns cases for possible maltreatment is warranted. Whilst neglectful burns outnumber inflicted burns by 9:1, these are most challenging to discern. A detailed history is vital to determine whether the burn pattern is consistent with the child’s developmental stage, and the agent and mechanism offered, in addition to evaluating supervision, and previous or co-existent injuries. Social features such as domestic violence in the home or being previously known to social services are also key indicators. If abuse is suspected, full investigations including skeletal survey in those aged less than 2 years is required, consideration of cranial neuroimaging in younger infants and possible scene assessment.


4. Infantile sucking bruises
Nagaruru Venkata, R. and C. Woolley
Arch Dis Child Ahead of print [Epub 16/11/2014].

No abstract available.

5. Identifying human bite marks in children

ABSTRACT: Human bite marks in children are relatively common but are either not recognized as such or, when suspected, not subjected to rigorous forensic assessment. When a human bite mark on a child is identified, the explanation generally given is that it was either self-inflicted or the result of being bitten by another child. Adjudication on whether it is a child or adult bite mark must not be attempted, as there is insufficient evidence to determine this by inspection. However, the bite may show sufficient, unique dental characteristics to identify a perpetrator. Thus, it is vital that a forensic odontologist is involved from the outset. This paper describes the characteristics of human bite marks and emphasises the key role of forensic odontology in possible perpetrator identification.

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Child Sexual Abuse

1. Unique mode of chlamydia transmission
Borg, K. and D. Hodes Arch Dis Child Ahead of print [Epub 09/11/2014].

No abstract available.
Full text:
http://adc.bmj.com/content/early/2014/11/07/archdischild-2014-307339.full.pdf+html

2. Child sexual abuse: recognition and response when there is a suspicion or allegation

ABSTRACT: Child sexual abuse is a clear violation of children's rights with known lifelong devastating consequences. It occurs across all ages, sexes and cultures. Cases are underreported and may not be disclosed at first due to its secretive and hidden nature. It is clear that children do try to disclose but are not always heard or believed. In this paper we delve deeper into the recognition and response to suspected cases of child sexual abuse and the importance of working within a multidisciplinary team to best safeguard the victims. We
emphasise the importance of asking questions in a direct, empathic and developmentally appropriate manner, such that the child feels believed and supported. The physical and behavioural changes are described in suspected cases and possible differential diagnoses. We propose a holistic model to the management and prevention of child sexual abuse based on the ecological approach to child maltreatment.


3. Resilience in survivors of child sexual abuse: A systematic review of the literature

OBJECTIVE: This review article summarizes empirical research on resilience in survivors of child sexual abuse (CSA) and discusses protective factors that are associated with adaptive functioning in spite of sexual victimization.

METHODS: A literature search to identify studies published up to November 2013 was performed within the databases PsycINFO, MEDLINE/PubMed, Web of Science, and PSYNDExplus. Additional relevant studies were retrieved using a snowball technique. A total of 37 articles met the inclusion criteria and were included in the final sample.

RESULTS: In the studies included in this review, the percentage of CSA survivors who were found to have a normal level of functioning despite a history of sexual abuse ranged from 10% to 53%. The protective factors that had the best empirical support were found to be education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and most importantly, support from the family and the wider social environment.

CONCLUSION: Preventive and clinical interventions for survivors of CSA should utilize psychoeducation and cognitive strategies that are adapted to the developmental level of the victim and that seek to enhance social support from significant others. Future research should focus on longitudinal research designs considering resilience rather as a dynamic process with multiple dimensions in a social and developmental context.

4. Forensic evaluation in alleged sibling incest against children

ABSTRACT: Sibling incest is a serious form of intrafamilial sexual abuse with health, social, and legal relevance. A retrospective study was conducted through the analysis of forensic medical reports of the alleged sibling incest of victims under 18 years old (n=68) from 2004 to 2011 as well as the respective judicial outcomes. Results demonstrated that sibling’s sexual abuse is associated with several circumstances that might exacerbate its severity such as vaginal, anal, and/or oral penetration. Moreover, the victim's young age, the proximity between victim and abuser, and the fact that it is committed at the victim's and/or abuser's home and by using physical violence and verbal threats justify a late detection of these cases.


5. The Amsterdam Sexual Abuse Case (ASAC)-study in day care centers: longitudinal effects of sexual abuse on infants and very young children and their parents, and the consequences of the persistence of abusive images on the internet

BACKGROUND: Little research has been done on the signs of child sexual abuse (CSA) in infants and very young children, or on the consequences that such abuse inverted question mark including the persistence of the abusive pornographic images on the internet inverted question mark might have for the children and their parents. The effects of CSA can be severe, and a variety of risk- and protective factors, may influence those effects. CSA may affect the psychosocial-, emotional-, cognitive-, and physical development of children, their relationships with their parent(s), and the relations between parents. In the so called "the Amsterdam sexual abuse case inverted question mark (ASAC), infants and very young children were victimized by a day-care employee and
most of the victims were boys. Research involving the children and their parents would enable recognition of the signs of CSA in very young children and understanding the consequences the abuse might have on the long term.

METHODS: The proposed research project consists of three components: (I) An initial assessment to identify physical- or psychological signs of CSA in infants and very young children who are thought to have been sexually abused (n inverted question mark=inverted question mark 130); (II) A cross-sequential longitudinal study of children who have experienced sexual abuse, or for whom there are strong suspicions; (III) A qualitative study in which interviews are conducted with parents (n inverted question mark=inverted question mark 25) and with therapists treating children from the ASAC. Parents will be interviewed on the perceived condition of their child and family situation, their experiences with the service responses to the abuse, the effects of legal proceedings and media attention, and the impact of knowing that pornographic material has been disseminated on the internet. Therapists will be interviewed on their clinical experiences in treating children and parents. The assessments will extend over a period of several years. The outcome measures will be symptoms of posttraumatic stress disorder (PTSD), dissociative symptoms, age-inappropriate sexual behaviours and knowledge, behavioural problems, attachment disturbances, the quality of parent interaction, parental PTSD, parental partner relation, and biological outcomes (BMI and DNA).

DISCUSSION: The ASAC-project would facilitate early detection of symptoms and prompt therapeutic intervention when CSA is suspected in very young children.

Full text: http://www.biomedcentral.com/content/pdf/s12888-014-0295-7.pdf

6. Eliciting accounts of alleged child sexual abuse: How do children report touch?


ABSTRACT: Investigative interviewers frequently question alleged victims of child sexual abuse about any touching or bodily contact that might have occurred. In the present study of forensic interviews with 192 alleged
sexual abuse victims, between 4 and 13 years of age, we examined the frequency with which alleged victims reported bodily contact as “touch” and the types of prompts associated with “touch” reports. Even young alleged victims of sexual abuse reported bodily contact as “touch” and they used the word “touch” more frequently in response to recall than recognition prompts. Regardless of age, children typically referred to “touch” before interviewers used this term, suggesting that even young children are able to report touch without being cued by interviewers.

http://dx.doi.org/10.1080/10538712.2014.950400

7. Childhood sexual abuse and posttraumatic stress disorder among pregnant and postpartum women: review of the literature

OBJECTIVES: The aims of this review are (i) to summarize and evaluate current knowledge on the association between childhood sexual abuse (CSA) and posttraumatic stress disorder (PTSD) in pregnant and postpartum women, (ii) to provide suggestions for future research on this topic, and (iii) to highlight some clinical implications.

METHODS: Relevant publications were identified through literature searches of four databases (PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, and PsycARTICLES) using keywords such as "child abuse," "posttraumatic stress," "pregnancy," and "postpartum".

RESULTS: Five studies were included in this review. Findings across all studies were consistent with higher prevalence of PTSD diagnosis or symptomatology among women with history of CSA. However, only findings from two studies were statistically significant. One study observed higher overall PTSD scores in women with CSA history compared to women with non-CSA trauma history or no trauma history during pregnancy (mean +/- SD 1.47 (0.51) vs. 1.33 (0.41) vs. 1.22 (0.29), p<0.001), at 2 months postpartum (mean +/- SD 1.43 (0.49) vs. 1.26 (0.38) vs. 1.19 (0.35), p<0.001), and at 6 months postpartum (mean +/- SD 1.36 (1.43) vs. 1.20 (0.33) vs. 1.14 (0.27), p<0.001). Another study observed that the prevalence of PTSD during pregnancy was 4.1 % in women with no history of physical or sexual abuse, 11.4 % in
women with adult physical or sexual abuse history, 16.0 % in women with childhood physical or sexual abuse history, and 39.0 % in women exposed to both childhood and adult physical or sexual abuse (p<0.001); in a subsequent analysis, the investigators reported that pregnant women with PTSD had over 5-fold odds of having a history of childhood completed rape compared to counterparts without PTSD (OR=5.3, 95 % CI 3.2, 8.7).

CONCLUSION: Overall, available evidence suggests positive associations of CSA with clinical PTSD or PTSD symptomatology among pregnant and postpartum women.


Emotional Abuse & Neglect

1. The Safe Environment for Every Kid Model: Promotion of children's health, development, and safety, and prevention of child neglect


ABSTRACT: Child neglect is by far the most prevalent form of child maltreatment. There is a need to try to prevent this problem, and pediatric primary care offers an excellent opportunity. This article describes one such approach, the Safe Environment for Every Kid (SEEK) model. SEEK enables practitioners to identify and help address psychosocial problems facing many families. These include parental depression, substance abuse, major stress, intimate partner violence, harsh punishment, and food insecurity-problems that have been associated with neglect. Two large randomized, controlled trials yielded promising findings. Materials are now available to help practitioners implement this evidence-based practical model, thereby enhancing the primary care provided to children and their families.


2. Unintentional child neglect: Literature review and observational study

Friedman, E. and S. B. Billick
Psychiatr Q Ahead of print [Epub 16/11/2014].

ABSTRACT: Child abuse is a problem that affects over six million children in the United States each year. Child neglect accounts for 78 % of those cases. Despite this, the issue of child neglect is still not well understood, partially because child neglect does not have a consistent, universally accepted definition. Some researchers
consider child neglect and child abuse to be one in the same, while other researchers consider them to be conceptually different. Factors that make child neglect difficult to define include: (1) Cultural differences; motives must be taken into account because parents may believe they are acting in the child’s best interests based on cultural beliefs (2) the fact that the effect of child abuse is not always immediately visible; the effects of emotional neglect specifically may not be apparent until later in the child’s development, and (3) the large spectrum of actions that fall under the category of child abuse. Some of the risk factors for increased child neglect and maltreatment have been identified. These risk factors include socioeconomic status, education level, family composition, and the presence of dysfunction family characteristics. Studies have found that children from poorer families and children of less educated parents are more likely to sustain fatal unintentional injuries than children of wealthier, better educated parents. Studies have also found that children living with adults unrelated to them are at increased risk for unintentional injuries and maltreatment. Dysfunctional family characteristics may even be more indicative of child neglect. Parental alcohol or drug abuse, parental personal history of neglect, and parental stress greatly increase the odds of neglect. Parental depression doubles the odds of child neglect. However, more research needs to be done to better understand these risk factors and to identify others. Having a clearer understanding of the risk factors could lead to prevention and treatment, as it would allow for health care personnel to screen for high-risk children and intervene before it is too late. Screening could also be done in the schools and organized after school activities. Parenting classes have been shown to be an effective intervention strategy by decreasing parental stress and potential for abuse, but there has been limited research done on this approach. Parenting classes can be part of the corrective actions for parents found to be neglectful or abusive, but parenting classes may also be useful as a preventative measure, being taught in schools or readily available in higher-risk communities. More research has to be done to better define child abuse and neglect so that it can be effectively addressed and treated.

3. Child deaths with persistent neglect experiences from Medico-legal documents in Japan

BACKGROUND: Few research has examined the actual conditions of fatal neglect in Japan. The aims of this study are to disclose the presence of persistent neglect experiences among child fatalities using Medico-legal documents, and to describe characteristics of socio-familial background and biological data.

METHODS: The current study analysed the documents of all postmortem external examinations and autopsies less than 2 years old performed in one prefecture in Japan from 2006 to 2011. After examining 59 autopsy cases using modified Maltreatment Classification System (MMCS), we defined six children who experienced persistent neglect as study samples.

RESULTS: Three children were found in unsanitary room and one was left alone inside a car. In two cases, age of mother at delivery was younger than 21 years old. Three victims had 1-year older sibling in the family. As history of use in health services, three mothers did not visit enough prenatal care, and two cases refused to receive neonatal home visiting. From biological data, the average weights of six children in Z score was -2.22 after adjusted to average weight at each month age. Three children showed acute or chronic under-nutritional status. Three victims had thymic involution considered as due to chronic child maltreatment.

CONCLUSION: The collaboration with perspectives of public health and legal medicine revealed backgrounds and biological impact through experiences of persistent neglect. The system of evaluating child death multidisciplinary is needed to identify preventable factors to intervene living neglected children appropriately.


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Prevention and Interventions

1. School-based child abuse prevention programs

ABSTRACT: Child abuse is a leading cause of emotional, behavioural, and health problems across the lifespan. It is also preventable. School-based
abuse prevention programs for early childhood and elementary school children have been found to be effective in increasing student knowledge and protective behaviours. The purpose of this article is to help school psychologists understand the potential positive impact of abuse prevention programs in their school, choose a high-quality program for their population, and be aware of the practical considerations of implementation.

http://dx.doi.org/10.1002/pits.21811

2. Bad Touches, Getting Away, and Never Keeping Secrets: Assessing student knowledge retention of the "Red Flag Green Flag People" Program


ABSTRACT: School-based prevention programs that target sexual abuse are commonplace in many elementary schools across the United States. This study examines the efficacy of the "Red Flag Green Flag People" program presented to elementary school children in two school districts in the Midwest. A brief, 11-question survey is given to students to assess knowledge retention of the curriculum from this sexual abuse prevention program. The results of this study indicate that students are retaining information taught in the Red Flag Green Flag People program for up to 2 years after the program was administered.


Long term outcomes

1. Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes


ABSTRACT: For this study, we evaluated the independent and additive predictive effects of psychological maltreatment on an array of behavioral problems, symptoms, and disorders in a large national sample of clinic-referred children and adolescents drawn from the National Child Traumatic Stress Network Core Data Set. We analysed a subsample of 5,616 youth with lifetime histories of 1 or more of 3 forms of maltreatment: psychological maltreatment (emotional abuse or emotional neglect), physical abuse,
and sexual abuse. Measures included the University of California, Los Angeles Posttraumatic Stress Disorder–Reaction Index, Child Behavior Checklist, and 27 diagnostic and CDS-specific clinical severity indicators. Psychologically maltreated youth exhibited equivalent or greater baseline levels of behavioural problems, symptoms, and disorders compared with physically or sexually abused youth on most indicators. The co-occurrence of psychological maltreatment with physical or sexual abuse was linked to the exacerbation of most outcomes. We found that the clinical profiles of psychologically maltreated youth overlapped with, yet were distinct from, those of physically and/or sexually abused youth. Despite its high prevalence in the CDS, psychological maltreatment was rarely the focus of intervention for youth in this large national sample. We discuss implications for child mental health policy; educational outreach to providers, youth, and families; and the development or adaptation of evidence-based interventions that target the effects of this widespread, harmful, yet often overlooked form of maltreatment.

http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2014-45146-003

2. The National Child Traumatic Stress Network Core Data Set: Emerging findings, future directions, and implications for theory, research, practice, and policy


ABSTRACT: The National Child Traumatic Stress Network (NCTSN) Core Data Set (CDS) is the first national, web-based, data repository designed to answer key questions relevant to the field of child traumatic stress and policymakers. The CDS currently contains comprehensive information on trauma history and standardized assessments on 14,088 children seen between 2004 and 2010 in 56 NCTSN academic, hospital, and community-service sites across the United States. Although the CDS does not include a representative national sample, it provides a window into the profiles of a large and diverse group of traumatized children for in-depth investigations of trauma histories; clinical and developmental sequelae associated with trauma exposure; the psychometrics and clinical utility of widely used assessment instruments; patterns of service utilization;
treatment engagement, completion, and outcome; and issues specific to diverse service sectors, race/ethnicity, cultural groups, and special populations. We have provided an overview of initial published findings from the CDS in this article, described plans for future analyses, and discussed implications for building theory, refining research questions and methods, improving practice, and informing policy.


3. Cognitive abilities of maltreated children


ABSTRACT: School psychologists should be aware of developmental risk factors for children who have been abused or neglected. The present study used the Wechsler Intelligence Scale for Children, Fourth Edition to examine the cognitive abilities of 120 children in foster care subsequent to maltreatment. Results indicated that, compared to a demographically matched comparison group, the children who experienced maltreatment had lower full-scale intelligence quotients and profile analysis uncovered potential strengths and weaknesses. The perceptual reasoning and working memory abilities of the maltreated group were commensurate with those of the comparison group. Conversely, the overall verbal comprehension and processing speed abilities of the maltreated children were significantly lower than the control group. At the subtest level, the children who experienced maltreatment had lower Vocabulary, Comprehension, and Coding scores. To address the paucity of information in the literature about children who have been neglected, follow-up analyses were conducted for children who were neglected, but not abused. Results indicated a similar, but not identical, pattern of findings. Implications and recommendations for school psychologists are discussed.

http://dx.doi.org/10.1002/pits.21809
**1. Ethical considerations involved in seeking the views of young people and their parents on medical reports received following a child protection medical examination**


**KEY MESSAGES:** 1) Copying correspondence and reports to parents is one approach to the principle of professionals working in partnership with parents. 2) There is currently little research on what constitutes good practice in copying correspondence and reports to parents of maltreated children; a poor response rate limited the ability of this project to contribute to this. 3) The difficulties encountered in obtaining ethical approval for this study have implications for other researchers in the child protection field.

[http://dx.doi.org/10.1002/car.2267](http://dx.doi.org/10.1002/car.2267)

**2. Peer review in child protection**


**ABSTRACT:** Safeguarding children work is complex and challenging. Peer review provides a forum for paediatricians to discuss child protection cases to ensure the management of the child meets accepted standards of practice. The process involves retrospective review of cases, photo documentation, the medical report and multiagency working. It provides a culture of learning, professional development and support, with an opportunity to discuss cases in a suitable environment and to debrief following difficult cases. Clinical governance frameworks identify the importance of peer review and clinical supervision: there are increasing expectations that Health Trusts/Boards will have to provide data on attendance for external review. Both clinical supervision and peer review are forms of reflective practice and developmental activities that give practitioners the opportunity to learn from their experience and develop their expertise within clinical practice. Child protection peer review meetings with clear terms of reference should be set up in all health organisations employing paediatricians working in child protection. All paediatricians should be able to access and attend child protection peer review, supervision and support which should be identified in their job plans. Peer review is recognised as Continual Professional Development. Following
discussion any change in opinion is the lead consultant's responsibility. It must be clear that peer review supports the responsible paediatrician in reaching a conclusion and does not provide a formal second opinion to be used in court. Peer review has a role to play in maintaining public and court confidence. It is the paediatrician's attendance at peer review that provides assurance to court that standards are being met, not that the specific case has been peer reviewed. Clinicians who don't attend are at risk of being perceived as maverick.


3. Giving evidence in court


ABSTRACT: Any health professional working with children is likely, at some point in his or her career, to have to give evidence in court. It is a prospect that fills many with anxiety and dread. Standing in the witness box, being cross-examined by a barrister, it is easy to feel that it is you who are on trial, that your every action is being criticised, your motives questioned, and your integrity challenged. And yet, the courts are an essential part of safeguarding the welfare of our most vulnerable children and young people, and as health professionals we bring a unique and valuable contribution to the court processes. Giving evidence in court can be one of the most rewarding and challenging aspects of our work as child health professionals. Rewarding when we see positive outcomes as children are protected from harm and perpetrators of abuse are brought to justice, and challenging as our contribution forces us to take a critical look at our own practice, research evidence, and the context of the cases we are dealing with. This review will provide paediatricians and other child health professionals with an overview of court processes relating to children's welfare; to equip them with the knowledge and skills to prepare high quality legal reports, and to give evidence in court.


4. Missed opportunities to diagnose child physical abuse


OBJECTIVE: This study aimed to determine the incidence of missed opportunities to diagnose abuse in a cohort of children with healing abusive
fractures and to identify patterns present during previous medical visits, which could lead to an earlier diagnosis of abuse.

METHODS: This is a retrospective descriptive study of a 7-year consecutive sample of children diagnosed with child abuse at a single children's hospital. Children who had a healing fracture diagnosed on skeletal survey and a diagnosis of child abuse were included. We further collected data for the medical visit that lead to the diagnosis of child abuse and any previous medical visits that the subjects had during the 6 months preceding the diagnosis of abuse. All previous visits were classified as either a potential missed opportunity to diagnose abuse or as an unrelated previous visit, and the differences were analysed.

RESULTS: Median age at time of abuse diagnosis was 3.9 months. Forty-eight percent (37/77) of the subjects had at least 1 previous visit, and 33% (25/77) of those had at least 1 missed previous visit. Multiple missed previous visits for the same symptoms were recorded in 7 (25%) of these patients. The most common reason for presentation at missed previous visit was a physical examination sign suggestive of trauma (ie, bruising, swelling). Missed previous visits occurred across all care settings.

CONCLUSION: One-third of young children with healing abusive fractures had previous medical visits where the diagnosis of abuse was not recognized. These children most commonly had signs of trauma on physical examination at the previous visits.


Reviews & Guidelines

1. Prevention of violence, abuse and neglect in early childhood: a review of the literature on research, policy and practice

ABSTRACT: Today, levels of mistreatment of children are internationally reported as having reached epidemic proportions. Throughout recorded history, babies and young children have suffered acts of violence by parents, care providers and others. However, some believe that, for the first time in history, we are beginning to face the true prevalence and significance of child abuse. In this
review of the literature, we will use ECVAN (early childhood violence, abuse and neglect) to refer to violence, abuse and neglect of children, birth to eight years, in harmony with the UN Convention on the Rights of the Child (1989). The review has been undertaken using a comprehensive series of databases across all major disciplines which have regard to the health, wellbeing and development of young children from birth to 8 years and beyond wherever appropriate. The paper is guided by a socio-ecological model of contexts, participants and interactional complexity. There is no simple explanation for the abuse of young children, sometimes systemic in particular cultures as there is no simple mechanism for the early identification of possible abusers and hence preventative practice. A wide range of contemporary research literature has enabled us to draw out significant issues related to abuse and abuse prevention. Central to all this we suggest is community engagement with the issue of child health, the establishment or refinement of public health policies and practices which through routine surveillance, parent support, education and multi-sectoral actions bring best practice to the fore within and on behalf of families and communities.

http://dx.doi.org/10.1080/03004430.2014.910327

1. Prevalence and characteristics of fetal alcohol spectrum disorders

OBJECTIVES: To determine the prevalence and characteristics of fetal alcohol spectrum disorders (FASD) among first grade students (6- to 7-year-olds) in a representative Midwestern US community.

METHODS: From a consented sample of 70.5% of all first graders enrolled in public and private schools, an oversample of small children (≤25th percentile on height, weight, and head circumference) and randomly selected control candidates were examined for physical growth, development, dysmorphology, cognition, and behaviour. The children’s mothers were interviewed for maternal risk.

RESULTS: Total dysmorphology scores differentiate significantly fetal alcohol syndrome (FAS) and partial FAS (PFAS) from one another and
from unexposed controls. Alcohol-related neurodevelopmental disorder (ARND) is not as clearly differentiated from controls. Children who had FASD performed, on average, significantly worse on 7 cognitive and behavioural tests and measures. The most predictive maternal risk variables in this community are late recognition of pregnancy, quantity of alcoholic drinks consumed 3 months before pregnancy, and quantity of drinking reported for the index child’s father. From the final multidisciplinary case findings, 3 techniques were used to estimate prevalence. FAS in this community likely ranges from 6 to 9 per 1000 children (midpoint, 7.5), PFAS from 11 to 17 per 1000 children (midpoint, 14), and the total rate of FASD is estimated at 24 to 48 per 1000 children, or 2.4% to 4.8% (midpoint, 3.6%).

CONCLUSION: Children who have FASD are more prevalent among first graders in this Midwestern city than predicted by previous, popular estimates.

2. Punishing parents: Child removal in the context of drug use

Olsen, A. Drug Alcohol Rev Ahead of print [Epub 30/10/2014].

ABSTRACT: New amendments to child welfare policy in New South Wales turn a spotlight on parents who use drugs and raise concerns about adequate provision of services for families facing issues with alcohol and other drug use. Sections of the new legislation are explicitly focused on parents who use illicit drugs, expanding the reach of child protection services over expectant parents during pregnancy. This targeting of women who are ‘addicted’ highlights the ambiguous scientific and moral attention to drug use in pregnancy. It also raises practical questions about the potential for the legislation to increase stigma towards drug use and disproportionately affect vulnerable and disadvantaged families. [Olsen A. Punishing parents: Child removal in the context of drug use. Drug Alcohol Rev 2014]

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

Full text:
http://pediatrics.aappublications.org/content/134/5/855.full.pdf+html
Professional development

Australian Child & Adolescent Trauma, Loss & Grief Network

This network aims to promote understanding of child and adolescent trauma, loss and grief. It offers key resources and provides an online forum for communication and information sharing for professionals and those involved in research, policy, education and training.

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 AIFS 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 those affected by child abuse. An estimated 4 to 5 million Australians are adult survivors of childhood trauma and maltreatment. ASCA provides professional support, education and training programs and advocates nationally for the often complex needs of trauma survivors.

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. 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. 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 Global offer a wide range of seminars designed to equip professionals and
volunteers who work with children to manage and appropriately respond to suspicions 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 training packages and services aimed at protecting children when they are in someone else’s care, and at informing parents and carers about how to keep their children safe.

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

**Professional training programs:**
http://www.childwise.net/events

**Compass Seminars Australia**
Compass offers professional development training for people working with children, young people and families.

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

**Events calendar:**

**Education Centre Against Violence (ECAV)**
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:**

**ENCOMPASS – Family and Community**
ENCOMPASS develop and deliver small group and workplace training for child protection and family support workers, youth workers and community support workers.

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

**Training schedule:**

**Family and Relationship Services Australia (FRSA)**
FRSA lists a range of training and workshops 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

**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. 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 (MHPN)**
MHPN establishes and supports interdisciplinary mental health networks across
Australia. MHPN 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 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.

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. 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

APSAC 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 provides education and resources for
professionals who work in child protection and related fields.

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

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

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

**UK**

BASPCAN is a membership association for professionals and volunteers working in the field of child protection. It is the only multi-disciplinary association of its kind in the UK, bringing together personnel from all agencies who work with children in need, and with those who were maltreated.

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

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

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**Chadwick Center for Child and Families**

**USA**

The Chadwick 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

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**International Society for Prevention of Child Abuse and Neglect (ISPCAN)**

**USA**

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 Calender**
http://www.ispcan.org/events/event_list.asp

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

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**UK**

The NSPCC website 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**

NEARI Press offers education and treatment services for emotionally disturbed, traumatized, neurologically challenged and learning disabled children and adolescents. It further provides learning opportunities for professionals, organizations and other adults who care about these children, through online training and free webinars.

**Website:**
http://www.nearipress.org
Stop It Now! – Preventing Sexual Abuse of Children

USA

Stop It Now! aims to prevent 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.

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)

ACSSA is a central collection point for research and resources about sexual assault in Australia. ACSSA facilitates 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 the prevention of sexual assault.

Website:

Australian Domestic & Family Violence Clearinghouse (ADFVC)

ADFVC is a national organisation which provides information about domestic and family violence.

Website:
http://www.ausdvclearinghouse.unsw.edu.au

Child Protection Special Interest Group – RACP

The RACP-CPSIG is a special interest group within the Chapter of Community Child Health of the Royal Australasian College of Physicians (RACP). 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)

NAPCAN's mission is to prevent child abuse and neglect and to ensure the safety and well-being 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:

Subscribe to news alerts:

CPCH publications:
Protecting Australia’s Children: Research and Evaluation Register

This register is a searchable database of Australian research and evaluation undertaken since 1995. Projects and publications included in this Register cover a range of topics relating to the protection of Australia’s children.

Website:

International

California Evidence Based Clearinghouse (CEBC)
USA

CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. CEBC aims to inform the child welfare community about research evidence for programs currently 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 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 research into the abuse of children and women. This website contains information on the Unit’s research projects and publications, as well as an FAQ section including rape, sexual assault and human trafficking of women and children for sexual exploitation.

Website:
http://www.cwasu.org

CORE INFO
UK

CORE Info 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
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 statistics and general information on violence and violence prevention, including a range of fact sheets, definitions and data sources.
Website: http://www.cdc.gov/ViolencePrevention/overview/index.html

DynaMed
DynaMed is a clinical reference tool for physicians and other healthcare professionals. With clinically-organized summaries covering over 3,200 topics, DynaMed provides the latest content and resources with validity, relevance and convenience.

Access DynaMed: https://dynamed.ebscohost.com

First Consult
First Consult 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, an editorial board, physician editors, and the Editor-in-Chief.


Institute on Violence, Abuse and Trauma (IVAT)
USA
IVAT is an important International resource, research and training centre that includes all areas of violence, abuse and trauma. IVAT 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 resources through the MINCAVA Electronic Clearinghouse, including research articles, bibliographies professional training resources and training courses.

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

National Clearinghouse for Family Violence Canada (NCFV)
NCFV is a resource centre for information on the prevention of violence and abuse within the family. NCFV facilitates knowledge exchange between professionals, and raises awareness around reducing family violence.

Website: http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php

National Sexual Violence Resource Center (NSVRC)
USA
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 regarding effective interventions in preventing sexual violence, and to identify emerging policy issues and research needs. NSVRC contains library collections of both the NSVRC and the Pennsylvania Coalition Against Rape (PCAR).

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

National Criminal Justice Reference Services (NCJRS)
USA
The NCJRS website contains a wide collection of criminal justice publications organised by subject and a searchable abstracts database. National and international events around juvenile and criminal justice, victim assistance and drug policy are further published on this site.

Website:
https://www.ncjrs.gov

New Zealand Family Violence Clearinghouse (NZFVC)
NZFVC is a national center for the dissemination information on family violence in Aotearoa, New Zealand.

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

Pediatric Radiology.com
PediatricRadiology.com is a paediatric radiology and imaging digital library. It identifies high quality paediatric radiology websites that teach, illuminate and inspire, and serves as a "pico portal" for users interested in paediatric radiology.

Website:
http://www.pediatricradiology.com

Sexual Abuse Survivors Trust (SAST)
NZ
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 website 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

## December 2014

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<td>2</td>
<td>Alliance for the Prevention of Mental Disorders Conference</td>
<td>Adelaide, SA</td>
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<td>3-5</td>
<td>Australasian Ethics Network Conference</td>
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<td>5</td>
<td>Healthier Kids: insights from twin research</td>
<td>Melbourne, VIC</td>
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## January 2014

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<tr>
<th>Date</th>
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<tr>
<td>26-30</td>
<td>World Congress on Juvenile Justice</td>
<td>Geneva, Switzerland</td>
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References


*Full text:* http://www.biomedcentral.com/content/pdf/s12888-014-0295-7.pdf


*Full text:* http://pediatrics.aappublications.org/content/134/5/855.full.pdf+html

*Full text:* http://www.bmj.com/content/bmj/349/bmj.g6347.full.pdf


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