Introduction

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

Each monthly edition is distributed to all Hospital and Health Service Child Protection Units and is posted on the CKN Child Protection Library guide. Access the CP library guide here: 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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Research Update

Abusive Head Trauma

1. Head injury and unclear mechanism of injury: Initial hematocrit less than 30 is predictive of abusive head trauma in young children

PURPOSE: Head injury secondary to abusive head trauma (AHT) is a major cause of morbidity and mortality in susceptible young infants and children. Diagnosing AHT remains challenging and is often complicated by a questionable mechanism of injury. Concern of ionizing radiation risk to children undergoing head CT imaging warrants a selective approach. We aimed to evaluate initial findings that could direct further investigation of AHT.

METHODS: A retrospective review of the trauma databases at a two level one paediatric trauma centres was performed. We reviewed all patients age five years and under with a diagnosis of traumatic brain injury (TBI) from 2002-2011.

RESULTS: A total of 1129 patients (mean age 1.7+/-.7years; 64% male) with TBI were identified, 429 (38%) of which were the result of AHT. Complete data was available for 921 patients (82%) and were included in statistical evaluation. Forty-eight percent of patients in the AHT group had a haematocrit \( \leq 30\% \) on presentation compared to 19\% of patients in the non-AHT group. On univariate analysis, a haematocrit of \( \leq 30\% \) was predictive of AHT as the cause of injury (\( P<.0001 \)), as was a platelet count of greater than 400,000 (\( P<.0001 \)). After controlling for age, sex, ISS, GCS on presentation, need for CPR, and survival to hospital discharge, haematocrit of \( \leq 30\% \) and platelets of greater than 400,000 were predictive of AHT as the cause of TBI (\( P<.05 \)).

CONCLUSIONS: In the setting of head injury and unclear history of trauma, a haematocrit of \( \leq 30\% \) on presentation increases the likelihood of abusive head trauma in children up to the age of 5 years.


2. Things that go bump in the day or night: the aetiology of infant head injuries presenting to a Scottish paediatric emergency department

OBJECTIVES: The aim of this study was to describe the aetiology and severity of head injury in an infant (age<1 year) population presenting to a Scottish Paediatric Emergency Department (PED) and to discern preventable risk factors.

METHODS: The records of infants who presented to the PED of the Royal Aberdeen Children's Hospital between September 2010 and December 2011 with isolated head trauma were reviewed,
patient demographics were extracted and information on aetiology, including non-accidental injury (NAI), was recorded.

RESULTS: Of 1574 attendances, 233 suffered isolated head injury. The majority (97%) were minor; six patients suffered skull fractures, three had traumatic intracranial haemorrhage and only three were considered to have sustained an NAI. The most common mode of injury was fall from a height (37%).

CONCLUSION: Infants commonly present to the PED with head injury, many of which should be easily preventable. The number of cases because of NAI in our population is smaller than previously published figures.


3. Usefulness of MRI detection of cervical spine and brain injuries in the evaluation of abusive head trauma

BACKGROUND: In the evaluation of children younger than 3 years with intracranial haemorrhage it can be difficult to determine whether the cause of haemorrhage was traumatic, and if so, whether abusive head trauma (AHT) is a possibility. Cervical spine MRI is not a routine part of the nationally recommended imaging workup for children with suspected abusive head trauma. There is increasing evidence that spinal injuries are found at autopsy or MRI in abused children. However the prevalence of cervical spine injuries in children evaluated for abusive head trauma is unknown.

OBJECTIVES: We sought to determine both the incidence and the spectrum of cervical spine and brain injuries in children being evaluated for possible abusive head trauma. We also examined the relationship between cervical and brain MRI findings and selected study outcome categories.

METHODS: This study is a 3-year retrospective review of children evaluated for abusive head trauma. Inclusion criteria were: children with head trauma seen at our institution between 2008 and 2010, age younger than 36 months, availability of diagnostic-quality brain and cervical spine MRI, and child abuse team involvement because abusive head trauma was a possibility. A child abuse paediatrician and paediatric radiologists, all with board certification, were involved in data collection, image interpretation and data analysis. Statistical analysis was performed using Stata v12.1.

RESULTS: The study included 74 children (43 boys, 31 girls) with a mean age of 164 days (range, 20-679 days). Study outcomes were categorized as: n = 26 children with accidental head trauma, n = 38 with abusive head trauma (n = 18 presumptive AHT, n = 20 suspicious for AHT), and n = 10 with undefined head trauma. We found cervical spine injuries in
27/74 (36%) children. Most cervical spine injuries were ligamentous injuries. One child had intrathecal spinal blood and two had spinal cord oedema; all three of these children had ligamentous injury. MRI signs of cervical injury did not show a statistically significant relationship with a study outcome of abusive head trauma or help discriminate between accidental and abusive head trauma. Of the 30 children with supratentorial brain injury, 16 (53%) had a bilateral hypoxic-ischemic pattern. There was a statistically significant relationship between bilateral hypoxic-ischemic brain injury pattern and abusive head trauma (P < 0.05). In addition, the majority (81%) of children with bilateral hypoxic-ischemic brain injuries had cervical injuries.

CONCLUSION: Although detection of cervical spine injuries by MRI does not discriminate between accidental and abusive head trauma, it can help to distinguish a traumatic from non-traumatic intracranial subdural haemorrhage. Cervical MRI should be considered in children with acute intracranial bleeds and otherwise non-contributory history, physical examination and ophthalmological findings. There is a statistically significant relationship between diffuse hypoxic-ischemic brain injury patterns and abusive head trauma. The high incidence of cervical injuries in children with hypoxic-ischemic injuries suggests a causal relationship. Overall, increased utilization of brain and spine MRI in children being evaluated for abusive head trauma can be helpful.


4. Age determination of subdural hematomas: survey among radiologists


BACKGROUND: Abusive head trauma is a severe form of child abuse. One important diagnostic finding is the presence of a subdural hematoma. Age determination of subdural hematomas is important to relate radiological findings to the clinical history presented by the caregivers. In court this topic is relevant as dating subdural hematomas can lead to identification of a suspect.

OBJECTIVES: The aim of our study is to describe the current practice among radiologists in the Netherlands regarding the age determination of subdural hematomas in children.

METHODS: This is a cross-sectional study, describing the results of an online questionnaire regarding dating subdural hematomas among paediatric and neuroradiologists in the Netherlands. The questionnaire consisted of sociodemographic questions, theoretical questions and eight paediatric cases in which the participants were asked to date subdural hematomas based on imaging findings.
RESULTS: Fifty-one out of 172 radiologists (30%) filled out the questionnaire. The percentage of participants that reported it was possible to date the subdural hematoma varied between 58 and 90% for the eight different cases. In four of eight cases (50%), the age of the subdural hematoma as known from clinical history fell within the range reported by the participants. None of the participants was "very certain" of their age determination.

CONCLUSION: The results demonstrate that there is a considerable practice variation among Dutch radiologists regarding the age determination of subdural hematomas. This implicates that dating of subdural hematomas is not suitable to use in court, as no uniformity among experts exists.


5. Multifocal signal loss at bridging veins on susceptibility-weighted imaging in abusive head trauma


SUMMARY: Identifying abusive head trauma (AHT) in infants is difficult because often there are no externally visible injuries and symptoms are nonspecific. The radiological finding that usually raises suspicion of AHT-especially when found with retinal haemorrhage and inappropriate history-is subdural hematoma (SDH). In addition to that, bridging vein thrombosis, assessed by imaging or autopsy, has been reported as a sign of the traumatic cause of SDH. Here we present two cases of AHT-associated SDH in infants, in which multifocal signal loss at bridging veins was present on susceptibility-weighted imaging without signs of venous infarction. As susceptibility-weighted imaging has been reported to be more sensitive for blood products than gradient-echo T2-weighted imaging, we propose that it might help to identify clot formation on injured bridging veins and therefore increase the sensitivity of imaging studies for a traumatic cause of SDH, helping to identify AHT that is considered to be caused by violent shaking.


1. Bone strength and structural deficits in children and adolescents with a distal forearm fracture due to mild trauma


SUMMARY: Although distal forearm fractures (DFFs) are common during childhood and adolescence, it is unclear whether they reflect underlying skeletal deficits or are simply a consequence of the usual physical activities, and associated trauma, during growth.
Therefore, we examined whether a recent DFF, due to mild- or moderate-trauma, is related to deficits in bone strength and cortical and trabecular bone macro- and microstructure as compared with non-fracture controls. High-resolution peripheral quantitative computed tomography was used to assess micro-finite element-derived bone strength (i.e., failure load), and to measure cortical and trabecular bone parameters at the distal radius and tibia in 115 boys and girls with a recent (<1 year) DFF and 108 non-fracture controls aged 8-15 years. Trauma levels (mild versus moderate) were assigned based on a validated classification scheme. Compared with sex-matched controls, boys and girls with a mild trauma DFF (e.g., fall from standing height) showed significant deficits at the distal radius in failure load (-13% and -11%, respectively; p < 0.05) and had higher ("worse") fall load-to-strength ratios (both +10%; p < 0.05 for boys and p = 0.06 for girls). In addition, boys and girls with a mild trauma DFF had significant reductions in cortical area (-26% and -23%, respectively; p < 0.01) and cortical thickness (-14% and -13%, respectively; p < 0.01) compared to controls. Importantly, the skeletal deficits in the mild trauma DFF patients were generalized, as similar changes were present at the distal tibia. By contrast, both boys and girls with a moderate trauma DFF (e.g., fall from a bicycle) had virtually identical values for all of the measured bone parameters compared to controls.

CONCLUSION: DFFs during growth have two distinct aetiologies: those due to underlying skeletal deficits leading to fractures with mild trauma versus those due to more significant trauma in the setting of normal bone strength.


2. Evaluating children with fractures for child physical abuse

SUMMARY: Fractures are common injuries caused by child abuse. Although the consequences of failing to diagnose an abusive injury in a child can be grave, incorrectly diagnosing child abuse in a child whose fractures have another aetiology can be distressing for a family. The aim of this report is to review recent advances in the understanding of fracture specificity, the mechanism of fractures, and other medical diseases that predispose to fractures in infants and children. This clinical report will aid physicians in developing an evidence-based differential diagnosis and performing the appropriate evaluation when assessing a child with fractures.

3. Patterns of burns and scalds in children

*Kemp, A. M., S. Jones, et al.* *Arch Dis Child. Ahead of print [Epub 05/02/2014].*

**OBJECTIVE:** To describe the characteristics of childhood burns and scalds, mechanisms and agents to inform prevention.

**METHODS:** Prospective multicentred cross-sectional study of children (<16 years) with unintentional burns/scalds from five Emergency Departments (ED), a burns assessment unit and three regional children's Burns Units. Data collected: site, severity, distribution of the burn/scald, age, motor development of the child, agent and mechanism of the injury. Comparative analysis for children <5 and 5-16 years.

**RESULTS:** Of 1215 children, 58% (709) had scalds, 32% (390) contact burns and 116 burns from other causes, 17.6% (214/1215) were admitted to hospital and the remaining treated in ED or burns assessment centre. 72% (878) were <5 years, peak prevalence in 1-year-olds. Commonest scald agent (<5 years) was a cup/mug of hot beverage 55% (305/554), and commonest mechanism was a pull-down injury 48% (66/554). In 5-16-year-olds, scalds were from hot water 50% (78/155) and spill injuries 76% (118/155). Scalds affected the front of the body in 96% (680/709): predominantly to the face, arms and upper trunk in <5-year-olds, older children had scalds to the lower trunk, legs and hands. Contact burns (<5 years) were from touching 81% (224/277) hot items in the home, predominant agents: hair straighteners or irons 42% (117/277), oven hobs 27% (76/277), 5-16-year-olds sustained more outdoor injuries 46% (52/113). 67% (262/390) of all contact burns affected the hands.

**CONCLUSIONS:** Scalds to infants and toddlers who pull hot beverages over themselves or sustain burns from touching irons, hair straighteners or oven hobs are a high priority for targeted prevention.

**Access full text:** [http://adc.bmj.com/content/early/2014/01/09/archdischild-2013-304991.full.pdf+html](http://adc.bmj.com/content/early/2014/01/09/archdischild-2013-304991.full.pdf+html)

4. Contact, cigarette and flame burns in physical abuse: a systematic review


**OBJECTIVES:** This systematic review identifies features of intentional non-scald burns in physical abuse.

**METHODS:** Fifteen bibliographic databases of international literature (1950–2011) were searched to identify potential studies that were critically appraised using standardised methods. Primary studies with confirmed intentional non-scald burns in children aged < 18 years were included to provide a
descriptive analysis of the causation, appearance and distribution of burns.

RESULTS: This systematic review identifies features of intentional non-scald burns in physical abuse. Twenty studies were included: one cross-sectional, one case control and 18 case studies/small case series representing 73 children with intentional non-scald burns. The majority were contact burns from household items: the agents included cigarettes (18), irons (9), electric fires/heaters/radiators (10), cigarette lighters (2), hairdryers (7), curling tongs (3), chemicals (3), microwaves (2) flame burns (7), miscellaneous (7) and burns of unknown cause (5). The burns occurred throughout childhood. The majority of children were older than three years. The characteristic features were of clearly demarcated contact burns or scars in shapes that mirrored the agent. They were predominantly recorded on the limbs, trunks and the backs of hands; they were frequently multiple and co-existed with additional signs of abuse. These features should raise concerns of suspected physical abuse.

CONCLUSION: * The commonest reported cause of intentional non-scald burns are contact burns: cigarettes, irons, hairdryers or domestic heaters. * Burns are often clearly demarcated in the shape of the causative agent. * Burns are found on the limbs, back or trunk, in locations other than the palms of the hands. * Burns are often multiple and may co-exist with other injuries suspicious of abuse. * Single or multiple circular, deep-cratered burns are consistent with cigarette burns. 


5. Stair falls: caregiver's "missed step" as a source of childhood fractures.


BACKGROUND: The purpose of this study was to describe fractures sustained by children and to analyse the associated costs when a caretaker falls down stairs while holding a child.

METHODS: Between 2004 and 2012, 16 children who sustained a fracture after a fall down stairs while being carried by a caregiver were identified. Parents/caregivers were interviewed to see how the fall occurred, and a cost analysis was performed.

RESULTS: The average age of the patients was 14.5 months (7-51 months). The lower extremity was involved in 15 of 16 fractures, with 8 involving the femur. The majority were buckle fractures, but all diaphyseal femur fractures were spiral. Three patients required a reduction in the operating room. All fractures healed with cast immobilization. Five patients underwent skeletal surveys, as the treating physicians were concerned about potential child abuse. The average cost of treatment was $6785 (range $948-45,876). Detailed histories from the caregivers showed that they "missed a
step" due to the child being carried in front of the caregiver, obscuring their vision.

CONCLUSION: A fall in a caregiver's arms while going down stairs can result in multiple orthopaedic injuries. The costs of treating these injuries are not insignificant, and the suspicion of child abuse can be both costly and unnecessary in the case of a true accident. While descending the stairs with a child in their arms, the caregiver should hold the child to the side so as not to obscure their vision of the step with one arm, ideally holding the handrail with the other.


Child sexual abuse

1. The neuropsychology of sex offenders: a meta-analysis

BACKGROUND: Typically, neuropsychological studies of sex offenders have grouped together different types of individuals and different types of measures. This is why results have tended to be nonspecific and divergent across studies.

OBJECTIVES: The authors undertook a review of the literature regarding the neuropsychology of sex offenders, taking into account subgroups based on criminological theories. They also conducted a meta-analysis of the data to demonstrate the cognitive heterogeneity of sex offenders statistically. Their main objective was to test the hypothesis to the effect that the neuropsychological deficits of sex offenders are not broad and generalized compared with specific subgroups of participants based on specific measures.

RESULTS: In all, 23 neuropsychological studies reporting data on 1,756 participants were taken into consideration. As expected, a highly significant, broad, and heterogeneous overall effect size was found. Taking subgroups of participants and specific cognitive measures into account significantly improved homogeneity. Sex offenders against children tended to obtain lower scores than did sex offenders against adults on higher order executive functions, whereas sex offenders against adults tended to obtain results similar to those of non-sex offenders, with lower scores in verbal fluency and inhibition.

CONCLUSION: It is concluded that neuropsychological data on sex offenders are still too scarce to confirm these trends or to test more precise hypotheses. For greater clinical relevance, future neuropsychological studies should consider specific subgroups of participants and measures to verify the presence of different cognitive profiles.

2. Factors promoting resilience following childhood sexual abuse: a structured, narrative review of the literature


OBJECTIVES: The aim of this paper was to review research investigating resilient outcomes for people with a history of childhood sexual abuse (CSA) and implications for practice, as well as to consider issues for clearer definitions.


RESULTS: The reviewed papers identified a number of factors that were repeatedly associated with individuals showing resilient outcomes to CSA. These included inner resources (e.g. coping skills, interpretation of experiences and self-esteem), family relationships, friendships, community resources (e.g. church or school), as well as some abuse-related factors (e.g. older age at onset). A large number of methodological concerns within these studies were also noted, including the way in which resilience, CSA and protective factors were defined. However, despite this, many papers identified similar factors that could be utilised to develop both effective prevention programmes and resilience interventions for the survivors of CSA.

CONCLUSIONS: * There is a wealth of research investigating resilience in people who have experienced CSA. * Many papers presented similar findings. Interpersonal features were repeatedly identified; but importantly so were familial support and stability, peer friendships, appropriately timed social support, academic success, spirituality and a sense of community. * It seems likely that health promotion initiatives and social policies and programmes can improve resilient outcomes for people with a history of CSA, using both individual and systemic interventions. Many papers presented similar findings.


3. Phthiriasis palpebrarum infection: a concern for child abuse

Ryan, M. F. J Emerg Med Ahead of print [Epub 22/02/2014].

BACKGROUND: Pediculosis capitis is a common parasitic infestation, whereas phthiriasis palpebrarum is an uncommon infection due to Phthirus pubis (pubic lice) inoculating the eyelashes and surrounding tissues of the eye. Emergency physicians should recognize the causes of this uncommon disease. Cases of phthiriasis palpebrarum should trigger the clinician to consider the potential for child abuse when suspected or when social history dictates the risk for abuse.

OBJECTIVE: A case of a pediculosis capitis and phthiriasis palpebrarum
coinfection in a 4-year-old girl is presented, which was suspicious for child abuse given the patient's social history. Diagnosis, treatment, and need for vigilance when encountering cases of phthiriasis palpebrarum, especially in young children, are discussed herein.

RESULTS: A 4-year-old girl presented with swelling and redness around her eyes. The girl had recurrent head lice infestations, however, on the day of presentation the mother noted lice appeared on the girl's eyelashes and eyelids. Head lice typically do not infect the eyes, and given the different morphology of the lice on the patient's head and eyes, a diagnosis of phthiriasispalpebrarum was made. Because phthiriasis pubis infection of the eyelids may represent sexual abuse, especially in children, child protective services was notified to ensure patient safety.

CONCLUSIONS: Paediatric phthiriasis palpebrarum can represent child abuse, and the origins of this infection need to be carefully discerned. A thorough history can provide information to assess whether further action is needed and, if in doubt, social services should be contacted to ensure child safety.


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

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

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

RESULTS: Two-hundred and thirty children (median age of 12 months, interquartile range 5-35 months) were finally included. A positive RAD was reported in 14 (6.1%, CI 95% 3.4-10). Only 3 patients (1.3%, CI 95% 0.3-3.7) showed a positive RAD in the absence of any predisposing factor.
CONCLUSIONS: RAD is an infrequent sign in non-abused children and it is particularly rare in the absence of any predisposing factor. Case-control studies are necessary to better clarify its diagnostic relevance.


Emotional abuse & neglect

1. From affect to feelings and thoughts: from abuse to care and understanding

SUMMARY: The capacity of the infant to bear affect relies on the capacity of the caregiver until it has achieved enough strength to perform this task itself. In the case of neglect the necessary strength to contain, metabolize and think about affect so that it may be converted into differentiated feelings cannot develop because of the absence of a caregiver capable of sustaining the infant in its emotional development. Instead a system of defence against affect arises in which the affect itself is perceived as intrusive and abusive. Because of neglect, a confusion between abuse and affect is to be observed, with catastrophic consequences for the growing up child. Furthermore neglected children can be seduced by external abuse in the hope of being protected from unmanageable affect. A corollary of this is that actual containment comes to feel abusive to them: if they are made to feel affect, they perceive the other, who put them in touch with affect, as abusive: thus affect, abuse and containment are confused. Clinical material will support this thesis.


Prevention and interventions

1. Searching for effective interventions for foster children under stress: a meta-analysis

SUMMARY: Foster children experience a lot of stress because of their life histories and changes in their family circumstances, such as foster care placement. It is important that foster parents recognize the early signs of stress in foster children and learn how to act in a non-threatening and understanding manner. Family-based interventions may help in this. In this paper, we report on a meta-analysis of studies (n= 19) of the effectiveness of such interventions. All studies used a pre-test/post-test design. Both problem behaviour in foster children and the parenting skills of foster parents improved by 30%; however, none of the interventions were specifically intended to
help young children (<4 years) to cope with stress. The importance of interventions for young foster children is discussed, as well as the necessary elements these interventions should include.


Long term outcomes

1. The relationship between child maltreatment and emotion recognition


OBJECTIVES: Child abuse and neglect affect the development of social cognition in children and inhibit social adjustment. The purpose of this study was to compare the ability to identify the emotional states of others between abused and non-abused children.

METHODS: The participants, 129 children (44 abused and 85 non-abused children), completed a children's version of the Reading the Mind in the Eyes Test (RMET).

RESULTS: Results showed that the mean accuracy rate on the RMET for abused children was significantly lower than the rate of the non-abused children. In addition, the accuracy rates for positive emotion items (e.g., hoping, interested, happy) were significantly lower for the abused children, but negative emotion and neutral items were not different across the groups.

CONCLUSION: This study found a negative relationship between child abuse and the ability to understand others’ emotions, especially positive emotions.


2. A longitudinal study of several potential mediators of the relationship between child maltreatment and posttraumatic stress disorder symptoms


BACKGROUND: Child maltreatment is a reliable predictor of posttraumatic stress disorder (PTSD) symptoms. However, not all maltreated children develop PTSD symptoms, suggesting that additional mediating variables explain how certain maltreated children develop PTSD symptoms and others do not.

OBJECTIVES: The current study tested three potential mediators of the relationship between child maltreatment and subsequent PTSD symptoms: (a) respiratory sinus arrhythmia reactivity, (b) cortisol reactivity, and (c) experiential avoidance, or the unwillingness to experience painful private events, such as thoughts and memories.

RESULTS: Maltreated (n = 51) and non-maltreated groups (n = 59) completed a stressor paradigm, a measure of experiential avoidance, and a semistructured interview of PTSD symptoms. One year later, participants
were readministered the PTSD symptoms interview. Results of a multiple mediator model showed the set of potential mediators mediated the relationship between child maltreatment and subsequent PTSD symptoms. However, experiential avoidance was the only significant, specific indirect effect, demonstrating that maltreated children avoiding painful private events after the abuse were more likely to develop a range of PTSD symptoms 1 year later. 

CONCLUSION: These results highlight the importance of experiential avoidance in the development of PTSD symptoms for maltreated children, and implications for secondary prevention and clinical intervention models are discussed.


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Child protection professionals

1. Improving the practice of child death overview panels: a paediatric perspective


OBJECTIVES: In England, every death in childhood is reviewed by a local multidisciplinary Child Death Overview Panel (CDOP) with the intention of understanding causation and implementing interventions to reduce future deaths. This study aimed to establish how well panels work from the perspective of the paediatricians involved and to ascertain whether they deliver good value and identify areas for improvement.

DESIGN: A questionnaire was sent to every CDOP paediatrician in the country (n=93). Questions focused on the quality of CDOP case discussions as well as examples of effective and significant recommendations. Responses were analysed using simple quantitative and qualitative methods.

RESULTS: 84/93 (90%) of the paediatricians responded. Among the respondents, 60 (71%) believe that investment in CDOPs is offering good value, 73 (87%) feel that case discussions are rigorous and consistent and over 90% believe that the correct issues are emerging from discussions. However, responders noted many areas for improvement: 40 (48%) suggested devolving the discussion of specialist deaths (eg, neonates) to hospital-based review meetings or holding themed meetings with invited specialists, 11 (13%) suggested filtering out cases where learning is unlikely before full CDOP meetings and 13 (15%) called for national integration and analysis of data.

CONCLUSIONS: In this time of economic austerity it is vital that the CDOPs add value to the invested resources. Although CDOP paediatricians feel that panels are working well, there is scope for improvement through enhancing relationships with commissioning bodies, aggregate review and analysis of CDOP data at a national level and consideration.
of specialist and/or network review of certain categories of deaths such as cardiac surgery, oncology and neonates. 

2. Diagnostic errors in interpretation of pediatric musculoskeletal radiographs at common injury sites
Bisset, G. S. I. and J. Crowe Pediatr Radiol Ahead of print [Epub 03/03/2014].

BACKGROUND: Extremity pain represents one of the most common reasons for obtaining conventional radiographs in childhood. Despite the frequency of these examinations little is known about the incidence of diagnostic errors by interpreting paediatric radiologists.

OBJECTIVES: The purpose of this study was to develop a standard error rate of paediatric radiologists by double-reading of extremity radiographs (elbow, wrists, knees and ankles) in children presenting with a history of trauma or pain.

METHODS: During a 6-month period all major extremity radiographs (excluding digits) obtained at a large paediatric referral hospital for evaluation of pain or trauma were reviewed by two senior paediatric radiologists and compared to the official interpretation. All radiographs were interpreted initially by a board-certified paediatric radiologist with a Certificate of Added Qualification (CAQ). We reviewed 3,865 radiographic series in children and young adults 2–20 years of age. We tabulated misses and overcalls. We did not assess the clinical significance of the errors.

RESULTS: There were 61 miss errors and 44 overcalls in 1,235 abnormal cases and 2,630 normal cases, for a 1.6% miss rate and a 1.1% overcall rate. Misses and overcalls were most common in the ankle.

CONCLUSION: Interpretive errors by paediatric radiologists reviewing certain musculoskeletal radiographs are relatively infrequent. Diagnostic errors in the form of a miss or overcall occurred in 2.7% of the radiographs. 

3. Understanding the causal pathways to child maltreatment: implications for health and social care policy and practice

SUMMARY: This article examines current understandings regarding the causes of child maltreatment and its prediction and prevention. The answers to why some people hurt children, when others in similar circumstances do not, remain obstinately elusive. We look to philosophy to help understand the complexity of causal pathways of maltreatment. We draw on the seminal work of Mackie on probabilistic causation and his notion of the ‘INUS condition’ (INUS is the acronym for insufficient but non-redundant part of a condition that is itself unnecessary but
sufficient for the result). This theory holds particular relevance for exploring complex social phenomena. Taking child abuse as an issue, we show how the concept of the INUS condition offers a new way of thinking about causal factors when they are neither necessary nor sufficient. It can be applied to clarify the complex nexus of potential risk factors that may – or may not – ‘cause' adult perpetration of abuse. It also provides a framework for integrating the research on resilience factors with that on risk. Finally, we discuss the lessons for research, policy and practice that arise from this way of conceptualising the underlying causality of child maltreatment.

**CONCLUSION:**

* There have been major efforts to create models of risk and prediction in child protection but it remains an imprecise science.
* Risk factors appear to be neither necessary nor sufficient conditions for maltreatment to occur.
* In this article, we adopt a philosophical position to help make sense of the complex causation of maltreatment.
* We show the implications of these new perspectives for health and social care policy and practice.


**Reviews & Guidelines**

1. **Maltreatment in foster care: a review of the evidence**
   

   **SUMMARY:** This article examines the evidence on maltreatment in foster care, drawing on a critical review of research published in the USA, the UK and Australia. Few studies have reported on the extent of maltreatment in this setting and the evidence that does exist is inconclusive. The limited available evidence suggests that maltreatment may be reported for up to two per cent of children in foster care in any one year, but much depends on the definitions used and on local variation in thresholds for investigation. The article discusses the perpetrators and nature of this maltreatment and problems with substantiation, and highlights important gaps in the existing research.

   **CONCLUSIONS:**
   * It is important to distinguish allegations of maltreatment from those concerning poor standards of care. However, the boundary between the two may sometimes be unclear.
   * Poor assessment and supervision of foster carers may increase the risk of maltreatment.
   * Precipitate responses to allegations of poor standards of care, without a proper assessment of the balance of risks, may themselves be harmful to children’s emotional wellbeing.

‘It is important to distinguish allegations of
maltreatment from those concerning poor standards of care’  


2. The AAP and the SPR Child Abuse Committee issue a clinical report on 'Evaluating children with fractures for child physical abuse'  
No abstract available.  

SUMMARY: The poisoned child presents unique considerations in circumstances of exposure, clinical effects, diagnostic approach, and therapeutic interventions. The emergency provider must be aware of the pathophysiologic vulnerabilities of infants and children and substances that are especially toxic. Awareness is essential for situations in which the risk of morbidity and mortality is increased, such as child abuse by poisoning. Considerations in treatment include the need for attentive supportive care, paediatric implications for antidotal therapy, and extracorporeal removal methods such as haemodialysis in children. In this article, each of these issues and emerging poison hazards are discussed.  

3. Pediatric head and neck dynamics in frontal impact: analysis of important mechanical factors and proposed neck performance corridors for 6- and 10-year-old ATDs  
BACKGROUND: Traumatic injuries are the leading cause of death of children aged 1-19 in the United States and are principally caused by motor vehicle collisions, with the head being the primary region injured. The neck, though not commonly injured, governs head kinematics and thus influences head injury. Vehicle improvements necessary to reduce these injuries are evaluated using anthropomorphic testing devices (ATDs). Current paediatric ATD head and neck properties were established by scaling adult properties using the size differences
between adults and children. Due to the limitations of paediatric biomechanical research, computational models are the only available methods that combine all existing data to produce injury-relevant biofidelity specifications for ATDs.

OBJECTIVES: The purpose of this study is to provide the first frontal impact biofidelity corridors for neck flexion response of 6- and 10-year-olds using validated computational models, which are compared to the Hybrid III (HIII) ATD neck responses and the Mertz flexion corridors.

METHODS: Our virtual 6- and 10-year-old head and neck multibody models incorporate paediatric biomechanical properties obtained from paediatric cadaveric and radiological studies, include the effect of passive and active musculature, and are validated with data including paediatric volunteer 3 g dynamic frontal impact responses. We simulate ATD pendulum tests-used to calibrate HIII neck bending stiffness-to compare the paediatric model and HIII ATD neck bending stiffness and to compare the model flexion bending responses with the Mertz scaled neck flexion corridors. Additionally, paediatric response corridors for pendulum calibration tests and high-speed (15 g) frontal impacts are estimated through uncertainty analyses on primary model variables, with response corridors calculated from the average +/- SD response over 650 simulations.

RESULTS: The models are less stiff in dynamic anterioposterior bending than the ATDs; the secant stiffness of the 6- and 10-year-old models is 53 and 67 percent less than that of the HIII ATDs. The ATDs exhibit nonlinear stiffening and the models demonstrate nonlinear softening. Consequently, the models do not remain within the Mertz scaled flexion bending corridors. The more compliant model necks suggest an increased potential for head impact via larger head excursions.

CONCLUSION: The paediatric anterioposterior bending corridors developed in this study are extensible to any frontal loading condition through calculation and sensitivity analysis. The corridors presented in this study are the first based on paediatric cadaveric data and provide the basis for future, more biofidelic, designs of 6- and 10-year-old ATD necks.


4. A brief history of fatal child maltreatment and neglect

SUMMARY: Child abuse encompasses four major forms of abuse: physical abuse, sexual abuse, psychological abuse, and neglect. The United States retains one of the worst records of child abuse in the industrialized world. It has also been determined that a large portion of these cases are missed and go undocumented in state and federal reporting agencies. In
addition, disparate risk factors have been identified for physical abuse and neglect cases, but substance abuse has been found to be a significant factor in all forms of abuse. Fatal child maltreatment and neglect investigations require a multi-pronged and multidisciplinary approach requiring the coordination and information gathering from various agencies. A major difficulty in determining the accidental or non-accidental nature of these cases is that the account surrounding the events of the death of a child is acquired from the caretaker. In this review, we outline common diagnostic characteristics and patterns of non-accidental injuries and neglect as a result of nutritional deprivation.


5. Health and well-being of children adopted from foster care

Zill, N. and M. D. Bramlett Child Youth Serv Rev Ahead of print [Epub 22/02/2014].

SUMMARY: Data from the National Survey of Children’s Health, 2011–12 were used to compare children in foster care with children adopted from foster care with respect to health, health care and well-being. Children living with both biological parents and children living with never-married biological mothers were included as comparison groups. The findings suggest that adoption confers socioeconomic advantages for children, relative to children who remain in foster care. However, these advantages do not tend to translate into better developmental, academic, or other well-being outcomes. The evidence suggests that children in foster care who are adopted tend to cost the public less than children who remain in foster care or are reunited with their biological families.

Professional development

**National**

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

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

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

**Australian Childhood Foundation**

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

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

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

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

*Events calendar:*

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

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

*Events calendar:*
http://www.childhood.org.au/ProfessionalDevelopmentSeminars/
Caraniche Training and Research
Caraniche draws on the applied expertise of its staff to deliver professional development training in the health and welfare sector, including supervision and clinical skills, professional practice and critical incidents. They provide customized in-house training that can be modified to meet specific learning needs and participant requirements.

Website:

Training and research:

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

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

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

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

Website:

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

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

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

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

Website:

Events calendar:

Education Centre Against Violence (ECAV) NSW Health

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

Website:

Events calendar:

ENCOMPASS - Family and Community

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

Website:

Training schedule:

Family and Relationship Services Australia (FRSA)

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

Website:

Training and events calendar:

In Safe Hands

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

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

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

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

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

Website:

Webinars:

National Guide to Training Programs in Psychotherapy and Counseling

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

Website:

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/index.cfm

Training:

Signs of Safety (resolutions consultancy)

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

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

Training.gov.au (TGA)

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

Website: http://training.gov.au/

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International

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

USA

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

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

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

UK

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

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

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

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Chadwick Center for Child and Families

USA

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

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

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

USA

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

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

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

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

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UK

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

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

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

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NEARI Press

USA

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

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

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Stop It Now! – Preventing Sexual Abuse of Children

USA

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

Website
http://www.stopitnow.org/

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

National

Australian Centre for the Study of Sexual Assault (ACSSA)

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

Website:

Australian Domestic & Family Violence Clearinghouse

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

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

Child Protection Special Interest Group – RACP

The Child Protection Special Interest Group (CPSIG) is a special interest group within the Chapter of Community Child Health of the Royal Australasian College of Physicians (RACP). RACP – CPSIG is a 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:

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

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

Commission’s latest reports:

Institute of Child Protection Studies, Australian Catholic University

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

Website:

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

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

Website:

National Child Protection Clearing House (NCPCH)

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

Website:

Events calendar:

Subscribe to news alerts:

CPCH publications:

Protecting Australia's Children: Research and Evaluation Register

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

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

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

**Website:**

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**International**

**California Evidence Based Clearinghouse (CEBC)**

**USA**

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

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

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

**UK**

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

**Website:**
http://www.cpsig.org.uk/
**BACCH Home:**
http://www.bacch.org.uk/index.php
**RCPCH Home:**
http://www.rcpch.ac.uk/

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**Child and Woman Abuse Studies Unit**

**UK**

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

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

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**CORE INFO**

**UK**

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

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

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

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

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

Access DynaMed:

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

Access First Consult:

Institute on Violence, Abuse and Trauma (IVAT)
USA
The Family Violence and Sexual Assault Institute has now merged with Alliant International University to form The Institute on Violence, Abuse and Trauma (IVAT). The IVAT is an important International resource, research and training centre that includes all areas of violence, abuse and trauma. The Institute encompasses multiple centres, which focus on family violence in the broad sense, including sexual assault, youth and school violence, workplace violence, violence prevention and traumatic stress.
**Website:**
http://www.ivatcenters.org/

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**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/

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**National Clearinghouse for Family Violence Canada**

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

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

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

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**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/

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**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/

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**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/

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**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/

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**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/

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**Sexual abuse of Males - Jim Hopper USA**

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

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

________________________________________

**Welsh Child Protection Systematic Review Group UK**

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

_Website:_

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

### March 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event</th>
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<tbody>
<tr>
<td>13-14</td>
<td>Symposium</td>
<td>International Symposium on Children and Communities in Australia</td>
<td>Canberra, ACT</td>
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<tr>
<td>17</td>
<td>Seminar</td>
<td>Equal Life Chances for Children</td>
<td>Melbourne, VIC</td>
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<td>16-18</td>
<td>Conference</td>
<td>International Social Work Conference 2014</td>
<td>Kampala, Uganda</td>
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<td>20-22</td>
<td>Conference</td>
<td>Society for Research in Adolescence Conference</td>
<td>Austin, USA</td>
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<tr>
<td>24-25</td>
<td>Workshop</td>
<td>Australian Centre for Grief and Bereavement Workshops</td>
<td>Melbourne, VIC</td>
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<tr>
<td>26-28</td>
<td>Conference</td>
<td>Australian Centre for Grief and Bereavement Conference</td>
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<tr>
<td>26-28</td>
<td>Conference</td>
<td>AIATSIS National Indigenous Studies Conference</td>
<td>Canberra, ACT</td>
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<td>31-2 Apr</td>
<td>Conference</td>
<td>Child Aware Approaches Conference</td>
<td>Melbourne, VIC</td>
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### April 2014

<table>
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<tr>
<th>Date</th>
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<tr>
<td>4</td>
<td>Conference</td>
<td>This is my Childhood Conference</td>
<td>Bristol, UK</td>
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<td>7-9</td>
<td>Conference</td>
<td>34th Annual Child Welfare Symposium</td>
<td>San Francisco, USA</td>
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<td>9-11</td>
<td>Conference</td>
<td>16th Annual MASOC and MATSA conference</td>
<td>Marlborough, USA</td>
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<td>10-13</td>
<td>Conference</td>
<td>Global Summit on Childhood</td>
<td>Vancouver, Canada</td>
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<td>14-15</td>
<td>Conference</td>
<td>The Linking up for Kids Conference</td>
<td>Sydney, NSW</td>
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<td>25-27</td>
<td>Conference</td>
<td>International Conference on Families with Parental Mental Health Challenges</td>
<td>Berkeley, USA</td>
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<tr>
<td>30-2 May</td>
<td>Conference</td>
<td>19th National Conference on Child Abuse and Neglect</td>
<td>New Orleans, USA</td>
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</table>
References


5. Barth, R.P. and K. Liggett-Creel, *Common components of parenting programs for children birth to eight years of age involved with child welfare services*. Child Youth Serv Rev. **Ahead of print [Epub 15/02/2014].**


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.