The Queensland Child Protection Information Network Newsletter JANUARY 2014
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

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).

Laura.koopmans2@mater.org.au
Tel (07) 3163 2359
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Research Update

Abusive Head Trauma

1. Head and neck injury patterns in fatal falls: epidemiologic and biomechanical considerations

SUMMARY: Fatal falls often involve a head impact, which are in turn associated with a fracture of the skull or cervical spine. Prior authors have noted that the degree of inversion of the victim at the time of impact is an important predictor of the distribution of skull fractures, with skull base fractures more common than skull vault fractures in falls with a high degree of inversion. The majority of fatal fall publications have focused on skull fractures, and no research has described the association between fall circumstances and the distribution of fractures in the skull and neck. In the present study, we accessed data regarding head and neck fractures resulting from fatal falls from a Swedish autopsy database for the years 1992-2010, for the purposes of examining the relationships between skull and cervical spine fracture distribution and the circumstances of the fatal fall. Out of 102,310 medico-legal autopsies performed there were 1008 cases of falls associated with skull or cervical spine fractures. The circumstances of the falls were grouped in 3 statistically homogenous categories; falls occurring at ground level, falls from a height of <3 m or down stairs, and falls from >/=3 m. Only head and neck injuries and fractures that were associated with the fatal CNS injuries were included for study, and categorized as skull vault and skull base fractures, upper cervical injuries (C0-C1 dislocation, C1 and C2 fractures), and lower cervical fractures. Logistic regression modelling revealed increased odds of skull base and lower cervical fracture in the middle and upper fall severity groups, relative to ground level falls (lower cervical <3 m falls, OR = 2.55 [1.32, 4.92]; lower cervical >/=3 m falls, OR = 2.23 [0.98, 5.08]; skull base <3 m falls, OR = 1.82 [1.32, 2.50]; skull base >/=3 m falls, OR = 2.30 [1.55, 3.40]). C0-C1 dislocations were strongly related to fall height, with an OR of 8.3 for >/=3 m falls versus ground level. The findings of increased odds of skull base and lower cervical spine fracture in falls from a height are consistent with prior observations that the risk of such injuries is related to the degree of victim inversion at impact. The finding that C0-C1 dislocations are most common in falls from more than 3 m is unique, an indication that the injuries likely result from high energy shear forces rather than pure tension, as previously thought.

2. Long term trends and patterns of fatal traumatic brain injuries in the pediatric and adolescent population of Austria in 1980-2012: analysis of 33 years

SUMMARY: Traumatic brain injuries (TBI) are of special concern in the paediatric and adolescent population due to high incidence, mortality and potential years of life lost (PYLL). Knowledge on causes and mortality trends is essential for effective prevention. The aim of this study was to analyse the long term trends and causes of TBI-related mortality between 1980 and 2012 in the paediatric and adolescent populations of Austria. Death certificate data on TBI-related deaths of children and adolescents aged 0-19 years and exact population numbers were obtained from the Austrian Statistical Office. Five age-groups were created. Mortality trends, and causes of TBI were analysed. PYLL were used to indicate the public health impact. Out of 5319 identified TBI-related deaths, 75% were male victims. The annual mortality rates per 100,000 between 1980 and 2012 decreased from 25 to 2.6 in males, from 8.5 to 1.0 in females and from 16.9 to 1.8 in the total population. 15-19 years old had the highest mortalities followed by 0-2 years old. Over 80% of deaths were caused by accidents, inflicted TBIs were most common in 0-2 years old and traffic accidents in 15-19 years old. 295,793 PYLL can be attributed to TBIs in the studied period. Measures to prevent traffic accidents contributed significantly to the decrease of mortality and PYLL, especially in 15-19 years old men. Causes and trends of TBI related mortality exhibit age group-specific patterns and this knowledge could contribute to plan further preventive action to reduce TBI fatalities in the studied population.

3. Abusive head trauma: differentiation between impact and non-impact cases based on neuroimaging findings and skeletal surveys

OBJECTIVES: To determine whether imaging findings can be used to differentiate between impact and non-impact head trauma in a group of fatal and non-fatal abusive head trauma (AHT) victims.
METHODS: We included all AHT cases in the Netherlands in the period 2005-2012 for which a forensic report was written for a court of law, and for which imaging was available for reassessment. Neuroradiological and musculoskeletal findings were scored by an experienced paediatric radiologist.
RESULTS: We identified 124 AHT cases; data for 104 cases (84%) were available
for radiological reassessment. The AHT victims with a skull fracture had fewer hypoxic ischaemic injuries than AHT victims without a skull fracture (p=0.03), but the relative difference was small (33% vs. 57%). There were no significant differences in neuroradiological and musculoskeletal findings between impact and non-impact head trauma cases if the distinction between impact and non-impact head trauma was based on visible head injuries, as determined by clinical examination, as well as on the presence of skull fractures.

CONCLUSION: Neuroradiological and skeletal findings cannot discriminate between impact and non-impact head trauma in abusive head trauma victims.


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**Child physical abuse**

1. **Bruising in children who are assessed for suspected physical abuse**

OBJECTIVES: To describe the characteristics of bruising and mode of presentation of children referred to the paediatric child protection team with suspected physical abuse (PA), and the extent to which these differ between the children where abuse was confirmed and those where it was excluded.

DESIGN: Cross-sectional study.

SETTINGS AND PATIENTS: 519 children <6 years, referred to two paediatric child protection teams.

MEAN OUTCOMES MEASURES: The mode of presentation, number, anatomical distribution, size and appearance of bruises according to whether PA was confirmed or excluded. ORs with 95% CI were calculated where relevant.

RESULTS: PA was confirmed in 69% of children; the rate varied from 84% when abuse was witnessed, admitted, alleged or where explanation for injury was absent or implausible, to 50% where there was a concerning history. Significantly more children with PA had bruises (89.4%) than PA-excluded (69.9%) and had significantly more sites affected (p<0.001). The odds of a PA child having bruising to: buttocks/genitalia (OR 10.9 (CI 2.6 to 46), left ear (OR 7.10 (CI 2.2 to 23.4), cheeks (Left (OR 5.20 (CI 2.5 to 10.7), Right OR 2.83 (CI 1.5 to 5.4)), neck (OR 3.77 (CI 1.3 to 10.9), trunk (back (OR 2.85 (CI 1.6 to 5.0) front (OR 4.74 (CI 2.2 to 10.2), front of thighs (OR2.48 (CI 1.4 to 4.5) or upper arms (OR 1.90 (CI 1.1 to 3.2) were significantly greater than in children with PA-excluded. Petechiae, linear or bruises with distinct pattern, bruises in clusters, additional injuries or a child known to social services for previous child abuse concerns were significantly more likely in PA.

CONCLUSION: Features in the presenting history, the extent and pattern of bruising
differed between children with confirmed PA and those where abuse was excluded. These findings can provide a deeper understanding of bruising sustained from PA.

**Full text:**
http://adc.bmj.com/content/99/2/108.full.pdf+

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2. Diagnosis and management of physical abuse in children


SUMMARY: Child abuse is the third leading cause of death in children between one and four years of age, and almost 20% of child homicide victims have contact with a health care professional within a month of their death. Therefore, family physicians are in an ideal position to detect and intervene in cases of suspected child maltreatment. There is currently insufficient evidence that screening parents or guardians for child abuse reduces disability or premature death. Assessment for physical abuse involves evaluation of historical information and physical examination findings, as well as radiographic and laboratory studies, if indicated. The history should be obtained in a nonaccusatory manner and should include details of any injuries or incidents, the patient's medical and social history, and information from witnesses. The physical examination should focus on bruising patterns, injuries or findings concerning for abuse, and palpation for tenderness or other evidence of occult injury. Skeletal survey imaging is indicated for suspected abuse in children younger than two years. Imaging may be indicated for children two to five years of age if abuse is strongly suspected. Detailed documentation is crucial, and includes photographing physical examination findings. Physicians are mandated by law to report child abuse to the local child protective services or law enforcement agency. After a report is made, the child protection process is initiated, which involves a multidisciplinary team approach.


3. Proximal humerus fractures in children and adolescents


SUMMARY: Proximal humerus fractures are rare in paediatric traumatology. Metaphyseal fractures account for about 70% of cases and epiphyseal separation for the remaining 30%. The development and anatomy of the proximal humerus explain the various fracture types, displacements, and potential complications; and also help in interpreting the radiographic findings, most notably in young children. Physicians should be alert to the possibility of an underlying lesion or pathological fracture requiring appropriate...
diagnostic investigations, and they should consider child abuse in very young paediatric patients. Although the management of proximal humerus fractures remains controversial, the extraordinary remodelling potential of the proximal humerus in skeletally immature patients often allows non-operative treatment without prior reduction. When the displacement exceeds the remodelling potential suggested by the extent of impaction, angulation, and patient age, retrograde elastic stable intramedullary nailing (ESIN) provides effective stabilisation. As a result, the thoraco-brachial abduction cast is less often used, although this method remains a valid option. Retrograde ESIN must be performed by a surgeon who is thoroughly conversant with the fundamental underlying principles. Direct percutaneous pinning is a fall-back option when the surgeon's experience with ESIN is insufficient. Finally, open reduction is very rarely required and should be reserved for severely displaced fractures after failure of closed reduction. When these indications are followed, long-term outcomes are usually excellent, with prompt resumption of previous activities and a low rate of residual abnormalities.

4. Skeletal survey normal variants, artefacts and commonly misinterpreted findings not to be confused with non-accidental injury

SUMMARY: Radiology plays a key part in the investigation of non-accidental injury. Many normal variants and artefacts can simulate an abnormality associated with non-accidental injury. It is essential that radiologists reporting skeletal surveys in cases of suspected child abuse are aware of these. We present a pictorial essay to aid the reporting radiologist in the differentiation between normal variants or artefacts and true traumatic injury. We show plain film examples of potential pitfalls throughout the body.


5. The use of ultrasound to detect occult or unsuspected fractures in child abuse

SUMMARY: Occult fractures due to child abuse can be difficult to identify because there is usually no history of trauma, and chief complaints are vague. In addition, the osseous injuries are often subtle, becoming obvious only after healing begins. Missed injuries can lead to inappropriate disposition of a patient and can cause children to be placed at high
risk for further injury and death. It is therefore imperative that these children be diagnosed as soon as possible. Ultrasound has some properties that are desirable for detecting fractures, especially in children. Ultrasound waves are almost completely reflected by cortical bone. Thus, fractures easily appear on an ultrasound screen. The cartilaginous nature of paediatric bones makes some fractures difficult to identify on x-ray. The nature of ultrasound waves, however, allows the cartilaginous areas of paediatric bones to be identified. This brief report presents 2 cases of children younger than 1 year presenting with vague complaints (limp, irritability) without a history of trauma. Both children underwent bedside ultrasound by a paediatric emergency medicine physician with training in emergency ultrasound. The bedside ultrasound led to the identification of occult or unsuspected fractures in both children, and state social services were notified. In both cases, the cause of the fracture was determined to be from abuse, and necessary measures were taken to ensure the child's future safety. This report demonstrates that ultrasound may be useful for early identification of some types of occult or unsuspected fractures commonly seen in cases of child abuse.


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**Child sexual abuse**

1. Review: insufficient evidence on the effectiveness of interventions to prevent child sexual abuse in individuals at risk of abusing

   Miner, M. H. *Evid Based Ment Health* Ahead of print [Epub 24/12/2013].

   No abstract available.


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**Emotional abuse & neglect**

1. An ecological analysis of infant neglect by adolescent mothers


   SUMMARY: To inform efforts to prevent child neglect, we investigated a wide range of risk factors that have been largely unexamined in relation to infant neglect, the most commonly occurring form of child maltreatment. Using an ecological model of child neglect, we assessed the influence of characteristics at the level of the child, the mother, the family, and broader childrearing contexts on adolescent mothers' likelihood of being a perpetrator in a substantiated case of neglect against their firstborn infants (n=383, M=12 months). Several factors were associated with infant neglect by young mothers: median block income, low infant birth weight, maternal smoking, maternal childhood history of neglect and
of positive care, intimate partner violence (IPV) perpetrated by either the mother or her partner, and maternal use of mental health services. In multivariate models, income, a maternal childhood history of positive care, IPV by either a mother or her partner, and mental health service usage made significant contributions to the odds that a mother neglected her infant. Our findings suggest that these factors have particular salience to policymakers’ and practitioners’ efforts to identify high risk families and to intervene during the earliest months of life to prevent child neglect.


2. Effective working with neglected children and their families: linking interventions to long term outcomes

No abstract available.


3. Design of a quasi-experiment on the effectiveness and cost-effectiveness of using the child-interview intervention during the investigation following a report of child abuse and/or neglect

BACKGROUND: In the Netherlands, suspected cases of child maltreatment can be reported to an advice and reporting center on child abuse and neglect (Adviesen Meldpunt Kindermishandeling or AMK). AMKs investigate these reports, screen for problems in the family and its surroundings and refer to child welfare. Over the last decades the focus of AMK investigations has changed from an adult-only approach to a more child-oriented approach using a Child-Interview intervention. The effects and cost-effectiveness of AMK involvement in the Netherlands have never been studied. The primary aim of this study is therefore to examine the effect of the participation of maltreated children aged 6-18 years in the Child-Interview intervention on their mental health and quality of life. As a second aim, this study will examine the balance between additional costs and effects of the Child-Interview intervention in comparison with AMK investigation without the Child-Interview intervention (adult-only intervention).

DESIGN/METHODS: A quasi-experiment will be performed consisting of two post-
intervention measurements of two non-equivalent groups: an intervention group, in which the Child-Interview intervention has been used during the AMK investigation, and a control group, in which the intervention has not been used (adult-only intervention). Participants from an ongoing prospective study on the mental health and quality of life of maltreated children after a report to an AMK, will be contacted to complete a questionnaire twice. Multivariate regression analyses will be used to determine effectiveness of the Child-Interview intervention. The economic evaluation will involve a cost-effectiveness analysis and a cost-utility analysis.

RESULTS/DISCUSSION: This will be the first study to examine the effect of AMK involvement in the Netherlands. Using the Child-Interview intervention during AMK investigation may prevent or reduce negative outcomes of child maltreatment, which may result in a lower consumption of healthcare and other services. In addition, the importance of economic evaluations is increasingly recognized, and economic evaluations about child maltreatment are scarce. Limitations include the risk of potential recall bias and selection bias.

Full text:

Prevention and interventions

1. Giving a voice to traumatized youth—Experiences with trauma-focused cognitive behavioral therapy
Dittmann, I. and T. K. Jensen Child Abuse Negl Ahead of print [Epub 22/12/2013].

SUMMARY: The efficacy of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) has been shown in several randomized controlled trials. However, to our knowledge no one has studied the TF-CBT model from a user's perspective. The objective of this study was to explore traumatized youths' experiences of receiving TF-CBT. Thirty youths between 11 and 17 years old (M=15, SD=1.8) were interviewed using a semi-structured interview guide after they had received TF-CBT as part of an effectiveness trial. The interviews were analysed according to thematic analysis. The youths' responses were grouped into four themes: (1) expectations, (2) experiences of talking to the therapist and sharing information, (3) experiences of trauma narrative work, and (4) experiences of change and change processes. Findings showed how an initial fear of talking about traumatic events and not knowing what to expect from therapy was reduced when the youth experienced the therapist as empathetic and knowledgeable. Talking to the therapist was experienced as positive because of the therapist's expertise, neutrality, empathy, and confidentiality. Talking about the trauma was perceived as
difficult but also as most helpful. Learning skills for reducing stress was also perceived as helpful. Important change processes were described as resuming normal functioning and getting "back on track," or as acquiring new perspectives and "moving forward." Because TF-CBT is recommended as a first line treatment for traumatized youth and treating posttraumatic stress may entail special challenges, understanding more about how youths experience this mode of treatment contributes to our knowledge base and may help us tailor interventions. http://www.ncbi.nlm.nih.gov/pubmed/24367942

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**Long term outcomes**

1. **Traumatic experiences in childhood and psychopathy: a study on a sample of violent offenders from Italy**


   **BACKGROUND:** The link between early traumatic experiences of abuse/neglect and criminal behaviour has been widely demonstrated. Less is known, however, about the relationship between these experiences and the development of psychopathic personality.

   **OBJECTIVES:** This study investigated childhood relational trauma in a group of violent offenders from Italy. We hypothesised a higher level of early relational trauma associated with higher scores on psychopathy.

   **METHODS:** Twenty-two offenders convicted for violent crimes aged 22-60 (M=38, SD=11) participated in this study. Participants were selected by the Italian justice system for an experimental research programme aiming at the evaluation of psychopathic personality traits among violent offenders. Within the group, 14 participants (64%) had committed murder, 4 (18%) had committed rape, and 4 (18%) were convicted child sex offenders. The Traumatic Experience Checklist was used to assess childhood relational trauma; the Hare Psychopathy Checklist-Revised (PCL-R) was used to assess psychopathy.

   **RESULTS:** There was a high prevalence of childhood experiences of neglect and abuse among the offenders. Higher levels of childhood relational trauma were found among participants who obtained high scores on the PCL-R. There was also a significant negative association between age of first relational trauma and psychopathy scores.

   **CONCLUSION:** Findings of this study suggest that an early exposure to relational trauma in childhood can play a relevant role in the development of more severe psychopathic traits.

   **Full text:**

   http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3871837/pdf/EJPT-4-21471.pdf
2. Child sexual abuse and disordered eating: the mediating role of impulsive and compulsive tendencies


SUMMARY: Empirical evidence suggests that the relationship between child sexual abuse (CSA) and disordered eating is complex and mediated by a number of factors. Indeed, it appears that child sexual abuse may lead to tendencies toward impulsivity and compulsivity, which may promote disordered eating behaviours. This mediated relationship was explored in regards to the severity of self-reported child sexual abuse and disordered eating behaviour dimensions (i.e., binge eating, compensatory behaviours) in an undergraduate nonclinical sample of men and women. Structural equation modelling analyses revealed that impulsivity and compulsivity together accounted for the effect of child sexual abuse on binge eating (i.e., eating to excess) and compensatory behaviours (e.g., purging, laxative use) as assessed through the Minnesota Eating Behaviour Survey. Further, in the context of this model, compulsivity was a stronger mediator than impulsivity of child abuse effects on binge eating, while both impulsivity and compulsivity were important in understanding compensatory behaviours. The present study provides much-needed empirical evidence to clarify theoretical accounts of predispositions to eating disorders. The findings suggest that CSA may predispose individuals to behavioural control problems in multiple ways, which may manifest differentially in symptoms of eating disorders.

Full text: https://www.ideals.illinois.edu/bitstream/handle/2142/24183/Dworkin_Emil.pdf?sequence=1

3. Adverse childhood experiences and the cardiovascular health of children: a cross-sectional study


BACKGROUND: Adverse childhood experiences (ACEs), such as abuse, household dysfunction, and neglect, have been shown to increase adults' risk of developing chronic conditions and risk factors for chronic conditions, including cardiovascular disease (CVD). Much less work has investigated the effect of ACEs on children's physical health status that may lead to adult chronic health conditions. Therefore, the present study examined the relationship between ACEs and early childhood risk factors for adult cardiovascular disease.

METHODS: 1 234 grade six to eight students participated in school-based data collection, which included resting measures of blood pressure (BP), heart rate (HR), body mass index (BMI) and
waist circumference (WC). Parents of these children completed an inventory of ACEs taken from the Childhood Trust Events Survey. Linear regression models were used to assess the relationship between experiencing more than 4 ACEs experienced, systolic BP, HR, BMI and WC. In additional analysis, ACEs were assessed ordinally in their relationship with systolic BP, HR, and BMI as well as clinical obesity and hypertension status.

RESULTS: After adjustment for family education, income, age, sex, physical activity, and parental history of hypertension, and WC for HR models, four or more ACEs had a significant effect on HR (β = 1.8 bpm, 95% CI (0.1-3.6)) BMI (β =1.1 kg/m2, 95% CI (0.5-1.8)), and WC (β = 3.6 cm, 95% CI (1.8-5.3)). A dose-response relationship between ACE accumulation and both BMI and WC was also found to be significant. Furthermore, accumulation of 4 or more ACEs was significantly associated with clinical obesity (95th percentile), after controlling for the aforementioned covariates.

CONCLUSION: In a community sample of grade six to eight children, accumulation of 4 or more ACEs significantly increased BMI, WC and resting HR. Therefore, risk factors related to reported associations between ACEs and cardiovascular outcomes among adults are identifiable in childhood suggesting earlier interventions to reduce CVD risk are required.

Full text: http://www.biomedcentral.com/content/pdf/1471-2431-13-208.pdf

Child protection professionals

1. Not just little adults’ - a pediatric trauma primer


SUMMARY: This article describes paediatric trauma care and specifically how a paediatric trauma centre, like Hasbro Children's Hospital, provides specialized care to this patient population. The authors review unique aspects of paediatric trauma patients broken down into anatomy and physiology, including Airway and Respiratory, Cardiovascular Response to Haemorrhage, Spine Injuries, Traumatic Brain Injuries, Thoracic Injuries and Blunt Abdominal Trauma. They review certain current recommendations for evaluation and management of these paediatric patients. The authors also briefly review the topic of Child Abuse/Non-accidental Trauma in paediatric patients. Although Paediatric Trauma is a very broad topic, the goal of this article is to act as a primer and describe certain characteristics and management recommendations unique to the paediatric trauma patient.

2. Child maltreatment reporting patterns and predictors of substantiation: comparing adolescents and younger children

Child Maltreat. Ahead of print [Epub 16/01/2014].

SUMMARY: Adolescents, and especially male adolescents, make up a disproportionately smaller portion of maltreatment reports compared to younger children. This study used the National Child Abuse and Neglect Data System to better understand the characteristics of adolescents reported to Child Protective Services (CPS), to examine whether these characteristics changed over time, and to determine whether certain child or CPS report characteristics predicted CPS involvement. Although adolescents were the focal group, younger children were also analysed for comparison. Between 2005 and 2010, reports of neglect and the proportion of children of Hispanic and unknown racial/ethnic origins increased. Concurrently, the proportion of cases resulting in CPS involvement declined. Although race/ethnicity predicted CPS involvement, this pattern was not consistent across all age groups or races/ethnicities. The type of alleged maltreatment did not typically predict CPS involvement; however, allegations of sexual abuse among school-aged children and adolescents, particularly among girls, were more likely to result in CPS involvement. These findings can assist child welfare professionals in determining appropriate services tailored to families and developing prevention programs targeting adolescents.


3. Pediatric non-accidental abdominal trauma: what the radiologist should know


SUMMARY: Abdominal injury in non-accidental trauma (NAT) is an increasingly recognized cause of hospitalization in abused children. Abdominal injuries in NAT are often severe and have high rates of surgical intervention. Certain imaging findings in the paediatric abdomen, notably bowel perforation and pancreatic injury, should alert the radiologist to possible abuse and incite close interrogation concerning the reported mechanism of injury. Close inspection of the imaging study is warranted to detect additional injury sites because these injuries rarely occur in isolation. When abdominal injury is suspected in known or speculated NAT, computed tomography (CT) of the abdomen and pelvis with intravenous contrast material is recommended for diagnostic and forensic evaluation. Although the rate of bowel injury is disproportionately high in NAT, solid organs, including the liver, pancreas,
and spleen, are most often injured. Adrenal and renal trauma is less frequent in NAT and is generally seen with multiple other injuries. Hypoperfusion complex is a constellation of abdominal CT findings that indicates current or impending decompensated shock and is most often due to severe neurologic impairment in NAT. Although abdominal injuries in NAT are relatively uncommon, knowledge of injury patterns and their imaging appearances is important for patient care and protection.

http://pubs.rsna.org/doi/abs/10.1148/rg.341135013

2. Social work and adverse childhood experiences research: implications for practice and health policy


SUMMARY: Medical research on "adverse childhood experiences" (ACEs) reveals a compelling relationship between the extent of childhood adversity, adult health risk behaviours, and principal causes of death in the United States. This article provides a selective review of the ACE Study and related social science research to describe how effective social work practice that prevents ACEs and mobilizes resilience and recovery from childhood adversity could support the achievement of national health policy goals. This article applies a biopsychosocial perspective, with an emphasis on mind-body coping processes to demonstrate that social work responses to adverse childhood experiences may contribute to improvement in overall health. Consistent with this framework, the article sets forth prevention and intervention response strategies with individuals, families, communities, and the larger society. Economic research on human capital development is reviewed that suggests significant cost savings may result from effective implementation of these strategies.


Reviews & Guidelines

1. Rickets

Elder, C. J. and N. J. Bishop Lancet Ahead of print [Epub 10/01/2014].

SUMMARY: Rickets, historically referred to as “the English disease”, is common worldwide. Absence of phosphate at the growth plate and mineralising bone surfaces due to inadequate vitamin D supply either from sunlight exposure or diet is the main cause. Inherited disorders causing hypophosphataemia have shown the intricacies of phosphate metabolism. Present advice about the provision of vitamin D to young infants needs to be clarified; the existing guidance is fragmentary and contradictory, and will not help to eradicate the disease.

3. Psychiatric nursing care for adult survivors of child maltreatment: a systematic review of the literature

PURPOSE: To determine what is known from the literature about nursing care of psychiatric patients with a history of child maltreatment.

CONCLUSIONS: Psychiatric nurses underline the importance of a routine inquiry of child abuse on admission of patients to psychiatric care, but are reluctant to ask about child abuse. They often feel insufficiently competent to respond effectively to patients with a history of child maltreatment.

PRACTICE IMPLICATIONS: Psychiatric nurses need training in how to assess a history of child abuse and the late-life consequences of abuse in adult psychiatric patients. They also need to be trained to respond effectively to these patients.


1. Care taker blogs in caregiver fabricated illness in a child: a window on the caretaker's thinking?

SUMMARY: Three recently diagnosed cases of caregiver-fabricated illness in a child at Seattle Children's Hospital shed light on a new manifestation of their caretakers’ attention seeking. The patients’ mothers were actively blogging about their children's reputed illnesses. Although it is not uncommon for parents of chronically ill children to blog about their child's medical course, specific themes in these blogs of parents suspected of medically abusing their children were noted. In particular, gross distortions of the information parents had received from medical providers were presented online, describing an escalation of the severity of their children's illnesses. The mothers reported contacting palliative care teams and Wish organizations, independently from their medical providers’ recommendations. They sought on-line donations for their children's health needs. We believe these blogs provide additional direct evidence of the suspected caregivers’ fabrications. Although we have not performed formal content analysis, blogs might also provide insight into the caretakers’ motivations. Protective Services and/or police investigators could
consider querying the internet for blogs related to children at risk for caregiver-fabricated illness in a child. These blogs, if viewed in parallel with the children’s medical records, could assist medical diagnosis and legal documentation of medical fabrication and assist in protective planning for the affected children.


2. The dentist’s role in identifying child abuse: an evaluation about experiences, attitudes, and knowledge

SUMMARY: This study sought to investigate dentists’ experiences, attitudes, and knowledge in recognizing and reporting suspected cases of child abuse. It was designed as a cross-sectional study across dental practices. Data were collected through a self-administered questionnaire, which was distributed randomly to 500 dentists. The questionnaire investigated characteristics of the population, education concerning child abuse, experience and attitudes in reporting suspected cases, and the ability to recognize signs of abuse. Approximately 60% of the dentists responded to the survey. Among the dentists who participated in the survey, 87% believed that recognizing child abuse is important, however, 63.2% reported that they did not know how to act in such situations, and 44.2% were unaware of the proper child protection authorities to contact. Among the dentists surveyed, 94.7% reported they did not receive enough education concerning child abuse in their undergraduate studies. While 31.3% of dentists suspected child abuse among their patients, 84% reported their suspicions to the proper authorities. The reason cited most often (33.3%) for not reporting suspected abuse was the fear of litigation and its potential impact on their practice. Only 34.2% of dentists demonstrated knowledge about the potential signs of child abuse.


3. Expressed emotions and perceived credibility of child mock victims disclosing physical abuse

SUMMARY: The influence of emotions displayed by child witnesses during disclosure of abuse on judgments of credibility and guilt were examined. Eight mock police interviews with child actors, telling a story of physical abuse with different emotional expressions, were video-recorded. In a between-group design, jury eligible lay persons (n = 162)
(CPS) workers (n = 154) rated the credibility of the child witnesses and the probability that the alleged perpetrator was guilty of crime. The emotions displayed by the child witnesses strongly affected judgments of credibility and guilt. The patterns of ratings were closely similar in the two participant samples, but the overall ratings of the CPS workers were higher than those of the lay participants. Judgments of the probability of guilt followed a similar pattern with a correlation of .68 between the two variables. The theoretical and practical implications of the results are briefly discussed.

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 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

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

Events calendar:
http://www.childhood.org.au/ProfessionalDevelopmentSeminars/
the often complex needs of trauma survivors to be better met.

Website:

Workshops:

Caraniche Training and Research

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

Website:

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

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.


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

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/

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.
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:

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

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

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

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

UK

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

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

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 collective of doctors interested in the field of child protection. Membership is open to all doctors regardless of qualifications and experience. Interests range from the forensic evaluation of children's injuries to concern for vulnerable and disadvantaged children.

Website:

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

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

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

Commission’s latest reports:  

Institute of Child Protection Studies, Australian Catholic University

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

Website:  

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

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

Website:  

National Child Protection Clearing House (NCPCH)

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

Website:  

Events calendar:  

Subscribe to news alerts:  

CPCH publications:  

Protecting Australia’s Children: Research and Evaluation Register

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

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

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

*Website:*  

**International**

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

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

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

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

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

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

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

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

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**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

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**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:*  

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**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:*  

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**Institute on Violence, Abuse and Trauma (IVAT)**  
**USA**

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

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

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

Website:
http://www.nsirc.org/

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

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
New Zealand Family Violence Clearinghouse

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

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

PediatricRadiology.com

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

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

Sexual Abuse Survivors Trust NZ

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

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

Sexual abuse of Males - Jim Hopper USA

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

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

Welsh Child Protection Systematic Review Group UK

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

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

### February 2014

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<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Event Description</th>
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<tr>
<td>26-31 (Jan)</td>
<td>Conference</td>
<td>28th International Conference on Child and Family Maltreatment</td>
<td>San Diego, USA</td>
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<tr>
<td>2-5</td>
<td>Conference</td>
<td>Cooperation and Conflict in the Family</td>
<td>Sydney, NSW</td>
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### March 2014

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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</td>
<td>Austin, Texas</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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<tr>
<td>26-28</td>
<td>Conference</td>
<td>The Australian Grief and Bereavement Conference 2014</td>
<td>Melbourne, VIC</td>
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<tr>
<td>31-1 Apr</td>
<td>Conference</td>
<td>Child Aware Approaches Conference</td>
<td>Melbourne, VIC</td>
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</table>
References


52. Salwen, J.K., et al., Childhood abuse, adult interpersonal abuse, and depression in individuals with extreme obesity. Child Abuse Negl. Ahead of print [Epub 15/01/2014].


64. Ward Platt, M., Child death review five years on. Arch Dis Child. Ahead of print [Epub 18/12/2013]. Full text: http://adc.bmj.com/content/early/2013/12/16/archdischild-2013-305707.full.pdf+html


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.